STROKE ASSOCIATION

England & Wales · Charity number 211015

Details

Other names	THE STROKE ASSOCIATION
Status	Registered
Legal form	Charitable company
Company number	00061274
Registered	1963-01-14
Register	View on the Charity Commission register

Contact

Address	Stroke Association Stroke Association House 240 City Road London EC1V 2PR
Phone	02075660300
Email	info@stroke.org.uk
Website	www.stroke.org.uk

Activities

Objects: (A) WORKING FOR THE PREVENTION OF STROKE; (B) EDUCATING THE PUBLIC IN ALL MATTERS CONCERNING STROKE; (C) CARRYING OUT, PROMOTING OR SPONSORING RESEARCH INTO THE PREVENTION OR TREATMENT OF STROKE OR OTHER CONDITIONS WHERE THE EFFECTS ARE SIMILAR TO STROKE, THE REHABILITATION AND LONG-TERM CARE OF STROKE SURVIVORS AND PUBLISHING THE USEFUL RESULTS OF SUCH RESEARCH; (D) RESPONDING TO THE NEEDS CAUSED BY THE EFFECTS OF STROKE, OR OTHER CONDITIONS WHERE THE EFFECTS ARE SIMILAR TO STROKE, BY PROVIDING ADVICE AND SUPPORT TO THOSE AFFECTED, THEIR FAMILIES AND CARERS.

Activities: THE CHARITY OPERATES THROUGHOUT THE UK. WE PROVIDE SUPPORT SERVICES TO EVERYONEAFFECTED BY STROKE, INCLUDING FAMILIES AND CARERS. WE RAISE AWARENESS OF STROKE AND CAMPAIGN FOR BETTER EMERGENCY, REHABILITATION AND SUPPORT SERVICES. WE INVEST IN STROKE RESEARCH TO HELP REDUCE THE INCIDENCE OF STROKE, TO FIND THE BEST TREATMENT AND LONG TERM CARE AND IMPROVE QUALITY OF LIFE FOR STROKE SURVIVORS.

Downloaded from opencharities.uk/ew/211015

Classification

- **How:** Makes Grants To Individuals, Makes Grants To Organisations, Provides Human Resources, Provides Buildings/facilities/open Space, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body, Other Charitable Activities
- **What:** General Charitable Purposes, Education/training, The Advancement Of Health Or Saving Of Lives, Disability
- **Who:** Children/young People, Elderly/old People, People With Disabilities, Other Charities Or Voluntary Bodies, Other Defined Groups, The General Public/mankind

Geography

- Isle Of Man
- Jersey
- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£44,377,602	£44,835,470	£37,200,921	822
2024-03-31	£42,144,680	£43,826,107	£36,895,315	795
2023-03-31	£40,421,000	£38,105,000	£34,949,000	739
2022-03-31	£41,162,000	£31,597,000	£33,120,000	582
2021-03-31	£34,573,000	£34,125,000	£21,411,000	644

Downloaded from opencharities.uk/ew/211015

Trustees

Name	Role	Appointed
Andrew Robert Archibald		2021-12-15
David Buckle		2018-09-24
Dr Niamh Kennedy		2023-10-18
Eduardo Garcez		2018-09-24
George Spentzos		2021-10-07
Hannah Claire Catchpool		2022-06-30
Ian Macpherson Lee		2019-06-18
Jason Dominic Simon Parker		2026-01-01
Katherine Gillespie		2018-09-24
Prof Avril Drummond		2019-12-01
Professor Rustam Al-Shahi Salman		2023-10-18

Linked charities

- THE FLORENCE MICHAEL FUND (211015-1)
- THE CHEST, HEART AND STROKE ASSOCIATION (211015-2)

Downloaded from opencharities.uk/ew/211015

STROKE ASSOCIATION

England & Wales - Charity number 211015

Accounts

Annual Report and Financial Statements

Year ending 31 March 2025

Finding strength through support.

Baz's story

Surviving a stroke is just the start of a long and gruelling recovery journey. At the Stroke Association, we support stroke survivors and their families to find the strength and determination they need to make their way back to life.

Balihar (Baz), 52, had a severe stroke in November 2023.

'When you go through something like stroke, your whole life changes. Without the right mental health support, you could end up being a picture on someone's mantlepiece or on a phone.

'I was unloading the food shopping bags at home, when I realised I couldn't grip the handles. Then, one side of my face dropped, I couldn't talk properly or stand up - the classic signs of a stroke.'

His family called 999 but were told that the ambulance wait time was six hours. They drove him to A&E instead, where scans confirmed he'd had a stroke.

'I was told the wait for a stroke unit bed would be 26 hours. I'm a great believer in the NHS, and the individual nurses and doctors were so kind, but when I heard this, I was gutted.

'If I had been admitted onto the stroke unit in a timely manner with the right scans, medication and inpatient therapy, I might be in a better position with my recovery now.'

Unable to face the wait, Baz returned home to grapple with the reality of stroke on his own.

'People don't understand what a life-changing experience stroke is. I couldn't do simple things that you take for granted, like walk around or pick up a glass, because I had lost sensation in my left arm and leg. My two grown-up sons had to carry me to the bathroom.

'The fatigue was awful. My vision was affected, and I had a really bad memory. I couldn't retain information to hold a conversation.'

In February 2024, Baz was made redundant because he could no longer meet the demands of his role. Unable to pay his mortgage, he and his family faced a very real threat of homelessness. The financial strain and stress took its toll on his mental health, leaving Baz to battle depression and mood swings.

'When I reached out for help, I was told the wait time for NHS neuropsychology was two years. My GP managed to get me a short stint of talking therapy because she was so worried about me.

'I am only here today thanks to the Stroke Association's support. My Stroke Support Coordinator, Alison, moved heaven and earth to help me out of my financial situation.

She went out of her way to phone law firms, social workers, other charities, you name it. She found practical resources to help me, like grants and benefits.

‘I also get weekly phone calls. Speaking with someone who understands what I’m going through is so reassuring.

‘Alison has seen me at my lowest, when I was desperate. It makes me emotional thinking about her kind words, which got me through that time. I owe her so much. The world would be a much darker place without the Stroke Association.’

Contents

Introduction	
Welcome from the Chair and Chief Executive	5
Our charity	
Finding strength through support	9
Our purpose	9
Our values	10
Our achievements	11
Funding our work	12
Strategic report	
Our stroke support services helped thousands of people find their way back to life	13
We worked with decision-makers to drive changes in policy, research and improvements in stroke care across the UK	31
We inspired supporters to give their time, voice and money to help stroke survivors and their loved ones	52
We're building a strong foundation for our work	62
Financial review	70
Governance	
Our structure, governance and management	80
Financial statements	
Independent auditor's report	101
Consolidated statement of financial activities	108
Charity statement of financial activities	109
Consolidated balance sheet	110
Charity balance sheet	111
Consolidated statement of cash flows	112
Principal accounting policies	113
Notes on the financial statements	121

Welcome from the Chair and the Chief Executive

Welcome to our Annual Report. 2024-25 was another tough year for many people affected by stroke. Persistently high costs of living, concerns about plans to change the benefits system, and the continued strain on the health and care system added to the challenges faced by those already dealing with the life-changing impacts of stroke. However, at the Stroke Association, we continued to support tens of thousands of stroke survivors and to advocate for stroke to be appropriately prioritised in all four nations of the UK.

Delivering stroke support

We're here for stroke survivors and their loved ones along their recovery. This year, we reached over 66,000 people through our support services. Nearly 38,000 people received personalised support from our local support services, while our Stroke Support Helpline offered guidance and reassurance, handling around 15,000 enquiries.

With rehabilitation and life after stroke services remaining under-resourced and inequitably funded across the UK, we've been adapting and developing our work to make sure that, despite these challenges, stroke survivors in the UK can receive the treatment, care and support they need, when they need it.

For example, working in partnership with the NHS in East Sussex, we delivered an innovative transition support service to help people when they're discharged from hospital and awaiting community therapy, so they feel less alone when they first get home and start to grapple with the life-changing impacts of stroke.

We're improving the quality of our initial telephone support calls – the first contact we usually have with someone after their stroke. By understanding what matters most to each stroke survivor, right from the start of our relationship with them, we can provide more personalised support, tailored to their needs.

And we tested new ways to promote our support services to make sure stroke survivors hear about our support as early as possible and get the help they need.

We also continued to work with the stroke community to protect and secure funding for the majority of our existing local services. In recognition of the value we bring to health systems and stroke survivors, we were awarded some new contracts too, allowing us to make sure our services reach as many people as possible.

Influencing research and policy

Anticipating the news about a new 10 Year Health Plan for England, published in summer 2025, we launched our own report in March, setting out a 10-year roadmap for stroke to highlight how stroke is preventable, treatable and recoverable. As Chief Executive, Juliet represented the charity on one of the four NHS working groups consulted in the development of the government's plan. We're working hard to make sure stroke is

strongly represented in the emerging policy landscape and to develop the right relationships to mitigate any risks associated with the future abolition of NHS England and funding cuts within Integrated Care Boards.

In Scotland and Wales, we worked with the stroke community to co-design our policy calls for the 2026 Scottish and Welsh Elections. We published a hard-hitting report on the slow progress of the work to deliver last year's Scottish Government's Stroke Improvement Plan and advocated for faster stroke service reform in Wales.

We played a pivotal role in advancing the implementation of 24/7 access to thrombectomy services, harnessing both the power of stroke survivors' voices and our policy expertise to break down system barriers. Thrombectomy can significantly reduce disability and save lives, yet too many people still miss out because of where they live or when their stroke occurs. We shared with the Health Minister in Northern Ireland a petition signed by 3,500 people and supported NHS England's National Medical Director to visit all thrombectomy centres in England. Through this work, we are helping to ensure that governments across the UK not only commit to, but also actively progress, sustainable, round-the-clock services—so that everyone who can benefit from thrombectomy has the chance to receive it.

Research is vital if we are to effectively prevent, treat and support recovery from stroke. The research projects we fund help to achieve advances in stroke prevention, treatment, rehabilitation and long-term care and build the next generation of stroke research leaders. For example, this year, one of our research teams developed a new method to more accurately interpret blood pressure measurements taken at the ankle. This could be crucial for people who cannot have their arm blood pressure measured, including stroke survivors who have upper arm paralysis, helping them to keep healthy and reduce anxiety about high blood pressure – a major risk factor for stroke.

In 2024–25, we didn't award as much research funding as we'd planned because we received fewer eligible applications. This is because, despite research leading to significant improvements in stroke care, we're seeing fewer applications for funding, partly because many brilliant stroke researchers are facing serious challenges. Clinical staff have less time to do research, university budgets are stretched, and national investment in stroke research (and partnerships for funding) remains low compared to other major health conditions. We're carrying this funding forward and using it to boost support for researchers in future years.

We're also refreshing our research strategy to respond to the current challenges and opportunities in research generally, with the aim of building more research capacity and making sure the projects we fund have the greatest possible impact for stroke survivors. We plan to launch our updated research ambitions at UK Stroke Forum in November 2025.

Encouraging people to give time, voice and money

Thanks to our incredible supporters, we had our best fundraising year ever, raising £31.4 million in fundraised income – 9% more than last year (2024: £28.9 million). The increase was mainly due to £18.9 million (2024: £16.1 million) in legacy gifts. As a result, our total income rose to a record £44.4 million (2024: £42.1 million). We put this money straight back into supporting people affected by stroke by increasing expenditure on stroke support services, influencing health decision makers to prioritise stroke, and raising public awareness and engagement with stroke.

Excitingly, we were sponsored to create a show garden at the 2024 Chelsea Flower Show for the first time. This raised significant awareness of stroke and the Stroke Association thanks to the extensive PR and media coverage. We also launched a new brand campaign, 'Finding strength through support', along with a new TV advert to boost understanding that stroke is not just a medical emergency, but a long journey characterised by struggle and determination but also strength, recovery and hope.

Keeping us safe, legal and effective

Overall, it's been a good year for us. Our staff and volunteer engagement survey was positive, with 85% of staff and 90% of volunteers recommending us as a good place to work or volunteer. We ended the year in a strong financial position, with free reserves within the range needed to meet our risk and liquidity requirements.

Thank you

Thank you to our hardworking staff, volunteers and trustees for your commitment in tackling the devastation of stroke. And congratulations to our President HRH Duke of Kent for celebrating his 90th birthday on 9 October 2025 – we are very grateful for his continuing loyal service and support.

Our particular thanks to Sir Charles George, who retired in May 2025, after more than 17 years of generously serving our charity as first a trustee, then as one of our Vice-Presidents. We also mourn the passing of Professor Pippa Tyrell, our former Vice-Chair and Vice-President, who sadly died in January 2025.

To everyone in the wider stroke community, we're grateful and proud to continue working with you to provide lifelong support to stroke survivors and their families in the coming year and beyond.

Juliet Bouverie OBE, Chief Executive
Stephen King, Chair of Trustees

This is my last Annual Report to you as Chair of Trustees, as I approach the end of the maximum three terms of office our trustees can serve. We have started the recruitment process for a new Chair.

I'm proud of the progress we've made over the last eight years in making stroke a priority in all four nations of the UK, supporting far more stroke survivors and their families, and building our staff and financial capacity to make even faster progress in the future.

I'd like to thank you, our supporters, and our amazing trustees and staff for your unwavering support.

Stephen King, Chair of Trustees

Finding strength through support

Every day in the UK, another 240 people wake up to the catastrophic impact of a stroke.

Anyone – mums, dads, grandparents, young people and even children – can be left unable to move, see, speak, or swallow. It's a traumatic, life-changing event that robs survivors and their families of the life they knew. With strength, determination, and the right support, recovery is possible.

The Stroke Association is the only UK-wide charity providing lifelong support for all stroke survivors and their families. We deliver tailored support to tens of thousands of people every year, fund vital stroke research, and campaign to secure the best care and support for everyone affected by stroke.

We're here for stroke survivors and their loved ones from the moment they enter the new and frightening post-stroke world. We support them every step of the way as they find their strength and their way back to life.

Our purpose

We exist to tackle the devastation of stroke.

We do this by:

- Supporting stroke survivors and their loved ones to live their best lives after stroke.
- Working with decision-makers to bring about changes that will drive improvements in stroke.
- Growing investment in stroke research targeting the improvements that matter most to stroke survivors.
- Helping and inspiring supporters to make their best contribution to our cause.

All of our work is underpinned by our commitment to helping our people to work safely, legally, ethically, sustainably and continuously. This enables us to be efficient, adaptable and able to focus on the best outcomes for people affected by stroke.

Our values

Our values underpin everything we do. They are the characteristics that make us distinctive and spell out our standards.

We are human

We've seen the full range of human emotions that stroke brings out. The devastation, despair, shock and indignity. We put ourselves in the shoes of the people we support. We recognise their unique needs, experiences, strengths and weaknesses with kindness. And we do the same with our colleagues, too. We embrace this to achieve the best possible outcomes for stroke survivors, our charity and our partners.

We believe in better

We're optimistic for the future. For all people living with the devastating effects of stroke and for our charity. We are driven by our desire for improvement, however big or small. We use real life stories to celebrate achievement and inspire hope for a better future. To learn from our mistakes. And move forward stronger than before.

We give our all

Our resolve to make a difference motivates everyone we work with. We inspire stroke survivors to gather the determination and strength they need to make their best recovery. And champion their needs when they can't. Together, our colleagues motivate each other and move people to support us however they can.

We say it how it is

Working together, we set realistic but challenging goals for ourselves and the people we support. We listen to what matters most to people so we can deliver what we said we would. We aren't afraid to show people the devastation that stroke causes. And what people can do to help those affected live their best life after stroke.

Our achievements

- We provided vital support to **over 66,000 people** through all our support services.
- Our Stroke Support Coordinators helped **nearly 38,000** people through our local support services across the UK.
- Our Stroke Support Helpline responded to around **15,000 enquiries** from people affected by stroke, providing reassurance and guidance.
- We had a **27% increase** in the number of people signing up to receive support and connection through our Weekly Volunteer Calls.
- We saw a **78% increase** in the number of people signing up for our daily online activities for people affected by stroke.
- Our network of **434** active Stroke Association and independently run Stroke Support Groups helped around **13,000** stroke survivors and their loved ones to connect with others who understand what they're going through.
- We invested **£2.4 million** in new stroke research awards.
- We funded **12 research awards** at **9 research institutions** around the UK.
- **1,150 active volunteers** gave their time to help us and the stroke community.
- Thanks to the generosity of our supporters, we raised **£31.4 million** in fundraised income (compared to **£28.9 million** in 2023-24).

Funding our work

How we raised our money

Donations and legacies: **£31.4 million**
Commissioned Stroke Recovery and Communications Support Services: **£10.7 million**
Other income (including trading, investments, grants and the Stroke Group Network): **£2.3 million**

Total income: £44.4 million

How we spent our money

Stroke support services: **£21.0 million**
Community development and volunteering: **£2.4 million**
Research: **£2.6 million**
Systems influencing and engagement with stroke: **£9.4 million**
Raising funds: **£9.4 million**

Total expenditure: £44.8 million

For every **£1** we received, we spent **79p** on our charitable work to support people affected by stroke through our tailored support services, research and campaigning. (2023-24: 80p)

Our stroke support services helped thousands find their way back to life

Every stroke survivor's recovery is unique to them. It's a personal journey that can take years of challenging and repetitive therapy and impact every aspect of their and their families' lives. For some it might mean going back to work or driving. For others, it might be relearning how to wash, dress and feed themselves again without help. But with strength, determination and the right support, recovery is possible.

That's where we come in. We listen to and learn about what matters most to each stroke survivor. Through our specialist in-person, telephone, online and community support, we provide support that's right for them – from understanding diagnosis and medication, rehabilitation and emotional support, to practical help with everyday issues at home and at work.

Jacinta's story: 'The support was a lifeline to me'

Jacinta, 72, from London, had a stroke in October 2022, while on holiday in Northern Ireland.

'After having a stroke, your life feels like it's been flipped upside down in an instant. I'm not as confident as I was and I'm more anxious. I hate having to trouble others to help me with things. I hate the fatigue particularly – I find it very frustrating. The emotionalism can be embarrassing.

'Lately, I have also become aware of hidden effects – taste and food textures are not the same as prior to my stroke.'

Finding support

Struggling and looking for help, Jacinta went to our website to get more support and information, where she found out about our Hounslow Stroke Recovery Service. Our local Support Coordinator works with stroke survivors in the community to support their needs and priorities.

'The day I got through to the local Stroke Support Coordinator, I was feeling very lost and distressed. But that conversation changed everything. I was given kind support, referrals, and a lot of positivity and hope. They're still only a call, email, or text away for anything I need.'

Moving forward

'A stroke is life changing no matter how well your physical recovery goes. It really is an ongoing journey.

'Recovering from a stroke can be a scary, dismal, and lonely place. A place no one should be in, but if they are in it, they need to have support, guidance, and help.

'The Stroke Association's support was a lifeline to me. I don't know where I'd be today without the charity. I believe that their support saved and improved my life.'

Understanding what matters most to the people we support

During 2024-25, we reached almost 38,000 people through our local support services across the UK. These include our Stroke Recovery, Emotional Support and Communication Support services, as well as post-stroke reviews, which help to monitor and address stroke survivors' changing needs over time.

These services are delivered by our amazing Stroke Support Coordinators. They provide a lifeline for stroke survivors and their loved ones, offering vital, one-to-one support throughout their recovery journey. They work to understand each stroke survivor's needs and tailor their support to what matters most to them.

From helping to make sense of medical advice and providing crucial emotional support, to addressing money worries and connecting survivors and their families with local services for additional support, Stroke Support Coordinators are there when times are tough.

In 2024-25, Stroke Support Coordinators:

- Handled over **78,500 calls**, giving over **870 days** of telephone support.
- Provided **11,860 home visits**, totalling **584 days** of in-person support.
- Had **182 video calls**, giving **117 hours** of digital support.

'My Stroke Support Coordinator was truly wonderful, providing me with all the information and resources I needed during my recovery. What really stood out was how she found things that were perfect for me. That personal touch meant so much.

'I felt comfortable sharing my worries and challenges with her, and she always had the right words to help me feel understood and calm. She helped to get me re-referred to the brain injury clinic after my first application was lost. She took it upon herself to find the right person and get everything sorted out. That appointment ended up being a turning point for me, and I'm forever thankful for her determination.

'On top of everything, she checked in on me regularly. Knowing she was there for me whenever I needed her made all the difference.'
A stroke survivor who was supported by our Stroke Recovery Service

In response to our feedback survey, **6,702** people supported by our local stroke support services told us about the difference it had made to them:

- **91%** agreed **'I am coming to terms with the stroke.'**
- **90%** agreed **'I am more able to look after my health.'**
- **94%** agreed **'I feel reassured.'**

Helping stroke survivors with the emotional impact of stroke

Stroke can have a devastating emotional and psychological impact on both stroke survivors and their loved ones. Depression and anxiety affect up to a third of stroke survivors, affecting their wellbeing, recovery and quality of life.

Our Emotional Support Services around the UK help those affected by stroke come to terms with what has happened. Here's an example of how we've successfully supported stroke survivors through this service in 2024-25:

Stroke Tailored Emotional and Psychological Support (STEPS): Emotional support in Northern Ireland

Over 90% of stroke survivors in Northern Ireland say their emotional and cognitive needs were not met after they had been discharged from hospital. Over half say they are often or always depressed. Responding to this significant unmet need, we launched STEPS in 2021, Northern Ireland's only one-to-one stroke-specific counselling service.

Although the National Lottery funding that helped establish this service came to an end in November 2024, we've extended it until December 2025, as it has fast become our largest service in Northern Ireland.

The support provided by STEPS has made an enormous difference to the emotional and psychological wellbeing of stroke survivors and carers across Northern Ireland. As well as reporting reductions in the impact of anxiety, depression, bereavement and low self-esteem, stroke survivors and carers tell us the service has helped them to develop emotional resilience, readjust to life after stroke, increase their independence and reintegrate into community life.

We're now looking to expand the service and to build on the relationships we've established to permanently integrate counselling into the stroke support offered in Northern Ireland.

'I had a stroke counsellor, and they gave me hope. They helped and supported me massively. If it wasn't for them, I don't know where I would be now. They gave me

the urge to get out there. I got a job because staying in the house wasn't good for me. I wasn't learning much and now, 18 months later, I am working. Without their encouragement and support I would never have done it. My speech and reading have improved and are better. It isn't easy, but I am still here.'
Vicky, 37, from Belfast, had a stroke in November 2022 and saw a counsellor through our Northern Ireland emotional support service

Adapting and innovating our local support

Hospital admissions for stroke have increased by 28% in the last 20 years. But health services, particularly rehabilitation and life after stroke services, are under-funded, under-resourced and over-subscribed, meaning stroke survivors often struggle to access the support they need.

We've been adapting and innovating our services to face these challenges and make sure people can get the help they need. Here are some examples of our work.

Supporting stroke survivors to go home

We supported the Sussex Rehabilitation Centre to decrease the amount of people re-admitted after they have a stroke by 39%.

Collaborating with University Hospitals Sussex NHS Foundation Trust, we launched a new project to help stroke survivors as they moved from receiving rehabilitation in hospital, back to their homes. This was funded by the Stroke Quality in Rehabilitation (SQuIRe) programme, which aims to improve the quality of community-based stroke care.

Going home from hospital is a big recovery milestone. But the transition can make people feel anxious and interrupt their rehabilitation while they wait for community services to start. To combat this, we set up a dedicated team at the centre to work closely with stroke survivors, providing personalised rehabilitation before and after they were discharged. A Stroke Support Coordinator also visited stroke survivors when they were discharged.

'The extra support helped me with so many things'

The team's support helped to reduce people's length of stay at the Sussex Rehabilitation Centre by 12.6 days. This is compared to other stroke survivors discharged in the same period from the centre who didn't get this transition support.

By discharge, the stroke survivors had all become more independent. A person supported by the team said: 'The extra support that I got helped me with so many things. Every week, I was doing something new. They helped me go for a walk, take a shower on

my own, and to manage the lift so I could take my washing down and up, and hang it up.'

The transition service also helped to reduce the cost of care for people discharged from the centre to around £169 per week. This is compared to £915 a week for people who weren't supported by the transition team.

We're now looking to extend the project, while sharing our learnings more widely with the stroke professional community.

Improving stroke services in the Midlands

We worked with health and social care professionals in the Midlands to improve the way stroke services are delivered.

We supported a number of projects, amplifying the voices of stroke survivors and carers and encouraging health and social care teams to work together to create better outcomes and experiences for people affected by stroke.

This included identifying and removing barriers that stop stroke survivors from getting the vital support. For example, improving working relationships between different services, so that professionals can think about the needs of stroke survivors rather than their organisation.

These projects helped to establish new ways of working across organisations, which are being used to inform future service reviews.

Helping all stroke survivors in Derbyshire get the support they need

Derby and Derbyshire Stroke Rehabilitation Service are redesigning how they deliver their rehabilitation services along the pathway from hospital to home, so that all stroke survivors in the county can access stroke support.

We've been heavily involved in this work, sharing our expertise and learnings about life after stroke services. We also helped and encouraged people affected by stroke in Derbyshire to share their experiences of stroke rehabilitation at public consultations, publicising engagement events and creating communication materials that were accessible to everyone.

The aim is for the new stroke pathway to be in place by the end of 2025.

Growing our community-based support

Being able to connect with other people who understand stroke in the local community can make a big difference to how people recover, adapt and move forward after a stroke.

Opportunities to connect with others, through social groups and hobbies, can help people deal with loneliness, grief, confidence issues and stigma. Practical help, such as transport to services or housing support, can take some pressure off stroke survivors, their families and carers.

Here are some examples of how we've worked with people and organisations to create stroke-friendly communities across the UK:

- Together with organisations including Parkinsons UK, Epilepsy UK, Headway, MS Society and MND Society, we set up eight neuro cafes across Wales. These provide support for people with neurological conditions, including stroke, in rural areas where it's more difficult to establish condition-specific groups. We're planning to set up more cafes in the year ahead.
- We're working with the Freeman Hospital Stroke Ward in Newcastle, supporting a monthly drop in for stroke survivors and their loved ones to answer any questions and ensure they know what support we can offer once they are home.
- We continued to work with Care UK to help them set up stroke peer support groups in local care homes in South East England. We've also been running stroke awareness training for staff.
- We partnered with ESG Gaming who run virtual reality gaming sessions to support rehabilitation. We held two workshops with them to showcase what they can do and to help build relationships with local community groups who may be interested in more sessions.

Reducing isolation through activities and groups

2024-25 marked the final year of our Next Steps project in Wales. Over three years, the National Lottery Community Fund funded project set up and sustained 58 different activities and groups for stroke survivors and carers, including art therapy, singing, stroke support cafes and activities with Golf Wales, Bowls Wales and Tennis Wales.

Our evaluation shows that it has reduced isolation for carers and stroke survivors, increased their confidence, enhanced understanding of stroke and supported people's recovery.

Next Steps leaves a legacy of sustainable community-based support, helping stroke survivors and carers to access the support they need to thrive.

One carer said: "Before his stroke, he was very active in sport, and this [bowling] gives him a feeling of still being able to achieve something. It's lovely to see a smile on his face."

A stroke survivor added: "I still struggle with my speech, but singing has given me the confidence to keep trying."

Expanding our Stroke Group Network

Groups offer support to stroke survivors, carers, family and friends. Built on friendships and fun, they are a safe and supportive space to try things again, to learn more about stroke and self-care and to regain confidence.

The diversity of our Stroke Group Network across the UK continued to grow with 41 independently run groups joining in 2024-25 to support stroke survivors in their local communities.

This has taken the total number of stroke support groups in the network to 434. These new groups include care home friendship cafés, rehabilitation fitness groups, aphasia choirs and walking groups.

Over 220 people registered for our annual online Stroke Group Network Conference, representing 95 stroke support groups. Some 8 out of 10 attendees agreed that the event gave them ideas and confidence to connect with other community organisations.

Supporting people by phone and online

No one should have to face life after stroke alone. Through our phone and online support services, we've reached thousands of stroke survivors and their loved ones, offering help, guidance and connection with others affected by stroke.

Expanding our Stroke Support Helpline Team to reach more people affected by stroke

In 2024-25, we received around 15,000 enquiries to the Stroke Support Helpline from people affected by stroke.

The Stroke Support Helpline is there for stroke survivors, and anyone affected by stroke in the UK. People can get in touch by phone, email or letter. Our friendly, expert team are here to listen, answer questions about stroke and offer essential support and guidance throughout someone's stroke recovery.

The Helpline connects survivors and their families to the support they need. Whether that's support from our local Stroke Support Coordinators and services, or other people with lived experience of stroke through face-to-face and online support groups, a vibrant online community and more. The Helpline also lets people know how to access other local and community services.

This year, we increased the number of staff working on the Helpline, allowing us to reduce wait times and answer more calls.

'Thank you so much for the guidance and information. It is so incredibly helpful. I didn't know about the Care Act and the support we could get. I'll reach out today and hopefully get the support we need. It feels like we could actually get him some proper help.'

A carer who called the Stroke Support Helpline

Alison's story: 'We want to provide the best support to stroke survivors and carers'

Our Stroke Support Helpline Team spends about five hours a day on the phone speaking to people affected by stroke. Alison shares her experience of what it's like to work in the Stroke Support Helpline Team.

'Each team member is dedicated to providing the best support to stroke survivors and carers. No two calls are alike. You don't know what a call is going to bring. From a simple quick request for information to a long emotional call from someone who is feeling suicidal – and every imaginable thing in-between. The range is vast and so the knowledge of the Stroke Support Helpline Team needs to be equal to it.

'I'm incredibly lucky to work in a team with such expertise on many different subject areas and who have so much experience.'

Tailoring our support to each stroke survivor

We developed a more person-centred approach to making initial phone contact with people affected by stroke.

As a result, we have moved away from using an assessment style checklist and are putting individuals at the centre of the conversation.

We did this by reflecting on the experience of stroke survivors when staff members contacted them, including what went well and what we could do differently.

We focused on whether stroke survivors felt less alone, understood and able to take their next step in their recovery journey following our interaction by reflecting on and

reviewing the calls. We also used feedback surveys to help us to understand the impact of our support.

Some of the things we learned about and tested included:

- The value of sending text messages ahead of making an initial phone call.
- How we introduce the support we offer.
- When is the right time to call, and how people access support if it's not the right time.

'We want to reach people and give them the right support at the right time for them. Often the initial calls are when people are still in the middle of physiotherapy or the community stroke team is coming round, so people say they're doing ok. But we know things can change in the future, so we offer follow-up calls when services have dropped off and that's when we've found that we can offer really great support.

'Reflecting on my calls has made me more confident. I have more freedom to make human connections with people, and that's been a game changer. It helps you get the crux of what's really important and helpful to them at that time.'

Leigh, who works on our Stroke Support Helpline

[The person on the Stroke Support Helpline] put me at ease and explained about the stroke. After we spoke with her, I have come to terms with my stroke and, most importantly, she kept in touch with me to see how things were going and encouraged me. She never judged me. Many thanks to you all.

A caller to the Stroke Support Helpline

Supporting and connecting people through weekly phone conversations

Through our Weekly Volunteer Calls, stroke survivors and their loved ones can talk with our trained volunteers, who offer support and connection to help them make the next step in their recovery.

Former GP, Judith, had only been retired for nine months when she had a stroke at her New Year's Eve party in 2022. She spoke to a volunteer through the Weekly Volunteer Call service.

'Speaking one-on-one with another stroke survivor gave me the connection and support I really needed in the first few months after my stroke,' says Judith. 'I was matched with a younger survivor who not only made me feel less alone, but also really inspired me. Hearing her story gave me hope for my own recovery. I realised that I could continue improving, which encouraged me to keep trying, especially with physiotherapy.'

Thousands of people have used this service so far, with more signing up every day. In 2024-25, there was a 27% increase in the number of people signing up to our Weekly Volunteer Calls.

Strengthening our Online Community

The Online Community is a positive and inclusive place for people affected by stroke. Available day and night, it allows people to engage with others who understand stroke first-hand. They can ask questions and share experiences, recovery tips and things that are important to them.

This year, we focused on making sure we're creating a safe space where stroke survivors and carers feel confident to access and share support by:

- Reviewing our approach to moderating the community to improve safety and earn people's trust.
- Making our moderators more visible so that people know who to go to when they need support.
- Creating clear guidelines to help the community to understand what to expect when joining and participating in conversations, how conversations are managed and how the team can keep them safe in an online space. We also developed easy read and aphasia friendly versions too.
- Introducing a way for people to give feedback to us and putting processes in place to respond to what we hear.
- Carrying out a risk assessment to make sure we are complying with the Online Safety Act 2023, a set of laws which protect adults online.

As a result, we've seen more people start and join conversations, and engage with moderators of the community.

People who use the online community say it gives them a sense that they aren't alone in their recovery journey. A 53-year-old stroke survivor said: 'I never used social media before and was really nervous about joining a forum. But I've found so much support and understanding here. Everyone shares their stories and helps each other, and it's made a big difference for me. Knowing I'm not alone has given me hope and strength I never knew I had.'

Helping people to understand and cope with the aftermath of stroke through our Online Activities

Our Online Activities are a great way for anyone affected by stroke to meet new people, feel supported and increase confidence, all from the comfort of their own home. Our

friendly team run a range of virtual sessions, where people can learn about the effects of stroke, share experiences or take part in exercise groups, social quizzes and more.

This year, we saw a 78% increase in the number of people signing up for our daily online activities for people affected by stroke.

We introduced online information and peer support sessions with professionals talking about a different stroke-related topic each month. Around 36 people joined the sessions each month. Participants told us that it's a chance to ask questions and get answers that help them understand what is happening to them.

'I was an outgoing and fearless person before having a stroke. I liked to be involved with the community and spent a lot of time with my grandchildren. Having to rely on others was frustrating and felt like a big loss of dignity.

'The Stroke Association's Online Activities have helped me. They let you reflect on what you've been through and encourage you to push yourself forward. It was vital to get this support after my stroke. I feel empowered and confident to talk about my experiences with others. The discussions have helped me get back out there in the community and enjoy life.'

Claudette, 72, who had a stroke in January 2020

Supporting children affected by stroke and their families

Our Childhood Stroke Service helps children, young people and families affected by childhood stroke. Our dedicated team provides guidance, emotional support and practical information on topics including education, development and emotional wellbeing. We also support teachers and childcare professionals to understand more about childhood stroke and its impacts.

In 2024-25:

- We supported 100 people affected by stroke in childhood, including 72 new referrals.
- In response to feedback, we launched 'Learn and Chat', a new online support group for parents and carers of children who have had a stroke. The sessions give families an opportunity to hear from a healthcare professional who specialises in stroke in childhood, ask questions and talk to other parents who've had similar experiences.
- We introduced an Online Information Session for teachers and staff to support them to understand more about childhood stroke and its impacts, as well as offering practical tips for the classroom.
- We developed a new guide for parents and carers of children who have recently had a stroke. This was co-created with parents of childhood stroke survivors.
- We're creating more opportunities for research into childhood stroke to help address current gaps in research. Childhood stroke is now included in the remit of our fellowships and lectureships.
- We continued to deliver our Parent-to-Parent Volunteer Calls where parents are matched with one of our trained parent volunteers. Parents have told us that talking through their experiences can help them feel more supported, connected, and able to take the next step in their child's recovery.

Elise's story: 'I don't know how I would have survived'

Carter was only two when he had a devastating stroke. His mum, Elise, shares how our online 'Learn and Chat' sessions have helped.

'Carter was exceeding all his milestones when he suddenly had a stroke. I was giving him a bath when half of his face just dropped. It was terrifying.

'When he finally woke up, Carter was a completely different person. He couldn't speak, see, move, or eat. He was alive, but we didn't know how much of the boy we knew was still there.

'The Stroke Association has been a lifeline – I don't know how I would have survived without all the support. The 'Learn and Chat' sessions cover so much. Speaking with parents who've been through it has given our family hope that the future can be bright.'

Making stroke support more accessible

We want people to access the right support and information when they need it, so they can make informed choices about their treatment and care and take control of their ongoing recovery.

Helping all stroke survivors to make informed choices

To do this, we're working to better understand the needs of stroke survivors and their families when they access health information in their preferred language.

We are developing closer relationships with the different communities we support so that we can have more meaningful conversations about the health information they need in their recovery.

Using data from our interpretation service, Language is Everything, and the Office of National Statistics, we identified nine commonly requested languages (Polish, Romanian, Panjabi, Urdu, Portuguese, Spanish, Arabic, Bengali and Gujarati) and would like to better understand the needs within these communities.

In 2025-26, the plan is to work with the Urdu community to understand how they like to engage with health information, what topics are important to them and in what format. We will then work with the community to develop a resource in Urdu. We will use this learning when we work with other communities in the future.

Helping the Deaf community to access stroke support

A lack of stroke-related information available in British Sign Language (BSL) means that many in the Deaf community face difficulties in accessing essential health services and medical information.

We have been working with Deaf charities, members of the Deaf community, and healthcare professionals to develop and provide better stroke support.

They told us that our BSL interpreting service for the Stroke Support Helpline made it hard to get support quickly, as you had to book an interpreter in advance.

In response, we partnered with SignVideo, who instantly connect BSL users with an interpreter when they contact our Stroke Support Helpline or Supporter Relations Team via our website.

Sharing stroke information in British Sign Language

We also developed 15 BSL videos, organised into two playlists – one for stroke survivors and another for people supporting stroke survivors.

The videos provide an accessible version of our Stroke Support Pack (page 26), giving BSL users information to help them understand the effects of stroke and the support available to them. They're available on our YouTube channel and website.

Our interpreting services supported 480 people affected by stroke in more than 17 different languages.

Reaching more people in the early stages of stroke

It's crucial that people who have been recently affected by stroke get support as soon as they need it. This year, we worked more closely with healthcare professionals to make sure stroke survivors hear about our support as early as possible, so they can get the help they need.

Helping stroke survivors to access our support while they're still in hospital

We launched our new and improved **Stroke Support Pack** in February 2025, which we sent to 260 hospitals around the UK. This was following feedback that, in those early days after a stroke, people just want to know the basics and where to go for more information or to find support.

We're encouraging in-hospital health and care teams to hand them out as soon as possible when someone is admitted after a stroke, so that they are able to access our support from the beginning of their recovery.

The Stroke Support Pack contains two guides: one for people who have had a stroke and another for people who are supporting someone after a stroke.

The guides:

- Help people to understand what has happened and how a stroke might affect someone.
- Give answers to common questions about stroke, including questions about recovery and rehabilitation, and returning home.
- Provide information about how the Stroke Association can support people and where to find further help.

The packs are available for hospital teams to order for free from our website's shop. We have also produced aphasia-friendly, British Sign Language, large text and audio versions to make the information as easy to understand as possible for those who need it.

In addition to introducing our new Stroke Support Pack, our Stroke Support Coordinators support people in hospital, providing information and reassurance in the early days after stroke. They also help health and care professionals and stroke survivors to access our support by building relationships with hospital teams, attending clinical meetings, running sessions on stroke and recovery for professionals and patients, and sharing posters and information guides.

We've sent out **over 42,000** Stroke Support Packs since February 2025 to hospitals, helping support stroke survivors to get the help they need as early as possible.

'Thank you so much for your superb stroke info pack. So helpful and clear. It's given us, as a family, a resource we can use, and feel we are contributing to recovery.'

A stroke survivor who received a Stroke Support Pack

Letting stroke survivors in hospital know we're here to help

If the Stroke Association is present in hospitals with visually striking, informative displays advertising our support, will we reach more survivors, carers and healthcare professionals? This is the question our pilot project in Northern Ireland will answer.

In January 2025, we launched the first in-hospital Stroke Association marketing campaign at two large stroke units at the Royal Victoria and Ulster Hospitals, which treat over 500 patients annually. This will help us to make a vital connection with more stroke survivors and their loved ones in Northern Ireland in the critical early phases following their stroke.

Information displays illustrate the experiences of stroke survivors from across the region, including Nicola, from Ballygowan in County Down.

'The information and support you receive in hospital sets the tone for your continuing recovery journey,' says Nicola. 'Having information available from the Stroke Association at this early crucial stage of recovery is key in enabling stroke patients to have early access to support, both for themselves and their families.'

Penny Graham is Stroke Improvement Lead at the South Eastern Trust. She says: 'We are delighted to have the Stroke Association represented on the ward through the installation of wall graphics. These will help to motivate patients on the ward who will

be on their own journey to recovery. Patients and carers can visibly see the support and advice available to them at a glance.'

The pilot is now being expanded to the three largest stroke units in Scotland in Edinburgh, Dundee and Glasgow. We'll be taking what we've learned in Northern Ireland and adapting our approach to suit the needs and challenges in these areas, as we continue to assess the impact and success of this new approach.

Looking ahead to 2025-26, we will:

- Focus on integrating our wide range of support to make sure that anyone in the UK affected by stroke has easy access to information, guidance and support to live their best life.

Local support services:

- Continue to increase the quality and reach of our locally commissioned services during this time of NHS change and tight public sector budget, through influencing work to make sure stroke is prioritised, and work to better evidence the impact of our services.
- Seek longer-term funding so that we can continue to run our critical emotional support service in Northern Ireland.
- Seek long-term funding for our work with the University Hospitals Sussex NHS Foundation Trust, supporting stroke survivors from inpatient rehabilitation to transition into the community.
- Continue to provide expertise on life after stroke services and advocate for stroke survivors in the rehabilitation pathway in Derby and Derbyshire, and other areas across the UK.
- Review and improve our Welsh language provision for stroke survivors and carers who prefer to be supported in the Welsh language.
- Seek funding to launch our stroke survivor co-designed mental health project in Wales, in partnership with Mind Cymru.
- Review how the Stroke Support Packs are being ordered and whether there are any barriers to healthcare professionals ordering them or handing them out to patients.

Our phone and online services:

- Continue to grow the reach of our online and telephone-based peer support.
- Scale up the work we did in 2024-25 to develop a more person-centred approach to making initial contact with people affected by stroke.
- Make our Stroke Support Helpline more accessible to the Deaf community by introducing instant BSL interpreters.
- Look at why some people register for online activities but don't join sessions to identify barriers and explore ways to make them as accessible as possible.

- Use new tools in our recently updated systems to improve the experience for the parents and carers of childhood stroke survivors who register to join online activities. This is to make sure they are able to more seamlessly navigate and access the different types of support we offer.
- Speak to people who use our Online Community to gather feedback so we can understand what people want from it and to make the community easier for them to access.

We worked with decision-makers to drive changes in policy, research and improvements in stroke care across the UK

Between 2015 and 2035, the UK will see a 60% increase in people having a stroke for the first time. Despite this, stroke hasn't received the public and political attention it needs. This has had negative consequences for all aspects of stroke treatment, care and rehabilitation from hospital to home, as well as stroke research.

Shortages of specialists, delays in emergency care, and inadequate access to stroke units have resulted in a decline in life-saving treatments. Financial and operational pressures facing the NHS across the UK are leaving stroke care over-stretched, under-staffed and under-funded. In some places, vital stroke support services are being cut altogether.

This has caused a huge variation in the quality and availability of stroke prevention, treatment and care between regions and nations, creating a postcode lottery and deepening health inequalities.

If this doesn't change, by 2035, stroke will cost the NHS and the UK economy £75 billion annually.

But it doesn't need to be like this. We know that, with the right investment, stroke can be preventable, treatable, and recoverable. With strong leadership and sustainably funded programmes, decision makers in government and health and care bodies can save lives and prevent the long-lasting impact stroke has on millions of people.

That's why we're building public and political support for our work. We're pushing for change for, and with, stroke survivors, to make sure that anyone can get the treatment and support they need, when they need it, no matter who they are, where they live or when they have their stroke.

With 2024 being a UK General Election year, we worked even harder to influence and build relationships with politicians in all four nations. We developed a Manifesto for Stroke, positioning ourselves as a research funder, policymaker and delivery partner, urging the new UK Government to make stroke a priority.

We called for ambitious, actionable health strategies and well-funded improvement plans across the UK and locally. This will make sure stroke services are available to all and that they're among the best in the world. And we advocated for people affected by stroke, to make sure their valuable lived experience is used to make real, effective improvements.

We also invested time and money into stroke research, which is crucial for developing the evidence, tools and techniques that are needed for future breakthroughs in treatment and care.

Sue's story: Why stroke support matters

One of our key recommendations for the UK Government's 10 Year Health Plan for England is prioritising community rehabilitation and life after stroke services – no matter where you live. Stroke survivor, Sue, 60, joined our campaign to help make sure more people get access to this support, which she benefited from.

'I owe so much to my physiotherapists because they played such an important role in my recovery. While in hospital, I had physiotherapy five days a week.

'My physiotherapist created a plan with specific goals, like going up the stairs and walking from my house to the pet shop.

'I received about six months of physiotherapy. It was crucial to my recovery that I continued receiving treatment once I was discharged and back in the community.

'It wasn't until I spoke to other survivors that I realised life after stroke services, and rehabilitation services like physiotherapy, all depend on where you live and what's available. I thought they were guaranteed, but they're not.

'All stroke survivors should have access to the same level of support and treatment as I did. This will allow them to achieve their best possible recovery.

'This is why I've joined the Stroke Association's campaign to make stroke a higher priority. I hope my experiences show why it's so important for everyone affected by long-term conditions, like stroke, to get the treatment and support they need, regardless of where they live.'

Influencing across the nations

As the largest source of long-term support for stroke survivors and their loved ones outside of the NHS, we're able to speak out on the issues that matter most to survivors. We've been working with political leaders, decision-makers and people affected by stroke to increase access to thrombectomy, ensure universal access to life after stroke services, and advocate for stroke to be appropriately prioritised in the health plans of all four of the UK's nations.

Northern Ireland in focus

We're making the most of our political and professional connections to progress the improvements to stroke treatment, care and support that stroke survivors and their loved ones have been promised.

Thrombectomy saves brains

We worked with stroke survivors and thrombectomy clinicians to call on the Northern Ireland Government to honour its commitment to making thrombectomy available 24/7 by the end of 2024. While the government is yet to deliver on its target, with the support of our stroke survivor campaigners, we've succeeded in keeping the importance of this expansion in the public and political mind:

- Our Saving Brains petition to improve access to thrombectomy was signed by 3,500 people and presented to Minister of Health, Mike Nesbitt MLA, in September 2024.
- We secured ongoing discussion in the Assembly and All-Party Stroke Group about thrombectomy and held a parliamentary reception at Stormont attended by MLAs from every major political party in Northern Ireland. As a result, the Minister of Health has been asked about thrombectomy by MLAs more than nine times during the year.
- In March 2025, we supported a new documentary called 'Thrombectomy: Restoring Life', which emphasises the urgency of the issue. This helped to keep it in the news and front of mind for MLAs.

'Like most people, I'd never heard of a thrombectomy until I was wheeled into surgery to receive one. I dread to think what my life would be like, or if I would even be here, had my stroke happened at a different time. Access to treatment shouldn't be determined by timing. I encourage everyone to sign the Stroke Association's petition to Northern Ireland's Health Minister, so we can make thrombectomy available 24/7.'

Paul, a stroke survivor who supported our Saving Brains campaign in Northern Ireland.

Bringing stroke professionals together

Around 160 stroke professionals came to our conference in Northern Ireland, providing a space for them to collaborate on new ideas to improve services. The sold-out event shared best practice and the latest research into improving stroke care in Northern Ireland.

Mike Nesbitt, Health Minister in Northern Ireland, opened the conference, which was run in partnership with the Northern Ireland Multidisciplinary Association of Stroke Teams.

He spoke about his frustration with the state of public finances and commitment to transforming stroke services, while praising the stroke workforce.

The Health Minister said: 'While…the current budget position has meant that we have been unable to move at the pace we would like…it remains important that we push

ahead...Our focus for the next 12 months will be on the actions that can be progressed within the resources that are available.'

The popularity of the event and the feedback we received afterwards has shown that we can play an important role in bringing stroke professionals together. We're now planning the 2025-26 conference.

Transforming stroke services

We're helping the Department of Health to deliver on the commitments it made in the Stroke Action Plan to introduce Hyper Acute Stroke Units in Northern Ireland. Hyper Acute Stroke Units (HASU) are specialised hospital wards, focusing on the immediate and intensive needs of people who've had a stroke.

We supported the Department to include stroke survivors and carers on the HASU Project Board, as it is essential that people with lived experience are involved in developing support services to make sure they better meet their needs.

We've also joined the board that will establish a model for reconfiguring stroke services in Northern Ireland by April 2026. Our input will focus on sharing examples of good practice, engaging the wider stroke community and acting as a link between the Project Board and elected representatives.

Scotland in focus

Every year, around 10,000 people in Scotland are admitted to hospital following a stroke. The identification, treatment and rehabilitation services provided for these people needs urgent reform to help the health and social care system deal with the unprecedented demands it faces.

We are working to influence senior political figures and health board managers in Scotland to address the structural problems in stroke services and ensure co-ordinated action for stroke survivors.

Progress against the Stroke Improvement Plan

We researched and launched a report highlighting the state of play for stroke in Scotland, a year after the publication of the Scottish Government's 'Stroke Improvement Plan'.

Aimed at senior health board leaders, our report shows how progress is falling short of the plan's ambitions to achieve national 24/7 thrombectomy services, post-stroke support, and psychological care for stroke survivors.

We'll continue to focus our advocacy on senior political figures and health board management, urging them to improve treatment, care and support for all stroke survivors.

Solutions for political parties ahead of elections in Scotland

Stroke health professionals from across Scotland, including clinicians, nursing staff and allied health professionals, helped us to co-produce five calls to action to improve stroke services.

The aim is to present an attractive, ready-formed package of actions to political parties in Scotland, as they look for solutions to the challenges faced by our health and social care system in the run up to the 2026 elections.

The five calls will save, rather than cost, money and aim to make the system work better within existing resources. The package is supported and will be presented by a coalition of organisations and individual professionals across the stroke community.

'Thriving After Stroke' launches in Scotland

Our 'Thriving After Stroke' campaign aims to ensure that everyone affected by stroke has access to the rehabilitation and life after stroke support they need.

We consulted with health and social care partners across Scotland to identify some practical asks for health boards to focus on, in order to build the support provided to every stroke survivor.

Launching our campaign report in April, we set out the case for action and highlighted three specific calls for every stroke survivor to:

- Leave hospital with a personalised rehabilitation plan.
- Have contact information for ongoing support from rehabilitation and life after stroke services.
- Receive a six-month progress review to identify and plan any further support needed.

We see this as the beginning of a long, sustained campaign where we will use policy, evidence, lived experience and analysis of health board performance to press for change.

We will continue to comment and collaborate with the Scottish Government and health board leaders, and plan to meet with senior staff to follow up on progress against these calls to action.

Veronica's story: Thriving after stroke

Veronica, 70, from Wishaw, had a stroke in Glasgow in December 2023. She couldn't swallow or move the right side of her body. Veronica featured in our 'Thriving after stroke' report as an example of how stroke services can change lives.

'I spent 13 days at the Queen Elizabeth hospital in Glasgow. I was then transferred to University Hospital Wishaw where I was put on a clinical trial and spent 10 weeks undergoing intensive physiotherapy.

At first, my family couldn't see any improvement. But then, one of my fingers moved, and it gave them a glimmer of hope. From then on, there was no stopping me. I learnt how to stand, took my first step, then gradually more, with the support of a rail. My physiotherapists were amazing and put so much work into helping me.

'On leaving hospital I was given a plan detailing my goals for returning home. I was assigned a community nurse who checked up on me, noted my progress, and left her phone number asking me to call with any questions at any time. Some adaptations were made to the house on my return home.

'I continued to get regular home visits from the physiotherapist and occupational therapist, and achieved my initial goals of climbing the stairs, making a meal, and walking outside with help from my physio, if needed.

'More recently, I am thrilled to report that I am now able to walk and pick up my four-year-old grandson, Nathan, from nursery!

'I would like people to understand, that there is life after stroke if you get access to the right treatment and support.'

Wales in focus

There are not enough people working in the NHS and social services to cope with the growing numbers of strokes in Wales. There's also been little progress on the commitments made by the government in 2021 to reorganise stroke services into regional networks.

The upcoming Senedd Cymru election in 2026 presents a unique opportunity for us to influence policies affecting the availability and quality of care for stroke patients in Wales.

'Making stroke a priority' manifesto

We used our 'Making stroke a priority' manifesto for Wales to kick off our influencing work at the Plaid Cymru conference in March 2025, ahead of the 2026 election.

We spent much of 2024 co-creating the manifesto with people affected by stroke and stroke professionals working in Wales. The manifesto outlines three critical calls to action, including transforming services to address inconsistencies and overcrowding in the stroke care pathway.

Recently, the Healthcare Inspectorate Wales highlighted that stroke support and outcomes have been in decline since 2019. We want to make sure that Wales doesn't fall behind the rest of the world when it comes to stroke care. As the election approaches, we'll use the manifesto to urge all political parties to act now. Together, we can ensure that every stroke survivor receives the support they need.

Advocating for Welsh-speaking stroke survivors

We need to increase the availability of Welsh language support in stroke rehabilitation services to make sure all patients can access care in their preferred language.

This was one of four key recommendations of our report, 'Experiences of Welsh-speaking people with aphasia', which launched at the Welsh Government's Cross-Party Group on Stroke in September 2024.

We wanted to gain a better insight into the needs of Welsh-speaking stroke survivors, particularly those with post-stroke aphasia and other communication difficulties. So, we commissioned researchers at Cardiff Metropolitan University.

Aphasia affects a person's speech and ability to read or write and is a common impact of stroke. Of the 70,000 stroke survivors in Wales, it is estimated that up to 40% may have aphasia. Of these, many are likely to be Welsh speakers.

The research found that maintaining their preferred language significantly enhances the emotional well-being of stroke survivors. It helps them stay connected to their identity and culture, which is vital during the recovery process.

'Welsh is 'Mwy naturiol…mae'r ymennydd yn dweud' (more natural…what the brain says), said one stroke survivor and research participant.

Ahead of the Welsh elections, we will be continuing to advocate for the recommendations in the report.

'It was clear from his language, gesture, and the pictures and images around his home that he was a very proud Welsh-speaker and that his communication disability was disrupting his sense of self and identity.'

Researcher for our report, 'Experiences of Welsh-speaking people with aphasia', talking about a stroke survivor who featured in the research

Improving awareness among paramedics

We partnered with the Welsh Ambulance Services University NHS Trust to host newly qualified paramedics (NQPs) within our stroke support services. The aim was to foster a deeper understanding of the long-term impact of stroke on survivors and their families, and awareness of our services among paramedics in Wales to help them to better support stroke survivors.

Between May and September 2024, two NQPs attended a group stroke recovery session in Cardiff each week, and one shadowed a home visit. All who took part said it enhanced their understanding of the needs of stroke survivors and their carers.

One NQP said: 'It has been of benefit to meet stroke survivors and their carers and learn about the impact it has had on their lives. It will allow me to have more confident discussions and be able to answer more questions about what support is available for stroke survivors.'

England in focus

Between 2015 and 2035, the number of stroke survivors in England is expected to double. Without urgent action on stroke, the UK Government's 2035 goal, which is to reduce deaths from heart attacks and strokes by 25%, will not be met.

During a politically turbulent year, we worked hard to influence on stroke, building relationships and advocating for stroke to be a key priority for decision makers.

Influencing the next 10 years of stroke care in England

Over the next 10 years, the UK Government plans to adapt the NHS in England to meet future healthcare needs. To help with this, the public, healthcare professionals and experts were invited to share their views and ideas for the UK Government's 10 Year Health Plan for England.

In response, we launched our 'Unlocking Potential: a bold vision for stroke care in England' report to influence the government's 10 Year Health Plan. Through focus groups, surveys and events, we asked stroke survivors, researchers, professionals, and NHS leaders across England to name their top priorities for stroke prevention, treatment and care in the next 10 years. We used this evidence to develop policy recommendations aimed at improving stroke care and support.

One of our key recommendations is prioritising community rehabilitation and life after stroke services – no matter where you live.

We launched the report in Parliament with a panel of influencers, including Professor Sir Stephen Powis, NHS England's National Medical Director. The launch was sponsored by Uma Kumaran MP, whose husband, Jacob, had a stroke in July 2024.

'Unlocking Potential' generated 184 pieces of media coverage across national media including Mail Online, The Telegraph and The Express, as well as health sector media, and a range of key regional titles across the UK.

The report's findings and recommendations are key to our next phase of engagement with the government. These clear, evidence-based priorities and recommendations will help us push for positive change for stroke.

Working with NHS England to improve access to thrombectomy

We built on the momentum of our Saving Brains campaign by partnering with NHS England's National Medical Director, Professor Sir Stephen Powis, to support a landmark programme of visits to all 26 thrombectomy centres across England. This collaboration aimed to improve access to thrombectomy, which can significantly reduce disability by removing clots from blocked arteries in the brain.

We were invited as a trusted partner to ensure the voices of stroke survivors and their families were central to these visits. They have told us that 24/7 access to thrombectomy should be embedded in the health system so that everyone who could benefit from it has the opportunity to do so.

Our Chief Executive, Juliet, and other senior staff members went on the visits. They reminded clinicians and health system leaders of the human impact of delayed or unequal access to thrombectomy and that the speed of changing this was still too slow.

This sustained focus and leadership has put a national spotlight on thrombectomy, highlighting the challenges that have prevented progress, and galvanising local action across England. We will aim to build on this with the next round of thrombectomy visits in 2025-26.

Shaping the future of stroke

In addition to influencing the 10 Year Plan mentioned on page 38, we helped to shape key programmes and legislation, which will have an impact on support services. We highlighted the needs of stroke survivors and gave examples of innovation and high-performing services through our responses to government consultations.

We provided evidence to consultations on the:

- National incentives for GPs to support the prevention and management of stroke and cardiovascular disease (CVD) – Our focus was on quality support for stroke survivors and their families.
- NHS Constitution – We emphasised the need to promote work to tackle health inequalities, link more holistically with people's wider health and wellbeing needs and address the needs of unpaid carers.

- Proposed 2024 reforms to health and disability benefits and employment support – We highlighted the priorities of stroke survivors and their families and carers.

Alongside this work, our Chief Executive, Juliet, and senior leaders have represented stroke at numerous meetings with ministers and senior civil servants, to make the case for stroke and build relationships to influence future policy.

We will continue to respond carefully and appropriately to changes in the political landscape, to help keep the focus on improving the lives of people affected by stroke.

Engaging with local systems and partners

Throughout 2024-25, we've worked closely with local health and care providers and organisations, supporting them to address and resolve gaps in stroke survivors' journeys – from acute care into life-long care:

- **Influencing Integrated Stroke Delivery Networks (ISDNs)** - ISDNs have an indispensable role in driving improvements in stroke care. We worked with NHS England on a two-day residential for clinical leads and managers at ISDNs, running sessions on influencing skills to improve stroke care.

  We also held regional stroke leadership events in South East England, East of England and the Midlands. Events like this give us an important opportunity to share good practice, improve outcomes and build stronger relationships.

- **Building stronger relationships with Integrated Care Systems (ICSs)** – While we have positive relationships with many ICSs, we were finding others harder to connect with. To address this, we tried a new way of working in one area where we had limited relationships, the North East and North Cumbria (NENC) ICS.

  We spoke to NENC ICS professionals to identify why they weren't engaging with us. This was mainly due to their preconceptions about our organisation and a lack of understanding of our work. To change this, we developed content describing what we do and how we work with partners like ICSs. This started new conversations that highlighted our flexibility and responsiveness.

  As a result, we've developed new, and improved existing, working relationships with NENC ICS. We're now using this approach in other ICS areas in the North East and Yorkshire.

> 'I highly value the breadth of the Stroke Association's work across pathways, partnerships, and support.'
>
> **A professional from NENC ICS**

- **A model for working with Primary Care Networks (PCNs) -** We've been exploring ways to improve awareness of stroke, and connect people with our stroke support services, especially in underserved communities.

  This year, we launched an engagement campaign, which focused on building relationships with PCNs, as we recognised that GP surgeries are a common point of contact for most residents.

  We started in Luton, working with six PCNs, who, combined, represent 224,000 registered patients. We co-hosted a World Stroke Day event, supported by five of the six PCNs, our stroke support services, and community partners. Over 70 people came to the event in the first 30 minutes, demonstrating a clear appetite for information and support, and uniting survivors, carers, and professionals.

  The campaign strengthened partnerships between us, the PCNs and local stroke services, significantly increasing stroke awareness and improving access to our support within the Luton community. More than 30 GP surgeries in Luton committed to displaying stroke support information. Interestingly, fear of missing out was a surprising but powerful motivator for securing collaboration.

- **Partnerships with universities -** We partnered with the University of Essex to deliver an online webinar series for stroke survivors, carers, students, and academics to raise awareness about stroke, rehabilitation and recovery.

  Featuring key topics such as psychological wellbeing, turning points in stroke research, and managing fatigue, the sessions were co-designed with stroke survivors to make sure that the content was meaningful and fostered connections with academics.

  Developing partnerships with universities can influence the availability of our local stroke support services. For example, we also work with the University of Bedfordshire to run group-based exercise sessions for people affected by stroke or living with neurological conditions.

Influencing beyond borders

How can the voluntary sector collaborate with health services to provide support after discharge from hospital? We presented an overview of how we work with NHS England to provide life after stroke services at the Stroke Action Plan for Europe (SAP-E) National Coordinators' Workshop in Bulgaria in January 2025.

In doing so, we shared insights that may help to drive improvements in post-hospital discharge stroke services across Europe.

SAP-E, a pan-European initiative chaired by the European Stroke Organisation (ESO) and the Stroke Alliance for Europe (SAFE), has set targets to improve stroke care across the continent until 2030.

We supported UK nations to share data about stroke care with the SAP-E database.

International meetings

By attending and supporting international stroke meetings, we reinforce the UK's reputation as a thought leader in stroke care and advocacy.

For example, we attended and presented our work in the UK at the European Stroke Organisation Conference in Basel and at the World Stroke Congress in Abu Dhabi.

We became a partner in the Global Stroke Action Coalition, a new advocacy movement convened by the World Stroke Organization. Together, we're urging governments across the globe to make sure that stroke is recognised, prioritised, and acted on at the Fourth United Nations High-Level Meeting on Non-Communicable Diseases (NCDs) in September 2025. Without intervention, the number of lives lost to stroke is set to increase from 7 to 9.7 million by 2050, and the total projected cost of stroke to the global economy is projected to reach US$1.6 trillion each year, so we want to make sure we make the most of this rare opportunity to influence world leaders and shape future action.

Tackling health inequalities

Health inequalities are avoidable differences in health. Stroke does not affect everyone equally. The conditions in which people are born, grow, live, and work affect their likelihood of having a stroke, access to effective treatment, experience and outcome of care and the quality of their lives following a stroke.

For example, people of low socioeconomic status experience their first stroke about seven years earlier and have a 26% higher risk of death within one year of having a stroke compared to people of a higher socioeconomic status. People from an ethnic minority group experience their first stroke about five years earlier and have a 2-4 times higher risk of poor stroke outcomes and stroke-related deaths compared to a white person.

Addressing health inequalities is vital to our commitment to solving inequity in stroke. We want to play our part in dismantling systemic discrimination. Here are some examples of how we've been working towards this in 2024-25:

Building relationships with community organisations

We are building meaningful relationships with community organisations, such as the Caribbean African Health Network (CAHN), who are committed to tackling health inequalities across different population groups.

We sponsored the CAHN Black Healthcare Awards, showing our commitment to supporting those who share our vision of addressing inequities and building trust within underserved communities. The event was the first of its kind and celebrated the contribution, commitment and resilience of black health and care workers in the UK.

Charles Kwaku-Odoi, Chief Executive Officer at CAHN said: 'The Stroke Association's support at the Black Healthcare Awards 2024, particularly for the Cardiologist of the Year category, highlights their commitment to recognising and promoting excellence within diverse communities. By combining our expertise and community relationships, our partnership continues to drive meaningful improvement in stroke prevention, care, and support.'

During Black History Month, representatives from CAHN joined us for a webinar, which aimed to give our staff a better understanding of the health inequalities faced by Black Caribbean and African communities in the UK.

Inequalities in Health Alliance

Together with other organisational members of the Inequalities in Health Alliance (IHA), in March 2025, we wrote to Ashley Dalton MP, Parliamentary Under-Secretary of State for Public Health and Prevention. The IHA asked for a cross-government strategy to reduce health inequalities – an update on the government's programme of work on preventing health inequalities.

We have supported the IHA's calls for the UK Government to make it a duty for public authorities to consider how their strategic decisions have an impact on socioeconomic inequalities.

Stroke prevention

Up to 9 in 10 strokes globally are preventable. There's huge potential for reducing the number of lives devastated by stroke if the risk factors are better detected, treated and managed. We help people understand the risk factors for stroke and what they can do to reduce or manage their risk of having a stroke.

Raising awareness on Stroke Prevention Day

Press coverage of Stroke Prevention Day reached millions with 108 pieces of national and regional media coverage across print, online and broadcast media. This included The Independent, The Mirror, The Sun and MailOnline as well as a number of regional outlets including the BBC, Lancashire Post and Belfast Live.

We focused on raising awareness of the link between high blood pressure and stroke. This followed a survey that showed that 43% of people without a connection to stroke didn't know that high blood pressure is the leading cause of the condition. We also highlighted other risk factors, including smoking, poor diet and lack of exercise.

Ian, 47, from Waltham Forest, shared his story in the media to support Stroke Prevention Day. He had a stroke in July 2024 because of undiagnosed high blood pressure.

'Deciding to share my story as part of Stroke Prevention Day was an easy decision as it gave me an opportunity to repay the Stroke Association for all the help they had given me,' says Ian. 'I hope it helped to get the important message across about monitoring blood pressure. In fact, so many people have approached me since and said it motivated them to buy a blood pressure monitor or check in with their GP.'

Investing time and money into stroke research

Stroke research is chronically underfunded, especially compared with other conditions like cancer or heart disease. Government funders and medical research charities spent almost £35 million on stroke research in the UK in 2022 – that's only 1.25% of all the money directly spent on health research. In comparison, £164 million was spent on cardiovascular research (5.9% of all health research) and £469 million was invested in cancer research (17%).

Every year, we fund research to help find new ways to stop stroke happening, and to treat and support people to recover after a stroke.

In 2024-25, we funded £2.4 million in new stroke research awards in nine institutions around the UK. This is a £0.9 million decrease from £3.3 million in 2023-24. Unfortunately, we're seeing fewer applications for funding, partly because many brilliant stroke researchers are facing serious challenges. Clinical staff have less time to do research, university budgets are stretched, and national investment in stroke research (and partnerships for funding) remains low compared to other major health conditions.

Rather than rush to spend for the sake of spending, we're protecting these funds and using them to strengthen our support for researchers – including plans to offer more competitive fellowships, boost mentoring, and support early career researchers to stay in stroke. Every pound will be reinvested with care and purpose, and our commitment to delivering impactful stroke research remains stronger than ever.

In 2024-25, we funded £2.4 million in new stroke research awards in nine institutions around the UK.

Our research awards

We have four main types of research awards. These support stroke clinicians and academics working across all disciplines of stroke research to become the research leaders of the future:

• **Postgraduate Fellowships** help graduates develop the skills they need to start a career in stroke research.

• **Postdoctoral Fellowships** offer further training to help stroke professionals who've completed a PhD to progress as independent researchers.

• **Lectureships** play a critical role in supporting talented mid-career researchers as they develop the skills to lead their own research teams.

• **Project Grants** are for multidisciplinary teams addressing big questions across the whole spectrum of stroke research from prevention, through to treatment and rehabilitation, both in hospitals and longer-term in the community.

This year, we're proud to have funded the following research projects:

Grant type	Lead researcher(s)	Institution	Research title
Project Grant	Dr Ameeta Retzer and Dr Sarah Damery	University of Birmingham	PRECISE: Promoting representative and equitable collection of stroke survivor experiences
Project Grant	Professor Nick Ward	University College London	Can nerve stimulation help stroke survivors recover hand movement even years after stroke?
Project Grant	Professor Anne Forster and Dr Tom Crocker	University of Leeds	How do hospital green spaces impact the experiences of people affected by stroke?
Project Grant	Dr Eirini Kontou and Dr Jade Kettlewell	Nottinghamshire Healthcare NHS Foundation Trust and University of Nottingham	e-OPTIMISM: Developing a psychoeducational programme for self-management after TIA (transient ischaemic attack)
NIHR/Stroke Association Programme Grant for Applied Research	Professor Rebecca Palmer and Professor Madeline Cruice	Sheffield Teaching Hospitals NHS Foundation Trust	Aphasia Partnership Training: A programme of work to co-design and evaluate the effectiveness of training a person with aphasia and their communication partner to communicate better together
Joint Stroke Association/ MRC Clinical	Dr Alice Hosking	University of Edinburgh	How do other medical conditions affect someone's risk of

Research Training Fellowship			intracerebral haemorrhage?
Postgraduate Fellowship	Ms Faye Tabone	University of Oxford	Developing CARES: Cognitive aid for rehabilitation in stroke survivors
Postgraduate Fellowship	Ms Shifa Irfan Hamdule	University College London	How do sickle cell anaemia and sleep-disordered breathing affect young stroke survivors?
Postdoctoral Fellowship	Dr Sam Webb	University of Oxford	MCS-stroke: Co-producing a thinking and memory screening tool that adapts to the person using it
Postdoctoral Fellowship	Dr Ellen Backhouse	University of Edinburgh	Improving how we predict whether a stroke survivor will develop dementia
Clinical Lectureship for Medical Professionals	Dr Robin Brown	University of Cambridge	Could brain inflammation cause blood vessel damage leading to strokes?
Senior Clinical Lectureship for Medical Professionals	Dr Alan Cameron	University of Glasgow	STARS: Stopping atrial fibrillation (AF)-related strokes

Highlights of our new research grants

Understanding the link between sickle cell anaemia, stroke and breathing problems during sleep

People with sickle cell anaemia, a genetic condition that affects more than 4 million people around the world, are at increased risk of stroke. Children who have sickle cell anaemia are 100 times more likely to have a stroke than children who don't.

During her PhD, Shifa Hamdule is investigating the links between sickle cell anaemia, stroke, and sleep-disordered breathing in young adults who've had a stroke.

Sleep-disordered breathing refers to unusual patterns of breathing that happen while you're asleep, such as stopping and starting breathing. It seems to be more common in young people with sickle cell anaemia and young people who have had a stroke. It can also increase the risk of having another stroke.

Shifa's work will help us better understand the impacts that sleep-disordered breathing can have on young stroke survivors' brains, thinking and memory abilities, and mental health. It will also help us understand whether existing treatments for sleep-disordered breathing could help reduce these impacts.

'Sleep-disordered breathing is simple to monitor, and treatments already exist that can be used to reduce its impact on brain function and prevent secondary strokes,' says Shifa.

Sickle cell anaemia is more common in southern and western Africa and in people of African and Caribbean ancestry. So Shifa's research could have an important impact for young stroke survivors around the world.

Co-producing a thinking and memory screening tool that adapts to the person taking it

Up to 9 in 10 stroke survivors experience thinking and memory (cognitive) difficulties, such as challenges with planning movements or being able to recognise common objects. However, most of the tests used by healthcare professionals to screen for thinking and memory abilities can't be used by all stroke survivors. They can also take a long time, which can be taxing for stroke survivors, especially those who are facing other challenges like fatigue.

We previously funded Dr Sam Webb's PhD, during which he developed a virtual shopping task that can detect problems with planning and problem-solving after stroke. Sam has now returned to us for a Postdoctoral Fellowship and is working with stroke survivors and healthcare professionals to co-create the first ever app-based test for cognitive difficulties that is specifically designed for stroke survivors.

While further testing will be needed, Sam hopes that his app will eventually be used around the world, giving more stroke survivors an accurate insight into their thinking and memory difficulties and making it easier to access personalised support for returning to day-to-day activities like school, work and hobbies.

Events to share best practice in research

We bring leaders in stroke together to share ideas, learning and best practice, which can help develop more and better stroke research.

UK Stroke Forum

The UK Stroke Forum is the largest gathering of stroke specific healthcare professionals in the UK. It provides leading health specialists with an opportunity to learn, share ideas and best practice across different areas of stroke care, and discover the latest ground-breaking stroke research – with the ultimate aim of improving standards of care for stroke survivors.

A record 1,860 stroke healthcare professionals attended the 19th UK Stroke Forum in Liverpool in December 2024. There were over 70 scientific sessions over the course of the three-day event, featuring speakers from all over the world.

One delegate said: 'I think the NHS is in quite a complex space at the moment with lots of unique challenges, but an event like this is extremely encouraging in making stroke care better across the country.'

90% of sessions involved someone with lived experience of stroke.

Researchers' Day

In September 2024, we hosted a Researchers' Day in Leeds, attended by 21 Stroke Association-funded researchers. This event was a chance for networking, peer support, skills development and learning, with sessions including everything from stroke policy to developing research skills. One attendee commented: 'Excellent speakers. It was very useful to hear about shared challenges and potential solutions.'

New research strategy

What should be the focus of Stroke Association-funded research for the next five years? In 2024, our research strategy came to an end, so in the past year, we've been asking this question of ourselves and the stroke community, as we started to lay the foundations for a bold new direction in stroke research.

Building on what we've learned from two decades of funding world-class studies, we're developing a research strategy that better reflects the reality of stroke recovery, the voices of stroke survivors and carers, and the rapidly changing health and research landscape.

We've engaged with the stroke research community, including clinicians, researchers, funders, and people affected by stroke, to ask where we can make the biggest difference.

We heard loud and clear that UK stroke research needs more than just funding – it needs leadership, collaboration, and long-term investment in people.

That's why our new strategy, launching in late 2025, will go beyond awarding grants. It will focus on strengthening future stroke research, supporting the next generation of leaders, and ensuring stroke research is embedded in real-world care. From policy to rehabilitation to data science, we're positioning stroke research to deliver impact where it matters most – in people's lives.

Stroke survivors shape our research

In 2024-25, the 114 members of our Stroke Voices in Research group contributed to five project grant reviews and 12 research award assessments. They also advised on 10 individual research projects. Members helped to inform the design of the projects, develop materials, prioritise topics, and review content.

The group plays a vital role in shaping the future of stroke research by contributing lived experience, insight and expertise. It brings together people affected by stroke to collaborate meaningfully with researchers, ensuring that research is relevant, makes an impact and is informed by those it aims to support.

Stroke Voices in Research members also contributed to the strategy refresh, sharing their insights and experiences. One member reflected on the value of their involvement in research, saying: 'The whole point of a team is that you each bring a different perspective – our perspective is our lived experience. Our input can do things like improve the design so that recruitment [to a research study] is more likely. Or we can point out when outcomes are not of particular interest to people who have a stroke and perhaps we should be looking at different outcomes if we're going to be exploring a particular area.'

Toolkit for how to involve stroke survivors in research

We have seen how active partnerships between people working and living with stroke can improve research so that it has the greatest impact.

This year, we created a toolkit for stroke researchers on how to best involve people affected by stroke in their research. With guidance including practical steps for recruiting people from underserved communities and planning for accessibility needs, we're supporting and encouraging researchers to think about how they bring new perspectives to their work to improve its quality and outcomes.

Looking ahead to 2025-26, we will:

- Continue to influence and campaign for improvements across the stroke pathway and use the learnings to continue to improve our effectiveness as change-makers.
- Launch the new research strategy and begin its implementation.
- Engage with national elections in Scotland and Wales to ensure stroke is a priority for all major parties.
- Call on the UK Government to deliver a cardiovascular disease (CVD) plan to reduce CVD and stroke deaths and disability by 25% by 2035, following the publication of the 10 Year Health Plan for England in July 2025.
- Work to understand how we can support the stroke community and health system to address stroke-related health inequalities.
- Set up a five nations thrombectomy committee across the UK and the Republic of Ireland to make sure learning is shared and that we increase access to this lifesaving treatment.

We inspired supporters to give their time, voice and money to help stroke survivors and their loved ones

The number of stroke survivors in the UK is expected to rise to 2.1 million people by 2035. To make sure we can be there for everyone affected by stroke, we need to inspire thousands more supporters to contribute to our vital cause. This means inspiring people and organisations to become donors, volunteers and campaigners.

Our audience research shows that a lot of people don't realise how stroke can change lives or how vital support can be for stroke survivors. So, this year, we launched a campaign to raise awareness of life after stroke, as we need the UK public to understand the devastating impact it has. Without knowing this, people won't support us.

The campaign included a TV advert, inspired by real stories of stroke survivors. Bringing these stories to the forefront of more people's minds is crucial as it will help to raise awareness of the condition. It could also encourage them to give their time, voice and money to the charity so that we can support more stroke survivors.

Despite the cost of living crisis, we've had a number of fundraising successes through events such as the London Marathon, as well as our own fundraising appeals. This money will be used to provide support to people affected by stroke to help them find the strength and determination they need for their recovery journey.

For many stroke survivors, recovery is an ongoing process that can take months, years or even decades. Our volunteers provide vital support to stroke survivors through weekly telephone calls and support groups. Thanks to grants from the Wales Council for Voluntary Action and the National Lottery Community Fund, we've been able to increase our volunteer numbers and reach more people affected by stroke.

Increasing donations for our work

Breaking fundraising records

This year our two flagship events – the London Marathon and the Great North Run – broke fundraising records.

The 2024 London Marathon raised £507,000, despite us having fewer charity places than we did in 2023. Each person raised more than £2,000.

Chris Deville, who ran for the Stroke Association and two other charities, raised an incredible £71,000 for us and was the highest individual fundraiser of the 2024 London Marathon. Chris said: 'I was honoured to run the 2024 London Marathon for the Stroke Association after my mum had a significant stroke in late 2023. Taking on this challenge gave me a real sense of purpose during an incredibly difficult time for our family.

'The kindness and generosity of everyone who supported me was very touching. Knowing the money raised will support the amazing work of the Stroke Association – helping both survivors and their families – means a huge amount to me.'

Para-athlete Anthony Bryan, who had a stroke as a child, broke the Guinness World Record for the fastest marathon time by someone with hemiplegia, which is paralysis on one side of the body. Anthony raised an amazing £5,000 for us in the process.

Runners taking part in the Great North Run 2024 raised £225,000. This is the highest amount we've ever raised in this event.

We also raised money through other running events, including the London Landmarks Half Marathon, the Barcelona Marathon and the Paris Marathon.

Our supporters also took on a number of challenges in 2024-25, including skydives, treks and climbs to Everest Base Camp and Ben Nevis. In total, this raised £451,916 – a 36% increase on our original target for this year.

- More than 14,800 supporters donated to our fundraising appeals, raising over £623,000.
- 25,400 people became supporters of the Stroke Association in 2024-25, including 12,000 new weekly lottery players.

'I participated in the Stroke Lottery because it's a cause I understand, having worked as a nurse for a short time, and wanted to support those affected by a stroke.'

One of our supporters who won £5,000 prize money through our lottery

Showing supporters the value of legacies

In 2024-25, we received £18.9 million from 529 supporters who generously remembered the Stroke Association in their Wills. This was an increase of £2.8 million from the previous year.

To secure future legacy income, we continued to inspire supporters to consider leaving a gift to the Stroke Association in their Will. This year, we hosted special events for supporters in Belfast, North Wales and Exeter to showcase the impact of our work. Our events provide an opportunity for supporters to meet others in the stroke community, deepen their connection to our cause and learn more about how a legacy can make a difference to stroke survivors and their families.

Legacies continue to be our largest source of income and make up 60% of the Stroke Association's annual fundraising income.

‘My support for the Stroke Association stems from my family history of stroke and hypertension. My admiration stems from all you do. Thank you.’

Paula Jones, who has pledged a legacy to the Stroke Association

Expanding stroke support through corporate partnerships

Our corporate partners help to provide vital support to stroke survivors and their families. Here are some of the highlights of our partnership work in 2024-25.

Bringing stroke survivors together through bingo

We worked with our corporate partner Buzz Bingo to tackle the social isolation and loneliness felt by stroke survivors. This involved supporting people affected by stroke to join bingo clubs in their local area and meet other people from the stroke community.

Anne , 63, who had a stroke in 2016, stays active by running the Parklands Stroke Support Club in Long Eaton. In May 2024, Anne and a few other members of the group played bingo for the first time at the Buzz Bingo club in Derby.

‘It was a great experience,’ says Anne. ‘It was exciting and you actually feel a buzz when you’re playing. Being able to try new things has made such a positive difference to my recovery. I feel more independent, and I stay busy and engaged, so I don’t ever feel too bored or lonely.’

Buzz Bingo committed to raising £200,000 over three years. In 2024, the company raised £74,000 through a number of activities across its 80 bingo venues. These included: selling limited edition Stroke Association dabbers, playing charity bingo games to mark Stroke Prevention Day and World Stroke Day, and various staff and customer fundraising initiatives during Stroke Awareness Month.

Fundraising for stroke survivors

From running the London Marathon to hosting an annual cycling event, our corporate partner Posturite raised £43,000 this year for people affected by stroke.

The partnership won the Employee Engagement category of the Third Sector Business Charity Awards in 2024. Many of the staff at the company volunteer their time to support our work. This includes taking part in weekly telephone calls with stroke survivors and cheering on runners at the London Marathon.

Chris Jones, Managing Director at Posturite, said: ‘The partnership between Posturite and the Stroke Association has been fantastic for everyone to get engaged in. Obviously, it's been great to raise the money and awareness, but actually the benefits have far

outweighed what we've done for the Stroke Association. It's been about togetherness. Everybody in the business has been involved. It's been astonishing.'

Volunteering time to support stroke survivors

Improving recruitment to get volunteers active quicker

Our volunteers play an important role in helping to tackle the devastation of stroke. We have heard repeatedly from stroke survivors and carers that volunteering has helped them develop new skills, improve their confidence, and feel less alone through meeting new people and being part of a team.

To increase the number of people volunteering with us, we improved our recruitment process in 2024-25. The aim was to make it quicker and easier for people to get started as volunteers and support stroke survivors.

We spoke to current volunteers and volunteer managers to better understand the problems volunteers experience and what could make it better.

To improve the experience for new volunteers, we made the recruitment process digital and removed a lot of the paperwork that people had to fill out. The idea was to make the recruitment process simpler, less formal and more tailored to volunteers' experience.

We tested the new recruitment process with current volunteers. We found that the amount of time it takes to get started as a volunteer has significantly reduced. Now, it takes a fraction of the time it used to take. As a result, volunteers can focus their time on building relationships with staff, other volunteers and people affected by stroke.

Around 1,150 people volunteer their time for the Stroke Association to support stroke survivors.

Russell's story: Listening to stroke survivors

Russell, a stroke survivor, from Leek in Staffordshire, has been volunteering with our telephone service since September 2023. Here, he shares how he is using his own experience of recovering from stroke to help others.

'I became a volunteer because I know how lonely stroke recovery can be. We're matched with someone for eight weekly calls that are about 30 minutes each. It's their space to talk about what they want.

'Stroke survivors often open up in a way that they won't with others. We're like kids in the park comparing scabs: 'What happened to you, how did you recover?' I tell them that 'it's tough' and 'there will be tears'. But 'you'll come good'.

‘My first beneficiary was a football fan. He was low emotionally. I didn’t give him any advice – just shared my story. By the end of our eight calls, he was playing walking football with a Premiership football team. That’s what it’s about.’

Helping others through stroke recovery

‘Volunteering is incredibly rewarding. When I first speak to someone, they’re usually scared and shattered – just like I was. It’s a privilege to help them through.

‘If you’re thinking of signing up to volunteer, do it. Just pick up the phone and say: 'I want to help.' You don’t need to be a medical expert. Lived experience carries weight.’

Rachel’s story: Volunteering to offer comfort

After her father died of a stroke, Rachel raised money for the Stroke Association in his memory. We sent her a thank you card for all her efforts. Now, Rachel is volunteering her time to write thank you cards to other people who have donated in memory of loved ones.

‘Something about that card – the fact that someone had taken the time to sit down and write to us made me feel so seen in my grief. It wasn’t just a donation: it was our dad, our loss, our story. That personal touch stayed with me. If I can help someone else feel even a little of that comfort, then it’s worth it.’

Dedicated role in South Wales grows volunteer numbers

There are currently over 72,000 stroke survivors in Wales spread across an area of over 20,000 km². The estimated number of stroke survivors is expected to increase to 108,000 by 2035, so we need to recruit more volunteers in Wales to provide vital stroke support.

In 2024-25, we appointed a new volunteer manager in South Wales to recruit volunteers, thanks to a £24,913 grant from the Wales Council for Voluntary Action (WCVA). Before this, a staff member in North Wales was managing volunteers in South Wales. Volunteers told us they would like dedicated support from someone who was local to them. So, Beverley (Bev) became the new Volunteer Manager.

Bev’s job was to increase our volunteers and help them to support the stroke community in South Wales. The goal was to increase the number of volunteers – including Welsh speaking volunteers – to at least 100 by the end of March 2025, which Bev achieved.

Bev also expanded the role of volunteers following feedback that they were keen to support new initiatives in the community. This included supporting volunteers to set up and manage hospital information points, so they could let stroke survivors know about available support.

‘Since Bev started, she’s been successful in not only increasing the number of volunteers we have, but in supporting volunteers – both new and existing – to embark on exciting new projects. Her contribution has been so valuable that the organisation has decided that we simply can’t do without the role.’

Llinos, Engagement Lead for Wales at the Stroke Association

Supporting volunteers to run stroke support groups

This year, our staff helped volunteers to provide consistent, high-quality support to people affected by stroke. For example, we hosted an online conference in October 2024 to give stroke support group leaders and volunteers the chance to share their experiences and learn from each other. Presentations looked at how leaders and volunteers can support those who care for stroke survivors and inclusive activities they can try with their groups.

‘My stroke group was a major help. From the moment I went, it made me so welcome. I can’t handle negativity and there is none of that. They have been there on my down days. It’s a place to share how you feel with people who know what you are going through.’

Damian, a stroke survivor from Tonyrefail, Wales, who attends the Valley Stroke Friends United stroke support group

‘I started a sports group within the club to help other members stay active, but our sessions are also about social connection. Stroke can make you withdraw, but having a space to meet friends boosts mental wellbeing. I love seeing how our club benefits survivors.’

Sarah, who began volunteering for the Nailsea Stroke Survivors Club a year after her stroke

New grant brings stroke survivors together

Thanks to a grant from the National Lottery Community Fund’s Reaching Communities programme, we are expanding our Stroke Group Network in England to bring more stroke survivors and their loved ones together.

We know how crucial peer connection is for recovery. Through the support groups in the network, people can share their experiences, work through challenges and regain the confidence they need to not just survive but thrive after stroke.

The grant of £317,385 will be used over three years to evaluate the network and fund our Group Network Team who provide essential support for volunteers running stroke

groups. We will be supporting stroke support groups to gather feedback from their members. The first region to take part was the North East and Yorkshire where 100% of members agreed that they feel welcomed in their group.

When the project started in October 2024, there were 335 stroke support groups in the network in England. By the end of March 2025, we'd welcomed 35 new groups, far surpassing our target of 10 new groups in the first year of the project. We can't wait to see the network continue to grow and develop over the coming year.

Raising awareness, inspiring action

Increasing understanding of what it's really like to survive a stroke

Many people don't realise how stroke can change lives or how vital support can be for stroke survivors. This was the main finding of audience research we carried out into how the public perceives stroke. It found that a lot of people consider stroke to 'just' be a medical emergency and don't understand the life-changing impact it has.

We know this is a huge barrier to raising funds to provide stroke support. That's why we established a new long-term brand awareness strategy. And in October 2024, we launched our 'Finding strength through support' campaign to raise awareness of stroke and our work. The campaign included a TV advert that was inspired by stories from three stroke survivors.

Angharad was one of the people who shared her story about how she found life difficult after having a stroke. 'I struggle to control my emotions, and my mobility is restricted mainly due to fatigue,' says Angharad. 'I have black floaters in my eyes and experience weird sensations on my right side. I am very anxious about the future. This has had a huge impact on me but also my family. I am not in work, I am unable to drive, and we had to cancel a family holiday.'

We learned that using stories from stroke survivors helps the public to recognise who we are and the value we bring to stroke recovery. When we ran the radio campaign in October, 93% of people who remembered the radio advert agreed that 'the storytelling helps me understand stroke survival'. Almost 9 in 10 (87%) people who heard the advert said they have a greater appreciation of the Stroke Association and 85% reported that they are more likely to support us.

During the three-month campaign, we also saw:

- A 28% increase in new donors, despite the challenging fundraising environment.
- A 54% increase in donations compared to the previous year.
- Traffic to our support page on our website increase by 35%.

- Sign-ups to online activities, which include exercise programmes and quizzes, increase by 319% in the first month of the campaign, compared to the same time period in the previous year.
- Sign-ups to our online community of carers and stroke survivors increase by 83% in the first month of the campaign.

'My stroke happened a long time ago, but it is something that hasn't gone away. I regularly have to have checks done, especially for my blood pressure. My stroke turned my life upside down at the time. I felt like a huge whirlwind swept me up. I believe it's so important we all talk about it and share our experiences to help others.'

Trevor, who had a stroke at 43 and featured in our campaign to raise awareness of stroke and our work

Raising awareness of peer support

On World Stroke Day 2024, we launched the 'Stroke Encounters' campaign to show the importance of stroke support and how stroke survivors can help each other. This is demonstrated through our Stroke Group Network (see page 19).

We carried out a survey of 1,000 stroke survivors to find out what helped them during their recovery. One in five people said that talking to other stroke survivors was the single most important part of their recovery.

We produced three films showing newly diagnosed stroke survivors meeting people who had strokes in the past.

One of the stroke survivors who appeared in the films was Fran. She says: 'Meeting fellow stroke survivor, Emilia, was a pivotal point in my stroke recovery journey. Talking to someone who'd actually had a stroke and listening to them talk about their own physical and emotional experiences was very powerful. It was a relief to share my fears with someone who understood exactly how I was feeling. Emilia's story and support gave me strength and hope.'

We achieved 373 pieces of media coverage on World Stroke Day 2024 through our Stroke Encounters campaign – a 118% increase from the year before. This means more members of the public heard about our work and the importance of stroke support.

Creating a space to help stroke survivors recover

In May 2024, we launched our first ever show garden at the RHS Chelsea Flower Show. The Stroke Association's Garden for Recovery was designed to be a hopeful, positive space to support and inspire recovery from stroke.

To officially launch the garden, five-year-old stroke survivor, Freddie, joined landscape designer Miria Harris and TV and radio personality Myleene Klass, to put the final soil in place.

Freddie's parents, owners of a company called Topsoil & More, donated 100 tonnes of soil to help create the garden. The show garden was sponsored by Project Giving Back, a charity that funds gardens for good causes.

We had a number of celebrity guests visiting the garden, including presenters Joel Dommett, Kate Garraway and retired athlete Jessica Ennis-Hill, comedian Josh Widdicombe and broadcaster Nick Grimshaw. This helped to raise awareness in the media.

After the event, the garden was repurposed and donated to Chapel Allerton Hospital in Leeds. The garden now provides a space for stroke survivors and their families to relax, rest and reconnect.

Freddie's mum, Sarah, said: 'We know from first-hand experience how beneficial the relocated garden will be as a place to reflect, process what has happened and start the long road to recovery, for both stroke survivors and their families.'

Pledging support for stroke

With Baroness Floella Benjamin and sponsors Waverton Investment Management (now W1M), we hosted some of our supporters at the 'After Hours at RHS Chelsea Flower Show' once the event closed to the public. This raised more than £25,000 in donations, including from people who pledged to leave a gift in their Will.

One legacy pledger said: 'After the Chelsea Flower Show, the Stroke Association ceased to be just a name in a charity mailing, but a collection of real people working really hard to mitigate the effects of a devastating health condition. Our legacy gift gives us the knowledge and satisfaction that our lives will have meant something to someone else.'

Looking ahead to 2025-26, we will:

- Increase the number of people taking part in the London Marathon and the Great North Run for us by improving their experience. For example, we will attend the London Marathon Running Show to meet runners when they collect their event packs and have more volunteers at multiple cheer points on both event courses. We will also clearly communicate plans for post-event receptions and make sure venues are accessible.
- Increase the amount of money that each person raises across all of our fundraising events. We will do this by increasing our presence at events that supporters are taking part in, making it easier for supporters to register for events and improving the fundraising pages on our website.
- Personalise our communications for supporters to show the difference their support is making to stroke survivors.
- Change the way we talk about legacies to inspire more people to leave a gift in their Will. The focus will be on showing how legacies are vital to stroke recovery, helping to fund the cost of stroke support, research, and changes to the way stroke survivors are treated and cared for.
- Fund a new Volunteer Manager role in mid- and west Wales to recruit volunteers and reach more stroke survivors. Following the success of a dedicated Volunteer Manager for South Wales, we applied for another grant from the Wales Council for Voluntary Action (WCVA) to cover the cost of appointing a similar role. We were awarded £51,332 over two years, starting from May 2025.
- Invite our valued supporters to a stewardship event in Spring 2026 to build relationships with people who pledge to leave a legacy and deepen their connection to our cause.
- Look at how we can improve the experience for volunteers once they have started in their roles by working with them to understand any problems and test solutions.
- Continue to increase the public's understanding of what life is like after a stroke by running campaigns in May 2025 for Stroke Awareness Month and in autumn 2025.

We're building a strong foundation for our work

We're improving the way we work – from involving stroke survivors in what we do and working in an agile way, to being as inclusive and diverse as possible – so we can respond as quickly and effectively to the opportunities and challenges presented to our charity and the stroke community.

'Coming into the Stroke Association has allowed me to learn even more about stroke and given me the opportunity to support stroke survivors like me. It's not been without its challenges, but then what job is? The difference though, is that we're all working towards something extraordinary at the Stroke Association, supporting our beneficiaries in finding strength through support, so I'll take a few challenges for that.'

Anna, Online Community Coordinator at the Stroke Association

Adopting agile ways of working

We're replacing traditional working practices with more agile ways of working that allow us to be efficient and adaptable, so we can focus on the work that delivers the best outcomes for people affected by stroke.

We started by bringing together teams from different departments to work at pace on some of our strategic priorities. For example, we adopted this way of working when making sure stroke survivors were heard in the 10 Year Health Plan for England. Also, the approach was used to develop an initial support call to really focus on what matters most to stroke survivors when we're first in touch with them.

Our staff have reported that this agile way of working is helping us to develop a clearer customer focus, an understanding of what really makes a difference, and is allowing us to prioritise our work. It also helps develop confidence and leadership skills.

We have adopted this way of working across the charity but have also identified a small number of corporate priorities, one for each area of our work, which set teams will focus on for a period of time. They will use this dedicated time to understand and experiment with ways to maximise the opportunity identified from an external perspective, understanding what works for stroke survivors, our supporters or those we wish to influence.

Investing in improvements

Updating our digital and data tools

In 2024-25, we focused on the essential work that keeps our people effective and our services safe, while laying the groundwork for future improvements to our systems.

This included:

- Developing our new customer relationship management system, which launched in June 2025. This will help us to streamline how we support people who use our services, and our supporters.
- Ensuring we complied with NHS secure email standards, strengthening how we share information with clinical partners.
- Rolling out new digital tools to support our new ways of working.
- Improving our data tools to help us spot trends earlier, evidence impact, and make quicker, better decisions.
- Strengthening our cybersecurity and resilience and building on our Cyber Essentials accreditation (held since 2022). We are now advancing towards the internationally recognised gold standard for information security management. This demonstrates our commitment to safeguarding systems, protecting data, and going beyond baseline compliance to achieve best practice.

Together, these changes are already making day-to-day work easier and safer, and they set us up to increase personalised, joined-up support with the NHS and other partners in the year ahead.

Creating development opportunities for our people

We've continued to invest in learning and development, to help our people expand their skills and experience.

We ran more residential courses, allowing colleagues at all levels of the organisation to reflect on and develop their relational leadership skills, personal development, our new ways of working and to make real life connections with people in our remote world. This year, in response to feedback from our staff network groups we piloted a fully online version of this course for colleagues who cannot be away from home. We have done much more work this year to help teams and leaders with reflective practice. We have also had great success establishing a mentoring program matching colleagues with senior leaders.

Involving people with lived experience of stroke

We make sure that stroke survivors and carers have a voice in conversations that affect them. This helps us to make better decisions and understand what is important to them so that we can provide accessible and useful products and services.

At the same time, stroke survivors and carers are able to make a meaningful contribution, help create change, improve their confidence and develop their skills.

Stroke Views Involvement Network

There are now over 460 members of our Stroke Views Involvement Network, which is a way for people affected by stroke to get involved in our work.

In 2024-25, we completed a range of projects with the help of the network, including:

- Co-creating digital information about setting goals after stroke.
- Recruiting four members of the group to help to re-design our 'in memory' fundraising communications, including tribute pages, cards and branding. They told us that they felt 'part of a team' where they were 'valued'.
- Feeding into the refresh of the Stroke Association brand through focus groups and providing ideas for adverts.
- Sharing views on ideas for our hospital displays (see page 27).
- Giving feedback on the content of our support packs for stroke survivors, carers and family members (see page 26).

Benefits of involvement work for stroke survivors

'Feeling of inclusion. Nice to be part of a team. Nice to feel valued. Despite it being a serious topic, there were moments of fun and laughter.'

A stroke survivor who helped to co-design our in-memory fundraising communications

Benefits for the Stroke Association

'The 'lived' experience provides invaluable insights into the challenges and motivations individuals face during recovery, ensuring the content is relevant, accessible, and practical. The input helps to refine language, structure, and examples, making the resources more relatable and user-friendly.'

A staff member talking about working with stroke survivors to create digital information about setting goals after stroke

'Stroke survivors came up with ideas I couldn't possibly have come up with on my own, such as using the term 'milestone' rather than 'goal setting'. I hope the content helps people during their recovery journey to push forward on difficult days and recognise their achievements, no matter how small.'

Gemma, our Digital Health Content Writer, on working with the Stroke Views Involvement Network to create digital information about setting goals after stroke

Specialist aphasia involvement group

Aphasia and Accessible Voices is one of seven specialist involvement groups. Aphasia affects a person's speech and ability to read or write and is a common impact of stroke.

Group members work on projects with us, helping to improve the overall accessibility of our work. For example, this year, the group supported us to create an accessible summary of our General Election manifesto.

They also worked with external companies, like Nationwide and National Rail, so they have a better understanding of accessibility for people affected by stroke.

Geeta, a member of Aphasia and Accessible Voices said: 'I enjoyed working on the Nationwide accessible communication pack. Six months into my recovery, going into a bank with a family member, it was overwhelming. I sobbed. I still continue to find banks difficult. This will help.'

Involving people in local decision-making

We work with people with lived experience of stroke around the UK. Our nine Locality Stroke Voices groups shape local stroke projects and services.

For example, following feedback from people affected by stroke and clinicians about the need for more stroke education for people once they're discharged from hospital, the East of England Stroke Voices group helped to develop an online Stroke Information Programme. The programme delivers weekly hour-long sessions on topics such as managing fatigue, memory and cognition after stroke, and returning to driving.

Two-way mentoring for senior leaders and people affected by stroke

This year, we conducted our first two-way mentoring project.

We brought together a senior leader or trustee with someone with lived experience of stroke involved in the work of our charity. The pairs met for several sessions to share knowledge, increase their understanding of stroke and the charity, and learn from each other.

Participants said they gained a better understanding of stroke, the organisation and leadership, more confidence and a sense of feeling valued for what they do.

Increasing diversity in our involvement work

We commissioned independent researcher Lena Kadir to help us better understand how to reach people from more diverse ethnic backgrounds in our involvement work.

Lena carried out interviews with people from Black and South Asian ethnicities who are affected by stroke.

Recommendations from the work included:

- Improving the clarity of the definitions of 'involvement' on our website.
- Offering more information on what different projects involve.
- Having involvement representatives from Black and South Asian communities go into these communities to have face-to-face conversations.
- Offering incentives to take part in involvement work.

Working in partnership with others

We can't fix all the challenges facing people affected by stroke on our own. We collaborate with other organisations and charities to pool our resources, give ourselves a stronger voice and make a bigger difference.

We're a member of the Richmond Group of Charities, a coalition of 15 national health and care charities, and our Chief Executive, Juliet, continues to chair this group. The Richmond Group works together to help more than 15 million people living with long-term, multiple or complex health needs in England to live well and thrive. It is a collective voice to better influence health and social care policy and practice.

Key achievements for the Richmond Group in 2024-25 include:

Shaping national health strategies

After the 2024 General Election, the Richmond Group played an active role in feeding into Lord Darzi's independent investigation of the NHS in England and shaping the 10 Year Health Plan.

We fed into the Richmond Group's collective submission to the UK Government's call for evidence on health. We hope that the plan will reflect the coalition's calls for more joined-up, personalised care for people with multiple health conditions and measures to tackle health inequalities.

Supporting people with long-term conditions to become and remain active

The Richmond Group published its 'Millions More Moving' policy report in July 2024. The report, informed by insights from people's lived experiences, calls on national decision makers to tackle inactivity by supporting people with long-term conditions to move more.

The coalition also published the 'Bridging the Gap' report which, following a major public consultation, looked at what would help people with long-term conditions, and those who support them, to get, and remain, physically active.

Equality, diversity and inclusion

How we are prioritising solving inequity in stroke

We have an ambition to solve inequity in stroke so that everyone gets the support they need. This means developing projects that address diversity and inclusion, accessibility, and health inequalities. But what is the best way to do this?

This year, we created and tested a diversity and inclusion development programme with 20% of our staff and external partners to answer this question. The programme, Understanding Inequity, has supported staff to take action in their work and it has received positive feedback.

We've learned about the capability within the organisation, and now understand what information, learning, and development staff will benefit from. This will support our Board of Trustees to prioritise projects that get us closer to solving inequity in stroke.

Creating a diverse and inclusive Board of Trustees

It's essential that we have a high performing, diverse, and accessible Board of Trustees because their leadership has an influence on how we operate and the work that we do supporting stroke survivors.

This year, we partnered with an external expert in diversity, inclusion, and governance, Frances Brown. She worked with trustees to:

- Agree priorities and activities to develop a diverse and accessible Board.
- Build a diverse recruitment strategy.
- Design support and development opportunities for existing trustees.

This is also helping us to search for, and appoint, a new Chair of the Board of Trustees. We're excited to have created an accessible and inclusive selection process for candidates.

Disability Confident Committed employer

As a stroke support charity, we want to ensure that we offer the best experience possible to anyone who wants to work with us who may have a long-term health condition or disability. This is why we have become a Disability Confident Committed employer (Level 1).

This is a voluntary government initiative designed by employers and disabled people's representatives. The aim is to help employers recruit and retain people with disabilities and those with long-term health conditions.

The scheme aligns with our existing commitment to equity, diversity and inclusion and will help us to achieve our ambition of solving inequity in stroke.

It includes ensuring our recruitment process is inclusive and accessible, and supporting existing employees who acquire a disability or long-term health condition, enabling them to stay in work. Over the next year, we will work to embed the practices and processes that will help us to obtain the Level 2 status of a Disability Confident employer.

Looking ahead to 2025-26, we will:

- Evaluate the impact of Understanding Inequity, our diversity and inclusion development programme. We will use this learning to provide development opportunities in diversity, inclusion and health inequalities for colleagues.
- Appoint and induct a new Chair of the Board of Trustees who is committed to diversity and inclusion and has experience of leading work to address inequity.
- Engage diverse communities of stroke survivors in our involvement work by taking action on the recommendations outlined in the independent research that we carried out in 2024-25.
- Work with our staff network groups (see page 90) and stroke survivors to redesign our people policies so that they're more aligned with our values and better meet the needs of our staff.
- Continue to run a range of leadership development programmes that support people at all levels of the charity to strengthen their leadership skills.
- Continue to develop and evolve our ways of working, embedding more agile practices, to be more effective.

Financial review

We remain in strong financial health. Our Free Reserves are within the range we agreed and strong enough to meet our risk and liquidity requirements. Significant sums have been designated by trustees to improve our infrastructure and impact.

In 2024-25, we designated a significant part of our reserves to find ways to reach more stroke survivors, increase awareness of stroke as the leading cause of adult disability and the third biggest cause of death in the UK, and to increase the number of people who give to us regularly.

We spent £2.0 million of our reserves to do this in 2024-25 out of an overall multi-year designation of £12.6 million. This is the biggest financial commitment we have ever made, and it is necessary as we face increased stroke prevalence due to a growing and ageing population. We are able to do so because of the successes of our investment strategy and of our long-term fundraising strategy, which has increased the number and value of our generous supporters.

We increased overall income by 5% to £44.4 million (2024: £42.1 million) and increased overall expenditure by 2% to £44.8 million (2024: £43.8 million). Both income and expenditure are at our highest ever level.

Income

We continued to experience strong growth of 9% in supporter contributions, which rose to £31.4 million (2024: £28.9 million). This includes 18% growth in legacy income, which rose to £18.9 million (2024: £16.1 million), and other supporter contributions, which grew 2% to £10.2 million (2024: £10.0 million). Income from Trusts, Foundations and Corporates fell 16% to £2.3 million (2024: £2.8 million) due to exceptional one-off gifts in 2023-24.

We received contract income from the NHS and local authorities to provide support to stroke survivors. We are experiencing the negative impact of financial pressures on local authorities and the NHS. Despite the difficult external environment this funding fell by only 3% to £10.7 million (2024: £11.1 million). We have committed to using our own resources to ensure that we maintain support services where funding has been reduced. When funding for our services was removed in two areas of the UK, we used our own resources to try to protect services, as we thought that alternative funding sources may be available later.

While investment income fell from £649,000 (2024) to £551,000, we benefited from a £762,000 unrealised gain in investment values (2024: £3.6 million). We take a total return approach to investments, which means that we seek the investments with the best risk-weighted returns, whether that return is through income or capital growth.

Expenditure

We saw expenditure increase in most service areas and in fundraising. However, a lot of this was related to managing inflation and changes in the real living wage. Despite the 3% fall in local service income, we increased stroke support services by 2% to £21.0 million (2024: £20.6 million). This reflects our commitment to continue to support local services where we have faced pressure from service demand and inflation, and our expansion of Stroke Support Helpline services. Where funding has been reduced, we have tried to maintain service hours as much as possible, using unrestricted income to cover gaps in service funding. We have increased expenditure on systems influencing by 7% to £3.0 million (2024: £2.8 million) and on raising awareness of stroke by 13% to £6.4 million (2024: £5.6 million).

Our expenditure on research and new research awards fell 29% to £2.6 million (2024: £3.7 million). The reasons for this are complex and include fewer applications for funding, given the many challenges stroke researchers are facing. We recognise fully that stroke research needs more investment, and we have maintained our commitment by designating £0.9 million for future stroke research on top of our annual award commitment. These will be used to strengthen our support for researchers.

Fundraising expenditure increased by 9% to £9.3 million (2024: £8.6 million). This is primarily due to our decision to use designated reserves to recruit new regular givers, although half of the increase was due to inflation. Donor recruitment is expensive and provides a strong positive return beyond the year of initial recruitment. We recognise the need to increase our donor base so that we have the resources to help more stroke survivors over the next few years.

Outlook

Our financial strategy guides our long-term financial direction. The strategy is designed to ensure that we meet reserves targets, keep staff costs at a consistent proportion of overall expenditure and remain financially sustainable. We underpin our financial strategy with a three-year financial framework that sets out how we expect to deliver support and transformation. Should our free reserves be deficient, we have three years to restore them. Otherwise, excess free reserves should be designated and released over three to five years. This is the direction we have taken through designating excess free reserves into the Strategy Acceleration Fund and the Data and Digital Development Fund.

We also want to increase income so that we can provide support to everyone as soon as possible after their stroke. To do this we have been investing in new ways of supporting stroke survivors, raising awareness of stroke, maintaining and growing legacy income

and increasing the number and value of donations from individuals, trusts and foundations.

We expect the next three years will be a challenging environment to grow our income. Recent high inflation and cost of living challenges are affecting our supporters as much as everyone else and our plans reflect the increases in Employer National Insurance and the National Living Wage. However, we are confident that we have the strategy in place to continue to increase our supporter base.

We have planned for unrestricted deficits in 2025-26 and 2026-27 totalling £1.3 million, this will reduce our free reserves, and we expect they will fall towards the lower end of our target range by the end of 2026-27, before being restored towards the mid-point by the end of 2027-28. We have made a conscious decision to spend reserves on delivering more services now, while our income growth strategy is developing. We are using a designated fund, the Strategy Acceleration Fund, to invest in recruiting new regular givers, with the income growth expected to eliminate the deficit in three years' time. We are also using designated funds to increase public awareness so that we can accelerate efforts to help stroke survivors find strength through support.

Like all charities that are dependent on legacy income, we are seeing delays in the processing of legacies, which is causing a liquidity challenge. We recognise the income when we are legally entitled to it, but the cash arrives after the grant of probate (confirmation in Scotland) is made, possibly many months later. The growth in legacy income and longer times taken to receive accrued legacies mean that the amounts owed are growing. While we are fortunate enough to have strong investments, we will need to sell more of these to maintain liquidity.

We are the only UK-wide charity providing lifelong support for all stroke survivors. We continue to improve our quality of service to stroke survivors, resulting in healthy local service grants from the NHS and local authorities. We recognise that spending constraints are having an impact on the ability of statutory bodies to fully fund services. Given the quality of our service as the leading stroke support charity, we will continue to advocate for a greater role in providing these services. However, this uncertainty means that we have not made any assumptions on underlying increases in support for these services in future years.

Balance sheet

The consolidated balance sheet shows total group funds at 31 March 2025 of £37.2 million (2024: £36.9 million). This consolidates the Stroke Association charity and our wholly owned trading subsidiary, Stroke Association (Trading) Limited.

Included in total funds are £2.7 million (2024: £2.3 million) of restricted income funds. These monies have either been raised for, and their use restricted to, specific purposes, or they comprise donations subject to donor-imposed conditions. Details of these

restricted funds are in note 30 to the financial statements, together with an analysis of movements in the year.

Our unrestricted funds consist of:

- Free Reserves – used to manage liquidity and protect us from risks.
- Fixed Assets Reserve – which represents the cost of our fixed assets after depreciation and amortisation.
- Designated Funds – where trustees have set aside income accumulated in the previous year to meet our key challenges of raising more funds, increasing awareness of stroke and ultimately helping the lives of more stroke survivors.

Our Free Reserves increased by £2.1 million to £17.4 million (2024: £15.3 million) due primarily to the sale of a property and unrealised gain in investments offset by an in-year deficit. This increase will fund the planned unrestricted deficits in 2025-26 and 2026-27. They do, however, contain accrued legacies where we're still waiting for the cash to be received. The Fixed Asset Reserve fell from £2.8 million (2024) to £1.9 million. This was primarily due to the sale of property, offset by £1.0 million in new capital investment in refurbishing our leased property in Northampton and investment in IT developments, particularly the system that manages our relationships with stroke survivors and the NHS.

Designated Funds fell from £16.5 million (2024) to £15.1 million. We spent £2.0 million from the Strategy Acceleration Fund, allocated an additional £0.3 million to the Research Fund, reduced the Legacy Stabilisation Fund by £0.7 million, and closed the Northampton Resource Centre fund (£0.3 million).

Our investment portfolio has risen to £29.0 million (2024: £28.9 million). All £29.0 million is held with our investment managers. During the year, we drew down £1.0 million from the portfolio (2024: £2.6 million withdrawn). However, due to strong stock selection and increased global returns our investments grew by £762,000 (2024: £3.6 million growth).

We recognise legacies when we are entitled to them, are confident that we will receive them and they can be quantified with reasonable accuracy. They are recognised as income and the amount owed is shown as a debtor. The value of this debtor has risen 34% to £12.5 million (2024: £9.3 million). This reflects both the 19% growth in legacies income but also the continued delays we experience from government departments in settling legacies. The delays in the processing of legacies mean that we have recognised £5.0 million (2024: £3.7 million) as long-term debts that we do not expect to settle in 2025-26. This is also a change in approach from last year based on experience of continued slow receipts of cash to settle legacies. This is included as an asset in our calculation of available free reserves, although it provides no return, and the cash is not available to spend.

Research grant liabilities rose to £7.8 million (2024: £6.7 million). This is due to the £2.4 million in new awards (2024: £3.3 million), offset by £1.4 million in grants paid during the year (2024: £2.9 million) and £0.3 million (2024: £0.1 million) of old grant awards closed. The reasons for the reduction in new awards are set out in the expenditure section above.

Cash flows

Our bank balances fell to £3.1 million (2024: £5.3 million). The reduction was due to the reduction in amounts owed to creditors and a conscious decision to work to a lower bank balance to maximise the funds available for investment. In the year we also benefited from £1.0 million from sales in investments (2024: £2.6 million) and £1.6 million from the sale of a property (2024: Nil).

Going concern

The trustees are of the view that the Stroke Association is a going concern as there are adequate resources available to fund the charity's activities for the foreseeable future.

Maintaining the long-term financial viability of the charity and its status as a going concern has been a key focus for trustees and management. This has involved continued analysis of the emerging context, regular monitoring of results and adjusting plans, forecasts and budgets throughout the financial year. Trustees approved a financial strategy that ensures that risks, reserves and financial plans are ambitious, coherent and sustainable.

Reserves policy

Our charity faces risks that we manage through a risk register. Our reserves policy is designed to ensure that we have sufficient reserves to:

- Respond to unforeseen events, without jeopardising our ability to continue to support people affected by stroke.
- Provide sufficient liquidity to meet our obligations as they fall due.
- Fund planned deficits in future years.

The trustees reviewed the risk-based reserves policy and reiterated our view that the Stroke Association should keep sufficient reserves to cover:

- Restricted reserves.
- Designated funds to support the future development of the Stroke Association, to ensure continuity of the UK Stroke Forum and to ensure the financial independence of stroke groups across the country.

- Fixed assets reserves.
- Free reserves to cover:
    - Working capital needs.
    - Weighted risk requirements.

The weighted risk reserve requirement is based upon the likely range of expected costs should a risk materialise. This is weighted by the likelihood of the risk occurring. These risks are considered as part of the risk register, as explained below under 'Principal risks, uncertainties and mitigations' (page 78).

	£ million At 31 March 2025	**£ million At 31 March 2024**
Total reserves (charity only)	37.1	36.9
Restricted funds	2.7	2.3
Designated funds	15.1	16.5
Fixed asset fund	1.9	2.8
Free reserves	**17.4**	**15.3**
Free reserves requirement:		
• Working capital	5.5	5.5
• Risk range	4.0 13.5	4.4 - 13.0
• Future planned deficits	0.5	1.4
Total free reserves requirement	**10.0 - 19.5**	**11.3 - 19.9**
Excess/(deficit) against reserves range	**7.4 - (2.1)**	**4.0 - (4.6)**
Mid-point free reserves requirement	14.8	15.6
Excess/(deficit) against mid-point	**2.6**	**(0.3)**

The free reserves requirement range is reviewed regularly throughout the year and at 31 March 2025 was set at a range of £10.0 million to £19.5 million, with a mid-point of £14.8 million. As shown above, our free reserves level is £17.4 million, which is within the approved range. We have kept it above mid-point because we plan to have unrestricted deficits in 2025-26 and 2026-27 totalling £1.3 million. In addition, we have needed to take account of the impact of volatile global economic developments on our investments. We are planning for our free reserves to fall below the mid-point at the end of financial year 2026-27, following two years of planned unrestricted deficits.

The working capital requirement is £5.5 million to recognise the ongoing delays in the processing of legacies, and the need to manage in-year cash fluctuations. The delays in legacy processing are continuing, and this requirement will be subject to ongoing review should conditions improve or deteriorate. The mid-point risk requirement has increased to £9.0 million, with the main increase being due to recognising the increased likelihood of cybersecurity breaches.

We have several designated funds that trustees have set aside. These designations are designed to ensure that we can fully fund our ambitions. They are for a limited time and can be revoked if necessary. These are:

Strategy Acceleration Fund – £10.0 million

This fund is providing support for our ambitions to:

- Increase awareness of stroke.
- Increase income from regular giving.
- Improve our organisational capacity.
- Reach more stroke survivors.

To achieve these goals, we need to spend our resources wisely to ensure that we reach more stroke survivors in a sustainable manner. The Strategy Acceleration Fund is designed to provide significant funding to allow us to make these changes over the next three to five years.

Data and Digital Transformation Fund – £3.0 million

This fund has been designated to pay for new IT investments. These are required to modernise our systems and to support our transformation into a digitally-enabled organisation that can use emerging technologies, such as AI, to improve our productivity and transform our relationships with our supporters and stroke survivors. This work is expected to take up to three years.

Legacy Stabilisation Fund – £660,000

This fund is designed to iron out the fluctuations in the receipt of large legacies. The timing of legacies is always uncertain and can cause distortions in our financial performance. This fund allows us to manage these fluctuations without causing disruption to services. This fund is reviewed annually.

Stroke Association Support Groups – £530,000

The Stroke Association supports local volunteer-led stroke support groups across the UK.

As these groups are part of the charity, their income and expenditure are included in our financial statements. However, we recognise that these funds have been raised by the

groups and should remain under their control. This fund consists of the individual bank balances of all our groups and they have full discretion to spend when they wish.

United Kingdom Stroke Forum (UKSF) Fund – £86,000

The UKSF is an annual conference where practitioners and organisations connected to stroke meet to discuss new developments and challenges. It is hosted jointly by the Stroke Association and the British and Irish Association of Stroke Physicians.

This fund accumulates surpluses and deficits of each event over the previous five years in order to underwrite costs and risks with each year's event.

Research Fund – £852,000

In March 2024, we received funding from the UK Government's Medical Research Charities Early Career Researchers Support Fund of £575,511 to fund early career stroke researchers. This funded grants that we had already awarded from unrestricted funds. To honour the spirit of this award, trustees agreed to create a research fund of the same value to allow for additional grants to be awarded. In addition, we have designated a further £0.3 million, which represents our underspend in research in 2024-25. We have done this to honour our long-term commitment to building stroke research. We intend to use this fund over the next two years to support the new research strategy.

Investment policy

The investment strategy is set by the trustees and considers income requirements, the risk profile and the investment managers' view of market prospects in the medium term. We have an annual total return target of Consumer Price Index Inflation (CPI) +3.5% averaged over seven years on the main portfolio, which we are exceeding. We also have a bond portfolio to meet short to medium-term cash needs. The investments are required primarily to underwrite our research liability and our reserves requirement, both of which are long-term objectives. This allows us to move to embracing a higher short-term risk approach in return for an expected higher long-term return.

Investment income was £551,000 (2024: £649,000) in dividends and interest and £762,000 in investment growth (2024: £3.6 million), thus representing a total return of £1.3 million (2024: £4.2 million) or 4.5% (2024: 15.6%) on the opening fund value.

Our bond portfolio of £4.1 million (2024: £5.0 million), is designed to cover investment drawdowns over the coming years. These are in low-risk government bonds to ensure that the capital is maintained in the short-term and to minimise the need to sell volatile investments when the market is low.

We also have negotiated a £1.0 million overdraft facility with Barclays to prevent the sale of investments for short-term cash demands. This is secured on a debenture against all the charity's assets.

A committee of trustees and independent advisors meets regularly with the investment managers to review the performance of the portfolio and the investment strategy. Each quarter, the Chair of the Investment Committee and the Deputy Chair of the Financial Committee met with the Executive Director of Finance to review investment and liquidity levels. All our investment decisions are guided by our Ethical and Responsible Investment Policy, which is reviewed annually.

Principal risks, uncertainties and mitigations

Our trustees identify, assess and understand the risks facing the Stroke Association, and are satisfied that an appropriate risk framework is in place to manage these.

We take a balanced approach to risk, taking steps to minimise the likelihood and impact of unnecessary risk wherever possible. We ensure reserves are sufficient to cover risks, and embrace more risk where we have a stronger appetite to do so in order to better meet the needs of stroke survivors.

The trustees monitor risks through the corporate risk register and examine key risks regularly. Risks are ranked on a score allocated by assessing the level of impact and likelihood.

Every risk on the register has been re-assessed quarterly, alongside their financial impact, and a number of risk ratings and controls have been adjusted accordingly. Our three top-ranked risks at the end of 2024-25 were:

Risk	**Actions and mitigations**
A successful security breach due to a cyber-attack	Cyber-attacks are increasing in frequency and sophistication. We experienced an IT security breach during 2024-25. The full details are described under 'Data protection' (page 95). We have achieved Cyber Essentials accreditation, and we have agreed that we will aim for ISO27001 in the next 12-18 months.
NHS England structural changes and funding cuts	NHS England will be abolished. Integrated Care Boards in England are required to find 50% cuts to their operational running costs, and the 10-Year Health Plan for England will be condition-agnostic. We have been developing stronger national relationships with the Department of Health and Social Care. We already have strong relationships in many places with provider trusts, which remain important in the new operating model blueprint. Our Medical Director, who is now permanent and works

	two days per week, has growing relationships with most regional medical directors.
Digital and Data Transformation	We recognise that we need to do more to build the basic foundations in place for good supporter communications and journeys, and to transform the organisation to take full advantage of new technologies, including AI. We are at risk of slow or no delivery on digital transformation, leading to us falling further behind and not being able to meet the evolving needs of our beneficiaries and donors. Data and digital transformation will help us to avert this risk. It also represents a real opportunity for us to improve our productivity so we can reach even more beneficiaries and supporters, and communicate with them in personalised and engaging ways. We have brought in the support of experts who have reassured us that our direction is right. They are working with us as partners and coaches to help develop our capabilities, advise on capacity gaps, set up teams in the right way, and help operationalise our tech and data strategies. Under Reserves Policy (above) you can see that trustees have designated £3.0 million of reserves to fund this work.

Our structure, governance and management

We've prepared this Trustees' Annual Report in accordance with the relevant Financial Reporting Standard (FRS 102). Our report also meets the requirements for a directors' report set out in the Companies Act 2006 the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Charities Act 2011. The 'Financial review' and 'Principal risks and uncertainties' sections included within the Trustees' Report meet the requirements for a strategic report as outlined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013. We prepared the financial statements in accordance with the accounting policies set out under 'Principal accounting policies' in the attached financial statements.

Status

The Stroke Association is a charitable company limited by guarantee, incorporated on 25 March 1899 and registered in England and Wales (61274). Stroke Association is registered as a charity in England and Wales (No. 211015), in Scotland (SCO37789), the Isle of Man (945) and Jersey (221); it also operates as a charity in Northern Ireland.

Objects of the charity

Our charity is governed in accordance with our Articles of Association (last amended 18 November 2019), which sets our structure and purpose.

The objects of the charity are for the relief of sickness and distress and for the advancement of health by:

- Working for the prevention of stroke.
- Educating the public in all matters concerning stroke.
- Carrying out, promoting or sponsoring research into the prevention or treatment of stroke or other conditions where the effects are similar to stroke, the rehabilitation and long-term care of stroke survivors and publishing the useful results of such research.
- Responding to the needs caused by the effects of stroke, or other conditions where the effects are similar to stroke, by providing advice and support to those affected, their families and carers.

Trustees and governance

The trustees govern our charity and act as directors under company law. Collectively our trustees constitute the Board of the Stroke Association.

Trustees have a duty to act in a way that promotes the charity's purposes and are responsible for:

- Setting and monitoring progress against our strategic objectives.
- Setting the highest standards and delivering good governance and leadership.
- Ensuring that the charity's resources are only used for its charitable objectives, in the best interests of its beneficiaries, and in compliance with all relevant statutory and regulatory obligations.

When reviewing our aims, objectives and future plans, the trustees confirm they've complied with their duty under the Charities Act 2011 and have referred to the Charity Commission's general guidance on public benefit.

Our Board meets four times a year, as well as meeting for a strategy away day dedicated to focusing on our long-term plans and strategy. Board and committee meetings are a mix of face-to-face and remote meetings on Microsoft Teams.

Our governance arrangements adhere to the Charity Governance Code for Large Charities and are reviewed annually. We adhere fully to the code. We are working towards improving the diversity of our Board.

The Board delegates the authority to manage day-to-day business to the Chief Executive, assisted by the Executive Directors Team (EDT). The Board approves the charity's strategy, at the proposal of the Chief Executive and EDT. The Chief Executive is responsible for implementing the agreed strategy and policies.

Our committees

In this financial year, our Board had three committees and one subcommittee that met regularly throughout the year to focus on aspects of the charity in more depth. These were:

- Financial Performance Committee – scrutinises our financial and commercial affairs, as well as our fundraising.
- Audit and Risk Committee – scrutinises our financial statements, financial control systems, internal and external audit, and risk management process
- Investment Committee – a subcommittee of the Financial and Performance Committee that develops and maintains our policies relating to investments, selects and monitors our investment managers, and monitors and evaluates investment performance, service and cost.
- Governance and Remuneration Committee – oversees the effective governance of the charity (including the composition of the Board and the recruitment and

induction of trustees) and the pay, benefits and conditions of service for our employees.

Since April 2025, we have merged our Financial Performance Committee and our Audit and Risk Committee into a Finance Committee, which will operate from 2025-26 onwards. Our Investment Committee now reports directly to the Board.

Recruitment and appointment of trustees

We regularly review the skills and diversity of our Board to guide us when recruiting trustees and committee members. This also supports our succession planning. This year we have appointed new recruitment advisors to help us ensure that our Board and committees have a strong and diverse mix of people, skills and expertise. (See page 68.)

We have a rigorous and competitive trustee recruitment process set out in our Trustee Recruitment Policy and Procedure documents. This includes public advertising and may include the use of executive search specialists to identify suitable candidates. Selected candidates attend interviews.

We have independent advisors to bring additional expertise and diversity to our committees. We also have a programme of support and training for volunteers interested in trusteeship in the future.

No trustee may serve for more than nine years, unless there are exceptional circumstances.

Trustee induction and development

New trustees and non-trustee independent advisors receive induction training to inform them about the charity and our work, and to ensure they have an appropriate level of understanding of charity governance and the legal duties of charity trustees. This includes training in the charity's activities and operations, governance, strategy and finances.

All trustees and non-trustee independent advisors have access to ongoing training, using internal and external resources to support them in their duties and responsibilities. This year, training for trustees included safeguarding, data protection and IT security. Development of trustees and non-trustee independent advisors is a regular item in all appraisal discussions with trustees.

Our trustees and non-trustee independent advisors

Trustee	Office	Appointed/ resigned/ retired	Committee membership during 2024-25	Board attendance
Professor Rustam Al-Shahi Salman BA (Hons) MB BChir MRCP (UK) FRCP Edin FHEA FESO FMedSci				50%
Andrew Archibald BA (Hons) MSc			FPC	100%
Dr David Buckle MBBS DRCOG MRCGP	Vice Chair (Medical)		GRC, ARC, IC, FPC	100%
Hannah Catchpool BSc (Hons) MSc DChA MAAT CA	ARC Chair		ARC, GRC	75%
Professor Avril Drummond PhD MSc Dip COT FCOT			ARC	100%
Ed Garcez BSc (Hons) MSc			FPC	100%
Katherine Gillespie MA (Hons) MSc MScR	Vice Chair (Lay)		GRC, ARC, FPC	100%
Ceri Jackson			FPC	100%
Professor Martin James BM MRCP MD CCST FRCP		Retired 6 April 2025		100%
Stephen King MBA FCMI	Chair, Chair GRC		GRC, FPC, IC	100%
Dr Niamh Kennedy BSc (Hons) MA PhD				75% (on maternity leave)
Ian Lee BA (Hons) CA	FPC Chair, Senior Independent Director		FPC, IC, GRC	100%

Harvinder Rattan ACCA		Retired 16 October 2024	ARC	50%
George Spentzos BASc MBA CFA	IC Chair		IC, FPC	100%

Register of interests for trustees

Trustees	Employment and appointments
Rustam Al-Shahi Salman	Professor of Clinical Neurology – University of Edinburgh Honorary Consultant Neurologist – NHS Lothian Deputy Chair – Health Technology Assessment Funding Committee, National Institute for Health and Social Care Clinical Director – UKCRC Registered CTU Network
Andrew Archibald	CEO – MedMin Limited
David Buckle	Chair – The Society for Assistance of Medical Families (SAMF) Non-Executive Director – Hertfordshire Hospitals NHS Trust Trustee – Crohn's and Colitis
Hannah Catchpool	Partner – RSM UK
Avril Drummond	Professor of Healthcare Research – University of Nottingham Occasional and honorary appointments at various universities for promotions, evaluations, PhD examining, workshops etc. Past Chair – European Life after Stroke Scientific Committee Trustee – Elizabeth Casson Foundation for Occupational Therapy Member of several research funding committees including Senior Chair of the NIHR Doctoral Clinical Academic Doctoral Programme Named mentor on a number of Stroke Association grants Chair – the Life after Stroke Domain for the revision of the Action Plan for Stroke in Europe
Ed Garcez	Director (interim) – Essex County Council

Katherine Gillespie	Employment – Goldman Sachs
Ceri Jackson	Non-Executive Director – Welsh Ambulance Services University NHS Trust (WAST) Vice Chair – WAST
Martin James	Consultant Stroke Physician – Royal Devon University Healthcare NHS Foundation Trust Clinical Professor – University of Exeter Medical School Clinical Director – Sentinel Stroke National Audit Programme (SSNAP) Visiting Professor – King's College London
Stephen King	Trustee – Harper Collins Executive Pension Scheme Chair – Integrated Care 24 (NHS Social Enterprise) Director – Stroke Association (Trading) Limited
Niamh Kennedy	Ulster University
Ian Lee	Trustee – The Endrick Trust (Glasgow) Director – Stroke Association (Trading) Ltd
Harvinder Rattan	Board Trustee – Gurdwara Sikh Sangat London East (Charity Reg. 278097) Governor – Barnet and Southgate College Director – Yachting (International) Company Limited T/A Expense Reduction Analysts
George Spentzos	Trustee – The Tapscott Learning Trust Chair – Audit and Risk Committee, The Tapscott Learning Trust Chief Investment Officer – Future 30 Funds

The following independent advisors were in office and served throughout the year, except where stated:

Non-trustee independent advisor	Committee membership
Helena Eaton	IC
Ben Matthews	IC
Christopher Queree	IC
Jason Parker BA ACA	ARC
Trey Bui CA APCIP	ARC

Committee membership key

ARC – Audit and Risk Committee

FPC – Financial Performance Committee

IC – Investment Committee

GRC – Governance and Remuneration Committee

(See **stroke.org.uk/our-people** for further trustee details).

Trustees' duty to promote the success of the Charity – Section 172 statement

Trustees have a duty to act in good faith to promote the success of the charity for the benefit of its stakeholders and in doing so are required by section 172 of the Companies Act 2006 to have regard to various factors. The statement below sets out how the charity has had regard to those factors in the past year.

The likely consequences of any decision in the long term

The trustees make all key decisions with reference to the charity's broader long-term strategy and our ambition to help all stroke survivors, both present and in the future.

The interests of the company's employees

We aim to make the charity a good place to work for our employees. We consult with LINK, our employee representatives on all major aspects of working at the charity, such as the terms and conditions of employment, employee wellbeing, learning and development and diversity and inclusion. We actively support ways of working that are safe and secure.

The need to foster the company's business relationships with suppliers, customers and others

We recognise that the charity can only succeed if our relationships with commissioners, funders, donors and key suppliers continue to thrive. We actively engage in service reviews with our commissioners and funders and regularly review our relationships with our key suppliers. These are two-way relationships – we seek ways to achieve mutually desirable outcomes.

We deeply value our relationship with stroke survivors and their families. We understand that stroke support is vital to inspire and maintain the strength that survivors will need to face the long and gruelling journey to recovery, so we provide tailored support services that are right for them.

The impact of the company's operations on the community and the environment

We have adopted ethical standards for our activities and investments. We comply with the Code of Fundraising Practice and have stringent gift acceptance policies to ensure our fundraising complies with the highest standards. We have adopted an Environmental Policy to minimise the environmental impact of our activities.

The desirability of the company maintaining a reputation for high standards of business conduct

We believe that maintaining a reputation for high standards of service delivery and business conduct is fundamental to the longer-term success and viability of the charity. We keep this in mind in everything we do from recruitment and resourcing, the setting of policies and procedures, the choice of suppliers and partners we work with, the level of risk we are prepared to accept and the governance and monitoring arrangements we put in place. This includes setting appropriate ethical standards for the charity for our operations and our investments.

The need to act fairly between members of the company

The organisation, being a charitable company limited by guarantee, does not have shareholders and its members are limited to the directors of the company (i.e. the trustees). All directors receive the same information about the strategy, operations and finances of the charity and have equal voices in all key decision-making.

Our Executive Directors Team

On 31 March 2025, the members of our Executive Directors Team (EDT) were:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Dominic Brand BSc (Hons)	Executive Director, Strategy, Insight and Technology
Christopher Fyfe BSc MSc CPFA	Executive Director, Finance
Chari Hingorani LLB and Katherine Staley BSc (Hons)	Interim Executive Directors, Customer Experience
Alexis Kolodziej BA	Executive Director, Locality Impact
Professor Deb Lowe MB ChB MRCP(UK)	Medical Director
Christopher Rennison CIPD FCMI	Executive Director, People

Chari Hingorani (Associate Director of Legacies Engagement) and Katherine Staley (Associate Director of Customer Care and Support) jointly covered the role of Executive Director of Customer Experience on an interim basis from April to September 2024 and then again from 17 February 2025. Jackie Harbor filled that role from 30 September 2024 until 17 February 2025.

We appointed Professor Deb Lowe as our first Medical Director on 1 September 2024.

Register of interests for EDT

Member	Employment and appointments
Juliet Bouverie	Member – NHS Assembly (England) Co-Chair – NHS England Stroke Delivery Board Chair – The Richmond Group of Charities Member – World Stroke Organization Board (until October 2024)
Dominic Brand	None
Christopher Fyfe	External Member of the Resources, Audit and Risk Committee – Institute of Development Studies Director – Stroke Association (Trading) Limited

Alexis Kolodziej	None
Christopher Rennison	Non-Executive Director – Lincolnshire Rural Housing Association
Deb Lowe	National Clinical Lead for Stroke – NHS England Getting It Right First Time Programme (GIRFT) Consultant Stroke Physician and Geriatrician – Wirral University Teaching Hospital NHS Foundation Trust Professor of Stroke Medicine – University of Lancashire Chair – Lancashire and South Cumbria Integrated Stroke Delivery Network
Katherine Staley	Trustee – Winchester Young Carers
Chari Hingorani	None

See **stroke.org.uk/our-people** for more information about our trustees and leadership team.

Our people

We're privileged to have 817 staff (as of 31 March 2025) and more than 1,150 volunteers across the UK, including Jersey and the Isle of Man (as at 31 March 2025), who work hard to get the best for stroke survivors, their families and friends. We want to make sure our staff and volunteers feel valued, heard and supported, so they can do their best work for people affected by stroke. Nearly all our staff work from home and live throughout our area of activity.

We regularly consult employees via LINK, our staff consultation forum. LINK is made up of 12 representatives from around the organisation, covering all levels and localities. To make sure we represent different lived experiences, the LINK panel includes dedicated seats for colleagues from our network groups, including stroke survivors. LINK listens to feedback from our staff and meets with senior leaders and EDT at least four times a year (or more frequently at times of significant change) to inform and consult on the issues they raise.

LINK reviews our remuneration policies, and changes affecting all employees are discussed in depth. There is LINK representation on our Pension Governance Board,

Safeguarding Governance Board and other groups to ensure our people are at the heart of organisational decisions that affect our staff.

We also have active staff networks who offer peer support to each other as well as influencing staff policy and processes. This includes stroke survivors, Asian, black, and minority ethnic communities, LGBTQ+ and disabilities staff networks, as well as peer support groups for menopause, parental leave, carers, and neurodiversity.

Opportunities are available to all our staff for training, career development and promotion. We make reasonable adjustments for people with additional needs during the application process, when they start at our charity and throughout their time with us. We review the adjustments regularly to make sure they're meeting the individual's current needs.

We also provide access to health benefits and support to all of our staff, including a health cash plan, critical illness cover and Employee Assistance Programme with access to counselling.

Staff attend monthly 'Ask Juliet' Q&A sessions with our Chief Executive and EDT, as well as regular webinars with internal and external speakers.

We hold similar webinars for our volunteers, on role-specific topics, and keep them informed of the charity's work through regular newsletters.

We continue to focus on a progressive working culture and ensuring our benefits and flexible working arrangements retain and attract the best people and their talents. Our turnover and sickness rates remain low and one of the best within the charity sector benchmarks.

Our approach to pay

We're committed to being open and transparent about the work that we do, about the money that we raise and how we spend it.

We believe the charity sector should not and cannot compete with the commercial sector on pay. However, we want to make sure that we're able to attract and retain the best people, so we regularly review our pay and benefits to bring them in line with other charities.

We need to be financially sustainable, but we know that the rising cost of living is a real worry for many of our people. After careful consideration and consultation with LINK, we were pleased to raise salaries by 2.6% for all staff on all salary grades from 1 April 2024. We also maintained our commitment to pay a minimum of the Real Living Wage, and our employer pension contribution sits well within the sector.

We also increased non-cash benefits too. From 1 April 2025 we:

- Increased pay for maternity and adoption leave from 12 weeks full pay to 12 weeks full pay, plus six weeks half pay.
- Increased paternity pay from three weeks full pay to three weeks full pay, plus one week half pay.
- Started to trial buying and selling of annual leave of up to two days (pro rata for part-time colleagues).
- Introduced an Electric Vehicle (EV) leasing scheme, via a salary exchange mechanism.

Executive pay

Our executive pay is reviewed annually and is benchmarked with other salaries in the sector.

Our Chief Executive's salary for 2024-25 was £162,507 (excluding employer's pension and National Insurance contributions). Guided by the Association of Charity Chief Executives' (ACEVO) best practice advice on pay transparency, we publish our Chief Executive's current salary on our website (**stroke.org.uk/executive-pay**).

Our other Executive Directors' (Key Management Personnel) salaries for 2024-25 (excluding employer's pension and National Insurance contributions) were within the range of £97,912 and £118,668, depending on their experience and market benchmark.

When setting senior salaries, our trustees are guided by the principles set out in the report on Charity Senior Executive Pay by the National Council for Voluntary Organisations, which is supported by the Charity Commission.

Our environmental, social and governance principles

Our charity aims to inspire stroke survivors to gather the determination and strength they need to make their best recovery. Environmental, social and governance issues are at the heart of ensuring we do this properly. We believe these issues are everyone's responsibility and it's our job as a charity to try to lead by example.

We aim to be sustainable, equitable, accountable and transparent in our working practices to make sure we're living our values:

- We are human
- We believe in better
- We give our all
- We say it how it is

There are examples of how we're doing this throughout our report. These include continuing to prioritise our aim to solve inequity in stroke and partnering with an external expert to create a diverse and inclusive Board (see page 68).

We will continue to build, develop and improve on this work in the year to come, to help us to ensure the sustainability of our charity, and improve our ability to build on our charitable objectives.

Our Ethical and Responsible Investment Policy

Our Ethical and Responsible Investment Policy guides the investment decisions of our charity's investment manager and all staff, trustees and advisors who are involved in planning or authorising investment of our charity's funds.

It reflects the principles of our charity's Ethical Policy to behave in a socially responsible way, and to make decisions that protect our beneficiaries, demonstrate our integrity and values, and inspire public trust and confidence.

Our ethical and responsible investment principles are:

- We will not invest in organisations if there is evidence to link their main products or services to a significant increase in the risk of stroke or poor stroke outcomes.
- We support and promote public health initiatives to reduce stroke risk factors. We will not invest in companies that undermine or frustrate these initiatives.
- We may invest in organisations, programmes or projects that could significantly improve stroke outcomes.
- We favour organisations with a positive attitude towards Environmental, Social and Governance (ESG) matters, especially if they act to reduce stroke risk in their workforce or society.
- We try to avoid investments that could be seen as unsuitable for a health-promoting charity. This includes high stakes gambling, high interest money lending, or companies with a reputation for poor ESG compliance.

Our environmental aims

We're committed to improving our environmental sustainability, so we can play our part in limiting the damaging effects of climate change and creating a greener world for all of us.

Moving to remote working and disposing of over 95% of our properties has helped us to reduce our direct emissions per employee by almost two-thirds since 2020. But we don't want to stop here. As part of our commitment to supporting the UK Government's net zero strategy and to make sure we're aligned with the NHS's Net Zero Roadmap (see 'Energy and carbon reporting'), we continue to look for ways to become more energy efficient by monitoring energy use and setting decreasing targets for the future.

In 2024-25, we established our Environmental Oversite Group to help to drive forward the plans set out in our Carbon Reduction Policy. We are currently focusing on indirect greenhouse gas emissions produced by purchasing goods and services, transportation and product use (Material Scope 3 Categories). A lot of our work this year has been about setting the groundwork to enable us to implement our Carbon Reduction Plan, and progress towards our bold ambitions in the year ahead.

Energy and carbon reporting

NHS England has Climate Change Duties enshrined into the Health and Care Act 2022. To meet these duties, it has committed to become a Zero Carbon organisation by 2045. This includes working with the Stroke Association and other parts of their supply chain and commissioned services to ensure full alignment with this plan.

The NHS Net Zero Supplier Roadmap requires suppliers of all new contracts from 2023-24 onwards above £5 million per year to publish a Zero Reduction Plan for their UK Scope 1 and Scope 2 emissions and a subset of Scope 3 emissions.

To support the NHS Net Zero Roadmap, we have published a Carbon Reduction Policy. To align with the NHS, we have decided to retrospectively set a baseline of 2019 and have collated emissions data under the following categories as part of our Streamline Energy and Carbon Reporting (SECR):

- Scope 1 – gas and company owned vehicles.
- Scope 2 – purchased electricity.
- Scope 3 – employee vehicles used in business.

Below is our UK-based annual energy usage and associated greenhouse gas emissions from 1 April 2024 to 31 March 2025. This relates to our office location-based consumption and vehicle mileage. The following information has been submitted as part of the Streamline Energy Reporting Scheme (SECR).

Intensity Ratio

The intensity ratio is gross emissions in metric tonnes CO2e (mandatory emissions) per employee. This metric relates to UK operations only to align with the energy and emission reporting boundary. This metric is considered the most relevant to the company's energy consuming activities and provides a good comparison of performance over time and across different organisations and sectors.

Breakdown of energy consumption used to calculate emissions (kWh):

	2022-23	2023-24	2024-25
Mandatory requirements:			
Gas	386,468	256,421	73,346
Purchased electricity	264,200	221,072	198,602
Transport fuel	601,282	804,718	937,975
Total energy (mandatory)	**1,251,950**	**1,282,211**	**1,209,923**

Breakdown of emissions associated with the reported energy use (tCO_2e):

	2022-23	2023-24	2024-25
Mandatory requirements:			
Scope 1			
Gas	70.5	46.8	13.4
Transport - Company owned vehicles	-	-	-
Scope 2			
Purchased electricity (location-based)	51.1	42.8	41.1
Scope 3			
Category 6. Employee-owned vehicles	148.3	198.5	193.8
Total gross emissions (mandatory)	**270**	**288.1**	**248.3**
Intensity ratio (mandatory emissions only)			
Tonnes of CO2e per number of employees	0.33	0.35	0.3

Compliance information

Governance and compliance

Each year the Board receives an annual compliance report, a consolidated report covering all compliance issues affecting the charity, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements, complaints, health and safety, and compliance with UK GDPR.

We are members of the Association of Medical Research Charities (AMRC) and adhere to their research governance policies and regulations.

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

- Protect our service users from abuse or health concerns from others or themselves.

- Address internal issues when a concern directly relates to our employees and/or volunteers.

We recorded 185 reported safeguarding cases between April 2024 and March 2025. None of these cases relate to our employees or volunteers. Rather, these are safeguarding issues that we identify in the lives of beneficiaries that we support. An overview of cases is discussed at our safeguarding governance meeting every quarter, where organisational learning is shared and also reported to the Board through the annual governance report.

We did not have a whistleblowing case or freedom to speak up case activated in 2024-25.

Serious incidents and fraud

In this financial year, we reported one serious incident to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR). This related to an IT security breach. For full details see below.

Data protection

Our Information Governance Board is chaired by our Executive Director of Strategy, Insight and Technology. Data protection is discussed regularly at EDT and Board meetings. Our Associate Director of Legal and Governance is the charity's Data Protection Officer.

During 2024-25, we made one preliminary report of an IT security incident to the Information Commissioner's Office (ICO) and the information commissioners in Jersey and the Isle of Man. The incident only led to temporary unavailability of some of our systems, which meant there was no requirement to report a data breach to regulators.

In response to this, we have now applied further security measures to our IT systems. We're investing to achieve ISO 27001 accreditation in the 26-27 financial year. IS027001 is the global standard for implementing Information Security Management Systems.

We also aim to meet the NHS Data Coordination Board 1596 (DCB1596) standard for our cloud services. The DCB1596 is the secure email standard for health and care organisations designed to reduce cybersecurity risks in email communications.

We're making good progress towards implementing all of the recommendations for improvements to our data protection processes, procedures and records made by external advisors last year. This will further strengthen our practices in this area.

Complaints and feedback

We value feedback from our beneficiaries and stakeholders to help us develop and improve. Our complaints policy and procedures make it easy for people to raise concerns with us and help us to resolve complaints quickly and efficiently. We also hold regular 'lessons learned' meetings to better understand where we can develop in the future.

We had 69 complaints relating to our advertising and fundraising communications (2023-24: 172). The majority of these, 52 (2023-24: 45) were around face-to-face recruitment activity. A further 29 complainants referred to our financial and data processes (2023-24: Nil), where either errors had occurred, or details needed to be updated. These additional complaints primarily related to an error in collecting supporter direct debits early.

We recorded 29 complaints relating to our stroke support offers this year. Most related to unmet customer expectations –some assumed staff were medically trained, while others felt their individual needs weren't met. None of these complaints unearthed serious issues we needed to act on. We're testing ways to make our Customer Charter more visible to service users, setting clear expectations and encouraging open dialogue. Staff are using reflective practice to ensure we keep the customer at the centre of our work when we respond to complaints. Our Safety Learning and Improvement Group regularly reviews complaints and safety data and guides service improvements.

We continually learn from these complaints, working with managers and staff to ensure we are providing the best possible support and that our service users know what they can expect from us. Learnings are also used in guidance and training for our staff.

Fundraising

We're committed to fair, honest and ethical fundraising and strive for the highest possible standards. We raise money for our charity in a variety of ways, including working with corporate supporters, philanthropists, trusts and many generous individuals who donate through our appeals and take part in fundraising events.

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to fundraise on our behalf, such as face-to-face, door-to-door and telephone activities, we continually monitor and review their activities to make them as effective as possible. In line with the Fundraising Regulator's recommendations, we also monitor our agencies through training, regular meetings and 'mystery shopping' to ensure they meet our standards and high expectations.

We continue to work in partnership with organisations (commercial participators) who pay us a return from sales generated through their own channels and when offering a service or product to stroke survivors.

Our supporter promise

We communicate with our supporters in many ways, including appeal letters, telephone calls, raffles, TV advertising and online via our website and social media. We are extremely grateful to everyone who supports us. We have a 'supporter promise' to make sure that everyone we interact with feels respected and valued, and to reassure our supporters that their data is safe and secure with us. To read it in full, visit **stroke.org.uk/your-support**. We also have a Gambling Social Responsibility Policy and a Vulnerability and Fundraising Policy.

Fundraising regulation

We're registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have a dedicated monitoring programme in place to ensure compliance with the code and with best practice in fundraising generally. We strive for best practice in fundraising and comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 2018, UK GDPR and the Privacy and Electronic Communications Regulations 2003. We also screen against the Telephone Preference Service, the Mail Preference Service and the Fundraising Preference Service. Different areas of fundraising activity are reviewed on an ongoing basis, including policies, procedures and outbound communications.

Statement of responsibilities of the trustees

The trustees are responsible for preparing the Trustees' 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 financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and the group and of the income and expenditure of the group for that period.

In preparing financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Make judgements and estimates that are reasonable and prudent.

- State whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

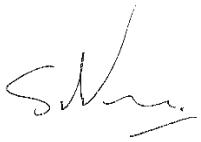
The trustees are responsible for maintaining proper accounting records that show and explain with reasonable accuracy the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the charity's assets and for taking reasonable steps to prevent and detect fraud and other irregularities and to ensure that the charity is not a beneficiary of fraud.

The trustees confirm that:

- In so far as they are aware, there is no relevant audit information of which the Stroke Association's auditor is unaware.
- The trustees have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

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

This report constitutes the statutory reports described previously. This Trustees' Report, incorporating a Strategic Report, was approved on behalf of the Board by:



Stephen King
Chair of the Board
Approved on: 15 October 2025

President	HRH The Duke of Kent KG GCMG GCVO Professor Tony Rudd CBE MA (Cantab) MB BChir FRCP Professor Sir Charles George MB ChB MD (who retired in May 2025) Professor Dame Averil Mansfield DBE ChM FRCS FRCP
Vice Presidents	Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP Jon Barrick MBA DPRP (h.c.) FCMI Professor Pippa Tyrrell MBE MD FRCP (who, sadly, died in January 2025)
Chair	Stephen King MBA FCMI
Trustees	As listed on page 83.
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the Executive Directors Team	As listed on page 88.
Company Secretary	Jan-Willem Jonker LLM
Registered office	Stroke Association House 240 City Road London EC1V 2PR
Telephone	0207 5660 300
Website	stroke.org.uk
Email	supporter.relations@stroke.org.uk
Company registration number	61274 (England and Wales)
Charity registration numbers	211015 (England and Wales) SC037789 (Scotland) 945 (Isle of Man) 221 (Jersey)
Auditor	Moore Kingston Smith LLP 9 Appold Street London EC2A 2AP
Bankers	Barclays Bank PLC 1 Churchill Place

	London E14 5HP
Investment managers	W1M 16 Babmaes Street London SW1Y 6AH

Independent auditor's report

Opinion

We have audited the financial statements of the Stroke Association (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2025, which comprise the Group Statement of Financial Activities, the Group Summary Income and Expenditure Account, the Parent Charitable Company's Statement of Financial Activities, the Group and Parent Charitable Company Balance Sheets, the Group Cash Flow Statement and notes to the financial statements, including 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 group and the parent charitable company's affairs as at 31 March 2025 and of the group's 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.
- Have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended) and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

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 group's and parent charitable 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, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained in the annual report. 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.

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 course of 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 themselves. 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.

Opinions on other matters 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 strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The strategic report and the trustees' annual 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 group and parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 or the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- The parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company's 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, 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 group and parent charitable 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 group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report to you in accordance with regulations made under those Acts.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the group and parent charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction,

supervision and performance of the group audit. We remain solely responsible for our audit report.

- We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended), the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.

- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.
- There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which we are required to state to them in an auditor's report addressed to them and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, and the charity's trustees, as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Luke Holt (Senior Statutory Auditor)

For and on behalf of Moore Kingston Smith LLP, Statutory Auditor 9 Appold Street, London, EC2A 2AP

Date: 4 November 2025

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Financial statements

Consolidated statement of financial activities for the year ended 31 March 2025 (incorporating a Group income and expenditure account)

	Notes	Unrestricted funds £'000	Restricted funds £'000	**2025 Total funds £'000**	Unrestricted funds £'000	Restricted funds £'000	2024 Total funds £'000
Income from:							
Donations and legacies	1	29,526	1,909	**31,435**	26,069	2,786	28,855
Charitable activities – local services	2	460	10,739	**11,199**	463	11,124	11,587
Other trading activities	3	68	-	**68**	81	-	81
Investments	4	660	-	**660**	735	-	735
Other	5	1,016	-	**1,016**	887	-	887
Total income		**31,730**	**12,648**	**44,378**	28,235	13,910	42,145
Expenditure on:							
Stroke support services	6	9,411	11,555	**20,966**	8,102	12,524	20,626
Community development and volunteering	7	2,273	144	**2,417**	2,361	75	2,436
Research grants and awards	8	2,330	297	**2,627**	2,994	712	3,706
Systems influencing	9	2,885	149	**3,034**	2,696	140	2,836
Awareness and engagement with stroke	10	6,395	-	**6,395**	5,633	10	5,643
Raising funds	11	9,299	97	**9,396**	8,579	-	8,579
Total expenditure	**12**	**32,593**	**12,242**	**44,835**	30,365	13,461	43,826
Net (expenditure)/income before net gains on investments		(863)	406	**(457)**	(2,130)	449	(1,681)
Net gains on investments	20	762	-	**762**	3,625	-	3,625
Net (expenditure)/income after net gains on investments before tax	13-16	**(101)**	**406**	**305**	1,495	449	1,944
Corporation tax on retained Trading Subsidiary profits	17	-	-	-	(12)	-	(12)
Net (expenditure/income and net movement in funds		**(101)**	**406**	**305**	1,483	449	1,932
Reconciliation of funds:							
Funds brought forward at 1 April		34,602	2,293	**36,895**	32,156	2,807	34,963
Movement between funds	30	41	(41)	**-**	935	(935)	-
Capital expenditure	30	-	-	**-**	28	(28)	-
Net movement in funds in year		(101)	406	**305**	1,483	449	1.932
Total funds carried forward at 31 March		**34,542**	**2,658**	**37,201**	34,602	2.293	36,895

All of the group's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report consolidates the activities of the Stroke Association and Stroke Association (Trading) Limited.

Charity statement of financial activities for the year ended 31 March 2025

	Unrestricted Funds £'000	Restricted Funds £'000	**2025 Total funds £'000**	Unrestricted funds £'000	Restricted funds £'000	2024 Total funds £'000
Income from:						
Donations and legacies	29,313	1,909	**31,222**	25,813	2,786	28,599
Charitable activities – local services	460	10,739	**11,199**	462	11,124	11,586
Investments	658	-	**658**	735	-	735
Other	1,156	-	**1,156**	1,100	-	1,100
Total income	**31,587**	**12,648**	**44,235**	28,110	13,910	42,020
Expenditure on:						
Stroke support services	9,408	11,555	**20,963**	8,102	12,524	20,626
Community development and volunteering	2,272	144	**2,416**	2,362	75	2,437
Research grants and awards	2,330	297	**2,627**	2,994	712	3,706
Systems influencing	2,885	149	**3,034**	2,696	140	2,836
Awareness and engagement with stroke	6,338	-	**6,338**	5,602	10	5,612
Raising funds	9,217	97	**9,314**	8,542	-	8,542
Total expenditure	**32,450**	**12,242**	**44,692**	30,298	13,461	43,759
Net (expenditure)/income before net gains on investments	(863)	406	**(457)**	(2,188)	449	(1,739)
Net gains on investments	762	-	**762**	3,625	-	3,625
Net (expenditure)/income and net movement in funds	(101)	406	**305**	1,437	449	1,886
Reconciliation of funds:						
Funds brought forward at 1 April	34,542	2,293	**36,835**	32,142	2,807	34,949
Movement between funds	41	(41)	**-**	935	(935)	-
Capital expenditure	-	-	**-**	28	(28)	-
Net movement in funds in year	(101)	406	**305**	1,437	449	1,886
Total funds carried forward at 31 March	**34,482**	**2,658**	**37,141**	34,542	2,293	36,835

All of the charity's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report shows the activities of the Stroke Association only, excluding the activities of Stroke Association (Trading) Limited.

Consolidated balance sheet as at 31 March 2025

	Notes	2025 £'000	Restated 2024 £'000
Fixed assets			
Tangible fixed assets	18	1,412	819
Intangible fixed assets	19	525	493
Investments	20	29,033	28,890
Total fixed assets		**30,970**	30,202
Current assets			
Debtors	21	9,869	7,976
Debtors due after more than one year – (restated)	22	5,003	3,744
Cash at bank and short-term deposits		3,139	5,254
Assets held for sale	23	-	1,456
Total current assets		**18,011**	18,430
Liabilities			
Creditors: amounts falling due within one year	24-25	(8,067)	(6,909)
Provisions for liabilities	27	(99)	(386)
Total current liabilities		**(8,166)**	(7,295)
Net current assets		**9,845**	11,135
Total assets less current liabilities		**40,815**	41,337
Creditors: amounts falling due in more than one year			
Research grants payable	26,8	(3,435)	(4,306)
Provisions for liabilities	27	(179)	(136)
Total creditors due after one year		**(3,614)**	(4,442)
Total net assets		**37,201**	36,895
The funds of the charity:			
Unrestricted funds			
-Designated funds	28	15,109	16,474
-Fixed asset fund	29	1,937	2,768
-General fund (free reserves)		17,438	15,300
		34,483	34,542
Restricted income funds	30	2,658	2,293
		37,141	36,835
Funds retained within a non-charitable subsidiary	3	60	60
Total	31	**37,201**	36,895

This represents the consolidated position for the Stroke Association group at 31 March 2025. The notes on pages 121 to 157 form part of the financial statements. Approved and authorised for issue by the trustees on 15 October 2025 and signed on their behalf by:



Name: Stephen King **Date: 15 October 2025**

Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Charity balance sheet as at 31 March 2025

	Notes	2025 £'000	Restated 2024 £'000
Fixed assets			
Tangible fixed assets	18	1,412	819
Intangible fixed assets	19	525	493
Investments	20	29,033	28,890
Total fixed assets		**30,970**	30,202
Current assets			
Debtors	21	10,079	8,116
Debtors due after more than one year (restated)	22	5,003	3,744
Cash at bank and short-term deposits		2,845	5,040
Assets held for sale	23	-	1,456
Total current assets		**17,927**	18,356
Liabilities			
Creditors: amounts falling due within one year	24-25	(8,043)	(6,895)
Provisions for liabilities	27	(99)	(386)
Total current liabilities		**(8,142)**	(7,281)
Net current assets		**9,785**	11,075
Total assets less current liabilities		**40,755**	41,277
Creditors: amounts falling due in more than one year			
Research grants payable	26,8	(3,435)	(4,306)
Provisions for liabilities	27	(179)	(136)
Total creditors due after one year		**(3,614)**	(4,442)
Total net assets		**37,141**	36,835
The funds of the charity:			
Unrestricted funds			
-Designated funds	28	15,109	16,474
-Fixed asset fund	29	1,937	2,768
-General fund (free reserves)		17,438	15,300
		34,484	34,542
Restricted income funds	30	2,658	2,293
Total	31	**37,141**	36,835

This is the financial position of the Stroke Association only, excluding Stroke Association Trading Limited. The notes on pages 121 to 157 form part of the financial statements. Approved and authorised for issue by the trustees on 15 October 2025 and signed on their behalf by:



Name: Stephen King **Date: 15 October 2025**

Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Consolidated statement of cash flows for the year ended 31 March 2025

	Notes	2025 £'000	2024 £'000
Cash flows from operating activities			
Net cash used in operating activities	A	**(2,489)**	(2,804)
Cash flows from investing activities			
Investment income		551	649
Purchase of tangible fixed assets		(832)	(55)
Purchase of intangible fixed assets		(75)	(160)
Profit on disposal of assets held for sale		111	-
Proceeds from the disposal of investments		6,854	11,721
Purchase of investments		(5,454)	(9,646)
Net cash provided by investing activities		**1,154**	2,509
Change in cash and cash equivalents in year		(1,334)	(295)
Cash and cash equivalents at 1 April 2024	B	5,660	5,955
Cash and cash equivalents at 31 March 2025	B	**4,326**	5,660

A. Reconciliation of net cash flow from operating activities

	2025 £'000	2024 £'000
Net income in year (as per the consolidated statement of financial activities)	**305**	1,932
Adjustment for:		
Net (gains) on investments	(762)	(3,625)
Depreciation charge	239	247
Amortisation charge	43	115
Dividends and interest from investments	(551)	(649)
Profit on disposal of assets held for sale	(111)	-
(Increase) in debtors	(1,695)	(1,775)
(Decrease)/Increase in creditors	(842)	595
Increase in research grant commitments	1,129	359
(Decrease) in provisions	(244)	(3)
Net cash (used in) operating activities	**(2,489)**	(2,804)

B. Analysis of cash and cash equivalents and analysis of change in net debt

	2025 £'000	Cashflow £'000	2024 £'000
Cash at bank and short-term deposits	3,139	(2,115)	5,254
Cash held by investment managers (see note 20)	1,187	781	406
	4,326	**(1,334)**	5,660

Principal accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of preparation

The financial statements have been prepared on a going concern basis, under the historical cost convention, with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

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 United Kingdom and Republic of Ireland (FRS102) (Charities SORP FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102), the Charities Act 2011 and the Companies Act 2006.

The charity and its subsidiaries constitute a public benefit group entity as defined by FRS 102.

The financial statements are presented in sterling, the Charity's functional currency, and are rounded to the nearest thousand pounds.

Assessment of going concern

The trustees of the charity have assessed whether the use of the going concern assumption is appropriate in preparing these accounts and have made this assessment in respect to a period of one year from the date of their approval.

The trustees have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

The most significant areas of judgement that affect items in the accounts are detailed on page 119. With regard to the next accounting period, the year ending 31 March 2026, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets (see the 'Investment policy' on page 77 and the risk management sections of the Trustees' Report for more information).

The charity's three-year plan projects increased charitable expenditure, which will be reflected with a deficit for two years and return to a surplus in year three. Reserves remain within the ranges specified in the revised reserves policy (see page 74).

The Stroke Association has well-diversified funding streams, with no individual funder or donor exceeding 4% of total income. Contracts with these funders generate a contribution towards the central costs of managing the Stroke Association secretariat, which delivers Management, People, Technology and Finance systems to support its programme globally.

Recognising that the Stroke Association's continued ability to deliver its programme of work will depend on continued forward secured funding going into its new Business Plan period (2025-28), the trustees have considered several factors in concluding that the adoption of the going concern basis in the preparation of these financial statements is appropriate. These have included:

- Existing reserves and investment holdings.
- The forward pipeline of secured and prospective contract and grant awards.
- The growth of the legacy notifications and pipeline.
- The rigour of pipeline monitoring and cost controls that are in place to ensure that reserves released in the current (2025-26) and subsequent financial year (2026-27) maintain delivery of the Stroke Association's programme and maintain long-term financial health.
- Cash management and working capital controls in place to manage the potential risks of late payments by commissioned service funders, the slow settlement of legacies resulting in a build-up of legacy debtors, and to make sure restricted and unrestricted assets and reserves are appropriately managed.

After making this assessment, the trustees are confident the organisation has adequate resources to operate for the foreseeable future and can adopt the going concern basis in preparing its financial statements.

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (Trading) Limited Company Reg No 00898941.

Dormant subsidiaries have not been consolidated on the basis of materiality.

Income

Income, including investment income, is recognised in the period in which the charity is entitled to receipt and the amount can be measured reliably with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Income comprises donations, legacies, commissioned services income, trading income, investment income and other income.

In accordance with the Charities SORP FRS 102, volunteer time is not recognised, as the value of their contribution cannot be reliably measured.

Donations and grants, including those in respect of participation events, are recognised when the charity has confirmation of both the amount and the settlement date. In the event of donations and grants pledged but not received, the amount is accrued for where the receipt is probable.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these amount to a contract for services, and are recognised when we have earned the income.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, any conditions attached to the legacy are within the control of the charity, less an estimate of likely expected costs based on past experience. Entitlement to a legacy is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor 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.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having been transferred to the charity.

Commissioned stroke recovery and communication support service income and trading income is recognised to the extent that it is probable that the economic benefits will flow to the charity and the revenue can be measured reliably. It is measured at fair value, being the amount invoiced and considered receivable, excluding any discounts or rebates.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement, and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs.

All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds includes the salaries, direct costs and support costs associated with generating donated income, and the costs incurred by the trading subsidiary.
- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants payable, direct and support costs including governance costs.
- Grants are included in full in the statement of financial activities when the award has been approved and when the intended recipient has either received the funds or been informed of the decision to make the donation and has satisfied all related conditions. Grants approved but not paid at the end of the financial year, are accrued for.
- Irrecoverable VAT is allocated to the same expenditure heading as the associated net costs

An exercise is undertaken each year to ensure all costs have been correctly mapped to the appropriate charitable goals.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with the constitutional statutory requirements.

Support costs and governance costs are apportioned on a basis consistent with the use of resources, primarily full time equivalent (FTE) allocation and expenditure ratios.

Donated services and facilities (gifts in kind)

Services and facilities donated to the charity for its own use are included in income at their worth to the charity as at the time of the gift with an equivalent amount included in expenditure.

Taxation

The charity is considered to meet the definition of a charitable company for UK corporation tax purposes. Accordingly, to the extent that income and gains fall within Part 11 of the Corporation Tax Act 2010 and section 256 of the Taxation of Chargeable Gains Act 1992, the charity is exempt from UK taxation on such income and gains provided they are applied for charitable purposes. Furthermore, any subsidiary company that is trading makes qualifying donations of all taxable profits to its parent company and thus will not incur any corporation tax.

Research grants and awards

The Stroke Association awards research grants and Fellowships each year, which run for periods of up to five years. Such research grants and awards are accrued in full at the time of their award.

The Stroke Association undertakes an annual reporting review for all grants. Any under performance is investigated, which may involve an external review by stroke research experts. This may, very occasionally lead to the reduction or cancellation of a grant.

The long-term research grant commitment has not been discounted on the grounds that it would not be material.

Tangible fixed assets

All tangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. They are stated at cost, which includes the original purchase price of the assets plus costs attributable to bringing the assets to their intended use. Depreciation is calculated on a straight-line basis over their expected useful life.

Freehold properties used for the direct charitable work of the charity are included in these financial statements at cost at the date of acquisition, together with the cost of additions and improvements to date. Only functional freehold properties are depreciated at a rate of 2% per annum on a straight-line basis in order to write them off over their estimated useful lives. Those under construction are not depreciated until they are brought into use. An impairment review in respect to a particular class of assets is conducted if events, or changes in circumstances, indicate that the carrying amount of any tangible fixed asset may not be recoverable.

During the previous financial year, the freehold property was put on the market for sale. Contracts were exchanged before the year-end of 2023-24 with completion in April 2024. The net book value of the asset was moved to assets held for sale with the gain on disposal being reflected in this year's financial statements. See note 23.

Short leasehold premises consist of the costs of entering into the leases for offices, together with associated fitting-out costs. These costs are written off over the life of the lease, reflecting the useful life of the underlying asset to the charity.

Office fixtures, fittings and equipment are depreciated over five years based on the estimated useful life on a straight-line basis.

Intangible fixed assets

All intangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. These include software, the charity's website, and other internally developed online tools. Intangible assets are valued at the cost to the charity of acquiring these assets.

Intangible fixed assets are recognised only if all the following conditions are met:

- An asset is created that can be separately identified.
- It is probable that the asset created will generate future economic benefits.
- Development costs of the asset can be measured reliably.

Amortisation of intangible fixed assets is calculated using the straight-line method to allocate the cost of the assets over their estimated useful lives. All intangible fixed assets are assumed to have useful lives of between five and 10 years and are amortised accordingly at an annual rate of 20%.

An annual impairment review is carried out for each asset after it has been brought into use to re-assess its remaining useful life and that it still meets the definition of an intangible asset.

Fixed asset investments

Fixed asset investments listed on a recognised stock exchange are initially recognised at their transactional value and subsequently measured at their fair value as at the balance sheet date using the quoted market price.

Realised gains or losses on investment assets are calculated as the difference between disposal proceeds and their opening carrying value, or their purchase value if acquired during the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value at that date. Realised and unrealised investment gains or losses are combined in the statement of financial activities and are credited or debited in the year in which they arise.

The main form of financial risk faced by the charity is that of volatility in equity and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

The investment in the charity’s trading subsidiary is valued at the cost of £7 (2024: £7).

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid and have been discounted to the present value of the future cash receipt where such discounting is material.

The legacy accrual is analysed between amounts due within one year and amounts due in more than one year. This is to reflect the reality of when legacies are likely to be paid.

The prior year debtors figure has been restated to reflect this change in presentation, resulting in £3.7 million being moved from debtors to debtors due after more than one year. Given the short timescales and values the debt from accrued legacies has not been discounted.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund accounting

Restricted funds comprise monies raised for, or where their use is restricted to, a specific purpose, or contributions subject to donor-imposed conditions.

Unrestricted general funds represent those monies, which are available for application towards achieving any charitable purpose that falls within the charity's charitable objectives.

Designated funds comprise unrestricted funds that have been set aside by the trustees and designated for particular purposes.

The fixed asset fund represents the net book value of the charity’s tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves.

Significant accounting estimates and areas of judgement

Preparation of the financial statements requires the trustees and management to make significant judgements and estimates that affect the reported values of assets, liabilities, income and expenses.

Significant areas of estimation and judgement include:

- Assessing the possibility of receiving legacies of which the charity has been notified.
- The age analysis of the legacy accrual debtor, splitting the balance between receivable within one year and more than one year.
- The split between current and non-current liabilities for grant awards that mainly extend over three or more years.
- Determining the basis for allocating support costs.
- The useful economic life of tangible and intangible fixed assets.
- Provision for dilapidation on the leasehold properties is based on historic data, ongoing monitoring of the conditions of the properties and discussions with property developers and landlords.
- Assessment of the charity's ability to continue as a going concern.

Onerous leases

An onerous lease provision has been made for leased laptops that were not in use and would not be put into use before the end of their lease. The provision was based on all contractual costs from the balance sheet date to the end of the lease.

Operating leases

Rentals applicable to operating leases, where substantially all of the benefits and risks of ownership remain with the lessor, are charged to the statement of financial activities on a straight-line basis over the lease term.

Pension costs

Contributions are paid to a group money purchase personal pension plan for employees. Contributions payable during the year are charged to the statement of financial activities and any balances owed at the year-end are included in creditors – amounts falling due within one year. See note 24.

Notes on the financial statements

1. Donations and legacies

	Unrestricted £'000	Restricted £'000	**2025 Total funds £'000**	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
General donations	1,250	97	**1,347**	1,248	495	1,743
In memoriam	1,241	11	**1,252**	1,342	12	1,354
Lottery and raffle	1,958	-	**1,958**	1,640	-	1,640
Direct mail	649	-	**649**	680	-	680
Committed giving	1,593	256	**1,849**	1,327	279	1,606
Corporate income and trusts	1,493	665	**2,158**	1,041	911	1,952
Events	2,135	2	**2,137**	2,099	8	2,107
Gift Aid	945	58	**1,003**	807	64	871
Legacies	18,228	689	**18,917**	15,645	439	16,084
Grants	36	131	**167**	240	578	818
Total	**29,526**	**1,909**	**31,435**	26,069	2,786	28,855

Contingent Asset

During the reporting period, we have been notified of Legacies that could total £4.2 million (2023-24: £2.5 million), where either no grant of probate has been received, or the grant of probate has been received within six months of the end of the financial year. This gives rise to a contingent asset as it is a possible asset arising from a past event (the notification of the legacy by the solicitors for the deceased legators), but the outcome will be determined by an uncertain future event (any debts owed by the legator or challenges from family members). Our entitlement to the asset and its value will be uncertain until we have received the grant of probate and are aware of any debts or challenges.

2. Charitable activities – local services

	Unrestricted £'000	Restricted £'000	**2025 Total funds £'000**	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Commissioned stroke recovery and communication support services	-	10,736	**10,736**	-	11,124	11,124
Stroke Group Network	460	3	**463**	463	-	463
Total	**460**	**10,739**	**11,199**	463	11,124	11,587

All income from commissioned stroke recovery and communication support services in this and the prior accounting period was restricted and represents delivered services.

3. Other trading income

The Stroke Association trading subsidiary - Stroke Association (Trading) Limited (see note 20), raises corporate sponsorship and sells Christmas cards and merchandise to fund the activities of the charity. All income is therefore unrestricted.

The trading company gift aids its taxable profits to the charity to the extent that it has distributable reserves with which to do so.

	2025 Total funds £'000	2024 Total funds £'000
Turnover	68	81
Cost of sales	(54)	(30)
Gross profit	14	51
Other income – corporate sponsorship	379	333
Other income – interest	1	-
	394	384
Selling, distribution and administration expenses	(280)	(289)
Net profit	114	95
Corporation tax	-	(12)
Net profit paid to the Stroke Association under gift aid	(114)	(37)
Net assets at 31 March	**60**	60

In the previous year the trading company's board of directors agreed to retain such funds as to bring the reserves up to £60,000 in order to maintain its financial stability. This resulted in tax charge on the retained profits. Surplus profits were gift aided to the charity.

4. Investment income

	2025 Total funds £'000	2024 Total funds £'000
Investment income receivable	551	649
Interest receivable	109	86
Total	**660**	735

5. Other income

	Unrestricted £'000	Restricted £'000	**2025 Total funds £'000**	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Delegate fees	602	-	**602**	572	-	572
Training income	6	-	**6**	9	-	9
Publication sales	4	-	**4**	5	-	5
Room hire	222	-	**222**	238	-	238
Gain on disposal of asset held for sale (see note 23)	111	-	**111**	-	-	-
Sundry income	71	-	**71**	63	-	63
Total	**1,016**	**-**	**1,016**	887	-	887

6. Stroke support services

	Unrestricted £'000	Restricted £'000	**2025 Total funds £'000**
Commissioned stroke recovery and communication support services	-	9,625	**9,625**
Regional and management support	1,235	1,767	**3,002**
Stroke Group Network	545	15	**560**
Universal services including Helpline	1,915	57	**1,972**
Support costs (note 12)	5,716	91	**5,807**
Total – 2024-25	**9,411**	**11,555**	**20,966**

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Commissioned stroke recovery and communication support services	-	9,298	9,298
Regional and management support	1,022	1,826	2,848
Stroke Group Network	579	154	733
Universal services including Helpline	1,440	599	2,039
Support costs (note 12)	5,061	647	5,708
Total – 2023-24	8,102	12,524	20,626

7. Community development and volunteering

	Unrestricted £'000	Restricted £'000	**2025 Total funds £'000**
Staff costs	1,463	144	**1,607**
Other direct costs	105	-	**105**
Support costs (note 12)	705	-	**705**
Total – 2024-25	**2,273**	**144**	**2,417**

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	1,599	75	1,674
Other direct costs	92	-	92
Support costs (note 12)	670	-	670
Total – 2023-24	2,361	75	2,436

8. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	**2025 Total funds £'000**	2024 Total funds £'000
Total – 2024-25	2,330	297	**2,627**	-
Total – 2023-24	2,994	712	**-**	3,706

Included within research grants and awards are the direct and support costs of running the research department. A full list of the grants is available on **stroke.org.uk/research**

	Unrestricted £'000	Restricted £'000	**2025 Total funds £'000**	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Grants	2,175	-	**2,175**	2,492	712	3,204
Direct support costs	48	293	**341**	416	-	416
Indirect support costs (see note 12)	107	4	**111**	86	-	86
Total	**2,330**	**297**	**2,627**	2,994	712	3,706

Research grant commitments

	2025 Total funds £'000	2024 Total funds £'000
Commitments at 1 April	6,707	6,349
Written back during the year	(268)	(113)
Paid during the year	(1,429)	(2,855)
Approved during the year	2,443	3,316
Co-funded grants funding received (see note 37)	384	10
Commitments at 31 March	**7,837**	6,707
Payable as follows:		
Within one year (note 24)	4,402	2,401
After more than one year (note 26)	3,435	4,306
Total	**7,837**	6,707

9. Systems influencing

	Unrestricted £'000	Restricted £'000	**2025 Total funds £'000**
Staff costs	1,903	149	**2,052**
Other direct costs	371	-	**371**
Support costs (note 12)	611	-	**611**
Total – 2024-25	**2,885**	**149**	**3,034**

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	1,792	140	1,932
Other direct costs	350	-	350
Support costs (note 12)	554	-	554
Total – 2023-24	2,696	140	2,836

10. Awareness and engagement with stroke

	Unrestricted £'000	Restricted £'000	**2025 Total funds £'000**
Staff costs	2,879	-	**2,879**
Advertising and marketing	1,924	-	**1,924**
Other direct costs	758	-	**758**
Support costs (note 12)	834	-	**834**
Total – 2024-25	**6,395**	-	**6,395**

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	2,345	10	2,355
Advertising and marketing	1,637	-	1,637
Other direct costs	926	-	926
Support costs (note 12)	725	-	725
Total – 2023-24	5,633	10	5,643

11. Costs of raising funds

	Unrestricted £'000	Restricted £'000	**2025 Total funds £'000**	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	3,524	97	**3,621**	3,289	-	3,289
Donor acquisitions and retention	4,493	-	**4,493**	4,114	-	4,114
Fundraising trading	50	-	**50**	106	-	106
Support costs (note 12)	1,232	-	**1,232**	1,070	-	1,070
Total	**9,299**	**97**	**9,396**	8,579	-	8,579

12. Allocation of support costs

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	**2025 Total £'000**
Direct costs	15,159	1,712	2,516	2,423	5,561	8,164	**35,535**
Support costs:							
Management	514	62	10	54	74	109	**824**
Property	355	43	7	37	51	75	**569**
People	1,416	172	27	149	204	301	**2,268**
Finance	1,083	131	21	114	156	230	**1,734**
Technology	1,898	230	36	200	273	403	**3,039**
Governance	541	66	10	57	78	115	**866**
	5,807	705	111	611	834	1,232	**9,300**
Total – 2024-25	**20,966**	**2,417**	**2,627**	**3,034**	**6,395**	**9,396**	**44,835**

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	2024 Total £'000
Direct costs	14,918	1,766	3,620	2,282	4,918	7,509	35,012
Support costs:							
Management	433	51	7	42	55	81	669
Property	674	79	10	65	86	126	1,040
People	1,454	171	22	141	185	272	2,245
Finance	1,057	124	16	103	134	198	1,632
Technology	1,549	182	23	150	197	292	2,393
Governance	541	63	8	53	69	101	835
	5,708	670	86	554	725	1,070	8,814
Total – 2023-24	20,626	2,436	3,706	2,836	5,643	8,579	43,826

Full time equivalent (FTE) allocation, locations and activities form the basis of allocation for the functions listed above.

13. Governance costs

	2025 Total funds £'000	2024 Total funds £'000
Chief Executive Office	201	204
Internal audit	38	36
External audit and tax advice (including irrecoverable VAT)	54	48
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance)	573	547
Total	**866**	835

14. Net movement in funds

This is stated after charging:

	2025 Total funds £'000	2024 Total funds £'000
Current year's auditor's remuneration	43	40
Tax computation and advice from auditors	2	2
Other financial services from auditors	7	14
Depreciation (note 18)	239	247
Amortisation (note 19)	43	115
Operating lease rentals – office rent	417	416

15. Employee and key management remuneration

Staff costs during the year were as follows:

	2025 £'000	2024 £'000
Wages and salaries	24,892	23,145
Social security costs	2,246	2,059
Pension costs	1,556	1,393
Redundancy and termination costs	107	41
	28,801	26,638
Payments to agency staff	97	67
Total	**28,898**	26,705

Non-taxable statutory redundancy payments totalled £69,000 (2024: £32,000).

The average number of employees during the year, analysed by function and including support staff as allocated per note 12, was as follows:

	2025 Full time equivalent	2024 Full time equivalent	**2025 Head count**	2024 Head count
Charitable activities				
- Stroke support services	434	442	541	536
- Community development and volunteering	53	52	59	58
- Research grants and awards	8	7	9	7
- Systems influencing	46	43	50	48
- Awareness and engagement with stroke	62	56	68	61
Raising funds	92	83	95	85
Total	**695**	683	**822**	795

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by volunteers throughout the year.

15. Employee and key management remuneration continued

The number of employees who earned between the amounts stated below (including taxable benefits but excluding employer pension and national insurance contributions) during the year were:

	2025 number	2024 number
£60,001 - £70,000	**22**	16
£70,001 - £80,000	**4**	4
£80,001 - £90,000	**5**	-
£90,001 - £100,000	**1**	3
£100,001 - £110,000	**3**	1
£110,001 - £120,000	**1**	2
£150,001 - £160,000	**-**	1
£160,001-£170,000	**1**	-

Key management personnel are the trustees and the members of EDT. In 2025, there were six full time equivalent (FTE) EDT members (2024: six). See page 88 for further details.
The total remuneration (including taxable benefits and employer's pension and national insurance contributions) paid to the key management personnel of the charity in the year was £856,000 (2024: £822,000).

16. Trustee remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £2,685 (2024: £3,836) were reimbursed to 13 trustees (2024: 10).

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £28,800 (2024: £28,600) and provides cover of up to a maximum of £5 million in any one year.

17. Corporation Tax

The Charity is considered to meet the definition of a charitable company for UK corporation tax purposes. Accordingly, to the extent that income and gains fall within Part 11 of the Corporation Tax Act 2010 and section 256 of the Taxation of Chargeable Gains Acts 1992, the charity is exempt from UK taxation on such income and gains provided they are applied for charitable purposes. Furthermore, any subsidiary company that is trading makes qualifying donations of all taxable profits to its parent company and thus will not incur any corporation tax.

The £12,000 taxation charge in 2024 arises from the charity's trading subsidiary, which retained part of its operating profit in the year. In the current year (2024-25), a donation of all taxable profit was made to the charity from the trading subsidiary via the Gift Aid scheme.

The tax charge of the retained profit in the subsidiary on its ordinary activities for the year was as follows:

	2025 £'000	2024 £'000
UK corporation tax at 25% (2024 – 19%)	-	12
Factors affecting tax charge for period		
Profit on ordinary activities before tax	**114**	95
Corporation tax rate in the UK	**25%**	19%
Profit on ordinary activities multiplied by standard rate of corporation tax	**28**	18
Effects of:		
Gift Aid donation to Stroke Association	**(28)**	(5)
Marginal tax relief	-	(1)
Current tax charge for the year	-	12

18. Tangible fixed assets

Group and charity

	Short leasehold premises £'000	Office fixtures, fittings and equipment £'000	**2025 Total £'000**
Cost			
At 1 April 2024	2,060	448	2,508
Additions	417	415	832
Disposals	-	(227)	(227)
At 31 March 2025	**2,477**	**636**	**3,113**
Depreciation			
At 1 April 2024	1,344	346	1,690
Charge for year	180	58	238
Disposals	-	(227)	(227)
At 31 March 2025	**1,524**	**177**	**1,701**
Net book values			
At 31 March 2025	**953**	**459**	**1,412**
At 1 April 2024	716	103	819

19. Intangible fixed assets

Group and charity

	Computer Software £'000	2025 Total £'000
Cost		
At 1 April 2024	1,851	1,851
Additions	75	75
Disposals	(422)	(422)
At 31 March 2025	**1,504**	**1,504**
Amortisation		
At 1 April 2024	1,358	1,358
Charge for year	43	43
Disposals	(422)	(422)
At 31 March 2025	**979**	**979**
Net book values		
At 31 March 2025	**525**	**525**
At 1 April 2024	493	493

20. Fixed asset investments

These comprise investments at market value and cash held for re-investment.

Group and charity

	2025 £'000	2024 £'000
Market value at 1 April	28,484	26,933
Acquisitions	5,454	9,646
Sales proceeds	(6,854)	(11,721)
Net movement in market values (see below)	762	3,625
Market value at 31 March	27,846	28,484
Cash held by investment managers for re-investment	1,187	406
Market value at 31 March	**29,033**	28,890
Cost of investments at 31 March	22,594	22,843

Net movement in market values in year:

	2025 £'000	**2024 £'000**
Realised gains	434	229
Unrealised gains	328	3,396
Total	**762**	3,625

20. Fixed asset investments continued

All investments, except those in the property funds, the funds of hedge funds and the multi asset holdings, were listed and dealt in on recognised stock exchanges and comprised the following:

	2025 £'000	2024 £'000
Equities	18,492	20,104
Government stock	5,610	4,893
Non-government bonds	516	787
UK property funds	415	409
Multi asset holdings	2,813	2,291
Total	**27,846**	28,484
UK stock exchange	7,273	7,614
Non-UK stock exchanges	17,345	18,170
UK property funds	415	409
Multi asset holdings	2,813	2,291
Total	**27,846**	28,484

Subsidiary companies
The Stroke Association owns seven ordinary shares of £1 each (100%) of Stroke Association (Trading) Limited, (Company Number 00898941) a company incorporated in England and Wales. These are valued at £7 (2024: £7). See note 3 for trading details.

The Stroke Association owns 100% of The Chest Heart and Stroke Association (company number 02100497), The British Stroke Foundation (company number 02642339) and Stroke UK Limited (company number 05741880), companies incorporated in England and Wales and 100% of Speechmatters Limited (company number NI049026), a company incorporated in Northern Ireland. All of these companies were dormant for the whole of the current and previous year.

21. Debtors falling due within one year

	2025 Group £'000	Restated 2024 Group £'000	**2025 Charity £'000**	Restated 2024 Charity £'000
Trade debtors	667	682	655	636
Amounts owed by trading subsidiary	-	-	234	185
Other debtors	31	29	31	29
Prepayments and accrued income	9,171	7,265	9,159	7,265
Total	**9,869**	7,976	**10,079**	8,116

The length of time that it takes for legacies to be settled has increased and has had an impact on the size and ageing of our legacy accrual. As a result, we recognise that a material element of the accrual will not be settled within one year.

An estimate has been made of the accrued income that will be settled within one year with the remaining balance treated as due after more than one year (see note 22).

This presentational change is considered material and therefore the prior year balance sheet figure has been restated.

The legacy accrual due after more than one year has not been restated to its net present value using a discounted cashflow as any adjustment is considered to be immaterial.

The amount owed by the trading subsidiary to the Charity includes the donation of all its taxable profits under the Gift Aid Scheme see notes 3 and 17.

22. Debtors falling due after more than one year

	2025 Group £'000	Restated 2024 Group £'000	**2025 Charity £'000**	Restated 2024 Charity £'000
Prepayments and accrued income	5,003	3,744	5,003	3,744
Total	**5,003**	3,744	**5,003**	3,744

23. Assets held for sale

	2025 Group £'000	2024 Group £'000	**2025 Charity £'000**	2024 Charity £'000
Freehold property held for sale	-	1,456	-	1,456
Total	**-**	**1,456**	**-**	**1,456**

At the end of the previous financial year contracts had been exchanged for the sale of our freehold property in Bromsgrove. The book value of this asset was treated as an asset held for sale.

In April 2024 the sale was completed and the disposal of the property reflected in the current year's results. The gain on disposal amounted to £111,000 (see note 5).

24. Creditors: amounts falling due within one year

	2025 Group £'000	2024 Group £'000	**2025 Charity £'000**	2024 Charity £'000
Trade creditors	850	2,045	850	2,042
Research grants (note 8)	4,402	2,401	4,402	2,401
Taxation and social security	605	583	598	600
Corporation tax liability	-	12	-	-
Pension commitments	238	204	238	204
Other creditors	13	19	13	21
Deferred income (note 25)	684	384	675	374
Accruals	1,275	1,261	1,267	1,253
Total	**8,067**	6,909	**8,043**	6,895

The charity operates a group personal pension scheme, which incorporates employees joining through auto-enrolment.

25. Movement in deferred income

Group	Opening balance 1 April 2024 £'000	Amounts released from the previous year £'000	Current year deferred income £'000	**Closing balance 31 March 2025 £'000**
Movement in deferred income	384	(384)	684	**684**

Group – prior year	Opening balance 1 April 2023 £'000	Amounts released from the previous year £'000	Current year deferred income £'000	Closing balance 31 March 2024 £'000
Movement on deferred income	1,178	(1,178)	384	384

Charity	Opening balance 1 April 2024 £'000	Amounts released from the previous year £'000	Current year deferred income £'000	**Closing balance 31 March 2025 £'000**
Movement in deferred income	374	(374)	675	**675**

Charity – prior year	Opening balance 1 April 2023 £'000	Amounts released from the previous year £'000	Current year deferred income Released £'000	Closing balance 31 March 2024 £'000
Movement in deferred income	1,176	(1,176)	374	374

Deferred income includes commissioned service income where invoices have been raised in advance of the service delivery period along with lottery and raffle ticket sale income that relate to future draws, trust funding for future years and entrance fees for events to be held in the following year

26. Creditors: amounts falling due in more than one year

	2025 Group £'000	2024 Group £'000	**2025 Charity £'000**	2024 Charity £'000
Research grants (note 8)	**3,435**	4,306	**3,435**	4,306

27. Provisions for liabilities

Group and charity

	Less than one year £'000	More than one year £'000	**2025 Total provision £'000**	Less than one year £'000	More than one year £'000	2024 Total provision £'000
Onerous lease provision						
Opening Balance	-	-	**-**	10	-	10
Released in the year	-	-	**-**	(10)	-	(10)
Provided in the year	73	34	**107**	-	-	-
Closing balance	73	34	**107**	-	-	-
Property dilapidation provision						
Opening Balance	386	136	**522**	378	136	514
Released in the year	(360)	-	**(360)**	(19)	-	(19)
Provided in the year	-	8	**8**	27	-	27
Closing Balance	26	144	**170**	386	136	522
	99	**179**	**277**	386	136	522

The charity has built up a dilapidation provision for works required at the end of the lease, or at its break clause if earlier, to bring the property to the state it was at the commencement of the lease as required under lease agreement. The provision is based on historic data, ongoing monitoring of the conditions of the property and discussions with property developers and landlords.

During the year the dilapidation provision that had been made against the Northampton Resource Centre was released. A new lease was agreed for the property and a new provision based on the terms of the new lease is being charged from its start date.

During the year the charity agreed to replace all leased laptops with purchased ones. An onerous lease provision has been made against the future rentals relating to returned laptops.

28. Designated funds

Certain unrestricted funds have been set aside as designated by the trustees for future activities.

Group and charity

	2025 £'000	2024 £'000
Legacy Stabilisation Fund	660	1,320
Data and Digital Transformation Fund	2,962	-
Future cost of operating model over next three years	-	1,077
Strategy Acceleration Fund	10,019	12,642
Northampton Resource Centre location costs	-	296
Research Fund	852	575
Funds held for voluntary support groups	530	503
UK Stroke Forum	86	61
Total	**15,109**	16,474

The purpose of each designated fund is set out under the Reserves Policy on page 74.

29. Fixed asset fund

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves. The previous year's figure included assets held for sale.

Group and charity

	2025 £'000	2024 £'000
Fixed asset fund	**1,937**	2,768

30. Restricted funds

Group and charity

	At 1 April 2024 £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	**At 31 March 2025 £'000**
Medical and other research						
- Specific research projects	50	(50)	280	-	-	**280**
- General research funding	-	-	345	-	(345)	**-**
Total	**50**	**(50)**	**625**	**-**	**(345)**	**280**
Other restricted funds						
- Commissioned services	-	-	10,736	-	(10,736)	**-**
- Stroke services and programmes	470	50	438	-	(485)	**473**
- Other donations and legacies	1,773	(41)	849	-	(676)	**1,905**
	2,243	**9**	**12,023**	**-**	**(11,897)**	**2,378**
Total 2024-25	**2,293**	**(41)**	**12,648**	**-**	**(12,242)**	**2,658**

30. Restricted funds continued

Group and charity – prior year

	At 1 April 2023 restated £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2024 £'000
Medical and other research						
- Specific research projects	-	(861)	1,016	-	(105)	50
- General research funding	-	-	590		(590)	
Total	-	(861)	1,606	-	(695)	50
Other restricted funds						
- Commissioned services	-	-	11,124	-	(11,124)	-
- Stroke Services and programmes	966	(86)	515	-	(925)	470
- Other donations and legacies	1,813	12	666	-	(717)	1,773
Capital projects	28	-	-	(28)	-	-
	2,806	(74)	12,304	(28)	(12,766)	2,243
Total 2023-24	2,807	(935)	13,910	(28)	(13,461)	2,293

Income has been received during the year for both specific research projects and to support our general research activity.

The restricted income on commissioned service contracts is for operating our communications and family support services, providing support to stroke survivors on a one-to-one or group basis. During the year income is received that is restricted to specific services and programmes that the Charity provided, such as our Helpline, support grants, our stroke group network and Next Steps. Other restricted donations and legacies are received for specific locations and voluntary groups and is applied to a variety services and support delivered in those areas.

Transfers are made between reporting categories within the fund to better reflect the nature of the activity. Transfers have been made between restricted and unrestricted funds where additional clarity has been received on the nature of the restriction enabling these funds to be applied to expenditure formally treated as unrestricted. Transfers between restricted research funds and unrestricted funds where additional funding has been received against grants that had previously been fully funded from unrestricted funds.

31. Analysis of net assets between funds

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	**2025 Total £'000**
Tangible fixed assets	-	-	1,412	-	**1,412**
Intangible fixed assets	-	-	525	-	**525**
Fixed asset investments	13,924	15,109	-	-	**29,033**
Total current assets	15,353	-	-	2,658	**18,011**
Creditors: amounts falling due within one year	(8,165)	-	-	-	**(8,165)**
Provisions for liabilities	(179)	-	-	-	**(179)**
Creditors: amounts falling due after one year	(3,435)	-	-	-	**(3,435)**
Total	**17,498**	**15,109**	**1,937**	**2,658**	**37,201**

Group – prior year	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2024 Total £'000
Tangible fixed assets	-	-	819	-	819
Intangible fixed assets	-	-	493	-	493
Fixed asset investments	12,416	16,474	-	-	28,890
Total current assets	14,680	-	1,456	2,293	18,430
Creditors: amounts falling due within one year	(6,909)	-	-	-	(6,909)
Provisions for liabilities	(522)	-	-	-	(522)
Creditors: amounts falling due after one year	(4,306)	-	-	-	(4,306)
Total	15,360	16,474	2,768	2,293	36,895

31. Analysis of net assets between funds continued

Charity

	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	**2025 Total £'000**
Tangible fixed assets	-	-	1,412	-	**1,412**
Intangible fixed assets	-	-	525	-	**525**
Fixed asset investments	13,924	15,109	-	-	**29,033**
Total current assets	15,269	-	-	2,658	**17,927**
Creditors: amounts falling due within one year	(8,142)	-	-	-	**(8,142)**
Provisions for liabilities	(179)	-	-	-	**(179)**
Creditors: amounts falling due after one year	(3,435)	-	-	-	**(3,435)**
Total	**17,438**	**15,109**	**1,937**	**2,658**	**37,141**

Charity – prior year

	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2024 Total £'000
Tangible fixed assets	-	-	819	-	819
Intangible fixed assets	-	-	493	-	493
Fixed asset investments	12,416	16,474	-	-	28,890
Total current assets	14,607	-	1,456	2,293	18,356
Creditors: amounts falling due within one year	(6,895)	-	-	-	(6,895)
Provisions for liabilities	(522)	-	-	-	(522)
Creditors: amounts falling due after one year	(4,306)	-	-	-	(4,306)
Total	15,300	16,473	2,768	2,293	36,835

32. Tax

The charity is unable to reclaim all VAT incurred on expenditure. Irrecoverable VAT incurred during the year amounted to £1,324,000 (2024: £1,286,000).

33. Leasing commitments

At 31 March 2025, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	**2025 Property**	2024 Property	**2025 Office equipment**	2024 Office equipment
	£'000	£'000	**£'000**	£'000
Operating Leases which expire:				
Within one year	510	446	219	268
Within two to five years	1,130	1,086	42	250
After five years	494	-	-	-
Total	**2,134**	1,532	**261**	518

34. Reconciliation of movements on unrealised gains

Group and Charity	**2025 £'000**	2024 £'000
Unrealised gains at 1 April	4,009	3,104
Less: in respect to disposals in year	(3,608)	(2,491)
Add: net gains on revaluations in year	328	3,396
Total unrealised gains at 31 March	**729**	4,009

35. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up, members are required to contribute an amount not exceeding 5p.

36. Related party transactions

Research grants

The Stroke Association selects a bespoke panel for each grant with appropriate scientific expertise, lived experience, etc. to consider the approval of each grant. The selection follows the Charity's rules to mitigate the risk of conflicts of interest. Therefore, none of the panel members took part in the review or adjudication of their own research applications. If a panel member was from an associated institution, they were excluded from the entire review, adjudication and awards panel process for the respective award round.

Due to their expertise within the field of medicine and research, trustees may complete projects funded by the Stroke Association. These are monitored by management and require approval of the Research Awards Committee and trustees.

No research grants were awarded to trustees during this year or the prior year.

A grant was awarded this year to Nottingham University, where Trustee Prof. Avril Drummond is Professor of Healthcare Research (2024: None)

Research grants were awarded this year and in the previous year to Edinburgh University where Trustee Prof. Rustam Al-Shahi Salman is Professor of Clinical Neurology.

Other trustee and senior management transactions

During the year the charity received £39,683 Sundry income (2024: £40,650) from the World Stroke Organization, of which Chief Executive Officer – Juliet Bouverie served as a board member at the time. No balances were owed on these amounts at the end of the financial year (2023-24: Nil).

Details of trustees' expenses are provided in note 16.

There are no other related party transactions with trustees that require disclosure.

Inter-company transactions

During the year costs totalling £243,000 plus VAT (2024: £258,000 plus VAT) were charged from Stroke Association to Stroke Association (Trading) Limited representing costs incurred by the charity's that relate to its subsidiary's activities.

During the year costs totalling Nil plus VAT (2024: £9,000 plus VAT) were charged from Stroke Association (Trading) Limited to Stroke Association representing costs incurred by the Trading Company that relate to the Charity's activities.

During the year £26,000 (2024: £130,000) was paid to Stroke Association by Stroke Trading Limited being profits gift aided by the subsidiary under a deed of covenant.

At 31 March 2025, £114,000 (2024: £26,000) was accrued in the books of the charity being gift aided profits from its trading subsidiary. A further £94,000 (2024: £137,000) was accrued for cost to be charged to Stroke Association (Trading) Limited representing costs incurred during the year by the charity that relate to its subsidiary's activities.

37. Agency arrangements

During the year, the Stroke Association received £207,000 (2024: £87,000) from the British Heart Foundation (BHF) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including BHF. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these BHF receipts to grantees amounted to £155,000 in the year (2024: £87,000), and cash held by the Stroke Association on behalf of BHF at the year-end amounted to £52,000 (2024: Nil), which is included within grant commitments.

During the year, the Stroke Association received £39,000 (2024: Nil) from the Welsh Government (WG) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including WG. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these WG receipts to grantees amounted to Nil in the year (2024: Nil), and cash held by the Stroke Association on behalf of WG at the year-end amounted to £39,000 (2024: Nil), which is included within grant commitments.

During the year, the Stroke Association received £138,000 (2024: Nil) from the Alzheimer's Society (AS) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including AS. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these AS receipts to grantees amounted to £107,000 in the year (2024: Nil), and cash held by the Stroke Association on behalf of AS at the year-end amounted to £31,000 (2024: Nil), which is included within grant commitments.

38. Contract and grant income acknowledgement

The Stroke Association was awarded many grants and contracts during the year including the following that have requested a formal acknowledgment in these accounts:

- Bedfordshire and Luton Community Foundation (Luton)
- Central Bedfordshire Council
- South Yorkshire ICB
- Central Bedfordshire Council (PFS10)
- Mid and South Essex ICB (QH8)
- South Yorkshire ICB

During 2023-24 the following grants and contracts were awarded:

- Bedfordshire and Luton Community Foundation (Luton)
- Central Bedfordshire Council
- Leeds Community Healthcare NHS Trust (Leeds)
- Mid and South Essex ICB
- Wakefield Council

39. Movement in funds

Group	Opening balance 1 April 2024 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2025 £'000
Unrestricted funds					
- Designated funds	16,474	1,287	(3,591)	939	15,109
- Fixed asset fund	2,768	-	(1,738)	907	1,937
- General funds (free reserves)	15,300	30,756	(26,816)	(1,805)	17,438
	34,542	**32,043**	**(32,145)**	**41**	**34,483**
Restricted income funds	2,293	12,648	(12,242)	(41)	**2,658**
	36,835	**44,691**	**(44,387)**	**-**	**37,141**
Funds retained within a non-charitable subsidiary	60	449	(449)	-	**60**
Total	36,895	**45,140**	**(44,835)**	**-**	**37,201**

Group – prior year	Opening balance 1 April 2023 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2024 £'000
Unrestricted funds					
- Designated funds	11,505	1,287	(3,627)	7,309	16,474
- Fixed asset fund	2,915	-	(362)	215	2,768
- General funds (free reserves)	17,722	30,158	(26,019)	(6,561)	15,300
	32,142	31,445	(30,008)	963	34,542
Restricted income funds	2,807	13,910	(13,461)	(963)	2,293
	34,949	45,355	(43,469)	-	36,835
Funds retained within a non-charitable subsidiary	14	415	(369)	-	60
Total	34,963	45,770	(43,838)	-	36,895

39. Movement in funds continued

Charity	Opening balance 1 April 2024 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	**Closing balance 31 March 2025 £'000**
Unrestricted funds					
- Designated funds	16,474	1,287	(3,591)	939	**15,109**
- Fixed asset fund	2,768	-	(1,738)	907	**1,937**
- General funds (free reserves)	15,300	31,062	(27,121)	(1,805)	**17,438**
	34,542	**32,349**	**(32,450)**	**41**	**34,484**
Restricted income funds	2,293	12,648	(12,242)	(41)	**2,658**
Total	**36,835**	**44,997**	**(44,692)**	**-**	**37,141**

Charity – prior year	Opening balance 1 April 2023 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2024 £'000
Unrestricted funds					
- Designated funds	11,505	1,287	(3,627)	7,309	16,474
- Fixed asset fund	2,915	-	(362)	215	2,768
- General funds (free reserves)	17,722	30,448	(26,309)	(6,561)	15,300
	32,142	31,735	(30,298)	963	34,542
Restricted income funds	2,807	13,910	(13,461)	(963)	2,293
Total	34,949	45,645	(43,759)	-	36,835

39. Movement in funds continued

Designated Fund transfer

In the current year our designated funds were reviewed and refocused (see under Reserves Policy on page 74). As a result of this review a Data and Digital Transformation Fund was created to fund our digital transformation work. Of this £661,000 was funded from unrestricted reserves while the balance was funded from the release and repurposing of the Strategy Acceleration Fund and the future cost of operating model fund.

Following the previous year's review of the designated fund requirement (2023-24), £7 million was transferred from unrestricted reserves to the Strategy Acceleration designated fund to provide support for our core ambitions including increasing awareness and reach.

To maintain our commitment to research our Research Fund was increased by £277,000 from unrestricted funds (2024: £575,000).

Fixed Asset Fund transfer

The transfer to the fixed asset fund from unrestricted funds reflects fixed asset additions made during the year.

Restricted fund transfers

Transfers have been made between restricted and unrestricted funds where additional clarity has been received on the nature of the restriction enabling these funds to be applied to expenditure formally treated as unrestricted.

In the previous year transfers were made been between restricted research funds and unrestricted funds where additional funding has been received against grants that had previously been fully funded from unrestricted funds.

40. Income and expenditure for the three devolved nations and two British Crown Dependencies

	2025 Wales £'000	**2025 Scotland £'000**	**2025 Northern Ireland £'000**	**2025 Jersey £'000**	**2025 Isle of Man £'000**	2024 Wales £'000	2024 Scotland £'000	2024 Northern Ireland £'000	2024 Jersey £'000	2024 Isle of Man £'000
Income from:										
Donations and legacies	910	1,080	181	53	2	704	748	621	32	-
Charitable activities – local services	583	5	71	-	56	630	10	72	-	55
Other trading activities	1	1	-	-	-	4	5	1	-	-
Total income	**1,494**	**1,086**	**253**	**53**	**57**	1,338	763	694	32	55
Expenditure on:										
Stroke support services	966	99	546	71	50	1,036	98	508	66	47
Community development and volunteering	127	97	100	7	-	71	96	81	1	-
Systems influencing	201	236	198	14	-	178	215	188	2	-
Awareness and engagement with stroke	10	-	-	-	-	7	-	-	-	-
Total expenditure	**1,303**	**431**	**844**	**92**	**50**	1,292	409	777	68	47
Surplus/(Deficit)	**191**	**655**	**(591)**	**(39)**	**7**	46	354	(83)	(36)	8

40. Income and expenditure for the three devolved nations continued

Income includes all donations where the registered address of the donor can be determined as one of the devolved nations.

Expenditure includes all costs that can be directly attributed to the nation. Property costs have been treated as overheads and have not been allocated to the nation where they are located as various activities operate from them.

Each expenditure line also includes an overhead allocation. We calculated the direct expenditure of the devolved nation as a proportion of the overall charity spend. We then took the same proportion of the total overhead cost of the charity and added this to the devolved nation expenditure.

Overheads include: people, technology, property, finance, management and governance.

The surplus or deficit for each devolved nation represents their contribution towards or utilisation of the charity's universal services across the UK.

Reserves are not allocated across the nations but are held centrally and are available across the organisation.

Where reserves have been restricted to a devolved nation these have been applied to expenditure in that devolved nation.

Research grant awards have been treated as universal costs however, it should be noted that this year £68,000 was paid to Edinburgh University (2024: £1,554,000) with a further £64,000 paid to Glasgow and Glasgow Caledonian Universities (2024: £476,000), and £78,000 paid to Cardiff University (2024: £5,000).

STROKE ASSOCIATION

England & Wales - Charity number 211015

Accounts



Annual Report and Financial Statements

Year ending 31 March 2024

Stroke Association

Finding **strength** through **support**

Contents

4 Introduction

4 Welcome from the Chair and Chief Executive

8 Our charity

8 Finding strength through support
10 Our values
12 How we secure the best care and support for everyone affected by stroke
14 Our long-term goals
16 Our achievements
18 Funding our work

20 Strategic report

20 We supported thousands of people affected by stroke
40 We worked with leaders and stakeholders to make stroke a higher priority
60 We invested in vital stroke research
68 We built relationships with local communities and organisations
76 Raising money for stroke and awareness of our cause
88 How we work
98 Financial review

108 Governance

108 Our structure, governance and management

132 Financial statements

132 Independent auditor's report
138 Consolidated statement of financial activities
139 Charity statement of financial activities
140 Consolidated balance sheet
141 Charity balance sheet
142 Consolidated statement of cash flows
143 Principal accounting policies
150 Notes to the financial statements



Welcome from the **Chair and the Chief Executive**

Welcome to this year's Annual Report. It's been a year of remarkable success in the face of significant challenges. We faced continued political instability in all four nations of the UK. Statutory health and social care pressures increased. And, although inflation started to drop during the year, increasing food, energy and mortgage prices still harmed many people affected by stroke. However, despite such obstacles, we continued to see strong leadership and progress in both clinical practice and research related to stroke. A highlight was the roll out of artificial intelligence (AI) to assist stroke physicians with stroke imaging interpretation to inform their decisions about thrombolysis and thrombectomy. We also saw recovery in some key performance measures for stroke services. However, the UK is still far from reaching both UK clinical guideline targets and international standards.

Despite challenges, the Stroke Association remained resilient. We increased our beneficiary reach, strengthened our relationships and influence to make stroke a higher priority, and delivered our best ever year for income. We start 2024-25 in a strong financial position, with our staff and volunteers enthusiastically committed to further increasing our reach, awareness, income and impact.

Delivering stroke support

Income from our commissioned services increased by 7%. However, external budget cuts threatened more of our services, especially those funded by local authorities, and reduced our contract margins.

In 2023-24, we increased the number of stroke survivors we reached by 10%.

Despite our best efforts, we're currently only reaching one third of people in their first year after stroke. We have significant work ahead of us to achieve our goal of reaching and enhancing the lives of every person who's recently had a stroke.

We expanded the reach of our locality services and the reach of our universal services, thanks in part to efforts from NHS teams to boost referrals to the Stroke Association. Furthermore, we increased our spend on stroke support services by £2.6 million compared to the previous year. And we prioritised improving the quality of our support, including rolling out a new 'Ask and Act' feedback survey and improving our initial support calls.

Advocating and influencing to make stroke a higher priority

We continued to advocate for local and national system decision makers to prioritise stroke and to build relationships with parliamentarians and civil servants in all four nations of the UK. In anticipation of the General Election, we prepared a manifesto emphasising that stroke is preventable, treatable and recoverable. We urged the new UK Government to provide the political leadership necessary to ensure stroke services meet national guidelines, so that all survivors have access to the services they need to achieve the best possible recovery.

Through our second 'Savings Brains' report, we again highlighted the need for round-the-clock thrombectomy provision, urging faster rollout and equity in geographical access. Conversations with key decision makers kept thrombectomy front of mind across the UK and resulted in Professor Sir Steve Powis, NHS England's National Medical Director, committing to visit all thrombectomy centres in England in 2024-25 to demand progress.

In response to unequal access to life after stroke services across the UK, we launched our 'Thriving After Stroke' report in Westminster, calling for comprehensive support for all people affected by stroke, access to a key worker and a six-month review.

In September 2023, the results of the first ever Stroke PREMs (Patient Reported Experience Measures) survey, a groundbreaking pilot between the Stroke Association and NHS England, were published (please see page 43). As a result of this, NHS England has committed to taking stroke PREMs into its national patient survey programme to ensure patient experience is valued and considered important as a key input to better stroke support and care. Following our awareness raising and influencing work, Scotland and Wales have shown interest and commitment to stroke PREMs. Northern Ireland has committed to explore running PREMs in 2025.

Unfortunately, stroke services were not immune to wider NHS financial pressures. Despite our best efforts, staff posts were cut within Integrated Stroke Delivery Networks (ISDNs) in England and funding for quality improvement continued to be short-term. Financial pressures and lack of a functioning Executive for much of the year hampered progress in Northern Ireland.

Funding research

In line with our commitment to restore research funding to pre-pandemic levels, we increased income for research from £2.5 million to £3.7 million, funding six individuals to pursue research careers in stroke and seven project grants.

We developed key partnerships to leverage much-needed additional monies into stroke research. These included a £500,000 investment into a five-year partnership with the British Heart Foundation (BHF) Data Science Centre and Health Data Research UK (HDR UK) to use large data sets to catalyse stroke treatment and care. Our partnership with the National Institute for Health and Care Research (NIHR) continued with joint funding of large research programmes addressing rehabilitation and long-term care. We were also delighted to secure funding from the UK Government's Medical Research Charities Early Career Researchers Support Fund worth a record £576,000. This allowed us to support 16 research studentships/fellowships for 2023-24, giving us more flexibility in the coming year with how we fund additional stroke research.

Engaging with individuals and communities

We further developed several local and national partnerships with other organisations and continued to evolve our Community Connector volunteers who help raise awareness of stroke and the Stroke Association in their local communities, many of whom have lived experience of stroke.

Raising money and public awareness

Despite the difficult external economic environment, we had our best income and fundraising year yet. Our total income was £42.1 million, an increase of £1.5 million from the previous year. Fundraised income brought in a total of £28.9 million, £480,000 more than the 2022-23 year, and there was a gain on investments of £3.6 million. We increased spend on our charitable activities by 16%. Our strategy to use reserves accumulated in previous years to accelerate our strategy resulted in a planned deficit of £1.7 million.

We commissioned market research to better understand how we can make stroke a more well-known and popular cause. This informed our brand refresh, launching in 2024-25, which will enable more stroke survivors to learn about our support services and increase public awareness of our charity.

Improving how we work

We made significant progress during the year on involving more stroke survivors at both project and locality levels, with membership of our Stroke Views Involvement Network growing to 450 this year.

To support our Solving Inequity in Stroke approach, we developed a suite of excellent communication support tools for people with aphasia – a language and communication disorder – and started work to improve our equality, diversity and inclusion policies, practices, training and data.

Our annual staff engagement scores continued to reflect improvement from a strong baseline. Nearly 90% of staff recommended the charity as a good or great place to work. We're addressing the need to improve agility, innovation and clearer decision making through new ways of working supported by the Executive Team and Trustees.

Looking ahead

We're in a financially, culturally and operationally strong position. Our priority now is to accelerate progress against our big ambitions:

- Reach everyone as soon as possible after their stroke.
- Advocate for 24/7 access to thrombectomy across the UK.
- Increase public awareness of stroke and of our charity.
- Achieve transformational income growth.

Achieving these goals will require unwavering commitment and leadership, great partnerships, and new ways of working to unlock pace and progress.

Thank you

A big THANK YOU to the whole stroke community who make our success possible. This includes people affected by stroke, stroke professionals, researchers, our staff, volunteers, partners and the hundreds of thousands of loyal supporters who are so generous with their time, money and encouragement. We'd also like to thank our trustees and independent advisors. Your generosity as volunteers and your strategic insights are much appreciated.

We're proud to be working with you towards our shared vision of fewer strokes and for people affected by stroke to get the help they need to live the best life they can.



Juliet Bouverie OBE
Chief Executive



Stephen King
Chair of Trustees

Our charity

Finding **strength** through **support**

Every day in the UK, another 240 people wake up to the catastrophic impact of a stroke.

Anyone, including mums, dads, grandparents, young people and even children can be left unable to move, see, speak or swallow. It's a traumatic, life-changing event that robs survivors and their families of the life they knew. However, with strength, determination and the right support, recovery is possible.

The Stroke Association is the only charity in the UK offering lifelong support for all stroke survivors and their families. We provide tailored support to tens of thousands of people every year. This includes one-to-one and group support, funding vital scientific research into stroke prevention, treatment, recovery and long-term care, and campaigning to secure the best care for everyone affected by stroke.

We're here for stroke survivors and their loved ones, from the moment they enter the new and frightening post-stroke world. We support them every step of the way as they find their strength and their way back to life.

Our vision

For there to be fewer strokes, and for people affected by stroke to get the help they need to live the best life they can.

Our purpose

To be the trusted voice of stroke survivors and their families. We want to drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke.


Stroke
Association

Our values

Our values underpin everything we do. They're the characteristics that make us distinctive and spell out our standards.

We are human
We believe in better
We give our all
We say it how it is



We are human

We've seen the full range of human emotions that stroke brings out. The devastation, despair, shock and indignity. We put ourselves in the shoes of the people we support. We recognise their unique needs, experiences, strengths and weaknesses with kindness. And we do the same with our colleagues, too. We embrace this to achieve the best possible outcomes for stroke survivors, our charity and our partners.



We believe in better

We're optimistic for the future. For all people living with the devastating effects of stroke and for our charity. We are driven by our desire for improvement, however big or small. We use real life stories to celebrate achievement and inspire hope for a better future. To learn from our mistakes. And move forward stronger than before.



We give our all

Our resolve to make a difference motivates everyone we work with. We inspire stroke survivors to gather the determination and strength they need to make their best recovery. And champion their needs when they can't. Together, our colleagues motivate each other and move people to support us however they can.

We say it how it is

Working together, we set realistic but challenging goals for ourselves and the people we support. We listen to what matters most to people so we can deliver what we said we would. We aren't afraid to show people the devastation that stroke causes. And what people can do to help those affected live their best life after stroke.

How we secure the best care and support **for everyone affected by stroke**



Stroke support services.
We provide tailored support, helping people affected by stroke to find their strength and way back to life.



Systems influencing.
We work with decision-makers in government and healthcare, to make stroke a higher priority and develop well-funded policies.

These activities are at the heart of who we are and what we do. In this report, we've grouped our key successes and challenges by these four areas to help us tell the story of our year. You'll see the impact our work has every day on people's lives – and how this contributes to our priorities and goals.



Research.
We fund critical stroke research, focusing on people and projects that answer questions that matter most to people affected by stroke.



Community engagement.
We build relationships with people and organisations, to make positive change in their communities for people affected by stroke.

Our long-term goals

We have two long-term goals which help us focus our work on the things we believe will have the biggest positive impact for stroke survivors. Last year, we also introduced four medium-term priorities – each targeting an area where we want to speed up our progress over the next three years.

Goal A
Make stroke the priority it needs to be.



Goal B
Ensure that everyone affected by stroke has access to the rehabilitation and lifelong support they need.



Our medium-term priorities

1. **We reach and support everyone as soon as possible after their stroke.**
2. **Thrombectomy is available 24/7 across the UK for all patients who could benefit.**
3. **More stroke connected adults have stroke front of mind, and more see the value of the Stroke Association.**
4. **Create the vision and plan to motivate donors and achieve transformational income growth.**

To achieve these step changes and make progress towards our goals, we need to raise the profile of the Stroke Association and substantially increase our income.



Our **achievements**



We provided vital support to nearly **75,000 people** through all our support services, a 10% increase from the previous year.

Our Stroke Support Coordinators supported over **26,000 new people** through our coordinator-led support services.



The Stroke Support Helpline responded to over **15,000 enquiries from people** affected by stroke, helping them to find information and feel reassured.





Our Stroke Support Coordinators completed more than **12,500 home visits.** They also had almost **300 video calls with people affected by stroke, providing almost 200 hours of support.**

Overall, we reached more than
44,000 people
through our local support services across the UK – **a 5% increase from last year.**



We invested
£3.7 million
in **pioneering stroke research.**



We funded
14 research awards
at 13 research institutions around the UK.





Over **1,400 volunteers**
gave their time to help us and the stroke community.



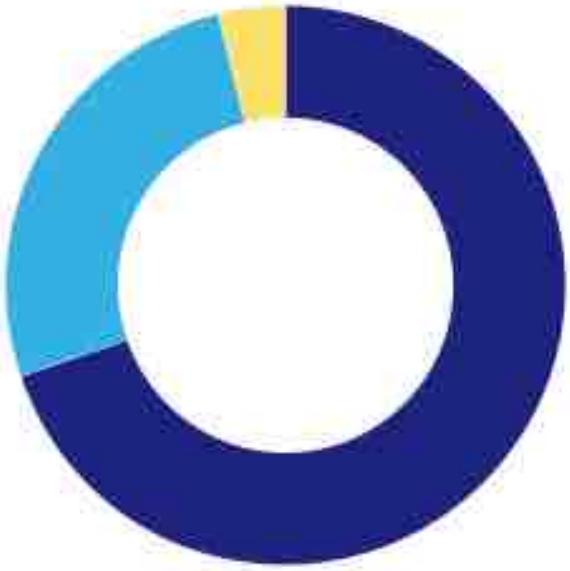
Thanks to the generosity of our supporters,
we raised **£28.9 million**
(compared to £28.4 million in 2022-23).

Funding our work

How we raised our money

- Donations and legacies: **£28.9 million**
- Commissioned Stroke Recovery and Communications Support Services: **£11.1 million**
- Other income (including trading, investments, grants and the Stroke Group Network): **£2.1 million**

Total income: £42.1 million



How we spent our money

Stroke Support Services: **£20.6 million**

Community development and volunteering: **£2.4 million**

Research grants and awards **£3.7 million**

Systems influencing and engagement with stroke: **£8.5 million**

Raising funds: **£8.6 million**

Total expenditure: £43.8 million



For every **£1** we receive we spend **80p** on our charitable work.

(2022-23: 79p)

We supported **thousands of people affected by stroke**

For so many people, surviving a stroke is just the beginning. Recovery is a long, hard slog of repetitive therapy, and progress can be painfully slow. Stroke survivors have to relearn things most of us take for granted, like how to walk, speak or even eat. It can take years and affects every aspect of the lives of the survivor and their family. However, with strength, determination and the right support, recovery is possible.



Looking ahead to 2024-25, we will:

- Continue to focus on reaching and adding value to the lives of people who've recently had a stroke. This includes adapting our services and working with health care professionals so that they better understand our support offers and help connect people with the lifelong support they need when they need it.
- Influence to expand access to life after stroke services across the UK and increase funding for our stroke support services so that we see provision of personalised support in local communities.

We want all stroke survivors to get the physical and emotional help they need – as soon as possible after their stroke. That's where our specialist services come in. We're here for stroke survivors and their loved ones, from the moment they enter the new and frightening post-stroke world. We support them every step of the way as they find their strength and their way back to life.

Despite the challenging health service environment, we provided vital support almost 80,000 times to people in need – 9% more than in 2022-23.



Local support services

Overall, we reached more than 44,000 people through our local support services across the UK – a 5% increase from last year. These services include stroke recovery services, emotional support counselling services, post-stroke reviews and communication support services.

Psychological and communication support were a key focus in the past year. Our achievements include a collaboration with Mind (see page 36), as well as the launch of our new communication support pack for people living with communication difficulties after a stroke (see page 28). We also focused on those affected by childhood stroke, launching our new peer support service for parents called Parent-to-Parent Volunteer Calls (see page 33).



Universal support

We saw an 18% increase in providing universal support, which includes Childhood Stroke Support, Information and resources, stroke support groups, our Stroke Support Helpline, Weekly Volunteer Calls and Online Activities.



Supporting people as soon as possible after their stroke

We aim to provide people affected by stroke with the right support at the right time, in a way that works for them. To do this, it's important that we make sure our initial contact with people is as useful as possible. We've been working with our local Stroke Support Coordinators and our Stroke Support Helpline to make this happen.

We know that to reach everyone affected by stroke we need strong relationships with healthcare professionals. We've been working to develop our approach by engaging more closely with healthcare professionals and stroke survivors in hospital, focusing on increasing awareness of our services and the value our support brings.

We've seen an encouraging 18% increase in the reach of our support to people who've recently had a stroke – that's 25,176 people, up from 21,275 in the previous year.

In 2023-24, Stroke News had more than 48,000 subscribers. A vital source of advice and support, our magazine reaches stroke survivors, carers, volunteers and other people connected to stroke.

Northern Ireland

As the only stroke-dedicated charity in Northern Ireland, we invested in additional engagement work, in collaboration with the NHS, to improve stroke care and access to stroke support services. In June 2023, Ulster Garden Villages Ltd generously donated £20,000 to support our engagement work. This donation has allowed us to advance our engagement work across multiple areas, including the healthcare system, rural engagement and volunteering.

Because stroke survivors in rural areas experience significant barriers to accessing statutory services, we focused on growing our network to reach more people. Over a period of six months, our Engagement Team attended several rural events and shows across Northern Ireland. We spoke to over 1,000 people to find out what matters to them with regards to stroke care services.

To increase awareness of our charity across the nation, our Engagement Team were instrumental in increasing engagement with healthcare professionals and the public.

A key success was the establishment of Stroke Association Information areas in every acute stroke unit across all five Health and Social Care Trusts. They contain Stroke Association leaflets and information about local support and our UK-wide services.

In the year ahead, we will focus on testing a new approach in Northern Ireland to further increase engagement from healthcare professionals and maximise our in-hospital marketing.





'I really feel like we are making a difference in the lives of those who've had a stroke and their family members, which is extremely rewarding.'

Ciara, Stroke Association Engagement Officer, Northern Ireland

Face-to-face, phone and online support

We've continued to connect with people and provide a range of support face-to-face, over the phone and online.

Our Stroke Support Coordinators provide stroke survivors, carers and families with personalised support throughout the stroke recovery journey.

Last year, we:



Supported over 26,000 new people through our coordinator-led services.



Handled more than **80,000 calls**, giving over **900 days of telephone support**, and had almost **300 video calls**, providing almost **200 hours of support**.



Provided more than **12,500 home visits.**



Stroke Support Helpline

Our Stroke Support Helpline completed more than 15,000 enquiries. The only UK helpline for all stroke survivors and their loved ones, we answer questions about anything people want to know about stroke. When a stroke happens, the Stroke Support Helpline team listens to and answers people's immediate questions, helping to calm their fears. One call to the Stroke Support Helpline also opens a world of wider support. It connects survivors and their families to other stroke support services, such as Stroke Support Coordinators, peer-to-peer and group support, as well as local community services that might be helpful throughout the recovery journey. We expect to see enquiries grow over the next year as we carry out awareness raising campaigns.

Stroke survivors like Fran tell us they feel uplifted and supported after speaking to our Stroke Support Helpline team.

Fran said: 'I'm so grateful to the Stroke Association for their support. I had so many questions after leaving hospital. I needed someone to talk to, someone who would understand – and that's when the Stroke Association came in.

'It's amazing how one person saying the right thing can make you feel so much better. I initially spoke to someone on the Stroke Association's Helpline. They made me feel so calm and reassured. I remember leaving the call feeling a boost of support, guidance and love. It was the huge lift I desperately needed.'

Stroke Association Connect

Stroke Association Connect aims to connect stroke survivors with follow-up and long-term support after leaving hospital. Over the past year, the service has continued to grow, reaching more stroke survivors across more areas of the UK. Now, 174 NHS teams are registered with the service, and we've seen an incredible 50% rise in referrals. As a result, we've been able to build connections with hospitals, allowing the service to keep growing. In 2023-24, Stroke Association Connect supported more than 4,800 stroke survivors with follow-up and long-term support after leaving hospital.

Our Online Community

Our Online Community connects thousands of people who understand stroke first-hand. The platform is available day and night and is a place where people come together to talk about things important to them, ask questions and learn how others are managing their recovery after stroke. Nearly 80% of people felt that our Online Community provided them with the right support. Two-thirds of the people asked told us that being part of the online community gave them more control with their recovery.

In 2023-24:
1,913 people signed up to join our Online Community, bringing the total to 26,959.

Our Online Activities

Our staff and volunteers host a wide range of online activities for anyone affected by stroke in the UK. These activities are a great way to meet new people, feel more supported and increase confidence. People can learn more about the effects of stroke, join a stroke exercise group, take part in social quizzes and more. There's also a dedicated group for people aged 18-45.

We continue to expand our range of sessions in response to the feedback we get and have recently developed a series of monthly information and peer support sessions with a talk from a researcher or clinician. We will also run regular peer support sessions for parents of children who've had a stroke during childhood.

In 2023-24:
- 273 people signed up to our online activities.
- 90% said they were coping better with their stroke and understanding more about the changes that stroke brings.
- 100% said they could share their experience of stroke with people who understand.

Emilia and Guy's story

Stroke survivor Emilia Parrott and her husband, Guy, both volunteer for our Weekly Volunteer Calls service.

'I enjoy sharing my experiences with recovery and hope it helps other survivors,' says Emilia, who had a stroke in 2015.

'I remember how alone I felt when I had my stroke. It felt like no one understood what I was going through. When I asked questions about my stroke and recovery, no one would give me a straight answer. I don't want anybody else to experience that.'

Guy also uses his lived experience to support survivors and carers as they face the challenging recovery process. Witnessing Emilia's experience with a major stroke and her subsequent recovery journey inspired him to get involved.

'After a stroke, people can feel down, dispirited or confused. It's important to give them a sense of hope and certainty,' he says.



Weekly Volunteer Calls – Here For You

Launched in April 2020, Here For You (HFY) is our Weekly Volunteer Calls service. It connects stroke survivors and their carers to volunteers who have lived experience of stroke, offering them peer support and social connection through weekly telephone calls. A key focus in 2023-24 was recruiting more HFY volunteers to meet demand. In August 2023, we launched a highly successful volunteer recruitment drive that involved a targeted marketing email to over 11,000 Stroke Association support beneficiaries; social media posts on X, Facebook and LinkedIn; an email to our existing Stroke Group Network volunteers, and an article in the Stroke Support Newsletter. As a result, since September 2023 we have been able to reduce wait times, now matching new beneficiaries within four weeks of their application.

Support for people living with communication difficulties

We launched a new communication support pack for people living with communication difficulties after a stroke. We designed and created the pack alongside people affected by stroke. More than 10,000 packs have been ordered by people with aphasia, their family, friends and healthcare professionals. One of the aphasia-friendly guides within the pack, called 'Your communication after a stroke,' was shortlisted for the British Medical Association's Patient Information Awards 2023.



More than 83% of stroke survivors said that our communication support pack had a positive impact on them, while 82% found the images helpful when reading and understanding the information.



Almost 90% of healthcare professionals said that the pack had a positive impact and more than 97% said they have recommended the pack to others.

Accessible communications

We created an accessible image library with over 60 people with aphasia to help us create aphasia-friendly communications. We also developed aphasia-friendly templates to use with the images to create bespoke resources. Other charities and organisations can request these images to create aphasia-friendly materials.

As well as the communication support pack (see above), we also developed a communication picture book to support people with communication difficulties in hospital. This was promoted to hospital health and social care professionals, with around 5,000 communication picture books sent. Therapists told us that they helped reduce patients' frustration. They also said that the book aided communication between patients and hospital staff. One therapist said: 'One of our patients is so intentional when he uses his chart. He feels satisfied and less frustrated that he is able to initiate communication using the book.'

Our May 2023 fundraising appeal mailing included an aphasia-friendly summary. The response rate increased by over 2% for those who received the summary, compared to those who didn't. This is an excellent result and we'll be planning how we can make aphasia-friendly summaries part of our standard practice.



Listening and responding to feedback

We continued to monitor the quality of support we provide so we can develop our services. One of the ways we do this is through Ask and Act, which we set up to listen to and learn from the stroke survivors and carers who we've supported.

We worked with stroke survivors to develop a range of accessible ways to ask for feedback – including surveys and interviews, using large print and digital formats.

In 2023-24, we received over 6,000 responses to our surveys and had comprehensive and useful feedback from many Ask and Act calls. The information has been overwhelmingly positive and encouraging.

This year, we'll continue to work on making sure teams across the Stroke Association can 'act' on what we hear, and that we're investing time in continuously learning and improving.

We published our Patient Safety Incident Response Policy and Plan, a new requirement from the NHS. The policy and plan detail how we respond to and learn from safety incidents that may involve stroke survivors, their family members and carers, our volunteers and staff. This allows us to continually learn and improve how we work.





'My mother can no longer write and has cognitive problems caused by her stroke. The fact that this questionnaire is in large print and has facial symbols is brilliant, as I could sit and go through it with my mother feeling involved in the process.'

Ask and Act survey respondent



'We didn't know anyone else whose child had a stroke. It was quite scary and unknown, and we didn't know at all what getting back to school would look like. It was helpful speaking to another parent in a similar situation who was further down the line and able to give us support. They understood what we were going through and were able to give practical support as well.'

Parent who was supported by the Childhood Stroke Support service

Supporting parents **of children affected by stroke**

Our service for parents and carers of children affected by stroke is now in its second year. We provide practical support, as well as information and guidance on topics including education, development, emotional wellbeing and more.

In 2023-24:
We responded to over 100 enquiries and provided ongoing support to 54 families and carers of children who have had a stroke.

Alongside NHS professionals, we've reviewed and updated all our core health content for childhood stroke and perinatal stroke.

We started offering a Parent-to-Parent Volunteer Calls service. Parents with lived experience are trained to support other parents in coping with the impact of a child's stroke. Parents said that talking with another parent made them feel less alone, more knowledgeable and more confident to cope.

We're creating more opportunities for research to be carried out into childhood stroke, to help address current gaps in research (see page 66).

Parents told us they'd like to share their stories to give hope to other parents. These stories are now available to view and read, as we have films and print stories on our website and in Stroke News.

Funding to improve **community-based stroke care**

NHS England's Stroke Quality in Rehabilitation (SQuIRe) programme seeks to improve the quality of community-based stroke care. In 2023-24, we secured 12 SQuIRe funding awards for new or existing stroke support services across the UK. The funding allowed us to offer stroke support services and to innovate at a local level, ensuring that our services added the most value where needed.

More than 90% of stroke survivors who responded to our Ask and Act surveys about their SQuIRe funded service (640 people) agreed with the following:

'I can cope better with the impact of my stroke.'

'I am more able to access other support.'

'I am more able to look after my health.'

'I am coming to terms with the stroke.'

The funding, however, was only for 12 months. This led to challenges with staff recruitment, building relationships and establishing referral pathways, and the ability to secure funding for ongoing provision of the established services.

Our projects include:

Norfolk and Waveney Stroke Recovery Service

We received almost £300,000 to pilot an approach offering universal access to initial telephone support, connecting as needed to a local Stroke Recovery Service in Norfolk and Waveney. The local Stroke Support Coordinators work closely with clinical partners to support people, particularly those with more complex needs, and a local engagement officer links with the community to maximise the connections available at place level.

Life After Stroke Services in Yorkshire

We were awarded £220,000 to put life after stroke services in three areas of Yorkshire. These promote wellbeing, provide stroke education and prevention information, and support stroke survivors to integrate in their local community. This project tested different ways of working. It led to:

- A new Stroke Recovery Service in Bradford.
- A new Stroke Recovery Service providing six-month reviews in Doncaster.
- An expanded Stroke Recovery Service and six-month reviews in Harrogate.

One person who used the service said: '[The coordinator] was an excellent communicator and made me feel at ease. We discussed ways of relaxing when anxious and my problems with tiredness. We [share an] interest in music and it was good to talk about that. He's inspired me to get on with life.'

Emotional and psychological support

Supporting people who are bereaved: online chat service

Since April 2023, we've been offering the GriefChat service on our website. It's a free, confidential online chat service where anyone affected by stroke can connect directly with a qualified bereavement counsellor. In 2023-24, we supported more than 120 people through GriefChat. By providing this service, we're offering early intervention for people facing lengthy waiting lists for bereavement support, which can have detrimental effects on an individual's personal life, work life, and own self-care.

Transforming mental health for people affected by stroke in Wales

Around three-quarters of stroke survivors experience at least one mental health problem, including depression, anxiety, mood swings, panic attacks and suicidal thoughts. Yet, there is little specialised support available.

We launched our 'Rebuilding Minds After Stroke' project with mental health charity Mind Cymru, to understand the experiences of people struggling with their mental health after a stroke. We spoke with more than 100 people affected by stroke across Wales.

Through discussions of their lived experience, we gained insight and understanding of the day-to-day issues facing a diverse range of people. The key themes from our discussions were:

- People do not expect the negative impact on their mental health after experiencing a stroke.
- Stroke survivors feel alone and uncertain in their recovery.
- Stroke affects people's identity, and they can struggle to adapt.

We identified potential solutions to support stroke survivors struggling with their mental health. These include a wellbeing recovery group for stroke survivors, one-to-one talking therapies and a practitioner-led facilitated group for loved ones of stroke survivors.

We launched the 'Rebuilding Minds After Stroke' report at the Senedd in January 2024, where we made these five recommendations:

- The Stroke Association and Mind Cymru should continue to work together to explore and deliver these ideas.
- People working in stroke should recognise the impact the condition can have on people's mental health and deliver services accordingly.



'I'd go to a dark place every night when I tried to go to sleep, specifically wondering if it would happen again. I got to the place where I couldn't sleep at all at night. I was exhausted.'

Stroke survivor featured in 'Rebuilding Minds After Stroke'

'It was when I got home that I got thinking and it was the little things that got me, like not being able to butter my bread - I was comparing myself to a toddler.'

Stroke survivor featured in 'Rebuilding Minds After Stroke'

'Your personality changes and your family have to cope with that. It could really help your family to talk to other families who've been through it.'

Stroke survivor, Co-design workshop, featured in 'Rebuilding Minds After Stroke'

'It's around the time services withdraw that the reality hits (it can be 6 to 12 weeks or 6 to 12 months). People might have been holding onto hope and goals up to this point, then an adjustment needs to happen.'

Clinical psychologist featured in 'Rebuilding Minds After Stroke'

- Plans to transform stroke services in Wales should include a focus on mental health support.
- Public bodies should raise awareness of stroke, particularly among marginalised communities and areas of social deprivation.
- The next Welsh Government's mental health strategy needs to include reference to how people with specific physical health conditions can access mental health support tailored to their needs.

Emotional support service in Cornwall

Thousands of people in Cornwall struggle with the impact stroke has on their mental health and wellbeing. We worked closely with the NHS and stroke survivors to develop a service which meets the needs of the local community. Thanks to a generous legacy we received from the Elwyn Thomas Memorial Fund, we have a five-year project called Cornwall Emotional Support Service, which will run until March 2027. The service offers one-to-one counselling and tailored stroke information. People affected by stroke can discuss issues such as loss and adjustment, relationships, understanding guilt and anger, as well as building confidence and self-esteem.

In 2023-24, the second year of the Cornwall Emotional Support Service, we received 268 referrals – up from 168 referrals in 2022-23.

This was the feedback from one stroke survivor: 'My counsellor came to my home, which made a real difference to me. I felt more comfortable to explore things that were important to me.'

Everyone who completed our 'outcome measure' survey began the service with 'moderate to mild' levels of anxiety and depression. Upon completion of the service, 75% reported 'mild to no' anxiety.

Stroke Tailored Emotional and Psychological Support (STEPS): Emotional support in Northern Ireland

Over 90% of stroke survivors in Northern Ireland say their emotional and cognitive needs were not met after they had been discharged from hospital. Over half say they are often or always depressed. STEPS offers Northern Ireland's only one-to-one stroke-specific counselling service. Funded by the National Lottery Community Fund from August 2021 to August 2024, it provides emotional support to stroke survivors, carers and families as they adjust to life after stroke. The evidence of the positive impact this intervention has had is helping us to build new funding proposals to extend this service into the future.

The number of people referred for counselling from the service in 2023-24 was 238 (up from 230 in 2022-23 and 26 in 2021-22). At the start, 57% reported 'moderate or severe' levels of anxiety. By the end of therapy, that had reduced to 7%. For depression, it was 46% at the start and reduced to 6%. 78% of people showed significant improvement in their psychological wellbeing.

Peer support in Northern Ireland

We launched a series of peer support events for stroke survivors and carers. The first of these took place jointly with the charity Northern Ireland Chest Heart and Stroke in November 2023. Around 60 people joined us to hear stroke survivors share their story, listen to talks about self-care, and take part in emotional health and wellbeing interactive workshops.



'I had such a good relationship with my counsellor. I was able to talk about the stroke and the way it affected me, and I am now able to deal with my emotions. I was able to get past the 'why me?' and accept the changes to my life and move forward. It's so good for people to get counselling. I would have been lost without it.'

A stroke survivor supported by the STEPS counselling service

We worked with leaders and stakeholders to **make stroke a higher priority**

Stroke is one of the UK's leading causes of death and disability. We know that when we invest in preventing strokes and providing good treatment and rehabilitation, not only do we save lives and improve quality of life, but we also save money – for the healthcare system, for families and for the wider economy.

Yet stroke prevention, treatment and care continue to vary greatly between regions and nations, creating a postcode lottery that deepens health inequalities. Successive governments have not addressed the scale of the problem, leaving stroke care underfunded, understaffed and under-prioritised in policies and plans.

At the Stroke Association, we are committed to changing this. In 2023-24, we continued our efforts to make stroke a priority in healthcare policy across the UK, pushing for improvement in the standards and quality of care offered.

We've been working against a challenging backdrop of health and care system pressures, including staff strikes, workforce shortages and low morale. ISDNs were particularly at risk from restructuring and budget pressures. ISDNs are essential for transforming stroke services across the country.

Leading up to a much-anticipated General Election, we stepped up our influencing work and built relationships with politicians in all four nations of the UK. This was essential to make stroke a priority for the new UK government.

We've worked hard to engage with regional and local health systems, and to use our influence and expertise to shape national health policies.



We contributed to a range of consultations, such as ambulance response times and smoking policies, to help strengthen policy across the UK.

As always, we involved people with lived experience of stroke in our campaigning work – listening, responding and supporting them to share their experiences to influence change.

We've pushed to improve standards and quality of care offered to people affected by stroke across all four UK nations. As part of our connecting and convening role, we've held events to help health professionals share good practice and collaborate.

Looking ahead to 2024-25 we will:

Continue our influencing work to ensure the implementation of robust stroke policies across all four UK nations and to raise the profile of stroke with key decision-makers. We will achieve this by:

- Building relationships with the new UK Government and influencing progress on our manifesto calls.
- Continuing to strengthen relationships with NHS system decision makers to catalyse action that drives improvement in stroke.
- Improving the evidence base for the cost effectiveness of stroke interventions and influencing for adoption of these across the UK.

Influencing **stroke policy and systems**



Working with political decision makers

In the next 10 years, the number of stroke survivors is set to increase by 60%. This will cost the Government £75 billion — nearly half the current NHS budget. Ahead of the 2024 General Election, we developed our Stroke Manifesto, calling on the UK Government to make stroke the priority it needs to be by:

- Adding a stroke lead and team in the Department of Health and Social Care.
- Investing in stroke prevention to save lives and reduce disability.
- Increasing access to treatment and support.

We attended party conferences around the UK, including Labour, Conservative, Plaid Cymru, Scottish National Party, Democratic Unionist Party and Sinn Féin. We made important new contacts with politicians and policymakers to keep stroke at the forefront of their minds.

We also supported people affected by stroke to tell their MPs why stroke should be a priority and ask them to take action on our Saving Brains and Thriving After Stroke campaigns. We also supported people to meet with their MP in their constituencies or at parliamentary events.



Highlighting stroke in the Government's Major Conditions Strategy

We were encouraged that stroke was singled out (together with heart disease) as one of six conditions profiled in the Conservative Government's draft Major Conditions Strategy aiming to improve prevention, diagnosis, treatment and care for major health conditions in England. We met regularly with those writing the strategy and provided evidence alongside other charities and health organisations. We were disappointed not to see the strategy published before the General Election was announced.

We responded to several other consultations to amplify our messages and influence national policy, including:

- A Labour policy forum consultation on 'Prevention, early intervention and better public services for all.'
- A consultation on introducing minimum levels of service in the ambulance service. Improving ambulance response times is particularly important for people who've had a stroke, as getting treatment as soon as possible gives people the best chance of survival and recovery.
- The Conservative Government's proposed legislation to make it illegal to sell tobacco products to anyone born on or after 1 January 2009. Smoking doubles your risk of death from stroke.



PREMs: Making sure stroke survivors' voices are heard

In the 2022-23 year, we worked with NHS England to run the first-ever Patient Reported Experience Measures (PREMs) survey in England. This groundbreaking project explores and quantifies stroke survivors' experiences of treatment and care, aiming to make sure stroke survivors' voices are at the centre of improvements to the quality of services.

The first results were published in September 2023.

Key findings included:

91% of respondents felt that they were treated with dignity and respect, both in hospital and in the community (based on 6,349 people who answered the question). This is testament to the hard work of the highly skilled specialists delivering services.

Some areas highlighted for improvement were:

- Decision-making around transfers of care (when a patient moves from one care setting to another).
- Access to psychological support
- More access to 'life after stroke' support, including peer support and support to return to work.

This highlights a need to raise awareness of our existing services, such as the Stroke Support Helpline, stroke support groups and online peer support services.

NHS England has committed to taking stroke PREMs into its national patient survey programme. Following our awareness and influencing work, Scotland and Wales have shown interest and commitment to stroke PREMs. Northern Ireland has committed to explore running PREMs in 2025.



Our strength as a lobbying charity was recognised when we were named the 19th most mentioned charity by MPs on X (formerly Twitter) in a PoliMonitor report. This put us ahead of big names, including Oxfam and RNIB.


Stroke
association
Stroke
association





In England

We continued to raise our concerns about a lack of protected funding for the 20 ISDNs. The uncertainty about funding has led to loss of momentum, poor morale and staff leaving. Most regions have now confirmed ongoing funding for the 2024-25 financial year. However, we're still concerned about the sustainability of ISDNs and will continue to ask questions and push for more long-term security for these vital networks.

We continue to support stroke network staff nationally, helping improve skills and wellbeing. After the success of our two ISDN residential events last year, we hosted two more in October 2023 and March 2024. We also held regional stroke leadership events in the South East, East of England and the Midlands. Events like this give us an important opportunity to share good practice, improve outcomes and build stronger relationships. They also provide peer support, reflection and a chance for senior stroke clinicians to recharge and build their resilience.



In Scotland

We welcomed the Scottish Government's revised Stroke Improvement Plan in June 2023. It included several of our policy calls. For example, it named psychological support for stroke survivors as a national priority. We're now seeing health boards developing plans for psychological support, as well as six-month reviews for everyone who has a stroke. The Stroke Improvement Plan also formalised a commitment that each of the 14 geographic health boards that deliver NHS services across Scotland should designate a named person to be accountable for delivering and improving stroke services in their area.

While the plan was vague on spending commitments, we can see clear evidence that it's stronger than it would have been without our campaigning and influencing.

We continue to run the Cross-Party Group on Stroke, as one of the most focused and action-oriented groups in Parliament. Our meetings over the year included making the case for psychological care for stroke survivors, reviewing the Government's new Stroke Improvement Plan and a call for increased investment in stroke awareness campaigns.

Our May 2023 reception in the Scottish Parliament was the largest gathering of the stroke community in Scotland over the year, with the Minister for Public Health attending to reaffirm commitment to delivering a national thrombectomy service.







In Wales

We continued to be a key member of Wales' Stroke Implementation Network, providing both stroke data and the voice of lived experience. The Network was set up in April 2023 to oversee work to develop comprehensive, highly specialised services to people within the first 72 hours of experiencing a stroke. These early days are critical when it comes to having the best possible recovery.

To support this work, we re-established the Cross-Party Group on Stroke in the Senedd in October 2023 to improve stroke outcomes and the experience of people affected by stroke in Wales. As well as campaigning and influencing, the group facilitates discussion between Senedd members, medical professionals, charities and people affected by stroke. We also restarted the Community of Stroke Best Practice in Wales, a forum which brings together professionals working in stroke to share learning.

In April and May 2023, Public Health Wales ran the first-ever bilingual Act FAST/Cam NESA campaign raising awareness of signs of stroke. We continue to push for this to run biennially.

We also influenced health boards and local authorities to continue investing in our life after stroke services in Wales. People affected by stroke in Carmarthenshire supported our successful campaign to retain local authority funding.



In Northern Ireland

We focused on building relationships with politicians, strengthening and developing these further when the Northern Ireland Executive returned in early 2024. We attended the main political party conferences in Northern Ireland for the first time where we spoke to MPs, Members of the Legislative Assembly (MLAs) and councillors about our new Thriving After Stroke campaign (see page 58). We got more than 100 signatures from key decision makers and the stroke community supporting our policy calls, which include access to psychology and mental health services for all stroke survivors and ensuring the life after stroke workforce is included in future stroke workforce plans.

We continue to run the All-Party Group on Stroke which brings together MLAs, civil servants and members of the stroke community to discuss the main issues in stroke care. Meetings over the year focused on expanding access to thrombectomy, progressing stroke transformation and improving life after stroke support.

We held a parliamentary reception at Stormont, bringing together over 150 stroke survivors, carers, stroke professionals and MLAs to hear from the Health Permanent Secretary about progress with the Stroke Action Plan.

We continued to work with the Department of Health, urging them to progress the commitments in the Stroke Action Plan, including expanding the thrombectomy service and improving rehabilitation and long-term support. Over the next 12 months, we will make sure the voices of people with lived experience help shape plans to transform hospital stroke services in Northern Ireland.

We supported the Northern Ireland Stroke Network with their 'Improving Quality in Stroke' day. We gave a presentation on the need to introduce PREMs in Northern Ireland with the objective of running a PREMs survey in 2025. This built on the work we've been doing with each stroke unit in Northern Ireland to explore how we could work better together. It's led to us introducing stroke information areas in every acute stroke ward in Northern Ireland.



'I thought the event was excellent. The speakers were informative and it was good to find out where Northern Ireland is in the process of reshaping stroke services. Jeremy, who gave an account of his patient journey, was powerful and emotive.'

Parliamentary reception attendee

Thrombectomy

Thrombectomy is a game-changing treatment for stroke and one of our medium-term priorities. For every minute a stroke is left untreated, 1.9 million brain cells die. A thrombectomy can not only save lives, but it can significantly reduce the chance of disabilities like paralysis, blindness and aphasia. It's also highly cost-effective and could save the health and care system £73 million annually. However, nearly two-thirds of patients who could benefit from the procedure miss out. The UK lags behind many other countries, and treatment rates vary hugely between London and regions such as the East and North East of England. As a result, we've been continuing with our extensive campaigning and policy work to drive change.



Just 3.9% of stroke patients in England, Wales and Northern Ireland were given the treatment in 2023-24. In Scotland, the figure was 1.4% across 2023.

'Most countries in Northern and Central Europe now provide thrombectomy to 5-10% of ischaemic stroke patients and perform the procedure within 100 minutes of patients arriving in hospital. England's thrombectomy rates are well below the European median and with far longer delays to treatment. This represents clear underuse of a highly evidence-based intervention that can provide many stroke patients with a much larger chance of an independent life.'

Professor Hanne Christensen, Chair, Stroke Action Plan for Europe

Saving Brains: one year on

In England

In July 2023, we launched our 'Saving Brains: one year on' progress report. It's an update on our campaign calling for universal 24/7 access to thrombectomy for everyone who is eligible. We've seen some good progress over the year, with more thrombectomy centres operating 24/7 and treatment rates gradually increasing. Between the 3rd and 4th quarters of the 2023-24 financial year, the thrombectomy rate in England increased from 4.1 % to 4.3%.

But this pace of change is simply too slow. Whether someone can access a thrombectomy still depends on where and when they have their stroke. In our report, we highlighted the next steps needed to continue increasing treatment rates. This included calling on the UK Government to issue its long-promised NHS Long Term Workforce Plan to address the chronic workforce challenges that are holding back thrombectomy progress. This has now been published. Our 'Saving Brains' progress report also called for well-evidenced innovations, such as AI imaging software and video triage in ambulances, to be used to speed up and maximise the benefits of thrombectomy.



To raise awareness of 'Saving Brains: one year on' and maintain momentum, we organised a thrombectomy-focused drop in event hosted by the All-Party Parliamentary Group (APPG) on Stroke, along with a Prime Minister's Question. This, along with our broader influencing work, led to the then Minister for Stroke, Will Quince MP, visiting The Royal London Hospital thrombectomy service. A parliamentary debate to mark World Stroke Day in October prompted the new Minister for Stroke, Andrew Stephenson MP, to visit the Reading thrombectomy service. Professor Sir Steve Powis, National Medical Director of NHS England, has also committed to visit all thrombectomy services this year, due to our sustained influencing work on this issue. High profile visits from Ministers and the National Medical Director help create momentum behind thrombectomy progress, which we hope will lead to increased thrombectomy rates.

Supporting our efforts, the Government's Chief Medical Officer, Chris Whitty, recognised thrombectomy in his 2023 annual report 'Health in an Ageing Society.' This will help raise the profile of the treatment among medical professionals and commissioners.

'I could have ended up not being able to walk, my speech might not have come back as well as it has. My overall ability to move might have been taken away. It makes me feel sad and angry that other people are missing out on this. Something needs to be done. We need to campaign and get the powers that be to listen to us.'

Charlotte, stroke survivor and campaigner, who had a thrombectomy

In Northern Ireland

Northern Ireland has the highest thrombectomy rate in the UK, with 6.4% of stroke patients receiving the procedure in 2023-24. We've been focusing our influencing on calling for more investment in the thrombectomy service so it can expand to a sustainable 24/7 service.

We sent a letter to the Health Minister asking him to fulfil his commitment to deliver a 24/7 thrombectomy service for Northern Ireland by the end of 2024 and started a petition signed by 3,500 people. We also had a meeting with the Minister in August 2024 where we discussed how important it is to make thrombectomy available round the clock.

In Scotland

The Stroke Association is represented on the national Thrombectomy Advisory Group, and we continue to press for a 24/7 thrombectomy service in Scotland.

Gillian Mackay MSP, who convenes the Cross-Party Group on Stroke, sponsored an early evening reception for us at the Scottish Parliament in May 2023. The aim was to bring the stroke community from across Scotland together to raise political profile and support for 24/7 national thrombectomy services. The evening included a conversation between a 23-year-old stroke survivor who received a thrombectomy and the interventional neuroradiologist who performed the procedure. Over 130 people attended, including the Minister responsible for stroke services, Jenni Minto MSP.

In Wales

Despite around 500 stroke patients being eligible for thrombectomy each year, only 117 patients from Wales received a thrombectomy between April 2023 to March 2024.

The barriers to improving thrombectomy rates in Wales are complex, with workforce being one of the biggest challenges. However, we expect to see improvements in 2024 as AI for stroke imaging is going to be put into practice across Wales. We will continue to push for the transformation of stroke services in Wales to include 24/7 access to a thrombectomy for everyone who is eligible.

'I was told I was a candidate for thrombectomy but couldn't have one because the thrombectomy service didn't run at the weekend. I felt I had my hopes dashed.'

Phil, stroke survivor and campaigner



Health inequalities

Stroke doesn't discriminate. But people, organisations and systems do. Some communities are more at risk of stroke – these are often the same people who have worse experiences with the health and social care system. This includes not getting the advice, treatment, rehabilitation and support they should. We're passionate about making changes across the whole health and care system to address health inequalities. We want to make sure every person affected by stroke can achieve the best possible recovery.

We continued to develop our understanding of health inequalities locally and nationally, and their impact on stroke prevention, treatment, rehabilitation and life after stroke. We're committed to tackling health inequalities and making sure this is embedded in everything we do. This is part of our goal to reach and add value to everyone as soon as possible after stroke.

Working in partnership

We know our voice is much stronger when we join up with others. We're members of the Inequalities in Health Alliance – a strong national coalition of organisations that campaign for a cross-government strategy to reduce health inequalities. We offer examples of best practice, support their campaigns and promote their messages on our social media channels. For example, in March 2024, we shared the UK Federation of the Royal Colleges of Physicians' findings that 55% of consultant physicians had seen more patients with ill health over the previous three months due to social and economic factors.

Projects and resources

Several of our projects covered topics such as understanding the needs, priorities and gaps in support among black and minority ethnic groups and assessing the impact of health inequalities on accessing life after stroke support services. We developed our Health Inequalities Learning Resource to share knowledge and learnings internally from past and ongoing health inequalities projects. We're committed to continuing this work and deepening our understanding of health inequalities in stroke, positioning ourselves to better influence change.

Stroke prevention

Up to 9 in 10 strokes globally are preventable. There's huge potential for reducing the number of lives devastated by stroke if the risk factors are better detected, treated and managed. Things that can increase your risk of stroke include smoking, drinking alcohol, not being physically active, along with having high blood pressure, atrial fibrillation (AF), diabetes or being an unhealthy weight. We help people understand the risk factors for stroke and what they can do to reduce or manage their risk of having a stroke.

Stroke Prevention Day

To mark Stroke Prevention Day on 25 January 2024, we raised awareness of AF, a type of irregular heartbeat that can cause blood clots and contributes to 1 in 5 strokes. Our campaign encouraged everyone to check their pulse and contact their GP if they found anything irregular. We created short videos for social media, showing people how to do a simple pulse check.

Encouraging blood pressure testing

An estimated 4.2 million adults in England currently have undiagnosed high blood pressure – a factor that plays a part in about half of all strokes. In March 2024, we supported the NHS England 'Get your blood pressure checked' campaign through social media and internal communications. One of our media volunteers, Trevor Cruikshank, took part in a 'The Usual Suspects'-style photoshoot to promote blood pressure monitoring in people over 40. Our market research found that, since the campaign began, there is greater understanding of the link between high blood pressure and stroke. We will continue to support blood pressure awareness campaigns so that more people are aware of their risk of stroke.

In Scotland, stroke rates are higher than in other parts of the UK. Last year, we funded a staff member to join the Scottish Government's policy team. They've helped develop a cardiovascular disease prevention programme – with stroke, and AF in particular, at the core. As a result, a new public information portal has been published on the NHS Inform website. The calculator used by doctors to assess someone's risk of stroke and other conditions has been revised and updated.


Stroke

Rehabilitation and life after stroke

It's not enough to just survive a stroke – people need support to thrive after their stroke. We launched our 'Thriving After Stroke' policy report and campaign in October 2023. The report and campaign highlight the devastating impact of stroke and the difference that life after stroke support services can make for stroke survivors, carers, healthcare professionals and the wider health and social care system. The report also illustrates that life after stroke services are not always adequate or equal across the UK, with variable access to essential support including a key worker and a six-month review. We want to influence local health systems to prioritise these services for people recently affected by stroke.

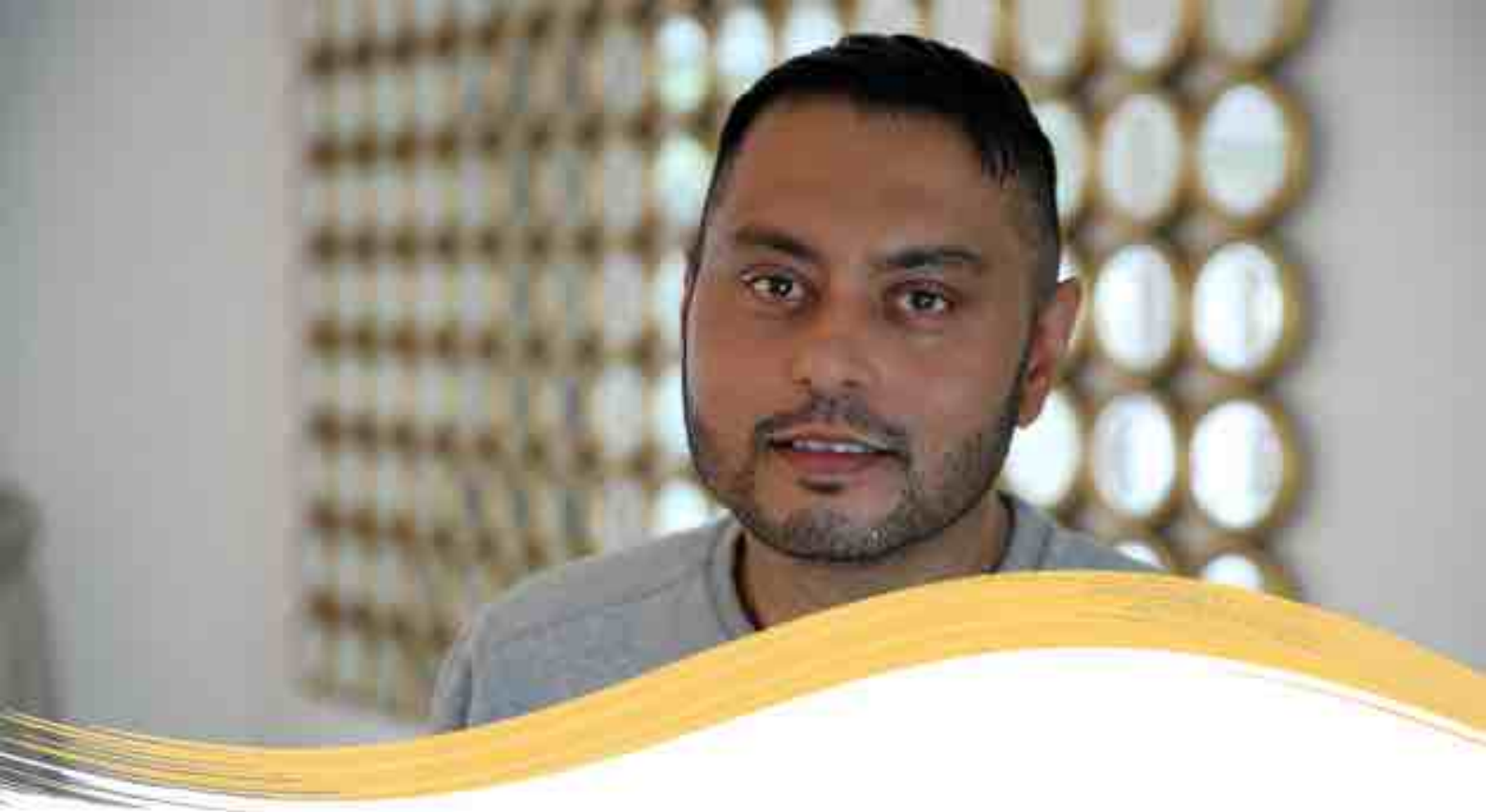
We launched our 'Thriving After Stroke' report at a parliamentary reception in Westminster marking World Stroke Day and promoted it with our campaigners. As a result, over 500 people asked their local MPs to enquire about life after stroke provisions.

In Scotland, we compiled a 'Thriving After Stroke' briefing, which looks at the evidence, stroke survivor experience and Health Board delivery of longer-term support. This briefing sits alongside our UK 'Thriving After Stroke' report, which includes broader evidence for life after stroke support and testimonials from healthcare professionals.



Right to Rehab campaign

We're members of the Community Rehabilitation Alliance, more than 60 charities, royal colleges and professional bodies committed to improving commissioning, planning and delivery of rehabilitation. We supported the coalition's Right to Rehab campaign calling for an end to the postcode lottery for NHS rehabilitation services. When people don't have access to rehab after a stroke, it can slow or halt their recovery, damaging their quality of life and mental health, and causing lasting health problems.



Marwar's story

Marwar Uddin, 41, from Tower Hamlets, London, had a haemorrhagic stroke in August 2022. A father of three, his stroke not only changed his physical abilities but his role in family life. He now receives life after stroke support and regular care support.

'The Stroke Association was there right from the beginning and has been with me throughout my whole journey. My Stroke Support Coordinator calls me regularly to see how I'm doing. They have sent me so much information, pointed me in the right direction for obtaining a disability lanyard and helped me to get my blue badge. I am also set to start a phased return to work later this year.

'Without life after stroke services, my life would be massively different. I have had so much encouragement from the Stroke Association and the community stroke teams. If I didn't have any of this support, I think I would still be in a chair in my living room, watching the world go by.

'It feels like the jigsaw puzzle pieces of my life are slowly taking shape again. I'm now registered disabled. I'm not the same person, and I probably never will be the same person again. But I'm determined to make things work.'

We invested **in vital stroke research**

Our research strategy

Our five-year research strategy (2019 to 2024):



Build research capacity across multiple disciplines.



Increase funding and raise the profile of stroke research.



Support research that will achieve the greatest impact for everyone with stroke and improve life after stroke.

We always place people affected by stroke at the centre of our research to make sure our efforts are grounded in lived experience. We work closely with stroke survivors and carers on our Stroke Voices in Research panel, involving them in decisions on the research we fund from the start, to make sure it's relevant and important to those it aims to benefit.

We continue to fund research in response to the James Lind Alliance 2021 Stroke Priority Setting Partnership (PSP). This was a UK-wide project which mapped research priorities across the entire adult stroke care and treatment pathway. We've also expanded our funding remit to include stroke-related questions from the 2022 Childhood Neurological Conditions PSP.

Our research programme has continued to steadily recover following the disruption of the Covid-19 pandemic. Our collaborations to expand our research are going from strength to strength, with partners including the Medical Research Council (MRC), the National Institute for Health and Care Research (NIHR) and a new partnership with Health and Care Research Wales (see page 61).

In 2024, the UK government announced a £45 million fund to support early career researchers funded by medical research charities. We were allocated an impressive £575,511. This covered 16 of our research fellowships for 2023-24 and gives us more flexibility in how we

fund additional stroke research. This fund speaks to the power of leadership and collaboration within the charity research sector.

Most medical research is male-focused, which can limit our understanding of prevention and treatment. We're proud supporters of the Medical Science Sex and Gender Equity (MESSAGE) project, which seeks to reduce sex and gender discrimination in medical research. We're looking at how we can make our research more inclusive of cis women and trans and intersex people. We're also moving forward with an Equity, Diversity and Inclusion (EDI) action plan. This aims to improve things like diversity within our research community, and to make our research relevant to more diverse groups of people.

Looking ahead to 2024-25 we will:

Refresh and re-evaluate our research strategy to see where the Stroke Association can strengthen and advance stroke research in the next five years. To achieve this, we'll work with the stroke community, other research funders and the healthcare community.

Research partnership achievements

We work with strategic partners to develop new funding opportunities for future stroke research leaders and to ensure high priority areas of stroke research get as much funding as possible.

Our achievements in 2023-24 include:



Medical Research Council (MRC): We've partnered with the MRC to fund a PhD Fellowship for medical doctors. This partnership is managed by the MRC and we jointly fund it.



Health and Care Research Wales: In collaboration with the Welsh Government, we're co-funding a Project Grant to help grow stroke research capacity in Wales. We will manage this project, but the Welsh Government will contribute 50% of the funding.



National Institute for Health and Care Research (NIHR): We're partners with NIHR in a £2.1 million grant that funds applied research. This year, we asked for research applications relating to PSP priorities in stroke rehabilitation and long-term care.

Our research

We have four main types of research awards, designed to support stroke clinicians and academics working in any area of stroke research to become the research leaders of the future:

Postgraduate Fellowships
Help graduates develop the skills needed to start a career in stroke research.

Postdoctoral Fellowships
Offer further training to help stroke professionals who've completed a PhD to progress as independent researchers.

Lectureships
Play a critical role in supporting talented mid-career researchers as they start to lead their own research teams.

Project Grants
For multidisciplinary teams who are addressing big questions across the whole spectrum of stroke research: from prevention, through to treatment, rehabilitation and long-term care.





This year, we're proud to have funded the following research projects:

Grant type	Lead researcher	Institution	Research title
Postgraduate Fellowship	Kate Ledingham	University College London	Improving how we measure and understand the experience of aphasia
Postgraduate Fellowship	Triin Ojakäär	University of Oxford	Making rehabilitation quicker and more effective by optimising sleep after stroke
Postdoctoral Fellowship	Dr Sabrina Eltringham	Sheffield Teaching Hospitals NHS Foundation Trust	Testing an alternative to thickened liquids for stroke survivors with dysphagia
Postdoctoral Fellowship	Dr Michael Stringer	University of Edinburgh	What is the role of the brain's waste clearance system in small vessel disease?
Senior Clinical Lectureship	Dr Jatinder Minhas	University of Leicester	CHALLENGE-ICH: Preventing clotting strokes after bleeding strokes
Senior Clinical Lectureship	Dr Neshika Samarasekera	University of Edinburgh	SEARxCH: Finding a treatment for brain swelling after bleeding strokes
Stroke Association/ Health and Care Research Wales Project Grant	Dr Jonathan Hewitt	Cardiff University	ESP-QOPS: Evaluating secondary stroke prevention in Wales

Grant type	Lead researcher	Institution	Research title
Project Grant	Dr Nicholas Evans	University of Cambridge	FIESTO: Frailty and its effects on stroke treatments and outcomes
Project Grant	Professor Arshad Majid Dr Ali Ali	University of Sheffield	RICFAST 2: Trialling remote ischaemic conditioning to treat post-stroke fatigue
Project Grant	Professor Fiona Rowe	University of Liverpool	Out of Sight, Out of Mind: Improving visual outcomes for childhood stroke survivors
Project Grant	Professor Jesse Dawson Dr Alan Cameron	University of Glasgow	OASIS: Optimising atrial fibrillation screening to prevent second ischaemic strokes
Project Grant	Dr Matthew O'Connell	King's College London	Integrating frailty, chronic conditions and patient characteristics to inform stroke care
Project Grant	Professor Lorna Paul	Glasgow Caledonian University	PRACTISE: Personalised, community-based telerehabilitation for stroke survivors
NIHR/Stroke Association Programme Grant for Applied Research	Dr Grace Turner Professor Jonathan Mant	University of Birmingham University of Cambridge	COMbAT Fatigue: Coproducing a self-management programme for post-stroke fatigue

Some highlights from our new research project grants in 2023-24

ESP-QOPS: Evaluating secondary stroke prevention in Wales

One in four stroke survivors will have a second stroke within five years. This risk can be reduced with medication and lifestyle changes, but many stroke survivors aren't on the recommended treatment. This can affect not only their risk of another stroke, but their quality of life. And it's harder to balance risks and side effects of treatments for older or frailer stroke survivors.

The ESP-QOPS team will use Welsh healthcare records to understand the relationship between frailty and stroke, and how the quality of care a stroke survivor receives affects their long-term health, including the risk of having further strokes.

Ultimately, the team hope to improve healthcare strategy and empower more stroke survivors to make well-informed choices about healthcare and lifestyle.

Out of Sight, Out of Mind: Improving visual outcomes for childhood stroke survivors

The Out of Sight, Out of Mind team are testing a new vision screening tool for children who have had a brain injury such as a stroke. They want to understand whether it can be used in the early stages of recovery, when knowledge about vision problems would be most useful.

If this research is successful, the team plan to make the tool freely available to healthcare professionals. Understanding vision problems early on after a childhood stroke could help improve survivors' access to rehabilitation and make it easier for loved ones, teachers and others to offer support as survivors return to their daily lives.

RICFAST 2: Trialling remote ischaemic conditioning to treat post-stroke fatigue

One in two stroke or transient ischaemic attack (TIA) survivors experience fatigue – tiredness that doesn't get any better with rest. Fatigue can make it hard for stroke survivors to return to everyday life. But there are currently no treatments available. Remote ischaemic conditioning (RIC) is a promising new treatment that involves briefly and repeatedly cutting off the blood supply to one arm. The RICFAST 2 team are running a trial of RIC to identify the best timing for treatment, understand more about whether stroke survivors find it acceptable, feasible and effective, and explore exactly how RIC is affecting fatigue.

RICFAST 2 can lay the groundwork for a large-scale clinical trial. If the research is successful, RIC could become a low-cost, home-based treatment for fatigue. The team hope it will help more stroke survivors regain independence and have a better quality of life.

See page 96 to find out how stroke survivors have been involved in our research.

Stroke Data Science Catalyst

Last year, we started a new five-year research partnership with the BHF Data Science Centre and HDR UK.

The initiative, known as the Stroke Data Science Catalyst (SDSC), will help researchers better understand stroke by using data from real-world settings to improve treatment and care. We received £297,000 from the Peter Sowerby Foundation to support this project.

In January, the SDSC announced a grant funding call to advance data-led research that examines how COVID-19 interacts with cardiovascular disease and stroke, with a total fund of £50,000.

Conference for stroke care professionals

Our UK Stroke Forum (UKSF), the UK's largest multidisciplinary conference for stroke care professionals, attracted a record number of attendees – over 1,900 – with excellent delegate feedback. We hosted and organised the conference which is an opportunity to learn, share ideas and discover the latest ground-breaking stroke research, and ultimately improve standards of care for stroke survivors.



We built relationships with **local communities and organisations**

Being able to connect with other people who understand stroke in the local community can make a big difference to how people recover, adapt and move forward after a stroke. These opportunities to connect with others, through social groups and hobbies, can help people deal with loneliness, grief, confidence issues and stigma. Practical help, such as transport to services or housing support, can take some pressure off stroke survivors, their families and carers.

We work with a broad range of people and organisations to create stroke-friendly communities across the UK. Together we raise awareness of the risks of stroke and how it affects people's lives. We also help improve local community services and make activities more accessible. We aim to amplify the voices of stroke survivors and bring about positive change to community life.

Community Connectors

As well as our local staff teams who develop connections in their areas of the UK, we also have an amazing team of volunteers, known as Community Connectors. Many are stroke survivors or have a personal connection to stroke. They help us raise awareness of stroke and our charity and improve the experiences of people affected by stroke.

In Scotland and Wales, Community Connectors have been bringing stroke survivors together and supporting them to set up local groups. They also link in with local hospitals across the UK to raise awareness of local and nationally available support. In North Wales, Community Connectors are working with Betsi Cadwaladr University Health Board to set up training for carers.



Looking ahead to 2024-25 we will:

- Continue to ensure our Stroke Group Network gives a helping hand to everyone running groups so they can support people affected by stroke to thrive.
- Deliver our annual Stroke Group Network conference, which brings together stroke group leaders and volunteers from across the UK to share their experiences, learn from each other and recognise the difference they make to people affected by stroke.
- Continue to build on our partnerships at both local and national levels to develop stroke-friendly communities, providing opportunities for people affected by stroke to engage in meaningful activities and community life.

Stroke Group Network: **Supporting our community**

We know just how important it can be for people affected by stroke to connect with others who share a similar experience. Our Stroke Group Network is a community of stroke support groups across the UK that offer social and peer support to stroke survivors, carers, family and friends. The network's main aim is to help create connections across the stroke community. From structured group sessions to informal cafe meet-ups, it brings together all types of groups.

Built on friendships and fun, the groups are a safe and supportive space to rebuild skills, to learn more about stroke and self-care and to increase confidence. Activities tailor to what members want and need, ranging from social support and exercise to entertainment, outings and meals out. Across our Stroke Association groups in the network, we have over 600 volunteers, who support around 2,900 people affected by stroke.

Our Stroke Group Network supports group leaders so they can be there for people affected by stroke in their local area. There are now 393 local stroke support groups across the UK, including 112 supported by the Stroke Association and 281 that run independently.

The network continues to grow, with 24 independently run groups joining in 2023-24. Diversity is flourishing too, with groups led by local social prescribers, other charities and circles of friends.

The Cuckfield Stroke Communication Group

The Cuckfield Stroke Communication Group in West Sussex is open to people with communication difficulties and stroke survivors who would like to build their confidence and try new activities. This includes singing, drumming and speech therapy to support communication skills.

Dave, who had a stroke in 2014 and is a member of the group, says: 'There's great comradeship. It's nice talking to people who understand, and it's a good opportunity to practise speech. I look forward to every Wednesday. The club always has so many interesting activities. What the group means to me is friendship, caring and wonderful people. Nothing is too much trouble. My wife and I can't speak highly enough of the team.'



Providing stroke groups with the right tools

It's important that our groups have the right tools to support members with communication difficulties like aphasia, apraxia and dysarthria. This year, we updated our 'Communication Toolkit: How to support people with aphasia in a group setting' resource to be in an aphasia-friendly format. The toolkit includes information on how to make group activities more accessible, tips for group speakers and guidance for groups.

Digital and paper copies were sent to all support groups in the Stroke Group Network. Volunteers told us:

'The pack will be a good training resource for any new helpers that we are able to recruit.'

'It's the best thing we have had from the Stroke Association.'

Stroke Group Network Conference

In September 2023 the Group Networks delivered our annual Stroke Group Network Conference (SGNC). It is an opportunity for everyone involved in leading and volunteering at stroke support groups across the network to connect as one community, share experiences, learn from each other and feel valued for their achievements in supporting those affected by stroke.

The two-day online event attracted over 230 people, representing 115 stroke support groups.

The programme focused on accessibility and inclusion. This included sharing top tips on how to support members with communication difficulties and the hidden effects of stroke, and a conversation with the Stroke Association's Chief Executive, Juliet Bouverie, and Trustee, Hannah Catchpool, about health inequalities and how to reach diverse stroke communities.

'The conference certainly did resurrect my loyalty to the Stroke Association and, being a stroke survivor, I am very grateful for all the work it does. I am buzzing with ideas – particularly about getting groups in Yorkshire together so we can support each other as we do such valuable work.'
Group volunteer and Stroke Group Network Conference attendee

Making connections in the community

We're always on the look-out for ways to help people affected by stroke feel supported by their communities. We work hard to build relationships with local businesses, organisations and health and social care environments. Here are some examples of the community connections we've made throughout this year:



We've been working with Care UK to help them set up stroke peer support groups in local care homes in South East England.



In Warwick, the Royal British Legion got in touch for help to set up a stroke group in a small community café.



We supported our partners MK Dons Football Club in Milton Keynes to set up a Walking Football Group for local stroke survivors. The group is now part of the Stroke Group Network. We're also working with MK Dons to develop an Accessibility Sport Inclusion Hub, which would offer a range of new, accessible activities including indoor cricket, bowls and wheelchair football.



Our partnership with the Albion Foundation (the official charity partner of West Bromwich Albion Football Club) has gone from strength to strength. They have been running a post-stroke exercise programme. Many of the stroke survivors who've completed the programme have also joined the gym, arranging to exercise together so they can continue to benefit from peer support.



We recently applied the same model to a new partnership with Stoke City FC (see page 74). Our colleagues are in the process of suggesting other football clubs who might be interested in working with us.

Stroke wellbeing programme with Stoke City Community Trust

Following the Covid-19 pandemic, four stroke groups closed in the Stoke-on-Trent area. We approached Stoke City Football Club Community Trust about working together on a post-stroke wellbeing and exercise programme to help local stroke survivors with their long-term recovery.

There are now group exercise sessions at the club, involving stroke survivors of all ages. The sessions are particularly popular with younger stroke survivors who face barriers engaging with traditional stroke group environments. As well as improving people's physical health, the connections made with others affected by stroke have a positive effect on participants' mental health.

Since completing the programme, we've seen people return to work and get involved in other community activities because their mood and confidence have improved. Staff at the Stoke City Foundation Trust say they have more knowledge, skills and confidence when it comes to supporting people affected by stroke.

Project feedback highlighted how important it is to have 'stroke specific' sessions to build people's confidence, before they feel ready to take part in generic activities.

'I really needed to connect with other stroke survivors. Having a stroke so young, none of my friends understand my situation and, in addition to this, I have aphasia which makes it even more difficult to get support from friends my age. Having Craig [a stroke survivor and employee at Stoke City Community Trust] in the sessions and speaking to other people who have been through a similar experience, have given me so much confidence and I really look forward to the sessions.'

Stroke survivor and member of the Stroke wellbeing programme with Stoke City Community Trust



A few of the other organisations we've been working with:

- Bedford University on an exercise programme.
- Tennis England on funded tennis sessions.
- Disability Sport Wales on wheelchair football sessions.
- Chelsea Football Foundation on their exercise programme for stroke survivors.
- South West Coastal Path, Sailability and The Wave Project, helping them to make what they offer accessible to stroke survivors and carers.
- Canine Partners offering stroke survivors the opportunity to spend time with assistance dogs in the Midlands and South East of England.
- The Canal & River Trust and local engineers in Nottingham to co-design an accessible bench with stroke survivors in the Midlands.
- Southern Rail and Care UK delivering stroke awareness events.

Raising money for **stroke and awareness of our cause**

Despite a tough economic environment and the cost-of-living crisis, our dedicated fundraisers and supporters broke records for the second year running, **raising £28.9 million** for people affected by stroke. We want to thank every single person and organisation who gave their support. Whether you set up a regular donation, played our lottery, organised a bake sale, ran a marathon, or pledged to leave a gift in your Will, it's amazing to see so many people raising money for stroke survivors and their families, friends and carers.



More than 16,500 people committed to a Direct Debit, raising a massive **£1.6 million.**



10,757 **new players** joined us for our weekly lottery. The annual income from the lottery is now over **£1.24 million.**



Our existing supporters continued to show incredible generosity, donating **more than £680,000** to our appeals and mailings.

Looking ahead to 2024-25 we will:

- Continue to promote the vital role that legacies play in funding our work and ensure we do our utmost to honour the wishes of all those who leave a legacy to the Stroke Association in their Will.
- Endeavour to grow the number of people who actively support the Stroke Association each year by refining, diversifying and scaling our offers while maintaining a core focus on delivering outstanding supporter experience.



Over 400 runners took part in the Great North Run – our biggest team ever!



Overall, our events raised **over £2.1 million** in 2023-24.



We're always honoured when our supporters choose to celebrate and remember a loved one by supporting us. In 2023-24, the average MuchLoved in-memoriam tribute fund increased in value by **35%, from £265 to £359.**



548 people kindly pledged to leave the Stroke Association a gift in their Will, **a 22% increase** on the previous year.



Almost £20,000 was raised from Buzz Bingo's special 'GoGo' bingo games during October in support of World Stroke Day.



Posturite's Pedal for Stroke cycling event raised **over £10,000**. The team cycled **436km** from Doncaster to Eastbourne in just three days.

- Continue to work in partnership with organisations and philanthropists to raise money for, and raise awareness of, our vital work to support all stroke survivors and their families when they need it.



Our fundraising

In 2023-24, we received 468 legacies from our supporters who so generously included the Stroke Association in their Wills, raising £16.1 million, our largest source of fundraised income. Legacies account for over 55% of our fundraised income.

We held Legacy events at iconic locations across the UK, such as Harewood House in Leeds and the Royal College of Physicians in London, featuring talks from leading researchers, clinicians and stroke survivors, who shared their experiences with our supporters.

The Stroke Association's Free Will Scheme continued to grow from strength to strength, with 222 people using the service to leave a legacy to the Stroke Association in 2023-24.

'I first encountered a Stroke Association Support Coordinator in hospital, where I worked as an occupational therapist. Since then, I've always thought the Stroke Association is brilliant, and very much needed. The gifts we leave in our Wills mean that more people will have the assistance and support they need to grapple with huge life changes, adapt their living environment and develop coping skills. Our gifts will also mean more stroke research, swifter diagnosis and better treatments. I'm immensely proud to be a legacy pledger.'

- Stroke Association Legacy Pledger



In memory giving

Elizabeth's story

Elizabeth Kwenortey's dad, Daniel, had multiple strokes throughout his life. He sadly passed away in June 2022 at 77. Elizabeth, 26, has been fundraising for Stroke Association in his memory.

'I was very close to my dad. He was my best friend,' says Elizabeth. 'I knew he'd had strokes before I was born and when I was quite young, so I think he'd always lived a life affected by them.'

When Elizabeth was 11, Daniel had a stroke that left him reliant on a walking stick or frame to get around.

Then in 2019, Daniel had another severe stroke that meant he was unable to walk or speak. Sadly, his health declined, and he died on Father's Day 2022.

To mark her father's birthday in March 2023, Elizabeth decided to walk 77,000 steps – 1,000 for every year of Daniel's life – and raise money for others affected by stroke.

'Fundraising in Dad's memory helped me process my grief. It allowed me to focus on my dad and show my thanks for his life.

'Setting up my JustGiving page was simple. Charlotte, from the Stroke Association's Fundraising team, got in touch to see how I was doing. Her support made me excited about it.

'I walked across London, visiting sites connected to my dad, including the Ghanaian Embassy. It was a long but beautiful day.

'Knowing that the money is going to a charity that focuses on something that's had a massive impact on my dad's life – and my life – felt great. I want to continue fundraising next year.'

We'd like to give a heartfelt thanks to every company, their customers and their employees, and every charitable trust and grant giving body that's supported the Stroke Association this year.

We're grateful to the funders who have recommitted their support.

Our partnership with Buzz Bingo continues to go from strength to strength. Their bingo clubs across the country raise vital funds for the Stroke Association, as well as awareness of stroke.

We're proud of our work with Wiltshire Farm Foods to raise awareness of the lesser-known effects of stroke – challenges with swallowing and eating. This partnership won the Gold Award in the Corporate Engagement Awards 'Best Alignment of Brand Values through Sponsorship Activity' category.

Our thanks also go to the National Lottery Community Fund, which continues to support our work in Scotland, Wales and Northern Ireland.

This year, we've welcomed the support of new funders who recognise the importance of our cause.

We want to express our thanks to the Peter Sowerby Foundation for their generous support of the Stroke Data Science Catalyst, which is accelerating and strengthening the validity of stroke research. And to the Jon Moulton Charity Trust for supporting a groundbreaking research study, which aims to develop a lateral flow test to diagnose strokes at the University of Birmingham.

We're delighted that home office furniture company Posturite chose to support the Stroke Association this year. We've been blown away by employees' commitment to the partnership – raising awareness and money, volunteering and even donating products.

We were thrilled this partnership won the award for 'Employee Engagement Initiative of the Year' at the Third Sector's Business Charity Awards. Chris Jones, Posturite's Managing Director said: 'Obviously it's been great to raise the money and awareness, but actually the benefits for us, for me, have far outweighed what we've done for the Stroke Association. It's been about togetherness. Everybody in the business has been involved. It's been astonishing.'


Rebuilding lives
after stroke

We worked with more than 1,400 volunteers to support people on their recovery journey

'It gives me so much joy knowing that [other stroke survivors] have someone they can talk to who understands exactly what they are going through – someone that was missing in the first six months of my recovery.'
Stroke Association volunteer

Our volunteers help us do so much for people affected by stroke. They support stroke survivors by running our volunteer-led support groups and deliver our HFY Weekly Volunteer Calls service service. They do incredible things in their community to raise awareness of stroke and the Stroke Association. And their fundraising efforts mean we can reach more stroke survivors through our vital services.

Many of our volunteers are stroke survivors and carers themselves and see volunteering as a vital part of their recovery journey. Their experience has helped to build their confidence, make new friends and improve their wellbeing.

Last year, the HFY team processed 1,093 new referrals and made over 800 new matches between people affected by stroke and our volunteers.

We had an amazing response to our call for more volunteers with lived experience of stroke. Since September 2023, the team has processed 134 lived experience volunteer applications. We also received over 30 Connect and Chat telephone volunteer applications. Our total pool of volunteers now exceeds 320, which means that new people affected by stroke receive their first call around four weeks from first contact.

In our 2023 survey, 80% of volunteers told us they would recommend the Stroke Association as a great place to volunteer. We believe there is more we can do to improve the experience for all our volunteers and to support people to make an even bigger difference to our work.



Julie's story

Julie Camburn is a retired nurse, midwife and health visitor who lives in Kent. She volunteers for the Stroke Association as a Community Connector.

'The thing I enjoy most about working with stroke survivors is carrying out the Stroke Awareness sessions. I enjoy meeting people with experience of stroke to hear about their treatment and recovery process. I've met people whose health has been restored following a brain aneurysm, which I always find inspiring.

'People with no stroke experience come up to me and say how the sessions have really improved their knowledge about stroke and could help save their life, which is very rewarding. They often tell me that they had no idea stroke is a condition that can affect all ages. And that they find the Stroke Association information useful, as they had not seen the television FAST campaign.

'Volunteering has helped me by lifting my mood and giving me confidence, as well as helping me connect with the community.'

Our public campaigns **helped us to raise money and awareness**

We need more people to know how traumatic and life-changing a stroke can be, how gruelling recovery is and the impact it has on survivors and their families. We also want everyone to know about the Stroke Association and how we're here for stroke survivors and their loved ones every step of the way.

To achieve this, we need powerful PR, media and brand campaigns.

Highlights from 2023-24 include:

'When the Words Away Went'

We created a new feature-length documentary, 'When the Words Away Went,' to raise awareness of aphasia, a speech and communication disorder that affects 40% of stroke survivors. The film follows the lives of three stroke survivors with aphasia on their journey to find their voice. In May 2023, it premiered at the British Film Institute (BFI) and the event was attended by the stars of the film, high-profile Stroke Association supporters and the media.

- The documentary achieved 14,092 views on Channel 4's streaming platform and 5,059 views on YouTube.
- The PR campaign generated 136 pieces of coverage, with 90% featuring all our key messages.
- There were 12 pieces of national media coverage, including articles in the 'Daily Mirror,' 'Daily Star,' 'Daily Express,' 'Mail on Sunday' and 'The Sun.' These resulted in total reach of PR coverage at over 1.2 billion.

The film was part of a wider awareness campaign as part of Stroke and Aphasia Awareness Months. In the week that the press release went out, we saw an 88% increase in traffic from search engines to our website for the word aphasia.

- The campaign generated 2,310 social mentions and 25 million impressions during the campaign period. High-profile Stroke Association supporters were also involved, including actors Chris Fountain and Mark Charnock, and chef and writer Brian Turner.

We also launched a suite of new communication tools for people with aphasia in hospital and the community (see page 28).


4300 K +0.0 CC
A
800
5' 8"
A_0006 C005
REC
0:50 h

Creating a Garden for Recovery

We were awarded our first ever Show Garden at the 2024 RHS Chelsea Flower Show. We won funding from Project Giving Back and began planning the garden with Miria Harris, an award-winning landscape designer who is a stroke survivor herself. With more than 150,000 visitors each year and extensive BBC coverage, we hoped the show would help raise awareness of stroke and the Stroke Association. The garden successfully launched in May 2024. See more details in next year's Annual Report.

Our long-term awareness strategy

We carried out market research that showed many members of the public, including those connected to stroke, don't understand the catastrophic impact of stroke, or how vital support is for stroke survivors throughout their long journey to recovery. They also aren't aware of the range of support we provide at the Stroke Association. This means that many people are missing out on the support they need – and survivors may not make the recoveries they deserve. To help us change this perception and reach our key goal of 'making stroke the priority it needs to be,' we've developed a cross-organisational long term awareness strategy.

We are now focusing on showing these audiences why stroke support is essential, through the reality of surviving and recovering from a stroke and the devastating impact, including on the wider family. We'll share and amplify survivors' stories of recovery and demonstrate the role that the Stroke Association can play, through a new campaign launching in autumn 2024 and through our future marketing and communications activity.





How **we work**

We're always looking to improve the way we work at Stroke Association – from the systems we use to how we collaborate with colleagues. Every change we make aims to help us have an even bigger impact on the lives of people affected by stroke.

Looking ahead to 2024-25 we will:

- Consolidate our learning to ensure that we deliver our priorities at pace.
- Spread our new ways of working to the wider organisation.



Changing how we work

Last year, we introduced a new planning tool – our pipeline – to help prioritise and sequence work that involves multiple teams working together. This means we can better adapt and respond to what's changing in the world around us and add more value to stroke survivors.



Connectival

We hosted our third Connectival, an annual online festival for staff and volunteers, in June 2023. Connectival is an opportunity to focus on our priorities and the difference we make, as we connect with our colleagues. This year, 579 people attended – our highest number yet. Of the 58 speakers, around 1 in 5 had lived experience as a stroke survivor or carer. More than 70% of attendees said they felt more connected to our work after attending.



New People System

We moved to a new People System (iTrent) to modernise our people processes, improve the efficiency of our payroll, and make it easier for staff to keep their details up-to-date.



Investing in skills

We've continued to invest in learning and development, to help our people expand their skills and experience.

In August 2023, we ran a three-day residential leadership course called Dare to Lead focused on leading with our values and developing brave leaders. It gave people time to develop relationships and peer support, which has become more important than ever now that we are a remote working organisation.

In October 2023, around 80 colleagues took part in training to improve coaching skills led by bestselling author and coach Michael Bungay Stanier. The course helped build the key skills we need to: have empowering and meaningful conversations with people affected by stroke; be better leaders; and improve the way we work with other colleagues and partners.

Equality, diversity and inclusion

Our approach to solving inequity in stroke

We shared 'Our approach to solving inequity in stroke' and published the approach on our website. We created this approach to challenge ourselves to do better for everyone affected by stroke, our people and everyone we work with. The approach has identified changes we need to make to address inequality, exclusion and discrimination. It also helps us be explicit about these barriers and the problems they cause.

We held an organisational webinar in October 2023 to share our aims to solving inequity in stroke, and how the approach will help our charity support everyone affected by the condition. The webinar gave us the opportunity to highlight areas we'd prioritised, including diversity in recruitment, tackling health inequalities with communities and developing our people.

The challenge is to embed this approach across all areas of our work. We will work with teams and directorates to build it into their planning and decision making.

Creating a diverse and inclusive Board of Trustees

As part of our commitment to addressing inequity in stroke, our Board of Trustees recognised there needs to be more people from different backgrounds, identities and lived experience represented at the most senior level in the charity.

The Board and staff members have been working together to develop a plan to improve diversity. This includes:

- Prioritising diversity in future Trustee recruitment campaigns.
- Hearing from stroke survivors from disadvantaged and marginalised communities and people with lived experience during Board meetings.
- Board members taking part in our new diversity and inclusion training programme to develop their knowledge and capability so they can better address inequity in stroke.
- Board actions reflect knowledge, deep understanding and empathy for diversity of thought and experience. This is our aim for board diversity and inclusion.

Delivering information in a way that's right for each person

Stroke survivors and carers have shared their views about accessibility through our Ask and Act surveys, calls and feedback.

Of those people who received Stroke Recovery Service support, 97% said their Stroke Support Coordinator gave them information in a way that they understood. But we still have more to do. There were many comments about the need for tailored communication, whether that's using someone's preferred language, supporting people with aphasia to communicate in the best way for them or being sensitive to other communication needs such as hearing loss or autism. Information also needs to be personalised, for example by following up spoken conversations with written materials and offering audio versions of leaflets.

We continue to promote and train our people to use our interpreting services provided by the company Language is Everything. Over 60 different languages were requested in 2023, including British Sign Language. In 2023, we used the interpreting service 346 times, and we hope to see this number grow in 2024.

We made our first British Sign Language video about our approach to solving inequity in stroke. We're also working to better understand the stroke needs of the deaf community.



Working in partnership with others

We can't fix all the challenges facing people affected by stroke on our own. We collaborate with other organisations and charities to pool our resources, give ourselves a stronger voice and make a bigger difference.

We're a member of the Richmond Group of Charities, a coalition of 12 national health and social care charities. Members voted for our Stroke Association Chief Executive, Juliet Bouverie OBE, to remain chair for another two years.

The Richmond Group works together to help the 15 million people living with long-term, multiple or complex health needs in England to live well and thrive. It is a collective voice to better influence health and social care policy and practice.

Key achievements for the Richmond Group in 2023-24 include:

Creating a manifesto for people with multiple health conditions

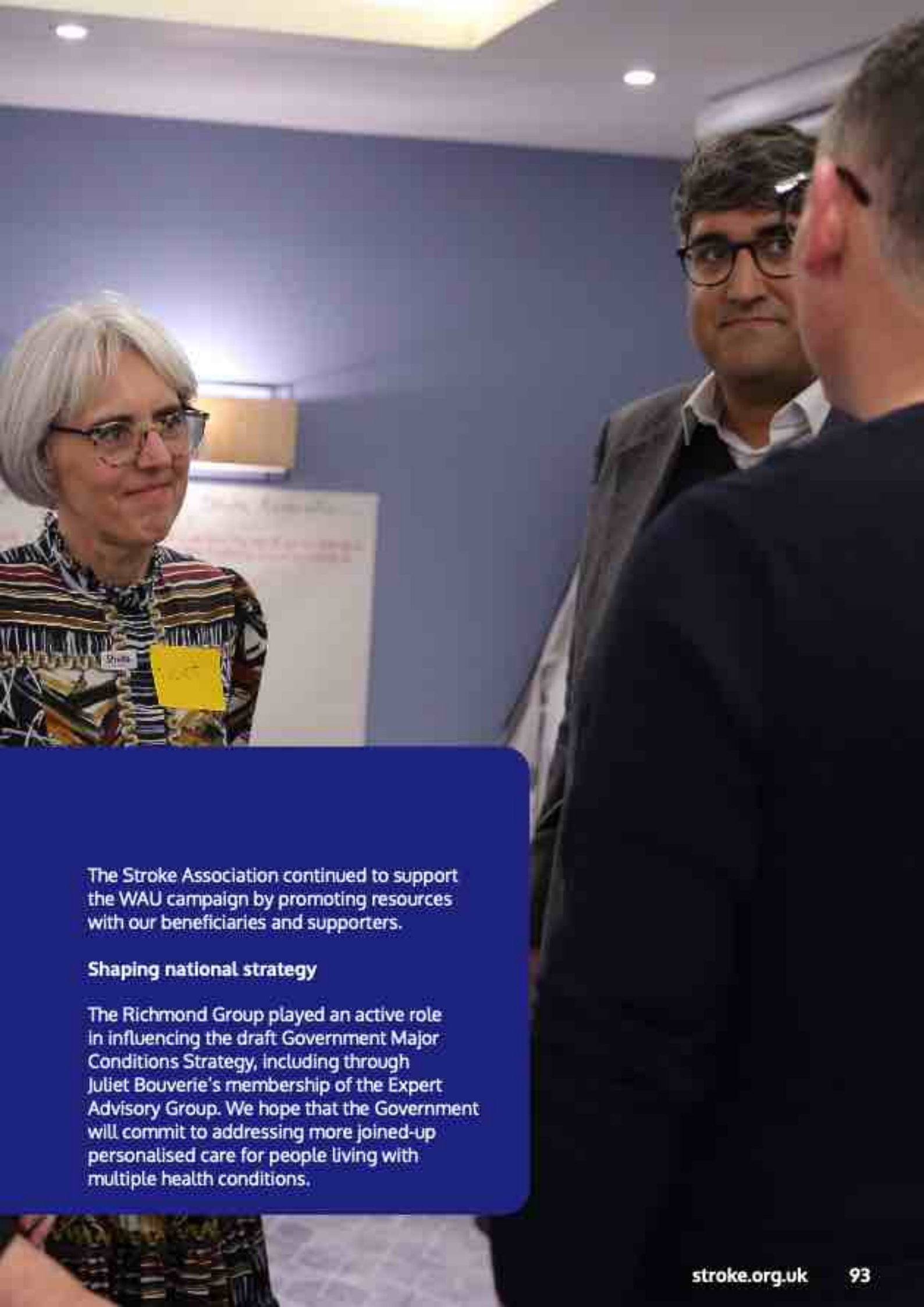
We know that 1 in 4 of us live with at least two health conditions. The Richmond Group called for Government to:

1. Support people with multiple long-term conditions to live well.
2. Drive the redesign of multiple condition care.
3. Promote 'health in all policies.'

Supporting people with long-term conditions to become and remain active

The Richmond Group continued to partner with Sport England to understand and address barriers that people with long-term conditions face to getting and remaining physically active.

Being involved in the We Are Undefeatable (WAU) campaign – which encourages people with long-term conditions such as stroke to get active – is a significant part of this work.



The Stroke Association continued to support the WAU campaign by promoting resources with our beneficiaries and supporters.

Shaping national strategy

The Richmond Group played an active role in influencing the draft Government Major Conditions Strategy, including through Juliet Bouverie's membership of the Expert Advisory Group. We hope that the Government will commit to addressing more joined-up personalised care for people living with multiple health conditions.

Involving **stroke survivors**

We continue to make progress towards our vision of ensuring people affected by stroke influence all our work and the wider stroke agenda. Their unique perspective and expertise increase understanding of stroke and the impact it has on people's lives.

We canvass views and opinions to influence decisions and co-create projects in partnership with people with lived experience of stroke. As a result, people's lived experience is having a greater influence on the work we do for everyone affected by stroke.

Stroke Views Involvement Network

One of the key ways people can be involved in our work is through our Stroke Views Involvement Network, which we set up in 2022. There's now 450 people affected by stroke in the network. In 2023-24, we completed 21 projects with the help of the network and involved 272 people.

The range of projects that helped shape our work at Stroke Association includes:

- Designing an involvement session for Connectival, our event for staff and volunteers.
- Influencing our decisions on potential corporate partnerships.
- Re-designing our 'In Memory' fundraising communications, including tribute pages, cards and branding.
- Designing survey questions for our Ask and Act feedback system.
- Reviewing the content of emails and designing support packages for people who've recently had a stroke.
- Influencing the content, layout and testing of our new website.

Involvement Network members also took part in work to influence the wider stroke agenda, including giving feedback to the Department of Health and Social Care on the Major Conditions Strategy' (see page 42).

Stroke survivors have helped develop a mental health support service for people affected by stroke in Wales, in partnership with Mind Cymru. As well as sitting on the project steering group, stroke survivors and their loved ones were involved in co-designing the service (see page 36 for more on the project).



'It has been great to be able to shape the Rebuilding Minds After Stroke project from the very start. I struggled with my mental health post-stroke, so it is of personal interest to me as a stroke survivor who went through a very difficult time. The project looked at ways in the future of helping more stroke survivors get the mental health help they need, and as we found in this project, most stroke survivors need some level of psychological help to come to terms with what happened.'

Stephen Attwood, Stroke Survivor and
Rebuilding Minds After Stroke Steering Group member

Involving people in local decision-making

In 2022, we began to set-up long-term involvement groups across the UK. We now have Locality Stroke Voices groups in 8 out of 10 of our locality teams, supporting us to make decisions on local priorities. For example, in 2023-24, the Midlands Stroke Voices group contributed to the development of initial plans for a new stroke ward in Lincolnshire.

Working with health professionals

Members of Aphasia and Accessible Voices, one of our specialist involvement groups, led a session at our UK Stroke Forum in December 2023.

The group shared their passion for accessibility with healthcare professionals and researchers and instructed on how to involve people with accessibility needs in projects. The session was packed and received excellent feedback.

One Aphasia and Accessible Voices member said: 'It was so important seeing a group of people with aphasia achieve something so big. There was so much interest in the room for what we were saying. It was great to see.'

Supporting stroke research

Our Stroke Voices in Research group continues to provide lived experience support to researchers and influence our research grants and awards.

The group, which has around 105 members, brings opportunities for people living and working with stroke to shape research together and to create an inclusive environment where members feel benefit and value from taking part.

Our members consulted on 13 project grants and 10 research awards over the past year.

They consulted on 21 research projects, helping to inform new materials, prioritise topics, review information and shape research projects.

They have also shaped priorities for Stroke Voices and will be involved in informing and developing our research strategy later in the year.

Measuring the impact of involvement

In April 2023, we carried out our first annual survey to measure the impact of involvement on our Stroke Views Network members. It found that 88% of network members always have a positive experience when they get involved. We also gather feedback on each project. Here's a summary:

- Everyone who responded said they would apply to be part of another involvement project.
- 90% of people felt they were recruited at the right time.
- 90% of people had received feedback on projects or knew when to expect this.
- 90% of people felt the aims of the project were clearly explained.
- People reported feeling valued, listened to and having a sense of purpose.



Financial review

In 2023-24, we developed our work to increase our impact by raising awareness of stroke and building our base of long-term supporters so that we can reach all people in the first year after their stroke. This programme was funded through designated reserves that first arose from surpluses generated in previous years.

We achieved our highest ever income of £42.1 million, an increase of 4% in the year. We have used this increased income and our accumulated reserves to grow our expenditure on charitable activities by 16%, from £30.5 million to £35.2 million. Our expenditure on direct services to stroke survivors increased from £18.0 million to £20.6 million and we also increased expenditure on research grants, raising awareness of stroke, community development and our campaigns to ensure that the health systems and governments respond to the needs of stroke survivors.

Expenditure on raising funds increased from £7.9 million to £8.6 million, as we invested in increasing the number of people who give to us regularly, which will produce sustained long-term income. Our strategy to use reserves accumulated in previous years to fund the development of our services resulted in a deficit of £1.7 million (2023: £2.3 million surplus).

Income

Our principal sources of revenue are legacies, fundraising activities and local services contracts. Our total income for the year was £42.1 million (2023: £40.7 million).

Legacy income this year was £16.1 million (2023: £16.8 million). Whilst we have seen an increase in legacy pledgers, income has fallen due to increased delays at the Probate Registry. The underlying position remains strong with the numbers of legacies we receive growing each year.

Other fundraising activities contributed £12.8 million (2023: £11.6 million) of gross income. Individual donations grew by 12% to £10.0 million (2023: £9.0 million). Our continued investment in lottery and raffle fundraising saw that income increase by 40% to £1.6 million (2023: £1.2 million).

We are honoured that the quality of our research programme was recognised by a grant of £297,000 from the Peter Sowerby Foundation and £576,000 from the Medical Research Charities Early Career Researchers Support Fund.

Our local services contracts are a direct help to stroke survivors, their families and carers, and a major source of income and expenditure. Local services contract income and group network income achieved £11.6 million (2023: £10.8 million). These contracts are primarily awarded by local NHS providers and local authorities.

The net effect of realised and unrealised movements on our charity's investments was a gain of £3.6 million (2023: £473,000 loss). These gains are being recycled into our designated fund to accelerate the achievement of our strategy to reach everyone who has had a stroke.

Expenditure

Total expenditure was £43.9 million (2023: £38.4 million), including £35.2 million (2023: £30.5 million) on charitable activities supporting the key objectives of the charity, and £8.6 million (2023: £7.9 million, 9% growth) on raising funds. We have grown our expenditure on charitable activities by 41% over the last two years.

The increase in the cost of charitable activities reflected our ambitions to increase our support line staffing (for our Stroke Support Helpline, Stroke Association Connect and Childhood Stroke Support phone support services) and to provide more support and cover to front-line staff.

In addition, salary costs have increased due to the impact of inflation, growth in services and a reduced vacancy rate. Direct costs of support services to stroke survivors increased by 17%.

Finally, we have continued to build our research ambition with the total cost of new grants and the research team increasing by 47% to £3.7 million (2023: £2.5 million). New grants awarded increased by 57% to £3.3 million (2023: £2.1 million).

The commercial trading operations carried out through the Stroke Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £37,000 (2023: £130,000) to net income as detailed in note 3. Our decision to secure the financial stability of the trading subsidiary meant increasing our reserves to £60,000, incurring a corporation tax charge of £12,000 (2023: £0).

Outlook

Last year we approved a financial strategy which guides our long-term financial direction. The financial strategy is designed to ensure that we maintain our reserves targets, keep staff costs at a consistent proportion of overall expenditure and remain financially sustainable. We support our financial strategy with a three-year financial framework that sets out our expectations. Should our free reserves be deficient, we have three years to restore them. Likewise, excess free reserves should be designated and released over three to five years. This is the direction we have taken through designating excess free reserves into the Strategy Acceleration Fund.

Our financial goals are to maintain long-term sustainability and increase income so that we reach everyone as soon as possible after their stroke. To do this we need to invest in new ways of reaching stroke survivors, raising awareness of stroke, maintaining and growing legacy income and increasing the number and value of donations from individuals, trusts and foundations.

We expect the next three years will be a challenging environment in which to grow our income. Recent high inflation and cost of living challenges are affecting our supporters as much as everyone else. However, we are confident that we have the strategy in place to continue to increase our supporter base.

Like all charities that are dependent on legacy income, we are seeing delays in the processing of legacies, which is causing a liquidity challenge. The longer times taken to receive accrued legacies mean that debtors are increasing as a proportion of current assets.

We are the only charity providing lifelong support for stroke survivors across the UK. We continue to improve our quality of service to stroke survivors, resulting in increases in local service grants from the NHS and local authorities. These increases are hard won, but welcome. We recognise that spending constraints are having an impact on the ability of statutory bodies to fully fund services. Given the quality of our service as the leading stroke survivor charity, we will continue to advocate for a greater role in providing these services. However, this uncertainty means that we have not made any assumptions on underlying increases in support for these services in future years.

Our current plans include how we make the changes needed to reach more stroke survivors and their carers, to raise awareness of stroke and to campaign to ensure that thrombectomy is made available across the entire UK on a 24/7 basis and to increase our supporter base.

Balance sheet

The consolidated balance sheet shows total group funds at 31 March 2024 of £36.9 million (2023: £35.0 million). This consolidates the Stroke Association charity and our wholly owned trading subsidiary, Stroke Association (Trading) Limited.

Included in total funds are £2.3 million (2023: £2.8 million) of restricted funds. These monies have either been raised for, and their use restricted to, specific purposes, or they comprise donations subject to donor-imposed conditions. Full details of these restricted funds are in note 29 to the financial statements, together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2024 amounted to £34.5 million (2023: £32.1 million) of which £16.5 million (2023: £11.5 million) has been designated for strategy acceleration, to underwrite future legacy income fluctuations, for transition projects and other activities. Our fixed asset reserve is £2.8 million (2023: £2.9 million), which represents the cost of our fixed assets after depreciation and amortisation, along with the net book value of assets held for sale. Our free reserves have decreased to £15.3 million (2023: £17.7 million), which is in line with our target range.

The investment portfolio has risen to £28.9 million (2023: £27.5 million). All £28.9 million is held with our investment managers. During the year we drew down £2.6 million from the portfolio (2023: £3.0 million invested). However, due to strong stock selection and increased global returns our investments grew by £3.6 million (2023: £473,000 loss). We continued to take advantage of short-term interest rates by putting excess funds on short-term deposit. This produced interest income of £86,000 (2023: £32,000).

We recognise legacies when we are entitled to them and confident that we will receive them. They are recognised as income and the amount owed is shown as a debtor, the value of this debtor has risen to £9.4 million (2023: £7.4 million). This reflects both strong underlying performance, but also the increased time taken at the Probate Registry to process legacies.

Research grant liabilities rose to £6.7 million (2023: £6.3 million). This is due to the £3.3 million in new awards (2023: £2.1 million), offset by £3.2 million in grants paid during the year (2023: £2.0 million).

Cash flows

Our bank balances fell slightly to £5.3 million (2023: £5.4 million). We have sought to maintain reasonable working capital balances with the drawdown of the investment portfolio being used to fund the in-year deficit and the increased delays in legacy processing.

Going concern

The trustees are of the view that the Stroke Association is a going concern as there are adequate resources available to fund the charity's activities for the foreseeable future.

Maintaining the long-term financial viability of the charity and its status as a going concern has been a key focus for trustees and management. This has involved continued analysis of the emerging context, regular monitoring of results and adjusting plans, forecasts and budgets as the situation evolved. Trustees approved a financial strategy last year that ensure that risks, reserves and financial plans are ambitious, coherent and sustainable.

Reserves policy

Our charity faces risks that we manage through a risk register. Our reserves policy is designed to ensure that we have sufficient reserves to ensure that:

1. We can respond to unforeseen events, without jeopardising our ability to continue to support people affected by stroke.
2. To provide sufficient liquidity to meet our obligations as they fall due.
3. To fund planned deficits in future years.

The trustees reviewed the risk-based reserves policy in March 2023. The policy states that the Stroke Association should keep sufficient reserves to cover:

- Restricted reserves.
- Designated funds to support the future development of the Stroke Association, to ensure continuity of the UK Stroke Forum and to ensure the financial independence of stroke groups across the country.
- Fixed assets reserves.

Free reserves to cover:

- Working capital needs.
- Weighted risk requirements.

The weighted risk reserve requirement is based upon the likely range of expected costs should a risk materialise. This is weighted by the likelihood of the risk occurring. These risks are considered as part of the risk register, as explained below under 'Principal risks, uncertainties and mitigations' (page 106).

The free reserves requirement is reviewed regularly throughout the year and at 31 March 2024 was £15.6 million. As set out below, our free reserves level was £15.3 million, which is £0.3 million below the requirement. This is due to the pending sale of the Bromsgrove property, which took place in April 2024, leading to the free reserves being restored to the required level.

	£ million	£ million
	At 31 March 2024	At 31 March 2023
Total reserves (charity only)	36.9	35.0
Restricted funds	2.3	2.8
Designated funds	16.5	11.5
Fixed asset fund	2.8	2.9
Free reserves	**15.3**	**17.7**
Free reserves requirement		
Working capital	5.5	5.5
Midpoint Risk Requirement	8.7	8.5
Future Planned Deficits	1.4	0.4
Total free reserves requirement	**15.6**	**14.4**
(Deficit) or excess against policy	**(0.3)**	**3.4**

The working capital requirement has remained at £5.5 million to recognise the ongoing delays in the processing of legacies at the Probate Registry, and the need to manage in-year cash fluctuations. The delays in legacy processing are continuing and this requirement will be subject to ongoing review should conditions improve or deteriorate. The risk requirement has increased to £8.7 million, with the main increase being due to having more ambitious fundraising targets.

We have several designated funds that trustees have set aside. These are:

Strategy Acceleration Fund - £12.6 million
This fund is providing support for our ambitions to:

- Increase awareness of stroke.
- Increase income from regular giving.
- Improve our organisational capacity.
- Reach more stroke survivors.

To achieve these goals we need to spend our resources wisely to ensure that we reach more stroke survivors in a sustainable manner. The Strategy Acceleration Fund is designed to provide significant funding to allow us to make these changes.

Operating model - £1.1 million
This fund was designated to pay for new IT investments required to modernise our systems and for property transition costs as we move towards almost all staff being remote workers. Provision is made in the fund for the depreciation of those investments and for the introduction of new investments such as a People System and a replacement for the Customer Relationship Management System, which is vital for the efficient delivery of our services.

Legacy Stabilisation Fund - £1.3 million
This fund is designed to iron out the fluctuations in the receipt of large legacies: the timing of legacies is always uncertain and can cause distortions in our financial performance. This fund allows us to manage these fluctuations without causing disruption to services.

Stroke Association Support Groups - £503,000
The Stroke Association supports local volunteer-led stroke support groups across the UK (see page 70).

As these groups are part of the charity their income and expenditure are included in our financial statements. However, we recognise that these funds have been raised by the groups and should remain under their control.

Northampton Resource Centre Relocation - £296,000
Our distribution and fulfilment facility is based in a warehouse in Northampton, which is not fit for purpose in its current state. These funds are designated to provide for the costs of designing and fitting out improvements to the building.

United Kingdom Stroke Forum (UKSF) Fund - £61,000
The UKSF is an annual conference where practitioners and organisations connected to stroke meet to discuss new developments and challenges. It is hosted jointly by the Stroke Association and the British and Irish Association of Stroke Physicians.

This fund accumulates surpluses and deficits of each event over the previous five years in order to underwrite costs and risks with each year's event.

Research Fund - £575,000
In March 2024 we received funding from the UK Government's Medical Research Charities Early Career Researchers Support Fund of £575,511 to fund early career stroke researchers. This funded grants that we had already awarded from unrestricted funds. To honour the spirit of this award trustees have agreed to create a research fund of the same value to allow for additional grants to be awarded in 2024-25.



Investment policy

The investment strategy is set by the trustees and considers income requirements, the risk profile and the investment managers' view of market prospects in the medium term. We have an annual total return target of CPI+3.5% averaged over seven years on the main portfolio. The investments are not required primarily to generate short-term income but to underwrite our research liability and our reserves requirement, both of which are long-term objectives. This allows us to move to embracing a higher short-term risk approach in return for an expected higher long-term return.

The total return from investment was £649,000 (2023: £579,000) in dividends and interest and £3.6 million in investment growth (2023: £473,000 loss), thus representing a total return of £4.2 million (2023: £106,000) or 15.6% (2023: 0.7%) on the opening fund value. CPI Inflation was 3.2% in March 2024 (10.1% March 2023), thus this performance exceeds the target by 12.4% in 2023-24 (9.4% shortfall in 2022-23).

We have a bond portfolio of £5.0 million which is designed to cover investment drawdowns over the coming years. These are in low-risk government bonds to ensure that the capital is maintained in the short-term and to minimise the need to sell volatile investments when the market is low.

We also have negotiated a £1.0 million overdraft facility with Barclays to prevent the sale of long-term investments for short-term cash demands. This is secured on a debenture against all the charity's assets.

A committee of trustees and independent advisors meets regularly with the investment managers to review the performance of the portfolio and the investment strategy. Each quarter the chairs of the Investment and Financial Performance Committees meet with the Executive Director of Finance to review investment and liquidity levels. All our investment decisions are guided by our Ethical and Responsible Investment Policy (see page 123).

Principal risks, uncertainties and mitigations

Our trustees identify, assess and understand the risks facing the Stroke Association and are satisfied that an appropriate risk framework is in place to manage these. We take a balanced approach to considering risk, taking steps to minimise the likelihood and impact of risk wherever possible and providing reserves to cover risks, while acknowledging that exposure to risk is inevitable and should not prevent our charity from pursuing new opportunities.

The trustees believe that by monitoring reserve levels, ensuring controls exist over key financial systems and processes, and examining the organisational risks the charity faces on a regular basis as documented in the charity's Risk Register, risks can be mitigated and effectively managed. The Risk Register is regularly reviewed by the Executive Team and monitored by the Audit and Risk Committee and the Board. Risks are ranked on a score allocated by assessing the level of impact and likelihood.

Every risk on the register has been re-assessed quarterly, alongside their financial impact, and a number of risk ratings and controls have been adjusted accordingly. The top ranked risks with significant financial impact at the end of 2023-24 were:

Risk	Actions and mitigations
A successful security breach due to a cyber-attack	Cyber-attacks are increasing in frequency and sophistication and could potentially disable the charity's IT systems. To mitigate the risk, we have a continuous improvement program to keep our technology defences against cyber security risks under review. We have implemented ways of controlling spam, web access and administrative access control using Multi-Factor Authentication. And introduced a number of measures such as meeting National Cyber Security Centre standards for email security and new ways of restricting access to our services. Our charity achieved Cyber Essentials accreditation and in the coming year, we expect to become accredited to Cyber Essentials Plus, conform to NHS DCB 1596 standard for our cloud services and strengthen ISO27001-related controls.
Failure of the investment in fundraising to deliver the required returns	Mitigation comes from regular scenario-based financial modelling, and improvements we are making to better understand the needs of different customer groups, monitor the performance of our fundraising activities and be more responsive to new opportunities.
Breach of our duty of care to our volunteers and beneficiaries	Mitigation comes from effective HR policies, health and safety policies and safeguarding procedures, as well as appropriate management systems and an effective compliance framework to ensure that we comply with all legal and regulatory requirements and good practice.
Business Continuity Failure	We have developed a crisis management plan and improved resilience in our systems. We will be moving applications and data services to the cloud and undertaking more scenario planning to mitigate this risk. We are working with key suppliers to ensure that their business continuity plans are effective.
Progressive Loss of Contracts	We are aware of the financial pressures that the NHS and local authorities face. We are mitigating this risk by prioritisation of our engagement to secure improvements in stroke services. We are monitoring services under threat and taking a pro-active role in countering them.
GDPR Compliance Failure	We control this risk through mandatory staff GDPR training and ongoing process reviews, amongst other activities. We undertook an external review of data protection and are implementing the recommendations.

Our structure, governance and management

We've prepared this 'Trustees' Annual Report' according to in accordance with FRS 102. Our report also meets the requirements for a directors' report set out in the Companies Act 2006 the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Charities Act 2011. Sections on 'Financial review for the year' and 'Principal risks and uncertainties' included within the 'Trustees' report' meet the requirements for a strategic report as outlined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013. We prepared the financial statements in accordance with the accounting policies set out on 143 to 149 of the attached financial statements.

Status

The Stroke Association is a charitable company limited by guarantee, incorporated on 25 March 1899 and registered in England and Wales (61274). Stroke Association is registered as a charity in England and Wales (No. 211015), in Scotland (SCO37789), the Isle of Man (945) and Jersey (221); it also operates as a charity in Northern Ireland.

Objects of the charity

Our charity is governed in accordance with our Articles of Association (last amended 18 November 2019), which sets our structure and purpose.

The objects of the charity are for the relief of sickness and distress and for the advancement of health by:

- Working for the prevention of stroke.
- Educating the public in all matters concerning stroke.
- Carrying out, promoting or sponsoring research into the prevention or treatment of stroke or other conditions where the effects are similar to stroke, the rehabilitation and long-term care of stroke survivors and publishing the useful results of such research.
- Responding to the needs caused by the effects of stroke, or other conditions where the effects are similar to stroke, by providing advice and support to those affected, their families and carers.



Trustees and governance

The trustees govern our charity and act as directors under company law. Collectively our trustees constitute the Board of the Stroke Association.

Trustees have a duty to act in a way that promotes the charity's purposes and are responsible for:

- Setting and monitoring progress against our strategic objectives.
- Setting the highest standards and delivering good governance and leadership.
- Ensuring that the charity's resources are only used for its charitable objectives, in the best interests of its beneficiaries, and in compliance with all relevant statutory and regulatory obligations.

When reviewing our aims, objectives and future plans, the trustees confirm they've complied with their duty under the Charities Act 2011 and have referred to the Charity Commission's general guidance on public benefit.

Our Board meets four times a year, as well as meeting for a strategy away day dedicated to focusing on our long-term plans and strategy. Board and committee meetings are a mix of face-to-face and remote meetings on Microsoft Teams.

Our governance arrangements adhere to the Charity Governance Code for Large Charities and are reviewed annually. We adhere fully to the code except that the size of our Board is larger than recommended to reflect the breadth of our activities and geographical spread.

As reported earlier, we are also working towards improving the diversity of our Board.

We are implementing the recommendations from the external review of our governance that was undertaken last year. We are pleased that this review concluded that our charity is fundamentally well governed and tightly controlled, with a high quality and committed governance function. As part of the recommendations, we are focussing on four areas:

- Accelerating our strategy.
- Being customer first so that we improve customer reach, value and impact.
- Significantly growing our income through exploring new financing avenues.
- Improving Board diversity.

The Board delegates the authority to manage day-to-day business to the Chief Executive, assisted by the Executive Directors Team (EDT). The Board approves the charity's strategy, at the proposal of the Chief Executive and EDT. The Chief Executive is responsible for implementing the agreed strategy and policies.

Our committees

Our Board currently has three committees and one subcommittee that meet regularly throughout the year to focus on aspects of the charity in more depth. These are:

- Financial Performance Committee – scrutinises our financial and commercial affairs, as well as our fundraising.
- Audit and Risk Committee – scrutinises our financial statements, financial control systems, internal and external audit, and risk management process.
- Investment Committee – a subcommittee of the Financial and Performance Committee that develops and maintains our policies relating to investments, selects and monitors our investment managers, and monitors and evaluates investment performance, service and cost.
- Governance and Remuneration Committee – oversees the effective governance of the charity (including the composition of the Board and the recruitment and induction of trustees) and the pay, benefits and conditions of service for our employees.

As a result of last year's external governance review recommendations, we are considering merging our Financial Performance Committee and our Audit and Risk Committee and are reviewing the remit and responsibilities of the new committee.

Recruitment and appointment of trustees

We regularly review the skills and diversity of our Board to guide us when recruiting trustees and committee members. This also supports our succession planning. This year we have appointed new recruitment advisors to help us ensure that our Board and committees have a strong and diverse mix of people, skills and expertise.

We have a rigorous and competitive trustee recruitment process set out in our Trustee Recruitment Policy and Procedure documents. This includes public advertising and may include the use of executive search specialists to identify suitable candidates. Selected candidates attend interviews.

We have independent advisors to bring additional expertise and diversity to our committees. We also have a programme of support and training for volunteers interested in trusteeship in the future.

No trustee may serve for more than nine years, unless there are exceptional circumstances.

Trustee induction and development

New trustees and non-trustee Independent advisors receive induction training to inform them about the charity and our work, and to ensure they have an appropriate level of understanding of charity governance and the legal duties of charity trustees. This includes training in the charity's activities and operations, governance, strategy and finances.

All trustees and non-trustee independent advisors have access to ongoing training, using internal and external resources to support them in their duties and responsibilities. Development of trustees and non-trustee independent advisors is a regular item in all appraisal discussions with trustees. At our 2024 Trustee away day we identified a training programme for the year ahead.

Our trustees and non-trustee independent advisors

Trustee	Office	Appointed/ resigned/ retired	Committee membership	Board attendance
Andrew Archibald BA (Hons) MSc			FPC	75%
Dr David Buckle MBBS DRCOG MRCGP	Vice Chair (Medical)		GRC, ARC, IC, FPC	100%
Hannah Catchpool BSc (Hons) MSc DChA MAAT CA	ARC Chair		ARC	75%
Professor Avril Drummond PhD MSc Dip COT FCOT			ARC	100%
Ed Garcez BSc (Hons) MSc			FPC	75%
Katherine Gillespie MA (Hons) MSc MScR	Vice Chair (Lay)	Appointed Vice Chair (Lay) 18 October 2023	GRC, ARC, FPC	100%
Ceri Jackson			FPC	75%
Professor Martin James BM MRCP MD CCST FRCP				100%
Stephen King MBA FCMI	Chair, Chair GRC		GRC, FPC, IC	100%
Ian Lee BA (Hons) CA	FPC Chair		FPC, IC, GRC	100%
Harvinder Rattan ACCA			ARC	25%
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO		Retired 18 October 2023		100%
George Spentzos BASc MBA CFA	IC Chair		IC, FPC	100%
Peter Troy MBE	Vice Chair (Lay)	Retired 18 October 2023	GRC, ARC, IC, FPC	100%
Dr Niamh Kennedy BSc (Hons) MA PhD		Appointed 18 October 2023		100%
Professor Rustam Al-Shahi Salman BA (Hons) MB BChir MRCP (UK) FRCP Edin FHEA FESO FMedSci		Appointed 18 October 2023		100%

Register of interests for trustees

Trustee	Employments and appointments
Andrew Archibald	• Commercial Director, MDU
Avril Drummond	• Professor of Healthcare Research at University of Nottingham • Occasional and honorary appointments at various universities for promotions, evaluations, PhD examining, workshops etc. • Chair - European Life after Stroke Scientific Committee • Trustee, Elizabeth Casson Foundation for Occupational Therapy • Member of several research funding committees including Senior Chair of the NIHR Doctoral Clinical Academic Doctoral Programme • Named mentor on a number of Stroke Association grants • Chair for the Life after Stroke Domain for the revision of the Action Plan for Stroke in Europe
Ceri Jackson	• Non-Executive Director to the Welsh Ambulance Services NHS Trust (WAST) • Interim Vice Chair – Welsh Ambulance (01.12.2023)
David Buckle	• Chair of the Society for Assistance of Medical Families (SAMF) • Non-exec Hertfordshire Hospitals NHS Trust • Non-exec Salisbury NHS Foundation Trust • Trustee - Crohn's and Colitis (UK) Sept 2023
Ed Garcez	• Director (Interim, Essex County Council) • Due to commence as an Associate / advisor - 31ten Consulting
George Spentzos	• Trustee, The Tapscott Learning Trust • Chair of Audit and Risk Committee, The Tapscott Learning Trust • Chief Investment Officer, Future 30 Funds
Hannah Catchpool	• Partner at RSM UK
Harvinder Rattan	• Board Trustee of Gurdwara Sikh Sangat London East (Charity Reg. 278097) • Governor Barnet & Southgate College • Director: Yachting (International) Company Limited T/A Expense Reduction Analysts

Trustee	Employments and appointments
Ian Lee	• Trustee – The Endrick Trust (Glasgow) • Director – Stroke Association (Trading) Ltd
Katherine Gillespie	• Employment: Goldman Sachs
Martin James	• Consultant Stroke Physician - Royal Devon University Healthcare NHS Foundation Trust • Clinical Professor at the University of Exeter Medical School • Clinical Director of the national stroke audit SSNAP and visiting professor, King's College London
Niamh Kennedy	• Ulster University
Rustam Al-Shahi Salman	• None
Stephen King	• Trustee of Harper Collins Executive Pension Scheme (17th May 2018) • Chair of Integrated Care 24 (NHS Social Enterprise) (with effect from 1 April 2019) • Director of Stroke Association (Trading) Limited

The following independent advisors were in office and served throughout the year, except where stated.

Non-trustee independent advisor	Appointed/ resigned/ retired	Committee membership
Helena Eaton		IC
Ben Matthews		IC
Liz Stanley BA ACA	Resigned 20 July 2023	ARC
Christopher Queree		IC
Jason Parker BA ACA	Appointed 18 October 2023	ARC
Trey Bui CA APCIP	Appointed 18 October 2023	ARC

Committee membership key
ARC – Audit and Risk Committee
FPC – Financial Performance Committee
IC – Investment Committee
GRC – Governance and Remuneration Committee

(See **stroke.org.uk/our-people** for further trustee details).

Statement of responsibilities of the trustees

The trustees are responsible for preparing the 'Trustees' 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 financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and the group and of the income and expenditure of the group for that period.

In preparing financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for maintaining proper accounting records that show and explain with reasonable accuracy the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the charity's assets and for taking reasonable steps to prevent and detect fraud and other irregularities.

The trustees confirm that:

- In so far as they are aware, there is no relevant audit information of which the Stroke Association's auditor is unaware.
- The trustees have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

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

Trustees' duty to promote the success of the Charity - Section 172 statement

Trustees have a duty to act in good faith to promote the success of the charity for the benefit of its stakeholders and in doing so are required by section 172 of the Companies Act 2006 to have regard to various factors. The statement below sets out how the charity has had regard to those factors in the past year:

The likely consequences of any decision in the long term

The trustees make all key decisions with reference to the charity's broader long-term strategy and our ambition to help all stroke survivors, both present and in the future.

The interests of the company's employees

We aim to make the charity a good place to work for our employees. We consult with LINK, our employee representatives on all major aspects of working at the charity, such as the terms and conditions of employment, employee wellbeing, learning and development and diversity and inclusion. We actively support ways of working that are safe and secure.

The need to foster the company's business relationships with suppliers, customers and others

We recognise that the charity can only succeed if our relationships with commissioners, funders, donors and key suppliers continue to thrive. We actively engage in service reviews with our commissioners and funders and regularly review our relationships with our key suppliers. These are two-way relationships; we seek ways to achieve mutually desirable outcomes.

We deeply value our relationship with stroke survivors and their families. We understand that stroke support is vital to inspire and maintain the strength that survivors will need to face the long and gruelling journey to recovery, so we provide tailored support services that are right for them.

The impact of the company's operations on the community and the environment

We have adopted ethical standards for our activities and investments. We comply with the Code of Fundraising Practice and have stringent gift acceptance policies to ensure our fundraising complies with the highest standards. We have adopted a Green Plan to minimise the environmental impact of our activities.

The desirability of the company maintaining a reputation for high standards of business conduct

We believe that maintaining a reputation for high standards of service delivery and business conduct is fundamental to the longer-term success and viability of the charity. We keep this in mind in everything we do from recruitment and resourcing, the setting of policies and procedures, the choice of suppliers and partners we work with, the level of risk we are prepared to accept and the governance and monitoring arrangements we put in place. This includes setting appropriate ethical standards for the charity for our operations and our investments.

The need to act fairly between members of the company

The organisation, being a charitable company limited by guarantee, does not have shareholders and its members are limited to the directors of the company (i.e. the trustees). All directors receive the same information about the strategy, operations and finances of the charity and have equal voices in all key decision-making.

Our leadership team

On 31 March 2024, the members of our EDT were:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Dominic Brand BSc (Hons)	Executive Director, Strategy, Insight and Technology
Andrew Cook BSc (Hons) MSc (Cantab)	Executive Director, Customer Experience
Christopher Fyfe BSc MSc CPFA	Executive Director, Finance
Alexis Kolodziej BA	Executive Director, Locality Impact
Christopher Rennison CIPD FCMI	Executive Director, People

Andrew Cook left the charity in April 2024. Chari Hingorani (Associate Director of Legacies Engagement) and Katherine Staley (Associate Director of Customer Care and Support) jointly covered his role on an interim basis. We are pleased to announce that Jackie Harbor joined the Stroke Association as Andrew Cook's successor on 30 September 2024.

Register of interests for EDT

EDT	Employment & appointments
Alexis Kolodziej	• None
Andrew Cook	• Director of Stroke Association (Trading) Limited • Trustee at Age International • Trustee at HelpAge International
Christopher Fyfe	• None
Christopher Rennison	• Non-Executive Director Lincolnshire Rural Housing Association
Dominic Brand	• None
Juliet Bouverie	• Board member of World Stroke Organisation • Member of NHS Assembly (England) • Co-Chair NHS England Stroke Delivery Board • Chair of the Richmond Group of Charities

See **stroke.org.uk/our-people** for more information about our leadership team.

Our people

We're privileged to have 802 staff (as of 31 March 2024) and more than 1,400 volunteers across the UK, including Jersey and the Isle of Man (between 1 April 2023 and 31 March 2024), who work hard to get the best for stroke survivors, their families and friends. We want to make sure our staff feel valued, heard and supported, so they can do their best work for people affected by stroke. Nearly all our staff work from home and live throughout our area of activity.

We regularly consult employees via LINK, our staff consultation forum. LINK is made up of 15 representatives from around the organisation, covering all levels and localities. To make sure we represent different lived experiences, the LINK panel includes dedicated seats for colleagues from our network groups, including stroke survivors. LINK listens to feedback from our staff and meets with senior leaders and EDT at least four times a year (or more frequently at times of significant change) to inform and consult on the issues they raise.

LINK reviews our remuneration policies, and changes affecting all employees are discussed in depth. There is LINK representation on our Pension Governance Board, Safeguarding Governance Board and other groups to ensure our people are at the heart of organisational decisions that affect our staff.

We also have active staff networks who offer peer support to each other as well as influencing staff policy and processes. This includes stroke survivors, Asian, black, and minority ethnic communities, LGBTQ+ and disabilities staff networks, as well as peer support groups for menopause, parental leave, carers, and neurodiversity.

In the last 12 months, we published 'Our approach to solving inequity in stroke' report. This new approach helps us to understand the barriers to equality, diversity, and inclusion in our charity. It also empowers us to take actions that will address those barriers. Our approach to solving inequity in stroke makes clear what actions we've committed to, to create a more equitable Stroke Association for our staff, volunteers and everyone affected by stroke.

Opportunities are available to all our staff including those with disclosed disabilities or specific needs, for training, career development and promotion. We make reasonable adjustments for people with additional needs during the application process, when they start at our charity and throughout their time with us. We review the adjustments regularly to make sure they're meeting the individual's current needs.

We also provide access to health benefits and support to all of our staff, including a health cash plan, critical illness cover and Employee Assistance Programme with access to counselling.

We engage our staff and volunteers in many ways, to connect them to our strategy, our work and each other. Last year we ran Connectival again, a multi-day remote event where staff can dial into sessions on a range of topics. They can learn from stroke survivors, stroke professionals and researchers and hear directly from our staff networks. Staff can also attend monthly 'Ask Juliet' Q&A sessions with our Chief Executive and executive team, as well as regular webinars with internal and external speakers.

We hold similar webinars for our volunteers, on role-specific topics, and keep them informed of the charity's work through regular newsletters.

We continue to focus on a progressive working culture and ensuring our benefits and flexible working arrangements retain and attract the best people and their talents. Our turnover and sickness rates remain low and one of the best within the charity sector benchmarks.

Our approach to pay

We're committed to being open and transparent about the work that we do, about the money that we raise and how we spend it.

We believe the charity sector should not and cannot compete with the commercial sector on pay. However, we want to make sure that we're able to attract and retain the best people, so we regularly review our pay and benefits to bring them in line with other charities.

We need to be financially sustainable, but we know that the rising cost of living is a real worry for many of our people. After careful consideration and consultation with LINK, we were pleased to raise salaries by 5% for all staff on all salary grades from 1 April 2023.

Executive pay

Our executive pay is reviewed annually and is benchmarked with other salaries in the sector.

Our Chief Executive's salary for 2023-24 was £155,509 (excluding employer's pension and National Insurance contributions). Guided by the Association of Charity Chief Executives' (ACEVO) best practice advice on pay transparency, we publish our Chief Executive's current salary on our website. (stroke.org.uk/executive-pay).

Our Executive Directors' (Key Management Personnel) salaries for 2023-24 (excluding employer's pension and National Insurance contributions) were within the range of £93,256 and £118,917, depending on their experience and market benchmark.

When setting senior salaries, our trustees are guided by the principles set out in the report on Charity Senior Executive Pay by the National Council for Voluntary Organisations, which is supported by the Charity Commission.

Our Ethical and Responsible Investment Policy

Our Ethical and Responsible Investment Policy guides the investment decisions of our charity's investment manager and all staff, trustees and advisors who are involved in planning or authorising investment of our charity's funds.

It reflects the principles of our charity's Ethical Policy to behave in a socially responsible way, and to make decisions that protect our beneficiaries, demonstrate our integrity and values, and inspire public trust and confidence.

Our ethical and responsible investment principles are:

- We will not invest in organisations if there is evidence to link their main products or services to a significant increase in the risk of stroke or poor stroke outcomes.
- We support and promote public health initiatives to reduce stroke risk factors. We will not invest in companies that undermine or frustrate these initiatives.
- We may invest in organisations, programmes or projects that could significantly improve stroke outcomes.
- We favour organisations with a positive attitude towards Environmental, Social and Governance (ESG) matters, especially if they act to reduce stroke risk in their workforce or society.
- We try to avoid investments that could be seen as unsuitable for a health-promoting charity. This includes high stakes gambling, high interest money lending, or companies with a reputation for poor ESG compliance.

Our ESG principles

Our charity aims to inspire stroke survivors to gather the determination and strength they need to make their best recovery. Environmental, social and governance issues are at the heart of ensuring we do this properly. We believe these issues are everyone's responsibility and it's our job as a charity to try to lead by example.

We already try to be as sustainable, equitable, accountable and transparent as we can in our working practices to make sure we're living our values:

- We are human.
- We believe in better.
- We give our all.
- We say it as it is.

There are examples of how we're doing this throughout our report. These include publishing 'Our approach to solving inequity in stroke' report, launching our new People System and investing in skills. We also adopted a new ethical investment policy, as well as new procurement policies.

We will continue to build, develop and improve on this work in the year to come to help us to ensure the sustainability of our charity and improve our ability to build on our charitable objectives.

Energy and carbon reporting

NHS England has Climate Change Duties enshrined into the Health and Care Act 2022. To meet these duties, it has committed to become a Zero Carbon organisation by 2045. This includes working with the Stroke Association and other parts of their supply chain and commissioned services to ensure full alignment with this plan.

The NHS Net Zero Supplier Roadmap requires suppliers of all new contracts from 2023-24 onwards above £5 million per year to publish a Zero Reduction Plan for their UK Scope 1 and Scope 2 emissions and a subset of Scope 3 emissions.

To support the NHS Net Zero Roadmap we have published a Carbon Reduction Policy. To align with the NHS, we have decided to retrospectively set a baseline of 2019 and have collated emissions data under the following categories as part of our Streamline Energy and Carbon Reporting (SECR):

- Scope 1 – gas and company owned vehicles.
- Scope 2 – purchased electricity.
- Scope 3 – employee vehicles used in business.

In February 2024, our external auditors Moore Kingston Smith carried out a review and subsequent report to summarise findings, including recommendations for the next step in our journey to full Scope 3 disclosure. Material Scope 3 categories will include:

- Purchased goods or services.
- Waste generated in operations.
- Business travel.
- Employee commuting.
- Investments.

The independent review carried out by Moore Kingston Smith confirmed compliance in relation to the UK Government's SECR framework and the Energy Saving Opportunities Scheme (ESOS). The following table demonstrates our performance year on year as part of the UK Government's SECR. Data in relation to 2023-24 has been formulated internally in line with the UK Government Green House Gas Conversion Factors 2023.

Across is our UK-based annual energy usage and associated greenhouse gas emissions from 1 April 2023 to 31 March 2024. This relates to our office location-based consumption and vehicle mileage. Since the previous report we have released a further three properties. Please note that we have found discrepancies in previous reports. This is due to our external consultants inputting incorrect data in relation to gas usage. We have collated the data within this report internally and have amended the previous year's gas consumption figures.

Intensity ratio

The intensity ratio is total gross emissions in metric tonnes CO2e (mandatory emissions) per employee. The calculation is tonnes of carbon divided by the total number of employees. This metric is considered the most relevant to the charity's energy consuming activities and provides a good comparison of performance over time.

Breakdown of energy consumption used to calculate emissions (kWh):			
	2021-22	2022-23	2023-24
Mandatory requirements:			
Gas	435,906	259,747	256,421
Purchased electricity	374,803	264,200	221,072
Transport fuel	14,456	601,282	804,718
Total energy (mandatory)	825,165	1,125,229	1,282,211

Breakdown of emissions associated with the reported energy use (tCO^2e):			
Emission source	**2021-22**	**2022-23**	**2023-24**
Mandatory requirements:			
Scope 1			
Gas	79.9	47.4	46.8
Transport - company owned vehicles	13.6	0	0
Scope 2			
Purchased electricity (location-based)	79.6	51.1	42.8
Scope 3			
Category 6, Employee-owned vehicles	0	148.3	198.5
Total gross emissions (mandatory)	**173.1**	**246.8**	**288.1**
Intensity ratio (mandatory emissions only)			
Tonnes of CO2e per number of employees	0.26	0.31	0.35
Voluntary requirements:			
Scope 2			
Purchased electricity (market-based)	-	9.3	-
Scope 3			
Category 6, Business travel (air and rail)	-	34.4	-
Total gross emissions (voluntary)	**-**	**43.7**	**-**
Total gross emissions (location-based)	**173.1**	**281.3**	**288.1**
Total gross emissions (market-based)	**-**	**239.51**	**-**
Intensity ratio (total, location-based emissions)			
Tonnes of CO2e per employees	0.26	0.35	0.35
Intensity ratio (total, market-based emissions)			
Tonnes of CO2e per employees	-	0.3	-

We are currently looking into ways in which we can reduce transport fuel. This will include changing the way in which we collate data in relation to the type of vehicles used. This will reduce this figure when compiling reports for future years.

Our environmental aims

We're committed to improving our environmental sustainability, so we can play our part in limiting the damaging effects of climate change and creating a greener world for all of us.

Moving to remote working and disposing of over 95% of our properties has helped us to reduce our direct emissions per employee by almost two-thirds since 2020. As part of our commitment to supporting the UK Government's net zero strategy, we continue to look for ways to become more energy efficient by monitoring energy use and setting decreasing targets for the future.

In January 2024, we agreed a Carbon Reduction Policy. This policy will be further developed by way of the implementation of a Carbon Reduction Plan, which will replace the Green Plan. We also amended our Investment Policy to (1) exclude investments in companies that derive more than 10% of their revenues from the sale and extraction of fossil fuels and (2) begin moves to reduce the carbon intensity of our investments. In line with our obligations as an NHS contractor we have committed to achieving net zero emissions by 2045, with an 80% reduction by 2036-39.

Compliance information

Governance and compliance

Each year the Board receives an annual compliance report, a consolidated report covering all compliance issues affecting the charity, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements, complaints, health and safety, and compliance with UK GDPR.

The report on the year 2023-24 showed strong overall compliance.

We are members of the Association of Medical Research Charities (AMRC) and adhere to their research governance policies and regulations.

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

- Protect our service users from abuse or health concerns from others or themselves.
- Address internal issues when a concern directly relates to our employees and/or volunteers.

We recorded 158 reported safeguarding cases between April 2023 and March 2024. None of these cases relate to our employees or volunteers; rather, these are safeguarding issues that we identify in the lives of beneficiaries that we support. An overview of cases is discussed at our safeguarding governance meeting every quarter, where organisational learning is shared and also reported to the Board through the annual governance report.

We had no whistleblowing cases in 2023-24.

Serious incidents and fraud

In this financial year, we reported one serious incident to the Charity Commission. This related to a data security breach at one of our data processors. For full details see below.

Data protection

Our Information Governance Board is chaired by our Executive Director of Strategy, Insight and Technology. Data protection is discussed regularly at EDT and Board meetings. Our Associate Director of Legal and Governance is the charity's Data Protection Officer.

During 2023-24, we reported one data breach to the Information Commissioner's Office (ICO) and the Charity Commission. This related to a data breach at one of our sub-contractors that processes supporter data on our behalf. The breach occurred despite the sub-contractor having high data security arrangements and accreditations, and the ICO and Charity Commission have confirmed to us that no regulatory action will be taken in relation to this incident. In addition, we have had two incidents where, due to operational errors, fundraising emails were sent to the wrong contingent of supporters. We are taking steps to prevent similar incidents from happening in the future.

In 2024-25, we expect to achieve stronger data security accreditation. This includes accreditation by Cyber Essential Plus, which is the highest level of certification provided by the Cyber Essentials scheme and includes a deeper audit of our systems to ensure we meet rigorous security standards.

We also aim to meet the NHS Data Coordination Board 1596 (DCB1596) standard for our cloud services. The DCB1596 is the secure email standard for health and care organisations designed to reduce cybersecurity risks in email communications. Furthermore, we are gearing up to strengthen ISO27001-related controls. ISO27001 is the global standard for implementing Information Security Management Systems.

In addition, we have reviewed our data protection processes, procedures and records using external advisors and will implement their recommendations in the coming year to further strengthen our practices in this area.

Fundraising

We're committed to fair, honest and ethical fundraising and strive for the highest possible standards. We raise money for our charity in a variety of ways, including working with corporate supporters, philanthropists, trusts and many generous individuals who donate through our appeals and take part in fundraising events.

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to fundraise on our behalf, such as face-to-face, door-to-door and telephone activities, we continually monitor and review our activities to make them as effective as possible. In line with the Fundraising Regulator's recommendations, we also monitor our agencies through training, regular meetings and 'mystery shopping' to ensure they meet our standards and high expectations.

We continue to work in partnership with organisations (commercial participators) who pay us a return from sales generated through our own channels and when offering a service or product to stroke survivors.

Our supporter promise

We communicate with our supporters in many ways, including appeal letters, telephone calls, raffles, TV advertising and online via our website and social media. We are extremely grateful to everyone who supports us. We have a 'supporter promise' to make sure that everyone we interact with feels respected and valued, and to reassure our supporters that their data is safe and secure with us. To read it in full, visit **stroke.org.uk/your-support**. We also have a Gambling Social Responsibility Policy and a Vulnerability and Fundraising Policy.

Fundraising regulation

We're registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have a dedicated monitoring programme in place to ensure compliance with the code and with best practice in fundraising generally. We strive for best practice in fundraising and comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 2018, UK GDPR and the Privacy and Electronic Communications Regulations 2003. We also screen against the Telephone Preference Service, the Mail Preference Service and the Fundraising Preference Service. Different areas of fundraising activity are reviewed on an ongoing basis, including policies, procedures and outbound communications.

Complaints and feedback

We value feedback from our beneficiaries and stakeholders to help us develop and improve. Our complaints policy and procedures make it easy for people to raise concerns with us and help us to resolve complaints quickly and efficiently. We also hold regular 'lessons learned' meetings to better understand where we can develop in the future.

During the year, we received a total of 194 complaints, a significant increase on last year. This was caused by the email incidents referred to under Data Protection above.

Of these, 172 complaints related to our fundraising activities (2022-23: 45). The highest number of complaints were around emails (105 complaints) and door-to-door fundraising activity being unwanted by the complainants (52 complaints).

In relation to our support services, we received 22 complaints, up three from last year. Common themes include a perceived lack of support, poor communication or issues relating to volunteering/volunteer groups. All complaints were investigated thoroughly, but there were no clear cases of poor quality of support.

We have learned from these complaints, working with managers and staff to ensure we are providing the best possible support and that our service users know what they can expect from us. Learnings are also used in guidance and training for our staff.

This report constitutes the statutory reports described on page 108. This Trustees Report, incorporating a Strategic Report, was approved on behalf of the Board by:



Stephen King
Chair of the Board
Approved on 16 October 2024

President	HRH The Duke of Kent KG GCMG GCVO
Vice Presidents	Professor Tony Rudd CBE MA (Cantab) MB BChir FRCP Professor Sir Charles George MB ChB MD Professor Dame Averil Mansfield DBE ChM FRCS FRCP Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP Jon Barrick MBA DPRP (h.c.) FCMI Professor Pippa Tyrrell MBE MD FRCP
Chair	Stephen King MBA FCMI
Trustees	As listed on pages 114-115
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the management team	As listed on page 120
Company Secretary	Jan-Willem Jonker LLM
Registered office	Stroke Association House 240 City Road London EC1V 2PR
Telephone	0207 5660 300
Website	stroke.org.uk
Email	supporter.relations@stroke.org.uk
Company registration number	61274 (England and Wales)
Charity registration numbers	211015 (England and Wales) SC037789 (Scotland) 945 (Isle of Man) 221 (Jersey)
Auditor	Moore Kingston Smith LLP 9 Appold Street London EC2A 2AP
Bankers	Barclays Bank PLC 1 Churchill Place London E14 5HP
Investment managers	Waverton Investment Management 16 Babmaes Street London SW1Y 6AH


Stroke

Independent auditor's report

Opinion

We have audited the financial statements of the Stroke Association (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2024, which comprise the Group Statement of Financial Activities, the Group Summary Income and Expenditure Account, the Group and Parent Charitable Company Balance Sheets, the Group Cash Flow Statement and notes to the financial statements, including 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 group's and the parent charitable company's affairs as at 31 March 2024 and of the group's 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.
- Have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended) and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

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 group's and parent charitable 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, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained in the annual report. 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.

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 course of 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 themselves. 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.

Opinions on other matters 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 strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The strategic report and the trustees' annual 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 group and parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 or the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- The parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company's 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 117, 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 group and parent charitable 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 group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report to you in accordance with regulations made under those Acts.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the group and parent charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit report.
- We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

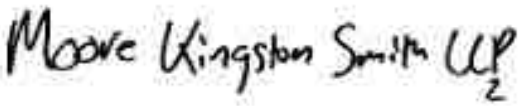
The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended), the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.
- There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which we are required to state to them in an auditor's report addressed to them and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, and the charity's trustees, as a body, for our audit work, for this report, or for the opinions we have formed.



Luke Holt (Senior Statutory Auditor)

For and on behalf of Moore Kingston Smith LLP, Statutory Auditor 9 Appold Street, London, EC2A 2AP

Date: 23 October 2024

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Consolidated statement of financial activities for the year ended 31 March 2024
(Incorporating a group income and expenditure account)

	Notes	Unrestricted funds £'000	Restricted funds £'000	2024 Total funds £'000	Restated Unrestricted funds £'000	Restated Restricted funds £'000	Restated 2023 Total funds £'000
Income from:							
Donations and legacies	1	26,069	2,786	**28,855**	26,429	1,946	**28,375**
Charitable activities – local services	2	463	11,124	**11,587**	428	10,384	**10,812**
Other trading activities	3	81	-	**81**	85	-	**85**
Investments	4	735	-	**735**	611	-	**611**
Other	5	887	-	**887**	798	-	**798**
Total income		**28,235**	**13,910**	**42,145**	**28,351**	**12,330**	**40,681**
Expenditure on:							
Stroke support services	6	8,102	12,524	**20,626**	6,995	11,015	**18,010**
Community development and volunteering	7	2,361	75	**2,436**	1,881	281	**2,162**
Research grants and awards	8	2,994	712	**3,706**	1,009	1,504	**2,513**
Systems influencing	9	2,696	140	**2,836**	2,325	349	**2,674**
Awareness and engagement with stroke	10	5,633	10	**5,643**	5,133	-	**5,133**
Raising funds	11	8,579	-	**8,579**	7,873	-	**7,873**
Total expenditure	12	**30,365**	**13,461**	**43,826**	**25,216**	**13,149**	**38,365**
Net (expenditure)/income before gains on investments	13-16	**(2,130)**	**449**	**(1,681)**	**3,135**	**(819)**	**2,316**
Net gains/(losses) on investments	20	3,625	-	**3,625**	(473)	-	**(473)**
Net income/(expenditure) after gains on investments before tax		**1,495**	**449**	**1,944**	**2,662**	**(819)**	**1,843**
Corporation tax on retained trading subsidiary profits	17	(12)	-	**(12)**	-	-	-
Net income/(expenditure) and net movement in funds		**1,483**	**449**	**1,932**	**2,662**	**(819)**	**1,843**
Reconciliation of funds:							
Funds brought forward at 1 April		32,156	2,807	**34,963**	28,819	4,301	**33,120**
Movement between funds	30	935	(935)	-	597	(597)	-
Capital expenditure	30	28	(28)	-	78	(78)	-
Net movement in funds in year		1,483	449	**1,932**	2,662	(819)	**1,843**
Total funds carried forward at 31 March		**34,602**	**2,293**	**36,895**	**32,156**	**2,807**	**34,963**

All of the group's activities are derived from continuing operations during the above two financial periods.

All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise.

This report consolidates the activities of the Stroke Association and Stroke Association (Trading) Limited.

Charity statement of financial activities for the year ended 31 March 2024

	Notes	Unrestricted funds £'000	Restricted funds £'000	2024 Total funds £'000	Restated Unrestricted funds £'000	Restated Restricted funds £'000	Restated 2023 Total funds £'000
Income from:							
Donations and legacies		25,813	2,786	**28,599**	26,287	1,946	**28,233**
Charitable activities – local services		462	11,124	**11,586**	428	10,384	**10,812**
Investments		735	-	**735**	611	-	**611**
Other		1,100	-	**1,100**	957	-	**957**
Total income		**28,110**	**13,910**	**42,020**	**28,283**	**12,330**	**40,613**
Expenditure on:							
Stroke support services		8,102	12,524	**20,626**	6,995	11,015	**18,010**
Community development and volunteering		2,362	75	**2,437**	1,881	281	**2,162**
Research grants and awards		2,994	712	**3,706**	1,010	1,504	**2,514**
Systems influencing		2,696	140	**2,836**	2,325	349	**2,674**
Awareness and engagement with stroke		5,602	10	**5,612**	5,099	-	**5,099**
Raising funds		8,542	-	**8,542**	7,838	-	**7,838**
Total expenditure		**30,298**	**13,461**	**43,759**	**25,148**	**13,149**	**38,297**
Net (expenditure)/income before gains on investments		(2,188)	449	**(1,739)**	3,135	(819)	**2,316**
Net gains/(losses) on investments		3,625	-	**3,625**	(473)	-	**(473)**
Net income/(expenditure) and net movement in funds		**1,437**	**449**	**1,886**	**2,662**	**(819)**	**1,843**
Reconciliation of funds:							
Funds brought forward at 1 April		32,142	2,807	**34,949**	28,805	4,301	**33,106**
Movement between funds		935	(935)	**-**	597	(597)	**-**
Capital expenditure		28	(28)	**-**	78	(78)	**-**
Net movement in funds in year		1,437	449	**1,886**	2,662	(819)	**1,843**
Total funds carried forward at 31 March		**34,542**	**2,293**	**36,835**	**32,142**	**2,807**	**34,949**

All of the charity's activities derived from continuing operations during the above two financial periods.

All recognised gains and losses are included in the statement of financial activities.

All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise.

This report shows the activities of the Stroke Association only, excluding the activities of Stroke Association (Trading) Limited.

Consolidated balance sheet as at 31 March 2024

	Notes	2024 £'000	2023 £'000
Fixed assets			
Tangible fixed assets	18	819	2,467
Intangible fixed assets	19	493	448
Investments	20	28,890	27,473
Total fixed assets		30,202	30,388
Current assets			
Debtors	21	11,720	9,944
Cash at bank and short-term deposits		5,254	5,416
Assets held for sale	22	1,456	-
Total current assets		18,430	15,360
Liabilities			
Creditors: amounts falling due within one year	23-24	(6,909)	(7,825)
Provisions for liabilities	26	(386)	(54)
Total current liabilities		(7,295)	(7,879)
Net current assets		11,135	7,481
Total assets less current liabilities		41,337	37,869
Creditors: amounts falling due in more than one year			
Research grants payable	25,8	(4,306)	(2,436)
Provisions for liabilities	26	(136)	(470)
Total creditors due after one year		(4,442)	(2,906)
Total net assets		36,895	34,963
The funds of the charity:			
Unrestricted funds			
-Designated funds	27	16,474	11,505
-Fixed asset fund	28	2,768	2,915
-General fund (free reserves)		15,300	17,722
		34,542	32,142
Restricted income funds	29	2,293	2,807
		36,835	34,949
Funds retained within a non-charitable subsidiary	3	60	14
	30	36,895	34,963

The notes on pages 150 to 183 form part of the financial statements.
Approved and authorised for issue by the trustees on 16 October 2024 and signed on their behalf by:



Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Charity balance sheet as at 31 March 2024

	Notes	2024 £'000	2023 £'000
Fixed assets			
Tangible fixed assets	18	819	2,467
Intangible fixed assets	19	493	448
Investments	20	28,890	27,473
Total fixed assets		**30,202**	**30,388**
Current assets			
Debtors	21	11,860	10,073
Cash at bank and short-term deposits		5,040	5,288
Assets held for sale	22	1,456	-
Total current assets		**18,356**	**15,361**
Liabilities			
Creditors: amounts falling due within one year	23-24	(6,895)	(7,840)
Provisions for liabilities	26	(386)	(54)
Total current liabilities		**(7,281)**	**(7,894)**
Net current assets		**11,075**	**7,467**
Total assets less current liabilities		**41,277**	**37,855**
Creditors: amounts falling due in more than one year			
Research grants payable	25,8	(4,306)	(2,436)
Provisions for liabilities	26	(136)	(470)
Total creditors due after one year		**(4,442)**	**(2,906)**
Total net assets		**36,835**	**34,949**
The funds of the charity:			
Unrestricted funds			
-Designated funds	27	16,474	11,505
- Fixed asset fund	28	2,768	2,915
-General fund (free reserves)		15,300	17,722
		34,542	**32,142**
Restricted income funds	29	2,293	2,807
	30	**36,835**	**34,949**

The notes on pages 150 to 183 form part of the financial statements.
Approved and authorised for issue by the trustees on 16 October 2024 and signed on their behalf by:



Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Consolidated statement of cash flows for the year ended 31 March 2024

	Notes	2024 £'000	2023 £'000
Cash flows from operating activities			
Net cash (used in) operating activities	A	(2,804)	(1,033)
Cash flows from investing activities			
Investment income		649	579
Purchase of tangible fixed assets		(55)	(26)
Purchase of intangible fixed assets		(160)	(130)
Proceeds from the disposal of investments		11,721	8,270
Purchase of investments		(9,646)	(11,571)
Net cash provided by/(used in) investing activities		**2,509**	**(2,878)**
Change in cash and cash equivalents in year		(295)	(3,911)
Cash and cash equivalents at 1 April 2023	B	5,955	9,866
Cash and cash equivalents at 31 March 2024	**B**	**5,660**	**5,955**

A. Reconciliation of net cash flow from operating activities

	2024 £'000	2023 £'000
Net income in year (as per the consolidated statement of financial activities)	1,932	1,843
Adjustment for:		
Net (gains)/losses on investments	(3,625)	473
Depreciation charge	247	242
Amortisation charge	115	230
Dividends and interest from investments	(649)	(579)
(Increase) in debtors	(1,775)	(3,152)
Increase in creditors	595	510
Increase/(decrease) in research grant commitments	359	(547)
(Decrease) in provisions	(3)	(53)
Net cash (used in) operating activities	**(2,804)**	**(1,033)**

B. Analysis of cash and cash equivalents and analysis of change in net debt

	2024 £'000	Cashflow £'000	2023 £'000
Cash at bank and short-term deposits	5,254	(162)	5,416
Cash held by investment managers	406	(133)	539
	5,660	**(295)**	**5,955**

Principal accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of preparation

The financial statements have been prepared on a going concern basis, under the historical cost convention, with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

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 United Kingdom and Republic of Ireland (FRS102) (Charities SORP FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102), the Charities Act 2011 and the Companies Act 2006.

The charity and its subsidiaries constitute a public benefit group entity as defined by FRS 102.

The financial statements are presented in sterling, the Charity's functional currency, and are rounded to the nearest thousand pounds.

Assessment of going concern

The trustees of the charity have assessed whether the use of the going concern assumption is appropriate in preparing these accounts and have made this assessment in respect to a period of one year from the date of their approval.

The trustees have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

The most significant areas of judgement that affect items in the accounts are detailed on page 148. With regard to the next accounting period, the year ending 31 March 2025, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets (see the 'Investment policy' on 106 and the risk management sections of the 'Trustees' report' for more information).

The charity's three-year plan projects increased charitable expenditure, which will be reflected with a deficit for two years and return to a surplus in year three. Reserves remain within the ranges specified in the revised reserves policy (see page 102).

The Stroke Association has well-diversified funding streams, with no individual funder or donor exceeding 4% of total income. Contracts with these funders generate a contribution towards the central costs of managing the Stroke Association secretariat, which delivers Management, People, Technology and Finance systems to support its programme globally.

Recognising that the Stroke Association's continued ability to deliver its programme of work will depend on continued forward

secured funding going into its new Business Plan period (2021 – 2024), the trustees have considered several factors in concluding that the adoption of the going concern basis in the preparation of these financial statements is appropriate. These have included:

- Existing reserves and investment holdings.
- The forward pipeline of secured and prospective contract and grant awards.
- The growth of the legacy notifications and pipeline.

The rigour of pipeline monitoring and cost controls that are in place to ensure a balanced budget in the current (2023–24) and subsequent financial year (2024–25) while still maintaining delivery of the Stroke Association's programme.

Cash management and working capital controls in place to manage the potential risks of late payments by funders and ensure restricted and unrestricted assets and reserves are appropriately managed.

After making this assessment, the trustees are confident the organisation has adequate resources to operate for the foreseeable future and can adopt the going concern basis in preparing its financial statements.

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (Trading) Limited Company Reg No 00898941. Dormant subsidiaries have not been consolidated on the basis of materiality.

Income

Income, including investment income, is recognised in the period in which the charity is entitled to receipt and the amount can be measured reliably with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Income comprises donations, legacies, commissioned services income, trading income, investment income and other income.

In accordance with the Charities SORP FRS 102, volunteer time is not recognised, as the value of their contribution cannot be reliably measured.

Donations and grants, including those in respect of participation events, are recognised when the charity has confirmation of both the amount and the settlement date. In the event of donations and grants pledged but not received, the amount is accrued for where the receipt is probable.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these amount to a contract for services.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity. Entitlement to a legacy is taken as the earlier of the date on which

either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor 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.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having being transferred to the charity.

Commissioned stroke recovery and communication support service income and trading income is recognised to the extent that it is probable that the economic benefits will flow to the charity and the revenue can be measured reliably. It is measured at fair value, being the amount invoiced and considered receivable, excluding any discounts or rebates.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs.
All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

Expenditure on raising funds includes the salaries, direct costs and support costs associated with generating donated income, and the costs incurred by the trading subsidiary.

Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants payable, direct and support costs including governance costs.

Grants are included in full in the statement of financial activities when the award has been approved and when the intended recipient has either received the funds or been informed of the decision to make the donation and has satisfied all related conditions. Grants approved, but not paid at the end of the financial year, are accrued for.

Irrecoverable VAT is allocated to the same expenditure heading as the associated net costs.

An exercise was undertaken during the year to ensure all costs have been correctly mapped to the appropriate charitable goals, as a result of this exercise there has been some reclassification of costs between goals to better reflect their purpose. The prior year comparatives have been restated to reflect these changes.

The reclassification did not have any effect on the prior year surplus for the year ended 31 March 2023. This reclassification has also had an impact on FTE and head count allocations across goals.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with the constitutional statutory requirements.

Support costs and governance costs are apportioned on a basis consistent with the use of resources, primarily FTE and expenditure ratios.

Donated services and facilities (gifts in kind)

Services and facilities donated to the charity for its own use are included in income at their worth to the charity as at the time of the gift with an equivalent amount included in expenditure.

Taxation

The charity is considered to meet the definition of a charitable company for UK corporation tax purposes. Accordingly, to the extent that income and gains fall within Part 11 of the Corporation Tax Act 2010 and section 256 of the Taxation of Chargeable Gains Acts 1992, the charity is exempt from UK taxation on such income and gains provided they are applied for charitable purposes. Furthermore, any subsidiary company that is trading and makes qualifying donations of all its taxable profits to its parent company will not incur any corporation tax.

Research grants and awards

The Stroke Association awards research grants and Fellowships each year, which run for periods of up to five years. Such research grants and awards are accrued in full at the time of their award.

The Stroke Association undertakes an annual reporting review for all grants. Any under performance is investigated, which may involve an external review by stroke research experts. This may very occasionally lead to the reduction or cancellation of a grant.

The long-term research grant commitment has not been discounted on the grounds that it would not be material.

Tangible fixed assets

All tangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. They are stated at cost, which includes the original purchase price of the assets plus costs attributable to bringing the asset to its intended use. Depreciation is calculated on a straight-line basis over its expected useful life.

Freehold properties used for the direct charitable work of the charity are included in these financial statements at cost at the date of acquisition, together with the cost of additions and improvements to date. Only functional freehold properties are depreciated at a rate of 2% per annum on a straight-line basis in order to write them off over their estimated useful lives. Those under construction are not depreciated until they are brought into use. An impairment review in respect to a particular class of assets is conducted if events, or changes in circumstances, indicate that the carrying amount of any tangible fixed asset may not be recoverable.

During the year, the freehold property was put on the market for sale.Contracts were exchanged before the year-end with completion in April 2024. The net book value of the asset has been moved to assets held for sale with the gain on disposal being reflected in next year's financial statements. See note 22 and 41.

Short leasehold premises consist of the costs of entering into the leases for offices, together with associated fitting-out costs. These costs are written off over the life of the lease, reflecting the useful life of the underlying asset to the charity.

Office fixtures, fittings and equipment are depreciated over five years based on the estimated useful life on a straight-line basis.

Intangible fixed assets

All intangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. These include software, the charity's website, and other internally developed online tools. Intangible assets are valued at the cost to the charity of acquiring these assets.

Intangible fixed assets are recognised only if all the following conditions are met:

An asset is created that can be separately identified.

It is probable that the asset created will generate future economic benefits; and development costs of the asset can be measured reliably.

Amortisation of intangible fixed assets is calculated using the straight-line method to allocate the cost of the assets over their estimated useful lives. All intangible fixed assets are assumed to have useful lives of five years and are amortised accordingly at an annual rate of 20%. An annual impairment review is conducted for each asset after it has been brought into use to re-assess its remaining useful life and that it still meets the definition of an intangible asset.

Fixed asset investments

Fixed asset investments listed on a recognised stock exchange are initially recognised at their transactional value and subsequently measured at their fair value as at the balance sheet date using the quoted market price.

Realised gains or losses on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase

value if acquired during the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value at that date. Realised and unrealised investment gains or losses are combined in the statement of financial activities and are credited or debited in the year in which they arise.

The main form of financial risk faced by the charity is that of volatility in equity and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

The investment in the charity's trading subsidiary is valued at the cost of £7 (2023:£7).

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid and have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event; it is probable that a transfer of economic benefit will be required in settlement; and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund accounting

Restricted funds comprise monies raised for, or where their use is restricted to, a specific purpose, or contributions subject to donor-imposed conditions.

Unrestricted general funds represent those monies, which are available for application towards achieving any charitable purpose that falls within the charity's charitable objectives.

Designated funds comprise unrestricted funds that have been set aside by the trustees and designated for particular purposes.

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves.

Significant accounting estimates and areas of judgement

Preparation of the financial statements requires the trustees and management to make significant judgements and estimates that affect the reported values of assets, liabilities, income and expenses.

Significant areas of estimation and judgement include:

- Assessing the possibility of receiving legacies of which the charity has been notified.
- The split between current and non-current liabilities for grant awards that mainly extend over three or more years.
- Determining the basis for allocating support costs.
- The useful economic life of tangible and intangible fixed assets.
- Provision for dilapidation on the leasehold properties is based on historic data, ongoing monitoring of the conditions of the property and discussions with properties developers and landlords.
- Assessment of the charity's ability to continue as a going concern.

Onerous leases

An onerous lease provision was made in the previous year for all those properties that were not in use and would not be put into use before the end of their lease. The provision was based on all contractual costs from the balance sheet date to the end of the lease. In this year the provision has been fully released as those properties have been disposed of in the year. No provision was required for the remaining properties.

Operating leases

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the statement of financial activities on a straight-line basis over the lease term.

Pension costs

Contributions are paid to a group money purchase personal pension plan for employees. Contributions payable during the year are charged to the statement of financial activities and any balances owed at the year-end are included in creditors – amounts falling due within one year. See note 23.

1. Donations and legacies

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000	Unrestricted £'000	Restricted £'000	2023 Total funds £'000
General donations	1,248	495	1,743	1,318	33	1,351
In memoriam	1,342	12	1,354	1,385	16	1,401
Lottery and raffle	1,640	-	1,640	1,168	-	1,168
Direct mail	680	-	680	647	-	647
Committed giving	1,327	279	1,606	1,449	71	1,520
Corporate income and trusts	1,041	911	1,952	970	658	1,628
Events	2,099	8	2,107	2,069	-	2,069
Gift Aid	807	64	871	799	-	799
Legacies	15,645	439	16,084	16,624	161	16,785
Grants	240	578	818	-	1,007	1,007
Total	26,069	2,786	28,855	26,429	1,946	28,375

Contingent asset

During the reporting period, we have been notified of Legacies that could total £2.5 million (2022-23: £3.1 million), where either no grant of probate has been received or the grant of probate has been received within six months of the end of the financial year. This gives rise to a contingent asset as it is a possible asset arising from a past event (the notification of the legacy by the solicitors for the deceased legators), but the outcome will be determined by an uncertain future event (any debts owed by the legator or challenges from family members).

2. Charitable activities – local services

	Unrestricted £'000	Restricted £'000	Total funds 2024 £'000	Unrestricted £'000	Restricted £'000	Total funds 2023 £'000
Commissioned stroke recovery and communication support services	-	11,124	11,124	-	10,384	10,384
Stroke Group Network	463	-	463	428	-	428
Total	463	11,124	11,587	428	10,384	10,812

All income from commissioned stroke recovery and communication support services in this and the prior accounting period was restricted and represents delivered services.

3. Other trading income

The Stroke Association owns seven ordinary shares of £1 each (100%) of Stroke Association (Trading) Limited Company Reg No. 00898941, a company incorporated in England and Wales. The company sells Christmas cards and raises corporate sponsorship monies to fund the activities of the charity. All income is therefore unrestricted.

The trading company gift aids its taxable profits to the charity to the extent that it has distributable reserves with which to do so.

	2024 Total funds £'000	2023 Total funds £'000
Turnover	81	85
Cost of sales	(30)	(31)
Gross profit	51	54
Other income – corporate sponsorship	333	305
	384	359
Selling, distribution and administration expenses	(289)	(229)
Net profit	95	130
Corporation tax	(12)	-
Net profit paid to the Stroke Association under gift aid	(37)	(130)
Net assets at 31 March	60	14

The trading company's directors agreed to retain such funds as to bring the reserves up to £60,000 in order to maintain its financial stability. This has resulted in tax charge on the retained profits. Surplus profits were gift aided to the charity.

4. Investment income

	2024 Total funds £'000	2023 Total funds £'000
Investment income receivable	649	579
Interest receivable	86	32
	735	611

5. Other income

	Unrestricted £'000	Restricted £'000	Total funds 2024 £'000	Unrestricted £'000	Restricted £'000	Total funds 2023 £'000
Delegate fees	572	-	572	473	-	473
Training income	9	-	9	13	-	13
Publication sales	5	-	5	11	-	11
Room hire	238	-	238	210	-	210
Sundry income	63	-	63	91	-	91
	887	-	887	798	-	798

6. Stroke support services

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000
Commissioned stroke recovery and communication support services	-	9,298	9,298
Regional and management support	1,022	1,826	2,848
Stroke Group Network	579	154	733
Universal services including Helpline	1,440	599	2,039
Support costs (note 12)	5,061	647	5,708
Total – 2023-24	8,102	12,524	20,626

	Restated un-restricted £'000	Restated restricted £'000	Restated 2023 Total funds £'000
Commissioned stroke recovery and communication support services	-	8,271	8,271
Regional and management support	1,214	1,183	2,397
Stroke Group Network	531	28	559
Universal services including Helpline	963	723	1,686
Support costs (note 12)	4,287	810	5,097
Total – 2022-23	6,995	11,015	18,010

The allocation of direct costs to our six expenditure goals are regularly reviewed to ensure that the expenditure correctly reflects their purpose. As a result of this year's review some costs have been reclassified. Last year's comparisons have been restated based on this reclassification.

7. Community development and volunteering

	Un-restricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	1,599	75	1,674
Other direct costs	92	-	92
Support costs (note 12)	670	-	670
Total – 2023–24	**2,361**	**75**	**2,436**

	Restated un-restricted £'000	Restated restricted £'000	2023 Total funds restated £'000
Staff costs	1,149	281	1,430
Other direct costs	139	-	139
Support costs (note 12)	593	-	593
Total – 2022–23	**1,881**	**281**	**2,162**

8. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	2024 Total funds £'000	Restated 2023 Total funds £'000
Total – 2023–24	2,994	712	3,706	2,513
Total – 2022–23 (restated)	1,009	1,504	2,513	-

Included within research grants and awards are the direct and support costs of running the research department. The fourteen new grants approved this year are detailed on pages 64-65. A full list of the grants is available on **stroke.org.uk/research**

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000	Restated unrestricted £'000	Restated restricted £'000	Restated 2023 Total funds £'000
Grants	2,492	712	3,204	614	1,409	2,023
Direct support costs	416	-	416	323	95	418
Indirect support costs (see note 12)	86	-	86	72	-	72
	2,994	712	3,706	1,009	1,504	2,513

Research grant commitments
Group and charity

	2024 Total funds £'000	2023 Total funds £'000
Commitments at 1 April	6,349	6,896
Written back during the year	(113)	(105)
Paid during the year	(2,855)	(2,532)
Approved during the year	3,326	2,091
Commitments at 31 March	6,707	6,349
Payable as follows:		
Within one year (note 23)	2,401	3,913
After more than one year (note 25)	4,306	2,436
	6,707	6,349

Related party transactions 2024

The people who are listed below against each award are from the same institution as the award holder, and have either been a member of a funding panel in the last year, or are listed on our Research Awards Pool membership.

None of the below research awards pool members took part in the review or adjudication of their research applications, and were excluded from the entire review, adjudication, and awards panel process for the respective award rounds.

Postdoctoral Fellowship
Sabrina Eltringham for £210,000 at Sheffield Teaching Hospitals NHS Foundation Trust; Michael Stringer for £215,000 at University of Edinburgh with Rustam Al-Shahi Salman (Trustee and Funding Panel); Gillian Mead (Research Awards Pool); Fergus Doubal (Research Awards Pool); Emily Sena (Funding Panel).

Postgraduate Fellowship
Kate Ledingham for £113,000 at University College London with David Werring (Research Awards Pool); Holly Robson (Funding Panel); Sumanjit Gill (Funding Panel); Rui Loureiro (Funding Panel); Jenny Crinion (Funding Panel); Triin Ojakäär for £110,000 at University of Oxford with Alison Halliday (Research Awards Pool); Jacinta O'Shea (Research Awards Pool); Derrick Bennett (Funding Panel).

Lectureship
Jatinder Minhas for £235,000 at University of Leicester; Neshika Samarasekera for £235,000 at University of Edinburgh with Rustam Al-Shahi Salman (Trustee and Funding Panel); Gillian Mead (Research Awards Pool); Fergus Doubal (Research Awards Pool); Emily Sena (Funding Panel).

Project Grant
Nicholas Evans for £226,000 at University of Cambridge with Hugh Markus (Research Awards Pool); Jonathan Mant (Research Awards Pool and Funding Panel); Matthew Lambon-Ralph (Research Awards Pool), Dr Isuru Induruwa (Funding Panel), Fiona Rowe for £267,000 at University of Liverpool with Gregory Lip (Funding Panel); Arshad Majid for £267,000 at University of Sheffield with Ruth Herbert (Research Awards Pool).

Conditional offers
Jesse Dawson for £270,000 at University of Glasgow with Terry Quinn (Research Awards Pool), Robin Young (Funding Panel). Jesse is a member of the Research Awards Pool and was Chair of the Postdoctoral Funding Panel in 2023.

Jonathan Hewitt for £270,000 at Cardiff University; Matthew O'Connell for £186,000 at King's College London with Ben Bray (Research Awards Pool); Lorna Paul for £214,000 at Glasgow Caledonian University with Frederike van Wijck (Research Awards Pool); Marian Brady (Research Awards Pool and Funding Panel).

9. Systems influencing

	Un-restricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	1,792	140	1,932
Other direct costs	350	-	350
Support costs (note 12)	554	-	554
Total – 2023–24	**2,696**	**140**	**2,836**

	Restated un-restricted £'000	Restated restricted £'000	Restated 2023 Total funds £'000
Staff costs	1,505	349	1,854
Other direct costs	282	-	282
Support costs (note 12)	538	-	538
Total – 2022-23	**2,325**	**349**	**2,674**

10. Awareness and engagement with stroke

	Un-restricted £'000	Restricted £'000	2024 Total funds £'000
Staff costs	2,345	10	2,355
Advertising and marketing	1,637	-	1,637
Other direct costs	926	-	926
Support costs (note 12)	725	-	725
Total – 2023–24	**5,633**	**10**	**5,643**

	Restated un-restricted £'000	Restated restricted £'000	Restated 2023 Total funds £'000
Staff costs	2,030	-	2,030
Advertising and marketing	1,718	-	1,718
Other direct costs	766	-	766
Support costs (note 12)	619	-	619
Total – 2022–23	**5,133**	**-**	**5,133**

11. Costs of raising funds

	Unrestricted £'000	Restricted £'000	2024 Total funds £'000	Restated unrestricted £'000	Restated restricted £'000	Restated 2023 Total funds £'000
Staff costs	3,289	-	3,289	3,084	-	3,084
Donor acquisition and retention	4,114	-	4,114	3,780	-	3,780
Fundraising trading	106	-	106	25	-	25
Support (note 12)	1,070	-	1,070	984	-	984
	8,579	-	8,579	7,873	-	7,873

12. Allocation of support costs

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	2024 Total £'000
Direct costs	14,918	1,766	3,620	2,282	4,918	7,509	35,012
Support costs:							
Management	433	51	7	42	55	81	669
Property	674	79	10	65	86	126	1,040
People	1,454	171	22	141	185	272	2,245
Finance	1,057	124	16	103	134	198	1,632
Technology	1,549	182	23	150	197	292	2,393
Governance costs	541	63	8	53	69	101	835
	5,708	670	86	554	725	1,070	8,814
Total – 2023-24	20,626	2,436	3,706	2,836	5,643	8,579	43,826

	Restated Stroke support services £'000	Restated Community development and volunteering £'000	Restated Research grants and awards £'000	Restated Systems influencing £'000	Restated Awareness and engagement with stroke £'000	Restated Raising funds £'000	Restated 2023 Total £'000
Direct costs	12,913	1,569	2,441	2,136	4,514	6,889	30,461
Support costs:							
Management	373	43	5	39	45	74	579
Property	602	70	8	64	73	116	934
People	1,266	147	19	134	155	244	1,963
Finance	1,071	125	15	113	130	207	1,661
Technology	1,271	148	18	134	154	244	1,971
Governance costs	514	60	7	54	62	99	796
	5,097	593	72	538	619	984	7,904
Total – 2022-23	18,010	2,162	2,513	2,674	5,133	7,873	38,365

Full time equivalent, locations and activities forms the basis of allocation for the functions listed above.

13. Governance costs

	2024 Total funds £'000	2023 Total funds £'000
Chief Executive Office	204	189
Internal audit	36	42
External audit (including irrecoverable VAT)	48	45
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance)	547	520
	835	796

14. Net movement in funds

This is stated after charging:

	2024 Total funds £'000	Restated 2023 Total funds £'000
Auditor's remuneration	40	38
Tax computation and advice from auditors	2	2
Other Financial services from auditors	14	-
Depreciation (note 18)	247	242
Amortisation (note 19)	115	230
Operating lease rentals - Office rent	416	419
- Company Car lease	-	5

Prior year auditor's figures have been restated to exclude irrecoverable VAT.

15. Employee and key management remuneration

Staff costs during the year were as follows:

	2024 £'000	2023 £'000
Wages and salaries	23,145	20,799
Social security costs	2,059	1,931
Pension costs	1,393	1,220
Redundancy and termination costs	41	74
	26,638	24,024
Payments to agency staff	67	25
	26,705	24,049

Non-taxable statutory redundancy payments totalled £32,000 (2023: £60,000).

The average number of employees during the year, analysed by function and including support staff as allocated per note 12, was as follows:

	2024 Full time equivalent	Restated 2023 full time equivalent	2024 head count	Restated 2023 head count restated
Charitable activities				
- Stroke support services	442	411	536	496
- Community development and volunteering	52	48	58	54
- Research grants and awards	7	6	7	6
- Systems influencing	43	43	48	47
- Awareness and engagement with stroke	56	50	61	53
Raising funds	83	79	85	83
	683	637	795	739

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by volunteers throughout the year.

15. Employee and key management remuneration (continued)

The number of employees who earned between the amounts stated below (including taxable benefits but excluding employer pension and national insurance contributions) during the year were:

	2024 number	2023 number
£60,001 - £70,000	16	11
£70,001 - £80,000	4	4
£90,001 - £100,000	3	3
£100,001 - £110,000	1	2
£110,001 - £120,000	2	1
£140,001 - £150,000	-	1
£150,001 - £160,000	1	-

Key management personnel are the members of the Executive Team. In 2024, there were six full time equivalent (FTE) members of this team (2023: six). See page 120 for further details.

The total remuneration (including taxable benefits and employer's pension and national insurance contributions) paid to the key management personnel of the charity in the year was £822,000 (2023: £791,000).

16. Trustee remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £3,836 (2023: £2,552) were reimbursed to 10 trustees (2023:12).

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £28,600 (2023: £25,000) and provides cover of up to a maximum of £5 million in any one year.

Due to their expertise within the field of medicine and research, trustees may complete projects funded by the Stroke Association. These are monitored by management and require approval of the Research Awards Committee and the Board. Research grants awarded to trustees during the year are detailed in note 8.

17. Corporation Tax

The Charity is considered to meet the definition of a charitable company for UK corporation tax purposes. Accordingly, to the extent that income and gains fall within Part 11 of the Corporation Tax Act 2010 and section 256 of the Taxation of Chargeable Gains Acts 1992, the charity is exempt from UK taxation on such income and gains provided they are applied for charitable purposes. Furthermore, any subsidiary company that is trading and makes qualifying donations of all its taxable profits to its parent company will not incur any corporation tax.

The £12,000 taxation charge (2023 - £nil) arises from the charity's trading subsidiary which retained part of its operating profits in the year. In the previous year a donation of all taxable profit was made to the charity from the trading subsidiary via the Gift Aid scheme.

The tax charge of the retained profit in the subsidiary on its ordinary activities for the year was as follows:

	2024 £'000	2023 £'000
UK corporation tax at 19% (2023 – 19%)	12	-
Factors affecting tax charge for period Profit on ordinary activities before tax	95	130
Corporation tax rate in the UK	19%	19%
Profit on ordinary activities multiplied by standard rate of corporation tax	18	25
Effects of: Gift Aid donation to Stroke Association	(5)	(25)
Marginal tax relief	(1)	-
Current tax charge for the year	12	-

18. Tangible fixed assets

Group and charity

	Freehold premises £'000	Short leasehold premises £'000	Office fixtures, fittings and equipment £'000	2024 Total £'000
Cost				
At 1 April 2023	1,947	2,850	484	5,281
Additions	-	55	-	55
Transfer (see note 22)	(1,947)	-	-	(1,947)
Disposals	-	(845)	(36)	(880)
At 31 March 2024	**-**	**2,060**	**448**	**2,508**
Depreciation				
At 1 April 2023	462	2,007	344	2,814
Charge for year	29	180	37	247
Transfer (see note 22)	(491)	-	-	(491)
Disposals	-	(845)	(36)	(880)
At 31 March 2024	**-**	**1,343**	**345**	**1,689**
Net book values				
At 31 March 2024	**-**	**718**	**103**	**819**
At 1 April 2023	**1,485**	**842**	**1140**	**2,467**

19. Intangible fixed assets

Group and charity	2024 Total £'000
Cost	
At 1 April 2023	2,567
Additions	160
Disposals	(876)
At 31 March 2024	**1,851**
Amortisation	
At 1 April 2023	2,119
Charge for year	(876)
Disposals	115
At 31 March 2024	**1,358**
Net book values	
At 31 March 2024	**493**
At 1 April 2023	**448**

20. Fixed asset investments

These comprise investments at market value and cash held for re-investment.

Group and charity

	2024 £'000	2023 £'000
Market value at 1 April	26,933	24,106
Acquisitions	9,646	11,571
Sales proceeds	(11,721)	(8,270)
Net movement in market values (see below)	3,625	(473)
Market value at 31 March	**28,484**	**26,933**
Cash held by investment managers for re-investment	406	539
Market value at 31 March	**28,890**	**27,473**
Cost of investments at 31 March	**22,843**	**23,800**

Net movement in market values in year:

	2024 £'000	2023 £'000
Realised gains/(losses)	229	(369)
Unrealised gains/(losses)	3,396	(104)
	3,625	(473)

All investments, except those in the property funds, the funds of hedge funds and the multi asset holdings, were listed and dealt in on recognised stock exchanges and comprised the following:

	2024 £'000	2023 £'000
Equities	20,104	20,059
Government stock	4,893	1,478
Non-government bonds	787	2,504
UK property funds	409	296
Multi asset holdings	2,291	2,596
	28,484	26,933

UK stock exchange	7,614	7,455
Non-UK stock exchanges	18,170	16,586
UK property funds	409	296
Multi asset holdings	2,291	2,596
	28,484	26,933

21. Debtors note

	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Trade debtors	682	1,313	636	1,280
Amounts owed by trading subsidiary	-	-	185	163
Other debtors	29	26	29	26
Prepayments and accrued income	11,009	8,605	11,010	8,604
	11,720	9,944	11,860	10,073

22. Assets held for sale

	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Property held for sale	1,456	-	1,456	-

At the year-end, contracts had been exchanged for the sale of our freehold property in Bromsgrove. The book value of this asset has been treated as an asset held for sale. See note 41.

23. Creditors: amounts falling due within one year

	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Trade creditors	2,045	741	2,042	741
Research grants (note 8)	2,401	3,913	2,401	3,913
Taxation and social security	583	533	600	558
Corporation tax liability	12	-	-	-
Pension commitments	204	182	204	182
Other creditors	19	38	21	36
Deferred income	384	1,178	374	1,176
Accruals	1,261	1,240	1,253	1,234
	6,909	7,825	6,895	7,840

The charity operates a group personal pension scheme, which incorporates employees joining through auto-enrolment.

24. Movement in deferred income

Group	Opening balance 1 April 2023 £'000	Released £'000	Deferred £'000	Closing balance 31 March 2024 £'000
Movement in deferred income	1,178	(14,240)	13,445	384

	Opening balance 1 April 2022 £'000	Released £'000	Deferred £'000	Closing balance 31 March 2023 £'000
Movement in deferred income	375	(13,707)	14,510	1,178

Charity	Opening balance 1 April 2023 £'000	Released £'000	Deferred £'000	Closing balance 31 March 2024 £'000
Movement in deferred income	1,176	(14,020)	13,218	374

	Opening balance 1 April 2022 £'000	Released £'000	Deferred £'000	Closing balance 31 March 2023 £'000
Movement in deferred income	375	(12,090)	12,891	1,176

Deferred income includes commissioned service income where invoices have been raised in advance of the service delivery period along with raffle ticket sale income that relate to future draws and trust funding for future years.

25. Creditors: amounts falling due in more than one year

	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Research grants (note 8)	4,306	2,436	4,306	2,436
	4,306	2,436	4,306	2,436

26. Provisions for liabilities

Group and charity	Less than one year £'000	More than one year £'000	2024 Total provision £'000	Less than one year £'000	More than one year £'000	2023 Total provision £'000
Onerous lease provision	-	-	-	10	-	10
Property dilapidation	386	136	522	44	470	514
	386	136	522	54	470	524

The charity has built up a dilapidation provision for works required at the end of the lease or at its break clause if earlier to bring the property to the state it was at the commencement of the lease as required under lease agreement.

The provision is based on historic data, ongoing monitoring of the conditions of the property and discussions with property developers and landlords.

27. Designated funds

Certain unrestricted funds have been set aside as designated by the trustees for future activities.

Group and charity

	2024 £'000	2023 £'000
Future cost of operating model over next three years	1,077	1,168
Legacy Stabilisation Fund	1,320	1,280
Strategy Acceleration Fund	12,642	7,916
Northampton Resource Centre location costs	296	321
Research Fund	575	-
Funds held for Stroke Association Support Groups	503	695
UK Stroke Forum	61	125
	16,474	11,505

The purpose of each designated fund is set out under the Reserves Policy pages 102 to 104 of the Annual Report.

28. Fixed asset fund (including assets held for sale)

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid plus the value of assets held for sale and are not available as free reserves.

Group and charity

	2024 £'000	2023 £'000
Fixed asset fund	2,768	2,915

29. Restricted funds

Group and charity

	At 1 April 2023 £'000	Fund transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2024 £'000
Medical and other research						
- Donations and legacies	-	(861)	1,606	-	(695)	50
	-	(861)	1,606	-	(695)	50
Other restricted funds						
- Commissioned services	-	-	11,124	-	(11,124)	-
- Stroke services and programmes	966	(86)	515	-	(925)	470
- Other donations and legacies	1,813	12	666	-	(717)	1,773
- Capital projects	28	-	-	(28)	-	-
	2,807	(74)	12,304	(28)	(12,766)	2,243
Total 2023-24	2,807	(935)	13,910	(28)	(13,461)	2,293

Group and charity

	At 1 April 2022 Restated £'000	Fund transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2023 £'000
Medical and other research						
- Donations and legacies	1,053	(453)	1,152	-	(1,752)	-
	1,053	**(453)**	**1,152**	**-**	**(1,752)**	**-**
Other restricted funds						
- Commissioned services	-	-	10,383	-	(10,383)	-
- Stroke services and programmes	283	817	560	-	(694)	966
- Other donations and legacies	2,891	(993)	235	-	(320)	1,813
- Capital projects	74	32	-	(78)	-	28
	3,248	**(144)**	**11,178**	**(78)**	**(11,397)**	**2,807**
Total 2022-23	**4,301**	**(597)**	**12,330**	**(78)**	**(13,149)**	**2,807**

During the year additional funding was received for research grants that had previously been fully funded from unrestricted funds. This has been reflected in a transfer between funds.

The income on commissioned Stroke Recovery and Communication Support services contracts is for operating communication and family support services.

Income for other stroke services and programmes includes services such as the Stroke Support Helpline and support grants.

Other restricted donations and legacies are received for specific regional voluntary groups and services, general education and training, along with enhancing awareness and information.

30. Analysis of net assets between funds

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2024 Total £'000
Tangible fixed assets	-	-	819	-	819
Intangible fixed assets	-	-	493	-	493
Fixed asset investments	12,416	16,474	-	-	28,890
Current assets	14,680	-	1,456	2,293	18,430
Creditors: amounts falling due within one year	(6,909)	-	-	-	(6,909)
Provisions for liabilities	(522)	-	-	-	(522)
Creditors: amounts falling due after one year	(4,306)	-	-	-	(4,306)
	15,360	16,474	2,768	2,293	36,895

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2023 Total £'000
Tangible fixed assets	-	-	2,467	-	2,467
Intangible fixed assets	-	-	448	-	448
Fixed asset investments	15,967	11,505	-	-	27,473
Current assets	12,553	-	-	2,807	15,360
Creditors: amounts falling due within one year	(7,825)	-	-	-	(7,825)
Provisions for liabilities	(525)	-	-	-	(525)
Creditors: amounts falling due after one year	(2,436)	-	-	-	(2,436)
	17,736	11,505	2,915	2,807	34,963

Charity	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	Total 2024 £'000
Tangible fixed assets	-	-	819	-	819
Intangible fixed assets	-	-	493	-	493
Fixed asset investments	12,416	16,474	-	-	28,890
Current assets	14,607	-	1,456	2,293	18,356
Creditors: amounts falling due within one year	(6,895)	-	-	-	(6,895)
Provisions for liabilities	(522)	-	-	-	(522)
Creditors: amounts falling due after one year	(4,306)	-	-	-	(4,306)
	15,300	16,473	2,768	2,293	36,835

Charity	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	Total 2023 £'000
Tangible fixed assets	-	-	2,467	-	2,467
Intangible fixed assets	-	-	448	-	448
Fixed asset investments	15,967	11,505	-	-	27,473
Current assets	12,555	-	-	2,807	15,361
Creditors: amounts falling due within one year	(7,840)	-	-	-	(7,840)
Provisions for liabilities	(525)	-	-	-	(525)
Creditors: amounts falling due after one year	(2,436)	-	-	-	(2,436)
	17,722	11,505	2,915	2,807	34,949

31. Tax

The charity is unable to reclaim all VAT incurred on expenditure. Irrecoverable VAT incurred during the year amounted to £1,286,000 (2023: £1,161,000).

32. Leasing commitments

At 31 March 2024, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	Property 2024 £'000	Property 2023 £'000	Office equipment 2024 £'000	Office equipment 2023 £'000
Operating leases which expire:				
Within one year	446	495	268	242
Within two to five years	1,086	1,532	250	413
	1,532	2,027	518	655

33. Reconciliation of movements on unrealised gains

Group and charity	2024 £'000	2023 £'000
Unrealised gains at 1 April	3,104	4,788
Less: in respect to disposals in year	(2,491)	(1,580)
Add: net gains/(losses) on revaluations in year	3,396	(104)
Total unrealised gains at 31 March	4,009	3,104

34. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up, members are required to contribute an amount not exceeding 5p.

35. Dormant subsidiary companies

The Stroke Association owns 100% of The Chest Heart and Stroke Association (company number 02100497), The British Stroke Foundation (company number 02642339) and Stroke UK Limited (company number 05741880), dormant companies incorporated in England and Wales and 100% of Speechmatters Limited (company number NI049026), a dormant company incorporated in Northern Ireland.

36. Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 8 and 16 respectively. During the year the charity received £49,716 in community services income (2023: £48,268) from West Essex Clinical Commissioning Group, of which Stephen King (Stroke Association Chair) is a governor. The original contract was entered into before he became a trustee.

During the year costs totalling £258,000 plus VAT (£2023: £116,000 plus VAT) were charged from Stroke Association Limited to Stroke Association (Trading) Limited representing costs incurred by the charity's that relate to its subsidiaries activities.

During the year costs totalling £9,000 plus VAT (2023: £9,000 plus VAT) were charged from Stroke Association (Trading) Limited to Stroke Association Limited representing costs incurred by the Trading Company that relate to the Charity's activities.

During the year, a donation of all Stroke Association (Trading) Limited's prior year profits of £130,000 (2023: £132,000) was paid to Stroke Association Limited under the gift aid scheme.

At 31 March, £26,000 (2023: £130,000) has been accrued in the books of the charity being gift aided profits from its trading subsidiary under a deed of covenant.

37. Agency arrangements

During the year, the Stroke Association received £87,000 (2023: £116,000) from BHF as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including BHF. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these BHF receipts to grantees amounted to £87,000 in the year (2023: £91,000), and cash held by the Stroke Association on behalf of BHF at the year-end amounted to £0 (2023: £246,000), which is included within grant commitments.

Cash held by the Stroke Association on behalf of Alzheimer's Society as at the year-end amounted to £0 (2023: £133,000) which is included within grant commitments.

38. Contract and grant income

The Stroke Association was awarded many grants and contracts during the year including the following that have requested a formal acknowledgment in these accounts:

- Central Bedfordshire Council
- Mid and South Essex ICB
- NHS Frimley ICB
- NHS Hampshire and Isle of Wight ICB
- Norfolk and Waveney ICB
- South Yorkshire ICB
- Wakefield Council

39. Movement in funds

Group	Opening balance 1 April 2023 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2024 £'000
Unrestricted funds					
- Designated funds	11,505	1,287	(3,627)	7,309	16,474
- Fixed asset fund	2,915	-	(362)	215	2,768
- General funds (free reserves)	17,722	30,159	(26,019)	(6,560)	15,300
	32,142	31,446	(30,008)	963	34,542
Restricted income funds	2,8071	13,910	(13,461)	(963)	2,293
	34,949	45,355	(43,469)	-	36,835
Funds retained within a non-charitable subsidiary	14	415	(368)	-	60
	34,963	45,770	(43,838)	-	36,895

Group	Opening balance 1 April 2022 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2023 £'000
Unrestricted funds					
- Designated funds	12,966	411	(1,704)	(168)	11,505
- Fixed asset fund	3,231	-	(472)	155	2,915
- General funds (free reserves)	12,608	27,550	(23,123)	687	17,722
	28,805	27,961	(25,299)	675	32,142
Restricted income funds	4,301	12,330	(13,149)	(675)	2,807
	33,106	40,291	(38,448)	-	34,949
Funds retained within a non-charitable subsidiary	14	390	(390)	-	14
	33,120	40,681	(38,838)	-	34,963

39. Movement in funds (continued)

Charity	Opening balance 1 April 2023 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2024 £'000
Unrestricted funds					
- Designated funds	11,505	1,287	(3,627)	7,309	16,474
- Fixed asset fund	2,915	-	(362)	215	2,768
- General funds (free reserves)	17,722	30,448	(26,310)	(6,560)	15,300
	32,142	31,735	(30,299)	963	34,542
Restricted income funds	2,807	13,910	(13,461)	(963)	2,293
	34,949	45,645	(43,760)	-	36,835

Charity	Opening balance 1 April 2022 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2023 £'000
Unrestricted funds					
- Designated funds	12,966	411	(1,704)	(168)	11,505
- Fixed asset fund	3,231	-	(472)	155	2,915
- General funds (free reserves)	12,609	27,872	(23,445)	687	17,722
	28,806	28,283	(25,621)	675	32,142
Restricted income funds	4,301	12,330	(13,149)	(675)	2,807
	33,107	40,613	(38,770)	-	34,949

40. Income and Expenditure for the three devolved nations and two British Crown Dependencies

	Wales 2024 £'000	Scotland 2024 £'000	Northern Ireland 2024 £'000	Jersey 2024 £'000	Isle of Man 2024 £'000
Income from:					
Donations and legacies	704	748	621	32	-
Charitable activities – local services	630	10	72	-	55
Other trading activities	4	5	1	-	-
Other	-	-	-	-	-
Total income	1,338	763	694	32	55
Expenditure on:					
Stroke support services	1,036	98	508	66	47
Community development and volunteering	71	96	81	1	-
Research grants and awards	-	-	-	-	-
Systems influencing	178	215	188	2	-
Awareness and engagement with stroke	7	-	-	-	-
Raising funds	-	-	-	-	-
Total expenditure	1,292	409	777	68	47
Surplus/(deficit)	46	354	(83)	(36)	8

40. Income and Expenditure for the three devolved nations and two British Crown Dependencies (Continued)

	Restated Wales 2023 £'000	Restated Scotland 2023 £'000	Restated Northern Ireland 2023 £'000	Jersey 2023 £'000	Isle of Man 2023 £'000
Income from:					
Donations and legacies	677	436	223	14	-
Charitable activities – local services	564	6	84	-	52
Other trading activities	5	5	2	-	-
Other	5	-	-	-	-
Total income	1,251	447	309	14	52
Expenditure on:					
Stroke support services	884	81	380	44	42
Community development and volunteering	60	86	-	-	-
Research grants and awards	-	-	-	-	-
Systems influencing	133	145	140	-	-
Awareness and engagement with stroke	7	-	-	-	-
Raising funds	-	-	-	-	-
Total expenditure	1,084	312	520	44	42
Surplus/(Deficit)	167	135	(211)	(30)	10

Income includes all donations where the registered address of the donor can be determined as one of the devolved nations or British Crown Dependencies.

Expenditure includes all costs that can be directly attributed to the nation or Crown Dependency. Property costs have been treated as overheads and have not been allocated to the nation or Crown Dependency where they are located as various activities operate from them.

Each expenditure line also includes an overhead allocation. We calculated the direct expenditure of the devolved nation and Crown Dependency as a proportion of the overall charity spend. We then took the same proportion of the total overhead cost of the charity and added this to the devolved nation and Crown Dependency expenditure.

Overheads include People, Technology, Property, Finance and Management.

The surplus or deficit for each devolved nation British Crown Dependency represents their contribution towards or utilisation of the charity's universal services across the UK.

Reserves are not allocated across the nations or Crown Dependencies but are held centrally and are available across the organisation.

Where reserves have been restricted to a devolved nation or Crown Dependency, these have been applied to expenditure in that devolved nation or Crown Dependency.

Research grant awards have been treated as universal costs; however, it should be noted that this year, £1,554,000 (2023: £546,000) was paid to University of Edinburgh with a further £376,000 paid to University of Glasgow (2023: £347,000), £100,000 Glasgow Caledonian University (2023: £116,000) and £5,000 paid to Cardiff University (2023: £17,000).

41. Events after the balance sheet date

We are required to consider conditions that have arisen between the balance sheet date (31 March 2024) and the date the accounts are signed (16 October 2024).

During the year, our freehold property in Bromsgrove was put on the market to sell. Contracts were exchanged in March 2024. In April 2024, the sale was completed and the disposal of the property reflected in our records. The gains on the disposal amounted to £111,000 and will be reflected in our 2024-25 Annual Report.

There have been no other events that require adjustment to the financial statements, impact our assessment of the charity as a going concern or indicate a material change that has arisen since the balance sheet date.

The Stroke Association is the only charity in the UK providing lifelong support for all stroke survivors and their families. We provide tailored support to tens of thousands of stroke survivors each year, fund vital stroke research, and campaign to secure the best care and support for everyone affected by stroke.

We're here for stroke survivors and their loved ones, from the moment they enter the new and frightening post-stroke world, supporting them every step of the way as they find their strength and their way back to life. It's only thanks to the generosity of our supporters and donors that we can provide vital support.

Donate or find out more at **stroke.org.uk**

We're here for you

Stroke Support Helpline: **0303 3033 100**
From a textphone: **18001 0303 3033 100**
Email: **helpline@stroke.org.uk**
Website: **stroke.org.uk**

Stroke Association

Finding **strength** through **support**

© Stroke Association 2024
The Stroke Association is registered as a charity in England and Wales (No. 211015) and in Scotland (SC037994).
Also registered in the Isle of Man (No. 945) and Jersey (No. 220), and operating as a charity in Northern Ireland.

STROKE ASSOCIATION

England & Wales - Charity number 211015

Accounts



Annual Report and Financial Statements

Year ending 31 March 2023

Stroke Association

Contents

4 Introduction

4 Welcome from the Chair and Chief Executive

8 Our charity

8 Rebuilding lives after stroke
9 Our values
10 How we make a difference
11 As times change, so do we
14 Our achievements
16 Funding our work

18 Strategic report

18 We worked with decision-makers to make stroke a higher priority
38 We supported thousands of people affected by stroke
54 We invested in vital stroke research
64 We built relationships with local communities and organisations
70 Raising money for stroke and awareness of our cause
80 How we work
88 Financial review of the year

98 Governance

98 Our structure, governance and management

114 Financial statements

114 Independent auditor's report
120 Consolidated statement of financial activities
121 Charity statement of financial activities
122 Consolidated balance sheet
123 Charity balance sheet
124 Consolidated statement of cash flows
125 Principal accounting policies
132 Notes to the financial statements



Every five minutes stroke destroys lives.
We help to rebuild them.

Welcome from the Chair and the Chief Executive

Welcome to our Annual Report. It's been a tough year with political, economic and health service challenges, but by working together with our amazing supporters, volunteers, staff and partners, we're making real progress in our vision to ensure everyone who is affected by stroke gets the treatment and support they need to rebuild their life.

This year has been difficult for a lot of reasons and for a lot of people, particularly stroke survivors and their families. We've seen political instability in England, Scotland and Northern Ireland, persistent economic uncertainty and the cost of living crisis, as well as the sad death of our Patron, Queen Elizabeth II. The health and care system across the UK faces treatment backlogs, ambulance delays and unprecedented staff strikes. Stroke services are still struggling, with delays in accessing urgent care, thrombolysis and thrombectomy rates lower than target, poor access to required levels of stroke rehabilitation, and little change in the postcode lottery of life after stroke services.

Nevertheless, we've worked hard to maintain the priority of stroke, increase the number of stroke survivors we support through our services, and restore our research programme following the Covid-19 pandemic. Thanks to the generosity of supporters, we're in a strong financial position, and are now able to spend more to speed up the delivery of our strategy to help more stroke survivors and their families in the coming years.

Delivering stroke services

We supported over 70,000 stroke survivors through our universal and locality-delivered services in 2022-23, an 11% increase on the previous year. We increased spend on our local services by 14% to £16.8 million. We secured £1 million for partnership projects with the NHS to improve stroke rehabilitation. We also designed a new Quality Framework so that we can be even more confident that our services are efficient, effective and meeting stroke survivors' needs.

But we know we are not reaching everyone who needs help. We set ourselves an ambitious target to support everyone as soon as possible after their stroke. To achieve this, we clarified who we need to reach to be effective, commissioned research to understand how best to increase referrals to our services from health care professionals, and we have planned several pilots for 2023-24 to test new approaches to enable us to extend our support to everyone who needs us.

Advocating and influencing for stroke

We're committed to influencing the government, health and care policies and systems relating to stroke services to improve access to treatment, experience and outcomes for stroke survivors.

We helped to develop and deliver national stroke programmes across the UK. We welcomed stroke being included in the government's forthcoming Major Conditions Strategy for England. Our campaign to mark 1,000 days since the launch of our 2019 'Struggling to recover' report resulted in an ambitious government Stroke Action Plan in Northern Ireland. We worked with the Scottish Government to influence the recently published Stroke Improvement Plan. And we were involved in getting a commitment to embed patient involvement in shaping acute stroke reconfiguration in Wales.

In England, we were delighted with the impact of our first ever patient reported experience measures survey (PREMs) with NHS England. All hospital trusts in England participated, and over 6,600 stroke survivors responded. The findings will be published in autumn 2023, and we'll use the results to push for quality improvements in all stroke treatment and care services, including our own.

Working locally as well as nationally, we strengthened our relationships with key clinical and system leaders. This included, convening the 20 stroke networks in England for two residential events to share best practice and stimulate quality improvement.

We launched our 'Saving Brains' campaign in July 2022 to raise awareness of the shockingly low rates of access to mechanical thrombectomy – the game-changing, innovative stroke treatment that saves lives and prevents disability – and promote five key recommendations for change.

We achieved widespread support for the campaign from stroke survivors and clinicians. 9,000 supporters signed our Open Letter to Government, which we handed in to Number 10 Downing Street. We convened a successful parliamentary reception in Westminster to highlight thrombectomy's importance. And we worked with others to overturn a government proposal in Scotland to cut the thrombectomy budget. We are pleased to see that due to the hard work of stroke teams, thrombectomy rates are on the rise nationally.

We also ran a successful campaign in January 2023 linked to Stroke Prevention Day to raise public awareness of the link between atrial fibrillation (irregular pulse) and stroke. And our involvement with the stroke story in Emmerdale, which started in March 2022, continued to raise awareness of the lived reality of stroke, with actor, Mark Charnock, winning a number of awards for his powerful and authentic representation of stroke survivor, Marlon Dingle.

As part of our commitment to partnership, Our Chief Executive, Juliet Bouverie, became Chair of the Richmond Group of UK Healthcare Charities. She led a review that confirmed that focusing on policy relating to multiple long-term conditions or multi-morbidities is where the coalition can make the most impact. This is a helpful focus for us given that stroke survivors often live with a range of disabilities as a result of their stroke, and there's a clear link between stroke and other conditions, like heart disease, diabetes and vascular dementia.

Restoring stroke research

We've rebuilt our stroke research programme following the Covid-19 pandemic, increasing our spend by 71% on the previous year to £2.5 million. We awarded five Project Grants to address the most important areas of stroke prevention, treatment and care identified by the stroke Priority Setting Partnership.

We increased our commitment to developing stroke researchers with the potential to become future leaders by funding two post-graduate Fellowships, two post-doctoral Fellowships and two Lectureships. We broadened our eligibility criteria and created a scheme to encourage more clinicians to practice research. And we hosted our first in-person UK Stroke Forum since the Covid-19 pandemic. This was a huge success, enabling clinicians and researchers from across the UK to network and share the latest evidence and good practice.

We also prioritised strategic partnerships to achieve our aim of increasing the amount of funding that we and other organisations put into stroke research. We started discussions with the British Heart Foundation about a data science catalyst, co-funded seven phase 2 projects with the Small Business Research Initiative (SBRI; £5.2 million) and partnered with the National Institute for Health and Care Research (NIHR; £2.1 million) on a Programme Grant for Applied Research. We are delighted that we have leveraged an amazing £7.3 million in total through these schemes.

Engaging and inspiring individuals and communities to take action on stroke

We continued to develop our Stroke Group Network. We're helping groups connect and learn from each other, so we can improve the quality of their much-valued peer support across the UK.

Our volunteers are a vital part of our work and key to helping us to support more people and raise greater awareness. We commissioned research from over 1,000 people to understand what more we can do to inspire and support current and prospective volunteers to give time and voice to our charity. We'll be using this to help us to develop our strategy for engaging and developing volunteers in the future, to give them the best possible experience with us.

Developing our efficiency and effectiveness

We continued to invest in our people, systems and culture during the year. We increased the numbers of people accessing our leadership development programmes. We were delighted that our April 2023 staff engagement survey showed continued strong engagement, with 84% of staff recommending the Stroke Association as a great place to work and 94% feeling trusted by their line-manager to take responsibility for their work. Although we've made great progress with updating our internal processes, the survey showed that we still have more to do to simplify and improve our systems and tools for staff and volunteers.

We agreed our 'Solving inequity in stroke' strategy to signal more ambition around EDI (equality, diversity and inclusion) and health inequalities. We are dedicated to making the Stroke Association an accessible and inclusive place to work, where we value people equally and our own diversity means we're better able to support those with diverse backgrounds and experiences. And we want all those affected by stroke to have equitable and fair access to treatment and support. We recognise that stroke disproportionately affects certain groups and we're committed to working towards a more equitable future for all.

Having planned to break even, we were pleased to end the year with a £1.8 million operating surplus, with total income at £40.7 million, non-legacy fundraised and commissioned income each up 7% on the previous year, and legacy income remaining strong at £16.8 million. We increased our spend on charitable activities by 21%, one of the desired outcomes of the operating model change we introduced the previous year. We ended the year with free reserves in excess of our requirements.

Strategic priorities

Given our strong financial position, we have increased the designation for Strategy Acceleration from £6.0 million to £7.9 million to be spent over the next three years on our strategic priorities. We have committed to:

- Reaching everyone as soon as possible after their stroke through our products and services.
- Influencing for acute thrombectomy treatment to be available 24/7 across the UK for all patients who could benefit.
- Raising public awareness of stroke and the Stroke Association.
- Increasing the pace of income growth.

We're excited about these priorities and their potential to significantly increase our reach, influence and impact across the UK over the coming years.

Thank you

Finally, we would like to say thank you to the whole stroke community who make our work possible.

Our independent advisers and trustees, including Virginia McVie, Charles Maisey and Liz Stanley who stood down during the year.

Our staff, volunteers and partners for your commitment and loyalty to our cause.

And our amazing supporters, from those who remembered us in their will, to those who fundraised in their community, whose passion and generosity helped us to raise £40.7m.

We're proud of our collective efforts towards our shared vision of fewer strokes and for people affected by stroke to get the help they need to live the best life they can.



Juliet Bouverie OBE
Chief Executive



Stephen King
Chair of Trustees

Rebuilding lives after stroke

It takes a whole team to help one person recover after a stroke. Family, carers, support networks, health professionals, researchers and policy-makers - all play a role in the process of rebuilding lives.

As the UK's leading stroke charity, we bring all this work together. We offer specialist care where it's needed, in people's homes and communities. We campaign for better stroke support in the healthcare system. We fund new research, to improve outcomes for future stroke survivors.

We're the hub of the stroke community - connecting all involved, so more people can live the best possible life after stroke.



Our values

Our values express who we are at our core. They define our culture and how we all do our jobs every day.





We are human - We've seen the full range of human emotions that stroke brings out. We put ourselves in the shoes of the people we support. Recognising and promoting everyone's individuality with kindness. We embrace this to achieve the best possible outcomes for stroke survivors, our charity and our partners.



We say it how it is - Working together, we set realistic but challenging goals for ourselves and the people we support. Listening to everyone's needs. So we can deliver what we said we would. And we aren't afraid to show people the devastation that stroke causes. And what people can do to help those affected live their best life after stroke.



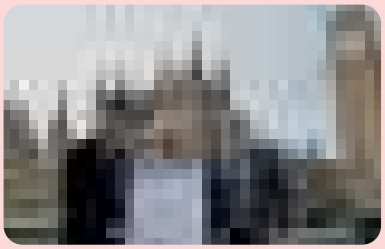
We believe in better - We're optimistic for the future. For the people living through the devastating effects of stroke, ourselves and our charity. Driven by our desire for improvement, however big or small. To focus on the possibilities for a better future. To learn from mistakes. And move forward stronger than before.



We give it our all - Our resolve to make a difference motivates everyone we work with. With one eye on the bigger picture, we harness our passion and expertise to get them as fired up as we are. So we can continue to empower people affected by stroke to retake control of their lives and speak up for themselves. And champion their needs when they can't.

How we make a difference

Systems influencing.
We work with decision-makers in government and healthcare, to make stroke a higher priority and develop well-funded policies.



Service delivery.
We provide one-to-one support, helping people affected by stroke to rebuild their lives.



Research.
We help to fund and deliver stroke research, with a focus on projects that stand to make the most impact.



Community engagement.
We build relationships with people and organisations, to make positive change in their communities for people affected by stroke.



These activities are core to who we are and what we do every day for people affected by stroke. In telling the story of our year in this report, we've grouped our key successes and challenges by these areas, to show the impact our work has on a daily basis, and how this contributes to our medium and long-term goals.

As times change, so do we



Since we launched our strategy in April 2019, the world has changed dramatically. The Covid-19 pandemic and cost of living crisis exacerbated the pressures on our health and social care system, and stroke treatment has felt the impact at almost every level.

Ambulance waiting times have risen, causing dangerous delays. In hospital, stroke survivors are waiting longer for treatment. Then on discharge, follow-up care and GP access fall significantly short of what stroke survivors need to recover.

These are challenging times - and so our charity has been evolving.

Our new operating model has made us a stronger, more agile and sustainable organisation. And we've learned a lot about ourselves, the people we support and the systems we work with in the last few years. Now, we can be more ambitious. We've adjusted our strategy, reducing our long-term goals from three to two to help us focus our work on the things we believe will have the biggest positive impact for stroke survivors.

We've also introduced four new medium-term priorities - each targeting an area where we want to speed up our progress over the next three years.

Our strategy

Our refreshed strategy communicates these important shifts in direction:

Our vision

For there to be fewer strokes, and for people affected by stroke to get the help they need to live the best life they can.

Our purpose

To be the trusted voice of stroke survivors and their families. We want to drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke.

Our goals (long term)

Goal A
Make stroke the priority it needs to be.



Goal B
Ensure that everyone affected by stroke has access to the rehabilitation and lifelong support they need.

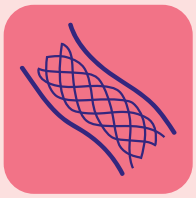


Our medium-term priorities (three year)



1. **We are reaching and supporting everyone as soon as possible after their stroke**

   For most people this is the time at which they most need support, yet last year (2021-22) we reached only about 32% of these stroke survivors. We could potentially reach 59,000 more people each year.



2. **Thrombectomy is available 24/7 across the UK for all patients who could benefit**

   It's a game-changing surgical procedure that retrieves the blood clot causing the stroke from the brain. 10% of stroke patients could benefit from this procedure, but only 3.1% (England, Wales and Northern Ireland) receive it, and it is a post code and opening hours lottery as to who does.



3. **More stroke connected adults have stroke front of mind, and more see the value of the Stroke Association**

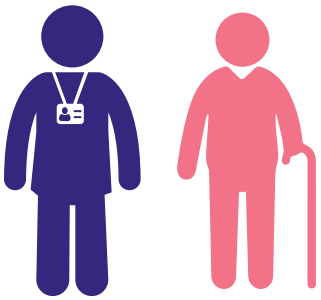
   Low awareness and understanding of stroke and the Stroke Association make it more difficult for us to give support to people, get support from people, and engage with the health and care system.



4. **Create the vision and plan to motivate donors and achieve transformational income growth**

   To achieve these step changes and make progress towards our goals we need to substantially increase our income.

Our achievements



Our **162 coordinator led services** provided support at home to

39,622 people.

Our **Support Line gave**

15,993 people



personalised support over the phone, helping them to find information and reassurance.



Our volunteer-led services, including weekly one-to-one volunteer support calls and **local stroke groups helped**

4,252 stroke survivors

and carers across the UK.





We **invested**

£2.5 million

in pioneering **stroke research.**

We funded

12 research awards

at **11 research institutions** around the UK.





1,268 volunteers

gave their time to **help us and the stroke community**.

9,000 people

signed our open letter

calling on the government to improve access to life-changing thrombectomy services.





Thanks to the **generosity of our supporters**, we raised

£28.4 million.

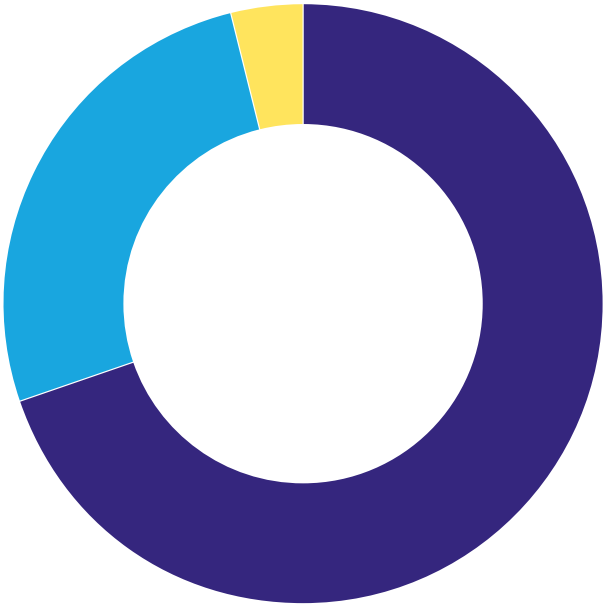
(2020-21: £30.2 million)

Funding our work

How we raised our money

- Donations and legacies: **£28.4 million**
- Locally commissioned services **£10.8 million**
- Other income (including trading, investments and grants): **£1.5 million**

Total income: £40.7 million



How we spent our money

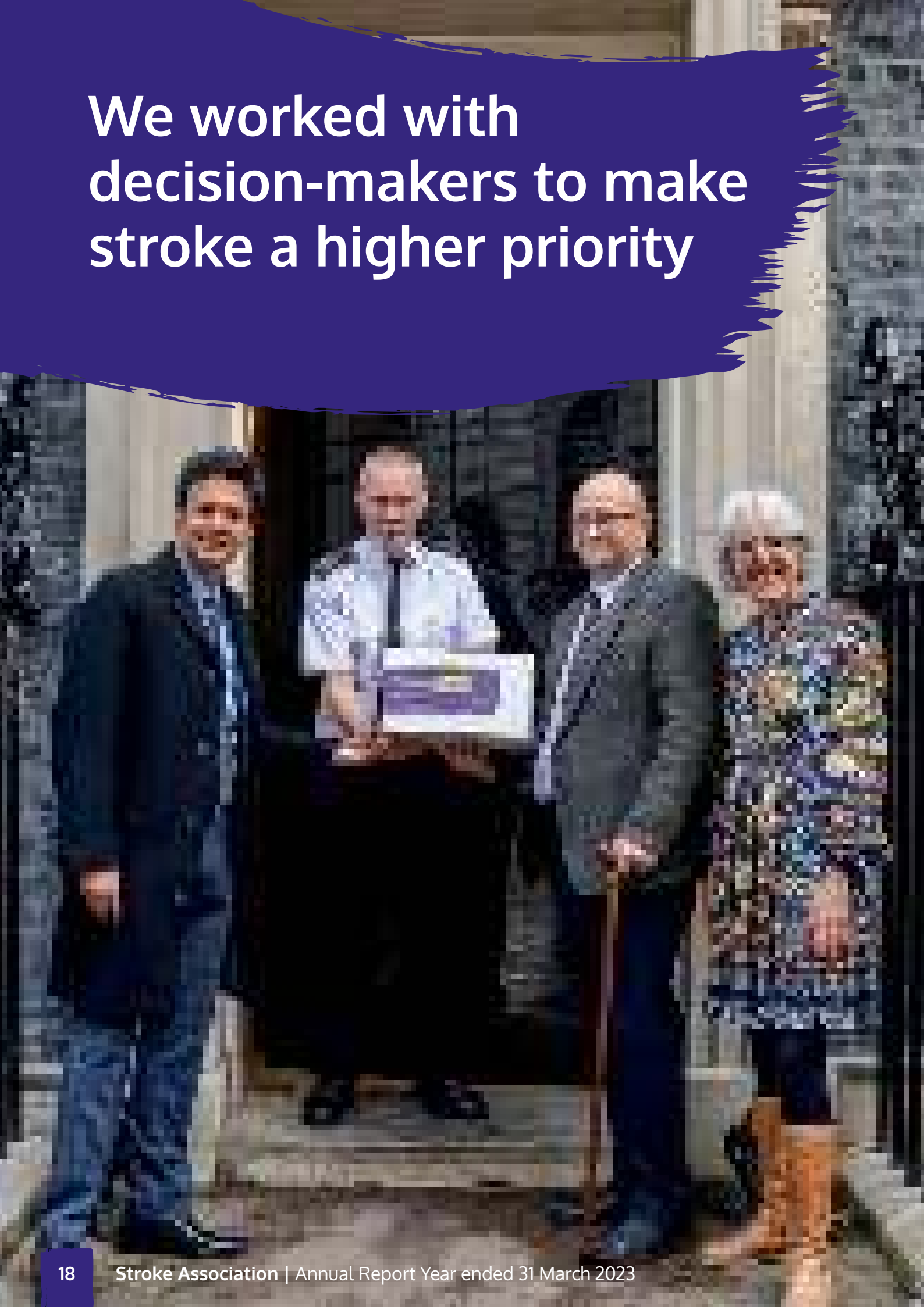
- Stroke Support Services: **£16.8 million**
- Community development and volunteering: **£3.1 million**
- Research grants and awards **£2.5 million**
- Systems influencing and engagement with stroke: **£7.9 million**
- Raising funds: **£8.1 million**

Total expenditure: £38.4 million



For every **£1 we receive we spend 79p** on our charitable work.
(2021-22: 78p)

We worked with decision-makers to make stroke a higher priority



Stroke is one of the leading causes of death and disability in the UK. Yet prevention, treatment and care vary greatly between regions, creating a postcode lottery that deepens health inequalities. While some progress is being made to make stroke more of a political priority across all four nations, it continues to be an overlooked condition in comparison to its vast scale and impact.

2022-23 was a challenging year for NHS stroke services across the UK. It was a year in which "the proportion of 'first class' and 'good or excellent' services fell substantially, reversing much of the progress made in care quality in the years prior to the pandemic," according to the national clinical audit for England, Wales and Northern Ireland. The Scottish Stroke Care audit showed similar strain on stroke services in Scotland. While some key measures are improving, generally quick access to stroke unit care deteriorated this year, most clearly seen in the unprecedented ambulance delays over the winter.

We continued our efforts to make stroke a priority within healthcare policy across the UK, pushing for improvement in the standards and quality of care offered to people affected by stroke. With the political churn and unrest in Westminster, SNP leadership changes in Scotland, and the absence of a functioning Executive in Northern Ireland, this hasn't been easy, and progress has been slow. Despite this, our influencing has achieved tangible and vital wins across all four UK nations, through shaping national health policies and engaging with regional and local health systems.

We've particularly focused on building our ability to influence effectively for stroke improvements at a local level. We have worked to initiate, develop and strengthen our relationships with a variety of local system stakeholders across the UK.

In England, for example, we've practised our connecting and convening role by facilitating working groups and hosting away days for stroke clinicians and leaders, and supporting patient and public involvement to help improve stroke treatment and care.

This year, we also kick-started our multi-year focus on thrombectomy with the launch of our Saving Brains campaign, highlighting the unacceptably low rates of treatment, and calling on the government to act.

Looking ahead to 2023-24 we will:

- Influence for the creation of robust stroke policies across all four UK nations and raise the profile of stroke with key decision-makers.
- Influence for the involvement of stroke survivors in shaping regional and national stroke policies.
- Start to push for equitable life after stroke service provision, and for patient experience to be prioritised alongside access to services and outcomes.
- Deliver and learn from our pilot projects on emotional and psychological support, including our Mind Cymru partnership (page 46) and SQuIRE projects (page 42).

Influencing stroke policy and systems

We co-funded the new National Clinical Guideline for Stroke, which was published in April 2023 and covers the whole UK for the first time, as well as the Republic of Ireland.

The new guideline updates recommendations for thrombectomy treatment times, rehabilitation, emotional support, return to work and other vital areas of stroke care. We fed into the changes to make sure they fully reflect the needs of people affected by stroke. We welcomed the guidelines, which contain increasingly strong evidence for interventions that make stroke preventable, treatable and recoverable.





In England

We continued to build our presence and support in Parliament, providing the Secretariat for the All-Party Parliamentary Group on Stroke, attending party conferences and engaging politicians with briefings, meetings and a World Stroke Day parliamentary reception. These are useful opportunities to keep up to date with latest policy thinking and to network with parliamentarians, other charities, and health policy think-tanks.

In January, the UK Government announced a new Major Conditions Strategy, focusing on the prevention, treatment and recovery from cardiovascular disease - including stroke and five other major health conditions. We have since been engaging with the Department of Health and Social Care to shape the call for evidence and will respond to the consultation in June 2023.

We worked closely with NHS England on the National Stroke Programme for England. We helped to shape the Stroke RightCare Toolkit that launched in July 2022. Developed by NHS RightCare and GIRFT (Getting it Right First Time), the toolkit is designed to improve care and treatment along the whole stroke pathway, by facilitating discussion around stroke prevention, identification, acute care and rehabilitation. We also supported NHS England's biennial Act FAST campaign in early 2023, providing case studies, media stories and promotion on our social media, email newsletters and Stroke News magazine.



Passing FAST on for World Stroke Day

As well as supporting NHS England's Act FAST campaign, we also launched our own 'Pass FAST On' awareness campaign to coincide with World Stroke Day 2022, and the 13th anniversary of the Act FAST launch.

With the campaign reaching its teens, we commissioned consumer research, which revealed that less than half the UK's teenagers know the FAST test for spotting the signs of stroke.

We wanted to raise awareness of stroke and the FAST test with young people and emphasise the need for the campaign to continue in the future to reach more people and a new generation. So we created a short film, featuring comedian Markus Birdman, who took to the streets to share the FAST test with passers-by. It encouraged people to learn and share how to spot the signs of stroke and what to do. The film brought us 500,000 views, with an almost 10% engagement rate from organic social media.

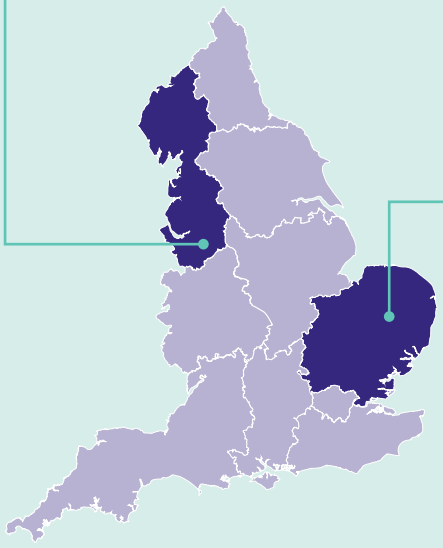
Our Chief Executive Juliet Bouverie and patient voice representative James Redgate met with Amanda Pritchard (CEO, NHS England) and Professor Steve Powis (Medical Director, NHS England) to discuss the challenges and opportunities in stroke care. This was a chance to raise the profile of stroke with national decision makers, showcase the progress we're making, and highlight the support we need from the wider system.

Meanwhile, at a regional level we continue to consolidate our relationships with Integrated Stroke Delivery Networks (ISDNs): the 20 stroke clinical networks across England that oversee stroke prevention, treatment and care, and are key in stroke improvements.

In October, we funded and hosted the networks' first development event, attended by over 30 ISDN clinical leads from across England. A second event followed in March, where we explored key topics including acute care, life after stroke, and systems leadership. Events like this give us an important opportunity to share good practice, improve outcomes and build stronger relationships based on collaboration. They also provide peer support, reflection and recharge for senior stroke clinicians, enabling us to play a part in providing a more resilient and better supported clinical workforce.

Building partnerships and sharing expertise with NHS England

Here are some examples of how we've been partnering with health and social care leaders to improve stroke treatment and care.



Greater Manchester

We got funding from Greater Manchester ISDN for a new patient engagement role, to strengthen the impact of patient and carer groups in developing new policies and service improvements in the region.

East of England

Our Service Delivery Lead, Sara Betsworth, was seconded to NHS England's Stroke Quality Improvement for Rehabilitation (SQuIRe) initiative (see page 42).

Sarah says: "My secondment gave me the opportunity to develop closer relationships with clinicians and commissioners and gain valuable insight into local systems and their challenges.

"I've been able to show the knowledge and services that our charity offers and lay the foundations for closer working in the future, which I hope will benefit stroke survivors and their families."



In Scotland

We worked with the Scottish Government on their review of the Stroke Improvement Plan. As members of their advisory group, we helped to set out new priorities and actions.

We made our case that every stroke survivor should leave hospital assigned to a key worker, with a rehabilitation plan and scheduled six-month review.

We also argued for:

- More robust ambition and leadership.
- Spending on FAST communication.
- A national 24/7 thrombectomy service.
- Better psychological care.

The resulting Stroke Improvement Plan was delayed until June 2023. It will include the commitments health boards in Scotland must make to ensure equitable and timely access to diagnosis, treatment and care for people with suspected stroke.

We support this positive and ambitious programme. However, health boards and politicians need to commit to implementation, so we'll continue to campaign over the coming year to make this a priority.

We continue to provide secretariat to the Cross-Party Group on Stroke in the Scottish Parliament. We bring together MSPs, clinicians, researchers and people affected by stroke to provide oversight, and support for the implementation of the Stroke Action Plan.





In Wales

We worked closely this year with the Welsh Government's Clinical Lead and Allied Health Professional Lead on plans to transform stroke services in Wales. Building on the 2021 Quality Statement for Stroke in Wales, we are working to make sure plans fully reflect the needs of people affected by stroke.

This includes a call for Wales to implement the Personal Stroke Record – the Stroke Association's patient-facing template that professionals can use to give stroke survivors a transparent record of their condition and treatment plans.

Pan fo strôc yn taro, cofiwch y camau NESA



Nam ar yr wyneb

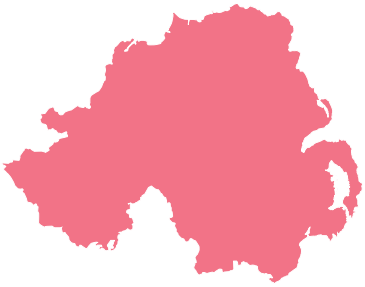
Estyn - gallan nhw estyn eu breichiau uwchben

Siarad - cael trafferth siarad

Amser - ffoniwch 999 yn syth

We also secured a commitment from Public Health Wales to run the Act FAST campaign in Wales during 2023-24. For the first time, this will also run as a dedicated Welsh-language campaign, called Cam NESA ('Next Steps').





In Northern Ireland

Stroke became a talking point in the run-up to Northern Ireland's elections, with the long-awaited Stroke Action Plan for Northern Ireland nearing completion. This ambitious plan is set to back most of our policy calls, including the introduction of Act FAST and Hyper Acute Stroke Units (HASUs). In the next 12 months, we will support its implementation and seek a clear commitment on the timing of the HASU initiative.

Despite the political challenges in the Northern Ireland Assembly, we've achieved our goal of setting up a cross party group dedicated to improving stroke provision. We're now offering our support to the group, alongside colleagues in Northern Ireland Chest Heart and Stroke.

We also met with Permanent Secretary for Health, Peter May, following the launch of our 1,000 Days campaign that exposed the lengthy delays in reshaping stroke services. This meeting led to a commitment to publish a new action plan for stroke "imminently", with revised targets for Northern Ireland's Reshaping Stroke Care commitments.







Thrombectomy

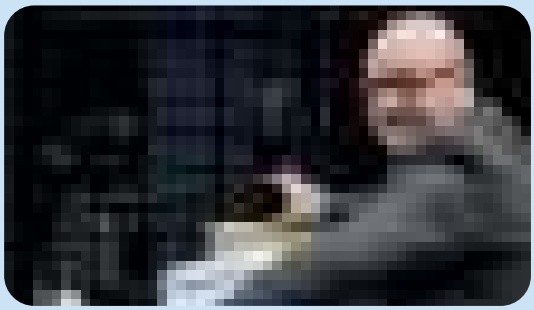
Thrombectomy is our top priority for influencing in the next three years. This acute stroke treatment significantly reduces the chance of disabilities like paralysis, visual impairment and communication difficulties. It's also highly cost-effective and could save the health and care system £73 million annually if rolled out fully.



Treatment levels are low across the UK, and around two thirds of patients who could benefit from the procedure miss out (just 3.1% of stroke patients in England, Wales and Northern Ireland were given the treatment in 2022-23, instead of the 10% who needed it). While treatment rates are increasing, we believe progress is far too slow. So in July, we launched our Saving Brains campaign, calling for universal 24/7 access to thrombectomy.

The campaign launched with the publication of a report, with separate versions for each UK nation to address local health care structures and political challenges. The report created a new talking point in the media, generating close to 400 news stories, making it one of our most successful campaigns of the last three years. It was also positively received by the stroke community – especially when we hosted a Saving Brains parliamentary reception in the House of Lords, to mark World Stroke Day.

During the campaign, we asked people to sign our Saving Brains Open Letter, calling on the UK Government to act on the recommendations in our report. In October, we went to 10 Downing Street to hand in the letter with 9,000 signatures from the stroke community.



Stroke survivor Phil Woodford, joined our Downing Street delegation:

"I was 45 when I had a TIA and a stroke. I was thrombolysed (given clot-busting medication) but was unable to have a thrombectomy because it was a Sunday and the service wasn't provided over the weekend.

"My life changed overnight. It took six months' rehabilitation in hospital and then another four months till I could return to work. My stroke has caused musculoskeletal problems, permanent pain and weight gain because I'm less mobile. I walk with a limp and my left arm has a mind of its own.

"But it's the psychological effect that I find really hard. My confidence levels dropped dramatically. Physical adjustments at work can be made with a little bit of money. But trying to explain to people why I cry every day is almost impossible.

"Unfortunately, when back in work, I was bullied and discriminated against. I found this really hard, and it spurred me on to use my experience to help others.

"I got involved in the Saving Brains campaign to improve access to thrombectomy because I didn't want anyone else missing out."

In England

After the launch of Saving Brains, we had letters of support from five of the seven Regional Medical Directors (RMDs) for NHS England. We've since had productive meetings with these engaged RMDs, who have been excited to discuss the findings of the reports and their plans for their regions. We'll continue these conversations and build on these relationships in the coming year to identify opportunities to develop thrombectomy services.

Meanwhile:

- Thrombectomy services in Bristol and Hull have committed to 24/7 access.
- Through our involvement in an Expert Reference Group, we influenced and fed into NHS England's Urgent and Emergency Care (UEC) Recovery Plan, which includes proposals for better category 2 ambulance response times.
- Regional Thrombectomy Quality Reviews took place in summer 2022, where we joined local ISDNs to discuss thrombectomy rates and areas for improvement. Recommendations will follow in summer 2023.

In Scotland



We reversed **thrombectomy funding** cuts in **Scotland**

In October, the Scottish Government announced a funding cut to its thrombectomy programme, with a loss of over £4 million and a freeze on staff recruitment.

We found this unacceptable and worked with Chest, Heart and Stroke Scotland (CHSS), the British and Irish Association of Stroke Physicians (BIASP) and a group of Scottish stroke clinicians to reverse the decision.

Together, we had a call with the then Cabinet Secretary for Health and Social Care Humza Yousaf MSP to outline the case for funding. Senior figures from the Scottish and national stroke community joined us to support our case. We also sent the Cabinet Secretary an open letter, signed by 166 stroke clinicians and allied stroke care professionals.

Our cause was picked up by regional and national press, and pressure quickly mounted in the days before the Scottish Government's budget announcement on 15 December 2022.

That announcement confirmed a decision to fully restore funding for the thrombectomy programme for 2023-24. Since then, the National Planning Group of NHS Scotland has been asked to take forward the thrombectomy programme as a priority. We will continue to monitor progress in the region's three delivery hubs - Dundee, Edinburgh and Glasgow.

In Wales

Only 1.3% of stroke patients received a thrombectomy in Wales in 2022-23.

The barriers to improving thrombectomy rates are complex. One of the biggest challenges is a lack of specialists trained to deliver the treatment in Wales, with just two currently employed in Cardiff. As a result, services used by Welsh patients are not always available 24 hours a day, 7 days a week. Practical barriers, such as imaging and patient transport, also negatively impact thrombectomy rates in Wales.

We continue to influence the plans to transform stroke services in Wales, to address existing barriers and prioritise the development of new modern stroke units that can develop their own thrombectomy services.

In Northern Ireland

Northern Ireland's Stroke Action Plan committed to delivering a 24/7 thrombectomy service by the end of 2024. Meanwhile, we've held two parliamentary receptions and published case studies to raise the profile of Saving Brains and develop our relationship with the Northern Ireland Thrombectomy Centre.

UK-wide

Our recommendation for the General Medical Council (GMC) to develop a 'thrombectomy credential' was realised. If implemented successfully, the credential will see a wider range of clinicians trained to perform the procedure.

Internationally

We showcased our Saving Brains campaign at the World Stroke Congress in Singapore on 29 October 2022. It was our first opportunity to present this government-level patient advocacy to a worldwide audience of stroke clinicians and researchers, and their commendation has given us more visibility on the international stage. We are now connected with other countries' initiatives to improve stroke provision and access to thrombectomy – which in turn can strengthen our influence at home.

We'll continue to push the case for thrombectomy in the future
Progress will require concerted efforts from national, regional and local decision-makers. We'll work with them as a critical friend to advocate for improvements on behalf of stroke survivors, to make sure no patient who needs a thrombectomy misses out.

Health inequalities

Addressing health inequalities is a complex and challenging task. There are many issues to consider, that overlap or intersect.

Over the last year, we've worked to understand these inequalities and their impact on stroke treatment and care.

Our activities included:

- Defining health inequalities in relation to stroke.
- Pooling the findings of academic papers and studies.
- Examining our records and external stroke data to understand who we've been supporting over the last five years.
- Working with partners like regional ISDNs, to understand why some people struggle to get the support they need.
- Calling for a holistic approach to cardiovascular disease (CVD) prevention, by promoting the CVD Prevent data tool, and calling for pulse checks to accompany blood pressure checks.

We've also spent time developing:

- 'Solving inequity in stroke': strategic actions that will see us review our own working methods, use our voice to challenge prejudice, and play our part in dismantling systemic discrimination.
- Saving Brains: our campaign to make thrombectomy available for everyone who needs it.

Much of our work in the last year has been internally focused. Looking ahead, there will be more emphasis on working with others in the system, to support everyone as soon as possible after their stroke and tackle variations in access to thrombectomy.



Stroke prevention

Up to 9 in 10 strokes globally are preventable, as they're associated with modifiable risk factors such as poor diet, lack of exercise, smoking and high blood pressure. If we can improve the detection, treatment and management of high-risk conditions, we can greatly reduce the number of lives devastated by stroke.

We welcomed NHS England's growing focus on improving the detection and management of high blood pressure, which is a contributing factor in more than 50% of strokes. One of the other major risks is Atrial Fibrillation (AF) - a type of irregular heartbeat that can cause blood clots. People with AF are five times more likely to have a stroke, and AF-related strokes are often more severe. However, it is often symptomless, there are 500,000 people living with undiagnosed AF across the UK, and it's currently overlooked as a system priority.

In January, for our third Stroke Prevention Day, we talked about AF in a public awareness campaign. This included a celebrity-led video, featuring Clare Balding, Rudolph Walker, Fiona Bruce and others, encouraging people to check their pulse.

We worked with NHS partners to promote this, and by midday on Stroke Prevention Day, atrial fibrillation was trending on Twitter. By the following day, over 118,000 people had viewed the video. We also achieved some great media coverage in both the local and national press around the UK, enabling us to reach even more people.

Our data shows that the campaign also significantly increased people's awareness of our charity, their concern for stroke as a cause and their likelihood to support us. We've also seen that digital fundraising increases as we ramp up our awareness campaigns – providing more solid evidence that our strategic approach to invest in awareness is helping the charity to grow in the long term.

In Scotland, where stroke rates are higher than other parts of the UK, we seconded a staff member to work with the Scottish Government. They will help to develop a new prevention approach focused on AF detection and treatment in primary care.



Rehabilitation and life after stroke



England

We worked with NHS England to develop the Integrated Life After Stroke Service (ILASS) model. Launching in May 2023, it specifies what life after stroke support should be available to all stroke survivors, including universal access to a Stroke Key Worker. This is a significant milestone – it is the first time life after stroke support has been detailed in national guidance. We will be promoting the model to health system leaders to push for universal access to high quality life after stroke services, one of the key aims of our ambition to support everyone as soon as possible after their stroke.



Scotland

We launched our 'Keeping stroke recoveries in mind' report and campaign in October to improve psychological support for stroke survivors. The motion we developed was debated in the Scottish Parliament, and led to a commitment that health boards in Scotland will deliver psychological care to all stroke survivors - along with a six-month review to check mental and physical health.



Wales

We are working on a research project with Mind Cymru, the mental health charity. Research will help us to understand the experiences of people who are struggling with their emotional and mental health after a stroke, then test and prioritise potential solutions.



Northern Ireland

We pushed for psychological support through our new Hidden Impact of Stroke campaign. We're working with health trusts and government to achieve this goal.

Meanwhile, the Northern Ireland Government has committed to improve general support for stroke survivors, using our 2019 Struggling to Recover report as a blueprint.



Patient Reported Experience Measures (PREMs) survey of stroke survivors

We worked with NHS England to run the first ever nationwide PREMs project, a survey dedicated to exploring and quantifying stroke survivors' experiences of stroke treatment and care. We developed the questions with stroke survivors to help us to understand what is working well for them and where there are areas for improvement.

Every eligible hospital trust in England took part, with a postal survey reaching over 18,000 patients – all between 4-8 months after stroke. We were thrilled to have a response rate of 37% - much higher than typical for NHS surveys. This gave us over 6,600 completed surveys, providing a rich set of data across the whole of England.

The data will drive service improvements at every level, with potential to impact community services, stroke units, ISDNs and national policy. It will also support our influencing and partnership working with NHS England.

Meanwhile, in their Stroke Improvement Plan, published in June 2023, the Scottish Government has made a specific commitment to developing its own patient experience measures by the end of 2024. And we're also continuing conversations about rolling out PREMs in Wales and Northern Ireland.



We supported thousands of people affected by stroke



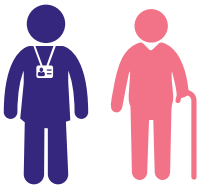
"The support from the coordinator has probably saved my life. I have gone through a lot including a family bereavement and without the support I would not have made the recovery from my stroke and the difficulties I had in my life."

Stroke survivor

Recovery after stroke is tough, but with the right rehabilitation and ongoing support, the brain can adapt. However, the challenges facing the UK's under-funded, under-resourced health and care systems have had a huge impact on the quality and availability of stroke services. As a result, many stroke survivors don't receive adequate rehabilitation or support, which has a huge impact on the quality of their lives, and their carers, family and friends' lives too.

We want all stroke survivors to get the physical and emotional help they need and support them through our specialist services to rebuild their lives. In 2022-23, we continued to offer our life after stroke support, working in partnership with other service providers UK-wide. We supported 70,000 people, with consistently high ratings for service satisfaction.

Pressure on NHS services, and those provided by other charities has meant our stroke coordinators have been supporting people with increasingly complex needs, with fewer community services available to provide additional support. This leads to our resources being stretched further. Despite this and despite tightening budgets putting some of our commissioned services under threat, we supported almost 40,000 stroke survivors and others affected by stroke through our local Stroke Recovery, Communication Support and Emotional Support Services.



We supported **70,000 people** affected by stroke.



Our **162 local** life after stroke services have a **93% satisfaction rate.**



Our **Stroke Helpline** answered over **15,000 enquiries**, including 4,000 by email.



Our **134 Stroke Support Groups** supported **3,345 people** affected by stroke.

Looking ahead to 2023-24 we will:

- Continue to deliver support for stroke survivors and continue to strengthen the quality of the support we offer to stroke survivors through PREMs (page 36), Quality Framework and 'Ask and Act' (page 47).
- Improve the ways in which stroke survivors are referred to us from the NHS, and seek to ensure that we have adequate funding for our existing services and that we are seeking to grow our commissioned services.

Supporting people as soon as possible after their stroke

Today, we reach around 30% of stroke survivors with support within the first 12 months following their stroke. This is the time when people tell us they need our support most, so reaching more people at this early stage is key to rebuilding more lives after stroke.

To prioritise this, we set ourselves an ambitious target to support everyone as soon as possible after their stroke.

To achieve this, we need to:

- Build better relationships with health care professionals, to prompt early referrals.
- Ensure people are aware of our support as soon as possible after their stroke.
- Make our website clear and concise, so visitors can effortlessly find information and support.
- Ensure access to a Key Worker for every stroke survivor who needs one, regardless of where they live.
- Design personalised support for people based on what they need and when they need it, so every stroke survivor continues to have the right support at the right time.
- Ensure a consistent experience for all people affected by stroke regardless of where they live.
- Understand the barriers faced by different communities, so everyone has an inclusive experience with an equal chance to access our services.

Much of this year has been spent gathering the insight we need from stroke survivors and healthcare professionals to enable us to focus on the right areas.

We know this is a bold ambition, involving a lot of uncertainty. But for stroke survivors and their families, it will be a life-changing development.



We reach around **30% of stroke survivors** with support within the **first 12 months** following their **stroke.**



"Thank you, you have made a big difference, a load has been lifted from me, you have done me the world of good, I wish you could see the smile on my face."

Stroke survivor

SQuIRE funding for better stroke care in England

NHS England's Stroke Quality in Rehab (SQuIRe) funding promotes innovation in care and support for stroke survivors. As part of the National Stroke Programme, it allocates funds across the English regions to improve delivery of Integrated Community Stroke Services (ICSS).

This year, we received around £1 million in fixed-term contracts from SQuIRe to increase our support in the north, midlands and south-east.

Our projects include:

Sheffield: improving discharge pathways

We received £50,000 to improve the discharge pathway for stroke survivors leaving Sheffield's Hyper-Acute Stroke Unit (HASU).

The pathway will test outreach calls, two weeks after discharge and before the six-week review. These calls will offer reassurance and answer survivors' questions about ongoing care and concerns.

South Warwickshire: full Stroke Recovery Service

We received £150,000 to implement a full Stroke Recovery Service in South Warwickshire. This will complement existing services in other parts of the Coventry and Warwickshire Integrated Care Board to ensure better access for all local people affected by stroke. The new service will support up to 300 stroke survivors over a 12-month period.

Central Lancashire: training stroke coordinators

We received £20,500 to work with the University of Central Lancashire on their COMMITS research study: Confirming the Mechanisms of Motivational Interviewing Therapy in Stroke.

Our stroke coordinators will be trained to deliver a talking therapy intervention, designed to help stroke survivors come to terms with their stroke and reduce depression. It will also add further evidence to the research study.





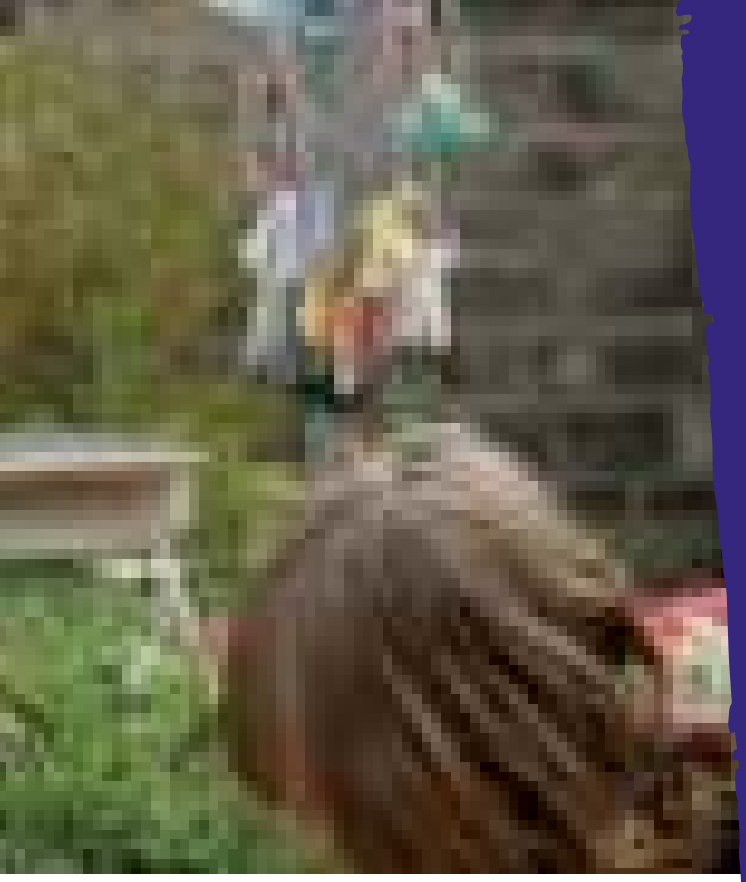
Childhood Stroke Support marks a successful first year

In April 2022, we launched our new Childhood Stroke Support – offering online and telephone support to anyone affected by childhood stroke across the UK, at any point in the recovery journey.



Inspired by our 2013 project with Evelina London Children's Hospital, this unique support was co-designed with parents, drawing on their lived experience of childhood stroke. We can offer a listening ear and practical information on topics ranging from the child's emotional health to the impact on unpaid carers and families. We also offer a range of specialist resources, created for families, educators and childcare professionals.

In the service's first year, we responded to 97 enquiries, mostly from parents of stroke-affected children aged from 5 to 12 years. Most got in touch within 12 months of their child's stroke, to seek help in the early stages of recovery.



"The new childhood stroke service has been co-produced with us as families. Through this co-produced model, we have created a new creative service that is truly responsive and reflective of the real needs of children and families affected by childhood stroke. It's been exciting to be a part of a service that is so innovative, and parent led."

Roz - parent of stroke survivor, Harry

Hardship grants increase with cost of living

Stroke comes without warning, and often triggers a financial crisis – from a sudden loss of income to additional costs like equipment and hospital travel. Our Hardship Grants offer respite by easing the immediate burden and giving families time to establish new, sustainable means of support.

Grants take the form of supermarket vouchers, up to a value of £150 (a £50 increase this year in response to the cost of living crisis). Vouchers give stroke survivors and carers the freedom to spend the money where it's needed most, whether it's on food, clothing or other essentials. This also relieves pressure on other expenses, like heating and rent or mortgage payments.

This year, we funded **476 Hardship Grants**, with an overall value of **£61,474**.



Mind Cymru: a new partnership emerging

Stroke can have a devastating impact on mental health. Our Lived Experience of Stroke survey found that 47% of stroke survivors feel anxious, with 52% impacted by low mood. With 1.2 million stroke survivors in the UK - and 100,000 new strokes every year – this is a significant problem that calls for new, purpose-built solutions.

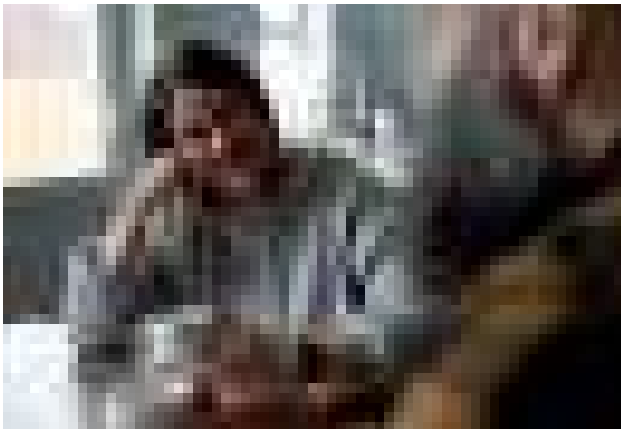
To this end, we are laying the foundations for a new programme in Wales, in partnership with mental health charity, Mind Cymru, who are committed to improving mental health services in the nation. Together, we're exploring ways of reaching across Wales with support that responds to the mental health needs of stroke survivors, and possibly their families.

By March 2023, service design was underway and Shift, a specialist service design agency, were appointed to lead and deliver the programme. A panel of stroke and mental health specialists, guided by stroke survivors, will report back this year with prototyped support solutions, ready to be taken forward into further testing.

STEPS: Emotional support in Northern Ireland

STEPS is a National Lottery funded programme in Northern Ireland, which provides emotional support to stroke survivors, carers and families as they adjust to life after stroke.

In 2022-23, we supported 99 stroke survivors and 15 carers through one-to-one counselling. We also work in partnership with Northern Ireland Chest Heart and Stroke, who deliver self-management workshops as part of this service. Together, we tackle personal issues like anxiety, fears, grief, relationship problems and loss of self-esteem - helping everyone to build emotional resilience and reintegrate into community life. With our other services, STEPS forms part of the joint life after stroke pathway that we deliver with Northern Ireland Chest Heart and Stroke.



Beneficiary Quality Framework

Quality is central to everything we do - making sure our support is delivered safely, creates a positive experience and makes a meaningful difference to people's lives.

This year, we designed a new Quality Framework that will help us to manage, improve and assure the quality of our support.

A key component of the Quality Framework is using beneficiary feedback to inform and drive continuous improvement. At the heart of this is 'Ask and Act' - our new national approach to seeking direct feedback from stroke survivors and carers in all areas of our work. This year we piloted the approach, with support from our involvement network who made sure it would be accessible to all.

Feedback from testing has been positive, with staff and external colleagues discovering a new way to listen to the voices of stroke survivors and carers. It's already prompting interesting conversations that will help us to keep learning and developing. For example, allowing us to:

- Understand how different people experience our support.
- Reflect their priorities in our service offering.
- See the differences we make in different areas of our work, and plan accordingly.

Over the next 12 months we'll work towards full rollout of the Beneficiary Quality Framework - including Ask and Act - across all our support services.

Our phone and online support

We're here for stroke survivors throughout their recovery. That's why we offer support in different ways to suit them. From trusted stroke-specific information, activities and communities online, to speaking to a member of our friendly support team on the phone.



Stroke Helpline

Our confidential Stroke Helpline is here to support anyone affected by stroke in the UK, including family and friends. By phone and email, we help people to find answers on anything they want to know about stroke.

During 2022-23, we supported people with 15,559 stroke-related enquiries (15,129 in 2021-22), providing information, guidance and support on practical problems like fatigue, finances, getting back to work, driving and more. We also expanded our support team, training up new members so that we're able to answer more calls in the future.

Stroke survivors like Ann, tell us they feel better after talking with us and, using the information provided by one of our friendly Helpline Team.

Ann said: "The lady who answered my call was very polite, friendly and helpful. She was able to provide me with details, including contact details, of organisations that could help me.

"In my opinion, the Stroke Helpline is an invaluable tool for people who are going through a very difficult time and are finding life very difficult. To know that there is someone at the end of a phone or available online when you need help is very important.

"Sometimes you just need to talk to someone impartial who can offer honest advice and support which you can't always get from family and friends as they are too close to your situation. For those who can't read or have difficulty processing information post stroke, being able to talk to someone to get the information they need is essential.

"The Stroke Helpline support isn't just for stroke survivors, families and carers but also provides information for employers. I know my manager at work used the online resources a lot during my recovery as they were new to stroke too."



Sandra's story

Sandra's husband, Brian, had a stroke in November 2022. Not long after Brian came home from hospital, the couple received a call from Stroke Association Connect.

Sandra says: "When Brian had his stroke I was in turmoil.

"The sensitivity of the phone call [was the thing that most struck me about it]. It wasn't an abrupt call or like a business call. It was caring and understanding of what we were going through. She didn't push me to give answers, she let me take my time because she understood it is all a traumatic experience.

"She was able to advise me on how to deal with different situations. If there was something I wasn't sure about, she would explain things to me, again, very sensitively. She didn't tell me what to do and what not to do – there was an understanding of how it is to be going through this.

"Knowing that there are people out there who are willing to listen is so important, because that's sometimes all you need. That somebody at the end of the phone to offload to.

"The Stroke Association Connect service understood what I was going through as a carer. You, as the carer, are just as important as the person who has had the stroke and they want to help you too. That's why these calls are key."

Stroke Association Connect

Our Stroke Association Connect service aims to ensure that all stroke survivors have access to follow-up and long-term stroke support once they have left hospital. Stroke survivors who've been recently discharged from hospital and live in an area where there is no Stroke Recovery Service are referred to us by NHS teams. We then get in touch to see how they're getting on and to make sure they know they're not on their own after their stroke.

This year, we supported 3,207 people (3,383 in 2021-22) being discharged from hospital and stroke units. We offer reassurance, help with any immediate questions or concerns, and crucially, connection to ongoing support, which can be accessed at any time in the weeks, months and years after stroke.

We constantly evaluate and seek feedback from service-users, staff and from our NHS partners, so we can continue to adapt and improve the service to best meet the needs of stroke survivors and carers. Feedback from the last year shows that stroke survivors, their families and our NHS partners have found the service invaluable.

Here for You

Our Here For You service offers a weekly phone conversation with one of our trained volunteers to help people affected by stroke to rebuild their lives after stroke. Talking things through on the phone can build confidence. It can help them feel more connected, supported and able to take the next step in their recovery.

This year, our 155 wonderful Here for You volunteers supported 849 people (938 people in 2021-22), giving them the opportunity to talk to someone who knows what they're going through. People who use the service tell us it makes them feel able to cope better with the impact of stroke and they feel more understood.





Annette's story

Annette has the language and communication disorder, aphasia, as a result of a haemorrhagic stroke in December 2020.

In early 2023, she decided to give our Here For You service a try. Here For You offers an eight-week block of telephone calls with a volunteer who has lived experience of stroke, either as a stroke survivor themselves or as the carer of a stroke survivor.

Annette says: "I wanted to try to meet people of my own age group who had suffered a stroke, and this was the perfect way to do it.

"With my aphasia, any situation that forces me into trying to talk to another person is good. It is very stressful, but very necessary. I think the calls have helped with my recovery and coming to terms with my stroke. The lady who rang me was so lovely. We immediately clicked and made a connection.

"It is vitally important to be able to talk to other stroke survivors. Otherwise, it is easy to sink into a dark place where you think it is only you who has suffered this terrible bad luck.

"These calls offered the genuine warmth and understanding that you can only get from another person in the same situation as yourself. I cannot recommend highly enough the importance of this service."



Online community

We have a thriving online community of around 14,000 people, who connect and chat on our forum. It's an opportunity for anyone affected by stroke to talk to others who understand stroke first hand. Day or night, they can talk about things that are important to them, ask questions and learn how people are managing their recoveries after stroke. They can also share their experiences and tips to help others.

People tell us that being part of an online community helps them feel more supported, confident and positive about the future.

Online Stroke Activities

Created during lockdown, we've been developing and expanding our Online Stroke Activities since 2020, and officially launched it as a new support service in January 2023.

Around 400 people have signed up to join our wide range of free activities, from sessions where you can learn more about the effects of stroke and a stroke exercise group, to social quizzes and more. We also have a session specifically for people aged 18-45, so they can meet people their age.

Stroke survivors and carers who take part in our activities tell us they understand more about stroke and feel more confident after joining these sessions and meeting new people.





Graham and Kay's story

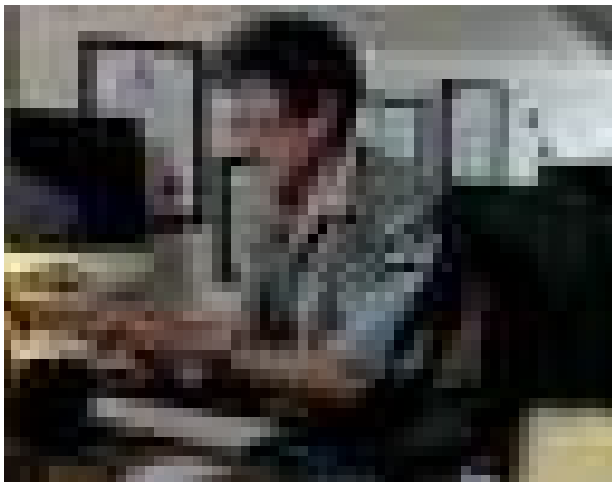
When Graham had a stroke in April 2020 during lockdown, he and his wife, Kay, felt very isolated. At the suggestion of their Stroke Association Support Coordinator, they tried some of our online activities, and have been going along ever since.

Graham says: "You get to meet other people who've had a stroke and realise you're not the only one in this situation. Hearing their perspectives and recovery hints and tips gives you something else you can look into to help with your recovery. We enjoy the Friday quizzes the most – they're always a laugh!

Kay says: "The stroke couldn't have happened at a worse time, but the online activities have helped us see the light at the end of the tunnel. You get support from people who know what you're going through. And have a laugh with them.

"There are activities on every day. I did some of the genealogy sessions and we both did the Me and My Stroke sessions, which were really informative. The way they're delivered worked for us because they're light-hearted. Although it's a serious subject, you can also have a joke - you can take more in when you're relaxed."





We invested in vital stroke research



Our five year research strategy

1. **Build capacity across multiple disciplines**
   Establish talented research leaders of the future across all disciplines relevant to stroke, to enable us to accelerate the development and evaluation of innovations for people affected by stroke across the whole stroke pathway.

2. **Increase funding and raise the profile of stroke research**
   Strengthen and develop our relationships with other organisations to increase funds, effectively pool resources and expertise and give those affected by stroke a louder voice, to achieve maximum impact.

3. **Support research that will achieve the greatest impact for everyone with stroke and improve life after stroke**
   We will support applied and clinical research and continue our focus on rehabilitation and acute research.

Research can make stroke more preventable, treatable and recoverable

We're now over three years into our five-year research strategy that outlined three goals for research funding.

Although the pandemic hit our research budget hard, forcing us to reduce awards for new Project Grants for three years, we have steadily restored our research programme back to its former strength and we're determined to push further. We've prioritised our work to develop strategic funding partnerships, to increase investment in stroke research so we can fund projects that aim to break new ground and find innovative ways to improve the lives of people affected by stroke.

Following the 2021 James Lind Alliance Priority Setting Partnership for Stroke, a UK-wide project to map research priorities across the entire stroke care and treatment pathway, we continue to focus on two key areas of research:

- Stroke prevention, diagnosis, pre-hospital and hospital care.
- Stroke rehabilitation and long-term care.

We work closely with stroke survivors and carers in our Stroke Voices in Research panel, involving them in decisions on the research we fund from the start, to make sure it's relevant and important to those it aims to benefit.

This year, we started to introduce Equality, Diversity and Inclusion (EDI) factors into our research programme. We now ask research applicants how they are considering EDI and how they might address particular EDI issues within their research study. This aims to make the research more applicable to the wider stroke population. We are developing an EDI action plan for research over the coming year, so the research we fund and our processes have greater consideration for EDI and are ultimately more inclusive and diverse.

Looking ahead to 2023-24 we will:

- Significantly expand our stroke research budget, with an increased focus on leveraging more funding into stroke research.
- From our next grant round onwards, we're adding stroke-related childhood neurological disorders to our funding remit. Stroke can happen at any age – even before you're born – and it's important that we support research that addresses the unique challenges of childhood stroke.



Strategic research partnerships with NIHR and SBRI

We're committed to supporting the research leaders of the future. Our Fellowships allow talented people in the early stages of research to build their skills, networks and to continue work that will improve stroke treatments and care for new generations.

We work with strategic partners to drive additional funds into high priority areas of stroke research to increase our collective impact.

In 2021-22, we announced a £2.1 million funding partnership with the National Institute for Health and Care Research (NIHR), with a commitment to co-fund programme grants for applied research. During 2022-23, we asked for applications in the priority fields of acute stroke treatment and rehabilitation. And we funded the first of these – a project to reduce fatigue after stroke (see page 61). Another funding round will follow, with applications to open in autumn 2023.

We also began the second phase of our Accelerated Access Collaborative programme in partnership with the Small Business Research Initiative (SBRI), funded by NHS England. This programme has awarded over £5.2 million for research in pre-hospital diagnosis, rehabilitation, and life after stroke. Innovations include improved stroke imaging technology and a virtual therapy platform.

Overall, we contributed £650,000 in funding to our partnerships and leveraged £7.3 million from our funding partners for stroke research.



Our research

We have four main types of research awards, designed to support stroke clinicians and academics working across all disciplines of stroke research to become the research leaders of the future:

- **Postgraduate Fellowships** - help graduates develop the skills needed to start a career in stroke research.
- **Postdoctoral Fellowships** - offer further training to help stroke professionals who've completed a PhD to progress as independent researchers.
- **Lectureships** - play a critical role in supporting talented mid-career researchers as they develop the skills to lead their own research teams.
- **Project Grants** – for multidisciplinary teams who are addressing big questions across the whole spectrum of stroke research: from prevention, through to treatment and rehabilitation, both in hospital and longer-term in the community.



This year, we're proud to have funded the following research projects:

Grant type	Lead researcher	Institution	Research title
Postgraduate Fellowship	Triin Ojakäär	University of Oxford	Improving sleep and memory in stroke survivors
Postgraduate Fellowship	Kate Ledingham	University College London	Reporting communication impairments after stroke
Postdoctoral Fellowship	Dr Sabrina Eltringham	Sheffield Teaching Hospitals NHS Foundation Trust	Testing a Free Water Protocol for stroke survivors with dysphagia
Postdoctoral Fellowship	Dr Michael Stringer	University of Edinburgh	Understanding vascular dysfunctions that risk ischaemic stroke
Senior Clinical Lectureship	Dr Jatinder Minhas	University of Leicester	CHALLENGE-ICH: Preventing clotting strokes after bleeding strokes
Senior Clinical Lectureship	Dr Neshika Samarasekera	University of Edinburgh	SEARxCH: Finding a treatment for brain swelling after bleeding strokes
Project Grant	Dr Alan Cameron	University of Glasgow	ASPIRE: Targeted screening for people at heightened risk of stroke
Project Grant	Professor Philip James	Cardiff Metropolitan University	PREDICT-EV: Improving stroke prevention after transient ischaemic attack
Project Grant	Professor Antonio Belli	University of Birmingham	GHoST: Developing a lateral flow test for stroke
Project Grant	Professor Audrey Bowen	University of Manchester	WAterS-2: Group-based psychological support for stroke survivors
Project Grant	Professor Adam Gordon	University of Nottingham	TELSTAR: TELerehabilitation in STroke cARe
NIHR/Stroke Association Programme Grant for Applied Research	Dr Grace Turner Professor Jonathan Mant	University of Birmingham University of Cambridge	COMbAT Fatigue: Reducing the debilitating effects of fatigue in stroke survivors

Spotlight on our newly funded researchers

Postgraduate Fellow: **Triin Ojakäär**

Rehab after stroke involves a lot of learning, like controlling hand and arm movements. However, many stroke survivors have sleep difficulties, which can impact their memory and learning.

Triin's study aims to improve sleep quality by changing the rhythm of the brain's electrical activity. This could help stroke survivors learn rehab tasks more quickly, resulting in a faster return to independence.

Postdoctoral Fellow: **Dr Sabrina Eltringham**



About half of stroke survivors have trouble swallowing, known as dysphagia. It carries several health risks, like malnutrition and choking, and reduces quality of life. On stroke wards, survivors are often given thickened liquids. They're safer to swallow, but many find them sludgy and unpleasant.

As an alternative, Sabrina will be testing the Free Water Protocol on acute care wards, with non-thickened water being reintroduced in between mealtimes. It's hoped that this phased, controlled approach will help rehabilitate the swallow reflex, with improvements to health and mental wellbeing to follow.

Senior Clinical Lecturers:
Dr Jatinder Minhas and Dr Neshika Samarasekera

We've funded two new lecturers who specialise in intracerebral haemorrhage (ICH) - a type of bleeding stroke that's considered the most serious. It has a high mortality rate, and survivors are often left with severe disabilities. Acute treatment options are limited, as ICH often happens deep in the brain, where the bleed is usually unreachable.

Jatinder is investigating why ICH can increase the risk of a clotting stroke, and whether the treatments for ICH actually contribute to the risk. Neshika is investigating the swelling that happens around the bleed, its impact on prognosis, and whether existing drugs could be repurposed to reduce the swelling.

Project Grant: PREDICT-EV



Transient ischaemic attack (TIA) is the same as a stroke, but the symptoms resolve by themselves within a few hours. Someone who's had a TIA is four times more likely to have another stroke within the next year.

Blood thinners can reduce that risk. But they come with side effects – and since not everyone who has a TIA will have a second stroke, this preventative measure can cause unnecessary problems.

The PREDICT-EV team is working to identify who is most at risk of another stroke after a TIA. They're exploring whether high levels of particles, called extracellular vesicles (EVs), seen in people who've recently had a stroke, may be the cause of future blood clots.

If correct, this could enable people to receive more personalised treatments to help reduce their risk of stroke after a TIA.

Stroke Association/NIHR Programme Grant for Applied Research: COMbAT Fatigue

Fatigue is common after a stroke, affecting the lives of one in two survivors.

The COMbAT Fatigue team, jointly funded by the Stroke Association and NIHR, will try to adapt a fatigue self-management programme for people with Multiple Sclerosis (MS) to address the specific challenges of fatigue after stroke. Researchers will work with people affected by stroke to co-develop a new web-based programme and test it in a randomised controlled trial.

Stroke Data Science Catalyst

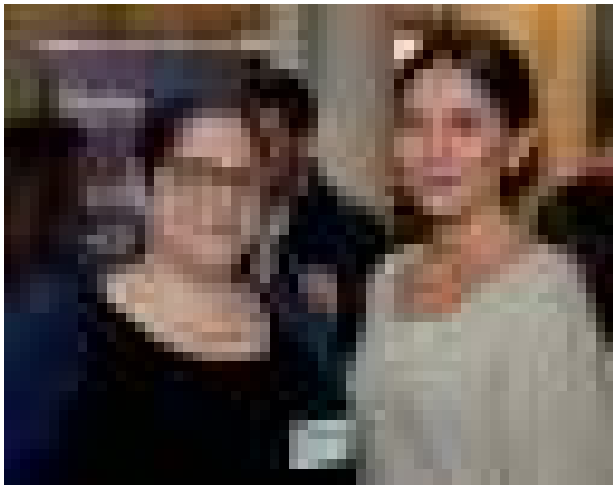
We spent time this year preparing a new five-year research partnership with the British Heart Foundation (BHF) Data Science Centre and Health Data Research UK (HDR UK).

This initiative will establish national leadership in stroke data science by appointing an Associate Director within the Data Science Centre (DSC). There are currently very few people working in stroke data science in the UK, and none of them have senior positions in university or research institutes. The DSC Associate Director will lead on and galvanize stroke data science in the UK by setting the research priorities and providing expertise in stroke data. They'll also look to increase the number of experts working in this field and involve those with lived experience in their work.

This role will enable research teams to access health data from a range of real-world settings like hospitals, GP surgeries and pharmacies. Their analysis will improve our understanding of stroke risk factors and support new evidence-backed approaches to stroke prevention, treatment and care.

As we closed out the year, funding and agreements were in place, ready for the project's announcement in May 2023.









Amazing Brains: mental health after stroke

In April 2023, we hosted Amazing Brains at the Royal Society of Medicine, our first face-to-face event since the pandemic. It was a chance to celebrate progress and innovations in stroke research and discuss the latest research into mental health after stroke.

We're grateful to our wonderful host, the actor Victoria Broom, and our four brilliant speakers: stroke survivor Jason Parker and stroke researchers Dr Emma Patchwood, Professor Maggie Lawrence and Professor Mark Tarrant. Each speaker gave their perspective on the impact stroke can have on mental health, and how we can best support stroke survivors and their loved ones as they deal with its life-changing impacts.

This event gave us the chance to highlight our current and newly-funded stroke research projects – research that will make a difference to the lives of people affected by stroke in the years to come.

We built relationships with local communities and organisations



Community-based support can make a big difference to people's abilities to recover, adapt and move forward in the devastating aftermath of stroke. Opportunities for community connection, from social groups and hobbies, to practical help such as local transport schemes and housing support, provide people with a regular and reassuring presence, which can help them through loneliness, grief, confidence issues, stigma or caregiver fatigue.

We work with a broad range of people and organisations to create stroke-friendly communities across the UK. Together we work to raise awareness of the risks and impact of stroke, upskill and enhance local services, and make activities more accessible. In doing so, we aim to amplify the voice of stroke survivors and bring positive change to community life.

Looking ahead to 2023-24 we will:

- Continue to ensure that our Stroke Group Network is supporting a vibrant community of stroke groups to provide support to stroke survivors.
- Deliver our annual Stroke Group Network Conference, which brings together stroke group leaders and volunteers from across the UK to share information, resources and celebrate the difference they make to people affected by stroke.



Stroke Group Network

Our Stroke Group Network is a community of stroke groups across the UK that offer vital social and peer support to stroke survivors, carers, family and friends. Built on friendships and fun, they are a safe and supportive space to try things again, to learn more about stroke and self-care and to increase confidence.

There are 392 local groups across the UK, including 134 run by the Stroke Association and 258 that run independently. The network continues to grow, with 38 independent groups joining this year. Diversity is flourishing too, with groups led by local social prescribers, other charities and circles of friends.

Our Stroke Association groups are run by over 700 volunteers, who support nearly 3,500 people affected by stroke. Activities are tailored to what members want. From getting together for a cup of tea and a chat, to hearing from guest speakers, exercise sessions, gardening, singing and more. Stroke survivors and carers can also share tips and experiences, ask questions, and help each other with rebuilding life after stroke.



"Exceeded expectations, the event was a great way to connect everyone together and a great platform for volunteers."

Stroke Group Network Conference attendee

This year, we've supported the network in various ways, including:

- Sharing good practice with group leaders and volunteers.
- Helping groups work together by setting up local forums, where volunteers can meet to share support and ideas.
- Giving volunteers easy access to local Stroke Association staff.
- Sharing knowledge through national online forums, on topics like salt awareness and how to encourage physical activity.
- Developing partnerships with national organisations like Table Tennis England (see page 69), to benefit local groups.

In October, we were joined by over 170 group leaders and volunteers at our annual online Stroke Group Network Conference. The event, co-designed with group leaders in the Conference Planning Group, was a chance to share information and resources to help volunteers run their groups, and to celebrate the difference groups are making to people affected by stroke.

"Great to meet others from different groups. Excellent programme, managed to cover a lot, with plenty of time for exchange and conversation. Got a lot of good ideas and suggestions on diverse challenges groups have to find new volunteers."

Stroke Group Network Conference attendee

Keith's story



Keith had a stroke in May 2020. Keen to continue his recovery, get out of the house and meet new people, he joined the Cuckfield Stroke Communication Support Group, which is local to him.

Keith says: "It's great to come here and talk to people. They have helped me be more confident. You can talk about what you like. They're not judgmental.

"You get to do things here that you wouldn't do at home, whether that's speech, singing, ballet or art. Some of the art I have done here, I have taken home. I have bought some brushes so I can do it myself.

"I've just turned 70 but I only feel about 50. I don't feel old. I don't want to do things that are for old age pensioners. And you don't have that here.

"To me, this group means freedom. I can be myself, right or wrong, it doesn't matter. You are free to be your own person."

Making connections in the community

We're working hard to establish connections with local businesses, organisations and health and social care settings so people affected by stroke can feel connected and supported by their communities.

Our local teams are always on the look-out for opportunities to strengthen relationships in their areas. As are our wonderful team of 50 Community Connectors, volunteers who build relationships with local people and organisations where they live and work, to raise awareness of stroke and the work we do in their community. These relationships play a crucial role in extending our support and improving the lives of local people affected by stroke.

Here are some examples of the community connections we've made throughout this year:

Southern Health and Social Care Trust

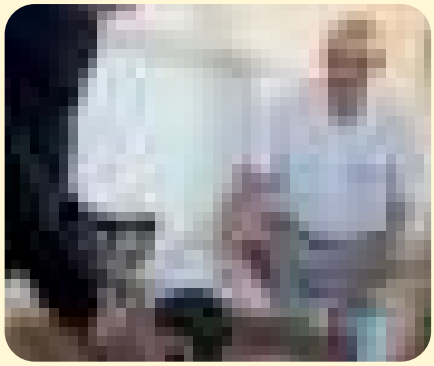
This health trust in Northern Ireland came to us looking for information and resources to help raise funds for us and build some awareness of the work we do. Over the past year, the trust's Craigavon Acute Hospital has arranged a fundraising sky dive and various other events. They are also looking at ways to give us a presence on their stroke ward and share our information with stroke survivors and their families.



Department for Work and Pensions (DWP)

The DWP wanted their staff to learn about the signs of stroke and stroke-specific impacts, so asked us to supply educational materials. We arranged for one of our team to deliver a digital presentation, with the help of a stroke survivor who volunteers as one of our Community Connectors. We received some great feedback from attendees who said the presentation was engaging and helped to fill gaps in their knowledge.

Table Tennis England (TTE)



In September 2022, our East of England team partnered with TTE to run a pilot project bringing the benefits of table tennis to local stroke support groups.

Table tennis offers light exercise that's good for health and wellbeing. For stroke survivors, it's also an enjoyable way to practice fine motor skills, hand-eye coordination and balance. It proved popular with members, so in March 2023 we developed the partnership further to include groups across the whole of England.

Since then, we've extended the offer to our other regions, with equipment requested by groups in Wales, Northern Ireland and Jersey. And we'll promote the opportunity further at our next Stroke Group Network Conference.

TTE have also offered to help stroke group members to access local table tennis clubs and will use our stroke awareness resources to inform their staff and volunteers about stroke.

"Partnering with the Stroke Association demonstrates our commitment to grow participation in table tennis among those living with long-term health conditions and disabilities. With the many benefits associated to playing, we hope to inspire stroke support groups to introduce and enjoy the game."

Colin Eley, Partnerships Manager at Table Tennis England



Raising money for stroke and awareness of our cause

How we boost our efforts with the help of donors, volunteers and media.



We broke fundraising records... thanks to over 48,000 new supporters

Our fundraisers and donors defied the odds this year, by achieving a record underlying income of £28.4 million in a challenging economic environment.

This year, we were delighted to welcome 48,000 new supporters, and grateful for the continued support from our stalwart base of regular givers. From bake sales and challenge events, to cash donations and supporters playing our weekly lottery, it's amazing to see so many people raising money for people affected by stroke and we're incredibly thankful for your support.

Looking ahead to 2023-24 we will:

- Continue to deliver our three-year plan to grow our overall fundraised income.
- Work to increase public awareness of the variety of ways in which they can support us – through leaving us a legacy in their wills, to playing our lottery or running a marathon in support of us.



Our **fundraisers** and **donors** defied the odds this year, by achieving a record underlying income of **£28.4 million**

Steve's story



Steve Davies had two strokes in January 2019 when he was just 35. Now he uses his passion for racing cars to raise awareness of stroke and money to help other stroke survivors.

Steve says: "I'd never raced before, but had always wanted to, so I bought a Ginetta G40 car. I decided to race and raise money for the Stroke Association, who supported me after my stroke."

Since then, Steve's taken part in races all over the country, raising over £10,000.

"I think of it as my job to raise money for the Stroke Association now, as not everyone's as lucky as I've been. I also want people to know that there is life after stroke."

Simon's story



Our amazing supporters, like Simon Galpin, often go to extraordinary efforts to raise money for people affected by stroke.

Simon, 55, raised almost £3,500 on a coast-to-coast cycle across the USA. His 3,400-mile, seven-week adventure from Los Angeles to Boston took him across 16 states, deserts, mountains, plains and around the great lakes.

Simon says: "I did this to get really fit, have an adventure and meet new people, but I also wanted to raise funds for the Stroke Association.

"My father Tony had two strokes a few years ago and I have witnessed first-hand how much a stroke impacts the individual and their families.

"It was an incredible adventure that I will cherish. The hardest parts were riding in the vast deserts of Los Angeles and Arizona. The temperatures were around 44 degrees!

"The highlights were the amazing rides, on great roads and epic views, especially in Sedona and New England.

"Thanks to those super generous supporters who have given almost £3,500 to the Stroke Association. This money will help to rebuild lives."



One of our biggest successes was growing the number of people who play our weekly lottery by almost 50%. This increase in popularity means we're able to raise more money for our cause - and grow the prize fund to attract new players.

The number of supporters choosing to celebrate and remember a loved one through tribute fund donations also increased by 50%. We are honoured to receive these very personal gifts, which have helped to raise £1.4 million.

Fundraising through community and third-party events, such as the London Marathon, has bounced back since the pandemic, with participant numbers growing by 35%. Raising money through virtual events and social media sites is continuing to be a big success – with Facebook fundraising alone bringing in over £300,000 between December 2022 and March 2023.

Supporters choosing to **remember a loved one** through tribute fund donations increased by **50%**



We're grateful to a number of charitable trusts, philanthropists and corporate supporters for all they've helped us to achieve this year.

Highlights include our new partnership with Buzz Bingo, who raised money for us while helping to address the isolation that often follows a stroke.

We were pleased to partner with LoSalt again for a third year. They raised funds by selling special promotional tubs, which also helped to spread awareness of stroke and the benefits of a lower salt intake.

David Lloyd Leisure continued its generous gifting of advertising space, supporting a number of our campaigns over the course of the year.

Meanwhile, we were delighted that Johnson & Johnson and Stryker agreed to support our Saving Brains campaign.

And we would like to extend our thanks to PayPal for their contribution to Aphasia Awareness Month in June 2022.

Our thanks also go to the National Lottery Community Fund, which has supported our work in Scotland, Wales and Northern Ireland, and all the other charitable trusts that supported our research and life after stroke services.

Finally, we are grateful to all the philanthropists who made generous donations – including a significant gift to fund some exciting research on how we can better predict who's at risk of atrial fibrillation, so they can be offered screening and treatment to reduce their risk of a stroke.

We worked with 1,200 volunteers to rebuild lives after stroke

Volunteers are the life force of the Stroke Association. They run our support groups and deliver our Here For You service, helping stroke survivors and their families adapt to a new way of living. They work tirelessly in their communities, raising awareness of stroke and how it changes people's lives. While their fundraising efforts help to pay for research and support.

They're the reason we can rebuild so many lives after stroke.

Our 1,268 active volunteers come from all walks of life, many of them stroke survivors and carers themselves. Volunteering is part of their journey - a rewarding experience that teaches new skills, rebuilds confidence and forges new friendships.

We want to support our volunteers as best we can. In our 2021 volunteer survey, 77% agreed that our charity is a great place to volunteer – however, this still leaves almost a quarter who feel less positive about the way we work together.

We know there's a lot more we could do to improve volunteers' experience. As a first step, we ran a new research project to understand the experiences and expectations of our current volunteers and people who might be interested in volunteering.

"I feel the Stroke Association has invested quite a lot in training me, but I don't necessarily use that training as much as I would like."

"[Volunteering] is so rewarding and it also challenges me which, as a stroke survivor, is good for me."

Volunteer survey, 2021

The research has shown us important ways to tackle our volunteers' frustrations and build on the things they value. We will use this insight to help us improve the experience we give our volunteers, reach more volunteers and give them the tools to do even more for people affected by stroke.





Our public campaigns helped us to raise money and awareness

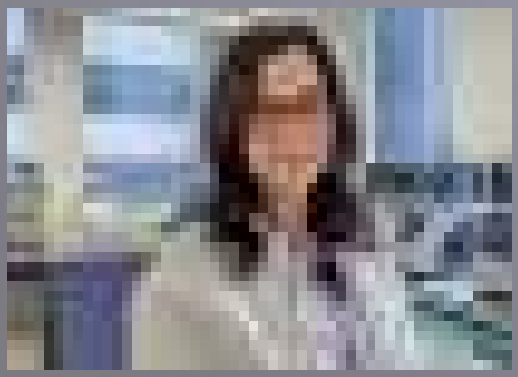
We need more people to understand the risks of stroke, and its impact on the lives of survivors, carers and families. We need more people to see the vital work we do, and how it makes a difference. Our powerful PR, media and brand campaigns play a vital role in helping us support more people affected by stroke by raising awareness of stroke and increasing engagement with our charity. We ran two big campaigns in 2022-23:

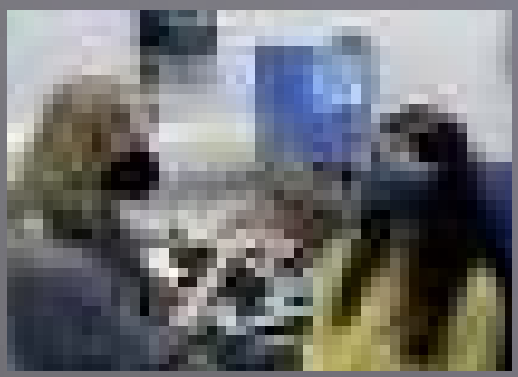
May and June 2022 - Stroke research means everything

We are the only organisation dedicated to funding research into ongoing rehabilitation after stroke. We know our vital research means everything to stroke survivors and their families, because it means hope for a better recovery.

Our campaign aimed to put stroke, our charity and our research on the map, by bringing more awareness and support to more people, and by raising money. With the simple message #SupportStrokeResearch, this campaign hit every significant fundraising and awareness target, and exceeded many - despite the cost-of-living crisis, and the public's understandable focus on the war in Ukraine. Compared with equivalent activity in 2021, income was up by over one-third - while we engaged nearly twice as many people with our offer of support.









October 2022 – January 2023
Stroke changes everything, but so can your support

Stroke is a leading cause of adult disability in the UK. It can cost people their ability to move, communicate and work. For loved ones, it can mean suddenly finding themselves in the role of carer, costing their jobs or careers. But there is hope.

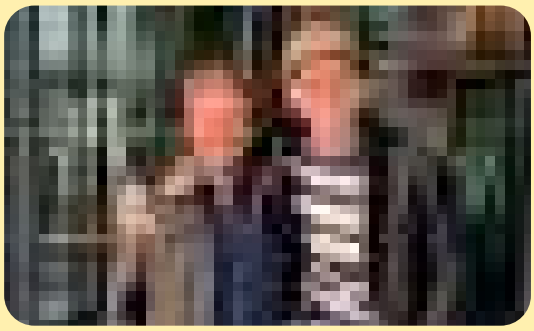
We used this campaign to raise awareness of the life-changing cost of stroke and raise funds so that we can reach more people with our specialist help and services.

Sharing stories from stroke survivors, this campaign struck a real chord with our audience. With the help of increased investment, our online content saw three times the engagement of previous years, with return on investment rising by 35%. Our TV and digital brand spend saw especially strong returns, despite the busy news cycle where changes in government and the football World Cup dominated the headlines.

Emmerdale stroke storyline

We also took advantage of opportunities as they arose to share our messages with the widest possible audience.

For example, ITV's Emmerdale ran an 11-month storyline from March 2022, following long-running character Marlon Dingle's stroke and the aftermath. We worked closely with actor Mark Charnock and the scriptwriters at Emmerdale to make this story as authentic as possible. We drew on the experience of stroke survivors, carers and consultants to highlight the risk of stroke and the daily struggles that follow.



Stroke survivor Nick Hounsfield supported Mark Charnock with his portrayal of a stroke survivor.

Nick had a stroke in 2020, aged 46. Advising on the Emmerdale storyline gave him the chance to work through "what was going on in my weird brain".

Nick says: "I talked to Mark and tried to describe the emotion you feel, what's going on in your head, how you feel after and how it affects the people around you," says Nick. "I know Mark feels a responsibility to get it right for stroke survivors and their families.

"I got really emotional watching the scenes of Marlon's stroke. Since the episode aired, I've had so many people thanking me for the awareness and recounting their own stories. I feel more connected to other stroke survivors."

The result was a highly acclaimed story that won multiple awards, generating awareness and media coverage throughout the year. Some 540 pieces in local and national media drew attention to stroke, including 16 features on flagship TV shows.

How we work

We're always looking to improve how we work together, to deliver more impact for more stroke survivors. This year we've focused on embedding new ways of working and strengthening our culture.



We are stroke to the core

We are in the conversation

We know how to make an impact

We unleash potential

We care for ourselves as for others

Looking ahead to 2023-24 we will:

- Continue to strengthen the leadership capability of our staff.
- Ensure that people affected by stroke are involved in our decision-making.
- Continue to upgrade our IT infrastructure and improve our processes so we are equipped with the systems and ways of working we need.

Our staff continue to tell us they enjoy working here. In our April 2023 staff survey, 84% said they'd recommend the charity as a great place to work – up from 82% in May 2022.

"[I feel] trusted to do my work autonomously, working with a great team who are supportive and respectful of each other. I love the culture, feel motivated and driven and overall, I am happy at work."

April 2023 staff survey

While our survey generated some great feedback, it's also shaped some of our focus for the year.

Working practices

Our staff also told us they missed some of the face-to-face opportunities they had before the Covid-19 pandemic and our move to remote working.

So this year, our teams have been more intentional about working face-to-face, with more in-person meetings and more peer support between colleagues in the same area.

Teams are experimenting with digital tools, such as a new knowledge management system, to help us collaborate remotely. We've also set up a new database that gives our teams better data and insight, and enables us to provide a better experience to our supporters.

This year, we launched Thrive – a new wellbeing initiative - that brings all our support together in one place. We'll continue to develop this offer as staff tell us what they value most and suggest improvements.

"We treat people as whole people not just employees. There are opportunities to be nurtured and grow."

April 2023 staff survey



Investing in skills

We've continued to invest in learning and development, to unleash the potential of our people. We've added new face-to-face and online courses to develop knowledge and skills, including two new leadership programmes that help colleagues at all levels to develop their leadership skills.

We also rolled out a new learning management system that equips our people to own and manage their personal development. After some great feedback from our staff, we've also been rolling this system out to our volunteers.

Meanwhile, we've carried out a capability review to identify areas for development. This will guide our investment in skills over the coming year.

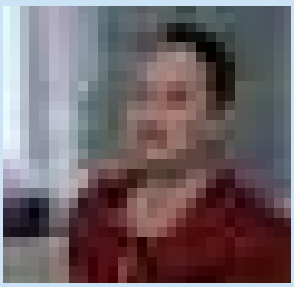
"I feel I can be honest when making mistakes and am able to share lots of ideas of new ways of working."

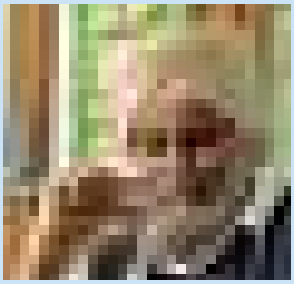
April 2023 staff survey

Equality and diversity

During 2022, we had a lot of conversations with staff and volunteers about our commitments to equality and diversity – both internally and externally. We used our second Connectival, a virtual festival for staff and volunteers, to focus on diversity and inclusion, accessibility, and health inequalities, and co-create our approach to solving inequity in stroke.







Drawing upon insightful, honest and human discussions raised during this event, and in conversations with our staff network groups and people affected by stroke, we've now developed a new 'Solving inequity in stroke' strategy. Agreed by our Board in March 2023, this strategy will underpin everything we do. It addresses health inequality, accessibility, and how we work, and sets out some bold, exciting and challenging commitments.

It will enable us to prioritise actions and objectives that will help us to support more people affected by stroke. The approach will help shape how we work with excluded and marginalised communities and ensure we're working to reduce the health inequalities they experience. And help to identify and prioritise changes we can make to improve how accessible, diverse, and inclusive we are for our staff and volunteers.

We've got a lot of work to do to make this happen, but we've made a positive start this year:



- We commissioned a literature review to understand the evidence base for the key inequalities in stroke.
- We're testing new ways to recruit and making the application and interview stages for prospective staff simpler.
- We're supporting and empowering our staff networks to ensure their voices are heard and views accounted for in our decisions and activities.
- We ran a webinar to support staff using our interpreting services, so we can better support people who speak languages other than English.
- We developed a number of new accessible resources, including aphasia-friendly stroke information guides and picture books to help people with communication difficulties, which we launched in May 2023.
- We created a more accessible way to receive feedback from the stroke survivors and carers we support so that more people have the opportunity to share their valuable views and experiences with us.



Working in partnership with others

We can't fix all the challenges facing people affected by stroke on our own, so we collaborate with other organisations and charities to pool our resources, give us a stronger voice and increase our impact.

We're a member of the Richmond Group of Charities, a coalition of 12 charities in England representing people with long-term health conditions. We work together to collectively represent more than 15 million people living with long term conditions who face common challenges to access the services and support they need to live well and thrive.

We focus on the issue of multiple long-term conditions because we recognise that the majority of the people we work with have more than one health problem and that they need more holistic solutions than we can provide on our own.

Key 2022-23 achievements for the group included:

- Our Chief Executive, Juliet Bouverie OBE, was appointed as the new Chair of the Richmond Group of UK Health charities in early 2022. Since then, Juliet has represented the coalition by presenting at NHS ConfedExpo, NHS Confederation and NHS England's flagship health and care conference. Juliet has also led a series of policy discussions with system leaders to explore how to better align services and structures, so people with multiple health conditions have a better experience of using health and care services, and those services achieve better outcomes for all patients.



- In Autumn 2022, the Richmond Group published 'No time to lose: changing the trajectory for people living with long-term health conditions' alongside an open letter to Prime Minister, Rishi Sunak, urging him to protect health and social care in the Autumn budget. This report drew together data, insight and patient stories from the coalition's 12 member charities, to illustrate how people living with long-term, chronic or complex illnesses were amongst the hardest hit by the pandemic and still now find themselves lagging far behind in terms of recovering their health and well-being.

- In February 2023 the Richmond Group hosted a roundtable discussion with Wes Streeting, Shadow Secretary of State for Health and Social Care, on how to improve care for people living with multiple conditions. Juliet also represents the Richmond Group on the External Advisory Board for the UK Government's forthcoming Major Conditions Strategy.

- A key part of the Richmond Group's work is 'Movement for All', a partnership with Sport England. This programme aims to support people with multiple long-term conditions to become and remain more physically active. Our work has focused on supporting individuals to change their behaviour by providing practical support and resources through our 'We Are Undefeatable' campaign. We also aimed to create systemic change by spotlighting the obstacles in policy and professional practice that make it harder for people with long-term conditions to be active.

Involving stroke survivors

We are committed to involving people affected by stroke in our work. Hearing from people with lived experience provides a unique and vital perspective for us and increases our understanding of stroke and its impacts. We involve people affected by stroke in projects across the charity, to make sure our actions are shaped by their insight, needs and advice.

Over the past year we have worked hard to establish our Stroke Views Involvement Network. This is a network of over 400 people with lived experience of stroke who work on projects with different teams within our charity.

The network has helped us with over 40 projects this year, including:

- Designing videos to help families, friends and stroke survivors better understand stroke.
- Making improvements to our website.
- Helping us to create new stroke information based on real stroke experience including brain fog and stroke, women and stroke, and smoking and the risk of stroke.

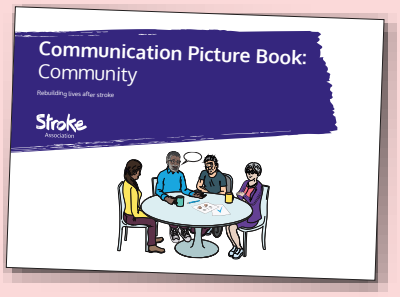
87% of Stroke Views members have a **positive experience** and want to stay involved, according to our annual **evaluation survey**.

We started to set-up long-term involvement groups in each of our ten regions in the UK called Locality Stroke Voices. The aim of these groups is to support us to make decisions on local priorities. We currently have four groups (East of England, Midlands, Wales and Scotland) and aim to set up other local groups throughout 2023-24. This will ensure that we are listening to the voice of lived experience in all our local areas.

We also worked with our Aphasia and Accessible Voices group, made up of over 60 people affected by communication difficulties, to develop new communication tools, including:



- Aphasia-friendly guides on stroke and communication.

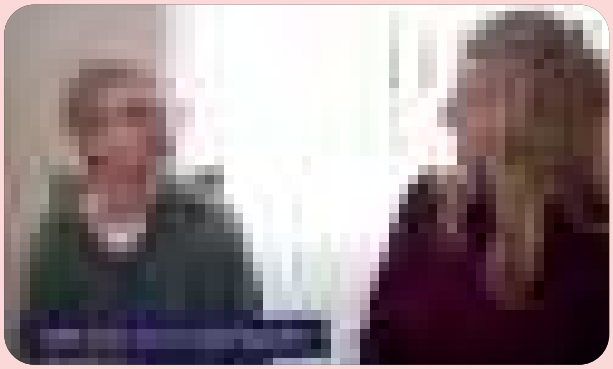


- Communication picture books for hospitals and the community.





- An animated video about how stroke affects communication.



- A video called ‘Communication tips after a stroke’, showing how to converse with a person with aphasia.

We piloted a new group this year called Strategic Voices. Members of this group are helping to influence strategic decisions within our charity, with a focus on key projects like our volunteer approach and thrombectomy campaign.

Meanwhile Childhood Stroke Voices is co-developing new services for parents of stroke-surviving children, and Stroke Voices in Research continues to influence our research grants and awards.

“All of the members of the group are willing to share their thoughts freely and respectfully. We get a lot out of the group and have many laughs together during our meetings. It’s great to feel our contributions are making a big difference to the work of the Stroke Association.”

Colin, Aphasia and Accessible Voices group member

Financial review of the year

In 2022-23, we began to realise the full benefits of the growth we've achieved since the Covid-19 pandemic and our organisational re-design. We started a major programme to increase our impact by raising awareness of stroke and building our base of long-term supporters, so that we can reach all people who have been diagnosed with a stroke. This programme will be funded through designated reserves that first arose from our surplus in 2021-22 and our smaller surplus in 2022-23.

This is the second year in a row that our income has been above £40 million. We have used this increased income to grow our expenditure on charitable activities from £25.0 million to £30.2 million. Our expenditure on direct services to stroke survivors increased from £14.8 million to £16.8 million and we also increased expenditure on research grants, raising awareness of stroke, community development and our campaigns to ensure that the health systems and governments respond to the needs of stroke survivors.

Expenditure on raising funds increased from £6.6 million to £8.1 million, as we invested in increasing the number of people who give to us regularly, which will produce sustained long-term income. We also achieved a surplus of £2.3 million (2022: £9.6 million). These surpluses are being reinvested so that we can increase the numbers of stroke survivors we reach and improve their care and treatment.



Income

Our principal sources of revenue are legacies, fundraising activities and local services contracts. Our total income for the year was £40.7 million (2022: £41.2 million).

Legacy income this year was £16.8 million (2022: £19.3 million). The 2021-22 figure was boosted by several large estates who settled just after the pandemic backlog started to clear. Also, £2.2 million was added in 2021-22 as we changed our treatment of accrued legacy income to recognise all estates where grant of probate had been made for over six months. Excluding this one-off legacy adjustment, income has performed well, and we are seeing growth in our pipeline and in the number of pledgers.

Other fundraising activities contributed £11.6 million (2022: £10.9 million) of gross income with an influx of new lottery players increasing income to £1.2 million (2022: £0.8 million).

Our local services contracts are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Local services contract income achieved £10.8 million (2022: £10.1 million). These contracts are primarily awarded by local NHS providers and local authorities.

The net effect of realised and unrealised movements on our charity's investments was a loss of £0.5 million (2022: £2.1 million gain). This loss was due to the economic uncertainty arising from the war in Ukraine and concerns over the UK economy.

Expenditure

Total expenditure was £38.4 million (2022: £31.6 million), including £30.3 million (2022: £25.0 million, which represents 21% growth) on charitable activities supporting the key objectives of the charity, and £8.1 million (2022: £6.6 million, 22% growth) on raising funds.

The increase in the cost of charitable activities reflected our ambitions to increase our Stroke Support Line staffing (for our Helpline, Stroke Association Connect and Childhood Stroke phone support services) and to provide more support and cover to front-line staff. In addition, salary costs have increased due to the impact of inflation, growth in services and a reduced vacancy rate. Direct costs of support services to stroke survivors increased by 8%.

Finally, we have begun to restore our research ambition with the total cost of new grants and the research team increasing by 71% to £2.5 million (2022: £1.4 million). New grants awarded increased by 61% to £2.0 million (2022: £1.2 million).

The commercial trading operations carried out through the Stroke Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £130,000 (2022: £132,000) to net income as detailed in note 3.

Outlook

We approved a financial strategy this year, which guides our long-term financial direction. The financial strategy is designed to ensure that we maintain our reserves targets, and then breakeven over three years and keep staff costs at a consistent proportion of overall expenditure. Should our free reserves be deficient, we have three years to restore them. Likewise, excess free reserves should be designated and released over the foreseeable future.

Our financial goals are to maintain long-term sustainability and increase income so that we reach everyone as soon as possible after their stroke. To do this we need to invest in new ways of reaching stroke survivors, raising awareness of stroke, maintaining and growing legacy income and increasing the number and value of donations from individuals and trusts and foundations.

We expect the next three years will be a challenging environment in which to grow. Inflation remains high and cost of living difficulties are affecting our supporters as much as everyone else. However, we are confident that we can continue to increase our supporter base, particularly from lottery players, regular givers and legacies.

We are also seeing delays in the processing of legacies, which is beginning to cause a liquidity challenge. We have increased our free reserves requirement to mitigate these challenges. The changes in legacy recognition and the longer times taken to receive accrued legacies means that debtors are taking a larger part of our balance sheet. We have been funding the legacy delays initially by reducing bank balances, but we will need to fund designated funds expenditure and delays in legacy receipts by selling investments.

We are the only charity that provides support to stroke survivors across the UK. We continue to improve our quality of service to stroke survivors, resulting in increases in local service grants from the NHS and local authorities. These increases are hard won, but welcome. We recognise that spending constraints are having an impact on the ability of statutory bodies to fully fund services.

Given the quality of our service as the leading stroke survivor charity, we will continue to advocate for a greater role in providing these services. However, this uncertainty means that we have not made any assumptions on underlying increases in support for these services in future years.

Our current plans include how we use the unexpected surpluses from the last two years to make the changes needed to reach more stroke survivors and their carers, to raise awareness of stroke as the fourth biggest cause of death in the UK, to campaign to ensure that thrombectomy is made available across the entire UK on a 24/7 basis and to increase our supporter base.

We are in the process of determining the scale of our ambitions and the full cost that they would entail. Once we have determined these, we will make decisions on how best to fund ongoing support for stroke survivors. We have designated £7.9 million into the Strategy Acceleration Fund (see note 25) from accumulated surpluses to be spent over the next three years to tackle these challenges.

Balance sheet

The consolidated balance sheet shows total group funds of £35.0 million (2022: £33.1 million).

Included in total funds are £2.8 million (2022: £4.3 million) of restricted funds. These monies have either been raised for, and their use restricted to, specific purposes, or they comprise donations subject to donor-imposed conditions. Full details of these restricted funds are in note 27 to the financial statements, together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2023 amounted to £32.1 million (2022: £28.8 million) of which £11.5 million (2022: £13.0 million) has been designated for strategy acceleration, to underwrite future legacy income fluctuations, for transition projects and other activities. Our fixed asset reserve is £2.9 million (2022: £3.2 million), which represents the cost of our fixed assets after depreciation and amortisation. Our free reserves have increased to £17.7 million (2022: £12.6 million).

The investment portfolio has risen to £27.5 million (2022: £25.1 million). All £27.5 million is held with our investment managers (2022: £24.6 million with £0.5 million on fixed term deposit with our bankers). During the year we invested a net additional £3.0 million (2022: £1.0 million) with the investment managers and we reinvested income from the portfolio of £0.6 million (2022: £0.4 million). However due to macroeconomic conditions arising from the war in Ukraine and economic uncertainty within the UK the portfolio made a loss on investments of £0.5 million (2022: £2.1 million gain).

We continued to take advantage of short-term interest rates by putting excess funds on short-term deposit. This produced interest income of £32,000 (2022: £3,000).

Following the review of our legacy accruals policy in 2022, we decided to recognise all legacies, irrespective of likely value, where we had received grant of probate for more than six months. This is recognised as income and the amount owed is shown as a debtor, the value of this debtor has risen to £7.4 million (2022: £5.1 million). The increased accrued income and fall in bank balances mean that our current assets fell to £15.4 million (2022: £15.7 million).

Research grant liabilities fell to £6.3 million (2022: £6.9 million), despite an increase in new awards. This represents payments to awards made in prior years.

Cash flows

Our bank balances fell to £5.4 million (2022: £8.9 million), primarily due to the decision to reinvest excess balances in the investment portfolio. The increase in legacy accruals and other debtors of £3.2 million (2022: £3.6 million) and the reduction in research grant commitments of £0.5 million has meant that much of our surplus has not yet been realised into cash.

Going concern

The trustees are of the view that the Stroke Association is a going concern as there are adequate resources available to fund the charity's activities for the foreseeable future.

Maintaining the long-term financial viability of the charity and its status as a going concern has been a key focus for trustees and management. This has involved continued analysis of the emerging context, regular monitoring of results and adjusting plans, forecasts and budgets as the situation evolved. Trustees approved a financial strategy this year that ensure that risks, reserves and financial plans are ambitious, coherent and sustainable.

Reserves policy

Our charity faces risks that we manage through a risk register. Our reserves policy is designed to ensure that we have sufficient reserves to ensure that:

1. We can respond to unforeseen events, without jeopardising our ability to continue to support people affected by stroke.
2. To provide sufficient liquidity to meet our obligations as they fall due.
3. To fund planned deficits in future years.

The trustees reviewed the reserves policy in March 2022 and concluded that a risk-based reserves policy was the most appropriate way of managing reserves. The policy states that the Stroke Association should keep sufficient reserves to cover:

- Restricted reserves.
- Designated funds to support the future development of the Stroke Association, to ensure continuity of the UK Stroke Forum and to ensure the financial independence of stroke groups across the country.
- Fixed assets reserves.
- Free reserves to cover:
  - Working capital needs.
  - Weighted risk requirements.

The weighted risk reserve requirement is based upon the expected cost should a risk arise. This is weighted by the likelihood of the risk occurring. These risks are considered as part of the risk register, as explained below under Principal Risks and Uncertainties (page 96).

The free reserves requirement is reviewed regularly throughout the year and at 31 March 2023 is £14.4 million as set out below:

	£ million	£ million
	At 31 March 2023	At 31 March 2022
Total reserves (charity only)	34.9	33.1
Restricted funds	2.8	4.3
Designated funds	11.5	13.0
Fixed asset fund	2.9	3.2
Free reserves	**17.7**	**12.6**
Reserves requirement		
Working capital	5.5	2.5
Risks	8.5	8.5
2023-24 planned unrestricted deficit	0.4	0.0
Total reserves requirement	**14.4**	**11.0**
Excess or deficit (-) against policy	**3.3**	**1.6**

The working capital requirement has increased by £3.0 million because of increased fluctuations in in-year income (£0.5 million) and delays in legacy processing at the probate office (£2.5 million). The delays in legacy processing are expected to be temporary and this requirement will be subject to ongoing review. The risk requirement has stabilised at £8.5 million primarily because the removal of the risk on not responding adequately to Covid-19 has been removed, but the risks and costs from a cybersecurity attack have increased.

Our free reserves are above target. However, management and trustees are developing plans to best support our core ambitions to:

1. Increase awareness of stroke.
2. Invest in targeted fundraising areas where income growth opportunities have been identified.
3. Campaign to ensure thrombectomy is available 24/7 for all stroke patients in the UK.
4. Ensure that we can support everyone in the UK as soon as possible after their stroke, and their carers.
5. Improve our digital and data capacity.

We expect these plans to be developed during 2023-24. We will designate any excess free reserves to deliver on them and expect our free reserves to return to their target level at that point.

We have several designated funds that trustees have set aside. These are:

Strategy Acceleration Fund - £7.9 million

This fund is providing immediate support to our ambitions listed above. It funds partnership work with the NHS in Scotland and Wales and the joint research data science catalyst with the British Heart Foundation.

Operating model - £1.2 million

This fund was designated to pay for the restructuring costs in 2021-22 and for the new IT investments required to modernise our systems. Provision is made in the fund for the depreciation of those investments and for the introduction of new investments such as a People System and a replacement for the Customer Relationship Management System, which is vital for the efficient delivery of our services.

Legacy Stabilisation Fund - £1.3 million

This fund is designed to iron out the fluctuations in the receipt of large legacies: the timing of legacies is always uncertain and can cause distortions in our financial performance. This fund allows us to manage these fluctuations without causing disruption to services.

Voluntary Groups and Clubs - £695,000

The Stroke Associations supports local stroke groups across the UK. Some of these are independent but 134 are part of the Stroke Association.

As these groups are part of the charity their income and expenditure are included in our financial statements. However, we recognise that these funds have been raised by the groups and should remain under their control.

Northampton Resource Centre Relocation - £321,000

Our distribution and fulfilment facility is based in a warehouse in Northampton, which is no longer fit for purpose. These funds are designated to provide for the costs of procuring, fitting out and moving to new premises, and for the exit costs of the existing building.

United Kingdom Stroke Forum (UKSF) Fund - £125,000

The UKSF is an annual conference where practitioners and organisations connected to stroke meet to discuss new developments and challenges. It is hosted jointly by the Stroke Association and the British and Irish Association of Stroke Physicians.

This fund accumulates surpluses and deficits of each event over the previous five years in order to underwrite costs and risks with each year's event.

Investment policy

The investment strategy is set by the trustees and considers income requirements, the risk profile and the investment managers' view of market prospects in the medium term. We reviewed the investment strategy and switched to a more aggressive annual target of CPI+3.5%. The investments are not required primarily to generate short-term income but to underwrite our research liability and our reserves requirement, both of which are long-term objectives. This allows us to move to embracing a higher short-term risk approach in return for an expected higher long-term return. With CPI running at 7.9% at June 2023, the annual target will not be met this year. However, we expect the target to be met in the medium-to-long term should inflation stabilise.

The portfolio holds £0.5 million in cash (2022: £1.0 million) or highly liquid assets to cover short-term cash demands. We also have negotiated a £1.0 million overdraft facility with Barclays to prevent the sale of long-term investments for short-term cash demands.

A committee of trustees and independent advisors meets regularly with the investment managers to review the performance of the portfolio and the investment strategy. Each quarter the chairs of the Investment and Financial Performance Committees meet with the Executive Director – Finance to review investment and liquidity levels. All our investment decisions are guided by our Ethical and Responsible Investment Policy (see page 107).

Principal risks and uncertainties

Our trustees identify, assess and understand the risks facing the Stroke Association and are satisfied that an appropriate risk framework is in place to manage these.

We take a balanced approach to considering risk, taking steps to minimise the likelihood and impact of risk wherever possible and providing reserves to cover risks, while acknowledging that exposure to risk is inevitable and should not prevent our charity from pursuing new opportunities.

The trustees believe that by monitoring reserve levels, ensuring controls exist over key financial systems and processes, and examining the organisational risks the charity faces on a regular basis as documented in the charity's Risk Register, risks can be mitigated and effectively managed. The Risk Register is regularly reviewed by the Executive Team and monitored by the Audit and Risk Committee and the Board. Risks are ranked on a score allocated by assessing the level of impact and likelihood.

Every risk on the register has been re-assessed and a number of risk ratings and controls have been adjusted. The top ranked risks at the end of 2022-23 were:

Risk	Actions and mitigations
A successful security breach due to a cyber-attack	Cyber-attacks are increasing in frequency and sophistication and could potentially disable the charity's IT systems. To mitigate the risk, we have a continuous improvement program to keep our technology defences against cyber security risks under review. We have implemented new ways of controlling spam, web access and administrative access control using Multi-Factor Authentication. We have been removing vulnerable services and have concluded annual penetration testing. Our charity achieved Cyber Essentials accreditation and will be moving toward Cyber Essentials Plus accreditation and incorporating principles from the ISO27001 Information Security Management System framework. We have also recently employed a dedicated resource for managing our cyber security risk.
Failure of the investment in fundraising to deliver the required returns and the charity runs at an underlying deficit on free reserves.	Mitigation comes from regular scenario-based financial modelling, and improvements we are making to better understand the needs of different customer groups, monitor the performance of our fundraising activities and be more responsive to new opportunities.
Breach of our duty of care to our volunteers and beneficiaries.	Mitigation comes from effective HR policies, health and safety policies and safeguarding procedures, as well as appropriate management systems and an effective compliance framework to ensure that we comply with all legal and regulatory requirements and good practice.
Fraud	We have seen several external attempts to defraud the charity through phishing, vishing and other sophisticated scams. We counter this threat through fraud prevention training provided by our bankers for all finance staff who handle payments; online fraud awareness training for all staff; internal controls that are reviewed by internal audit; anti-fraud and counter fraud polices and by having a fraud response plan that advises staff how to act if they detect or suspect a fraud.

Our structure, governance and management

We've prepared this 'Trustees' Annual Report' according to Part 8 of the Charities Act 2011 and the requirements of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102. Our report also meets the requirements for a directors' report set out in the Companies Act 2006. Sections on 'Financial review for the year' and 'Principal risks and uncertainties' included within the 'Trustees' report' meet the requirements for a strategic report as outlined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013. We prepared the financial statements in accordance with the accounting policies set out on pages 125 to 131 of the attached financial statements.

Status

Stroke Association is a charitable company limited by guarantee, incorporated on 25 March 1899 and registered in England and Wales (61274). Stroke Association is registered as a charity in England and Wales (No. 211015), in Scotland (SCO37789), the Isle of Man (945) and Jersey (221); it also operates as a charity in Northern Ireland.

Objects of the charity

Our charity is governed in accordance with our Articles of Association (last amended 18 November 2019), which sets our structure and purpose.

The objects of the charity are for the relief of sickness and distress and for the advancement of health by:

- Working for the prevention of stroke.
- Educating the public in all matters concerning stroke.
- Carrying out, promoting or sponsoring research into the prevention or treatment of stroke or other conditions where the effects are similar to stroke, the rehabilitation and long-term care of stroke survivors and publishing the useful results of such research.
- Responding to the needs caused by the effects of stroke, or other conditions where the effects are similar to stroke, by providing advice and support to those affected, their families and carers.



Trustees and governance

The trustees govern our charity and act as directors under company law. Collectively our trustees constitute the Board of the Stroke Association.

Trustees have a duty to act in a way that promotes the charity's purposes and are responsible for:

- Setting and monitoring progress against our strategic objectives.
- Setting the highest standards and delivering good governance and leadership.
- Ensuring that the charity's resources are only used for its charitable objectives, in the best interests of its beneficiaries, and in compliance with all relevant statutory and regulatory obligations.

When reviewing our aims, objectives and future plans, the trustees confirm they've complied with their duty under the Charities Act 2011 and have referred to the Charity Commission's general guidance on public benefit.

Our Board meets four times a year, as well as meeting for a strategy away day dedicated to focusing on our long-term plans. Board and committee meetings are a mix of face-to-face and remote meetings on Microsoft Teams.

Our governance arrangements comply with the Charity Governance Code for Large Charities and are reviewed annually. We comply fully with the code except that the size of our Board is larger than recommended in order to reflect the breadth of our activities and geographical spread. We are also working towards improving the diversity of our Board.

We engaged Patrick Dunne of Boardelta to undertake an external review of our governance this year. We are pleased that his review concluded that our charity is fundamentally well governed and tightly controlled, with a high quality and committed governance function. The review made some suggestions on ways in which we can ease the administrative burden on the executive and trustees, so that trustees can focus more on strategic matters. It also recommended that we review the scope and remit of our committees. We will start the implementation of these recommendations in the coming year.

The Board delegates the authority to manage day-to-day business to the Chief Executive, assisted by the Executive Directors Team (EDT). The Board approves the charity's strategy, at the proposal of the Chief Executive and EDT. The Chief Executive is responsible for implementing the agreed strategy and policies.

Our committees

Our Board has four committees that meet regularly throughout the year to focus on aspects of the charity in more depth. These are:

- Financial Performance Committee – scrutinises our financial and commercial affairs, as well as our fundraising.
- Audit and Risk Committee – scrutinises our financial statements, financial control systems, internal and external audit, and risk management process.
- Investment Committee – develops and maintains our policies relating to investments, selects and monitors our investment managers, and monitors and evaluates investment performance, service and cost.
- Governance and Remuneration Committee – oversees the effective governance of the charity (including the composition of the Board and the recruitment and induction of trustees) and the pay, benefits and conditions of service for our employees.

Recruitment and appointment of trustees

We regularly review the skills and diversity of our Board to guide us when recruiting trustees and committee members. This also supports our succession planning. This year we have appointed new recruitment advisors to help us ensure that our Board and committees have a strong and diverse mix of people, skills and expertise.

We have a rigorous and competitive trustee recruitment process set out in our Trustee Recruitment Policy and Procedure documents.

This generally includes public advertising and the use of executive search specialists to identify suitable candidates. Selected candidates attend interviews.

We have independent advisors to bring additional expertise and diversity to our committees. We also have a programme of support and training for volunteers interested in trusteeship in the future.

No trustee may serve for more than nine years, unless there are exceptional circumstances.

Trustee induction and development

New trustees receive induction training to inform them about the charity and our work, and to ensure they have an appropriate level of understanding of charity governance and the legal duties of charity trustees. This includes training in the charity's activities and operations, governance, strategy and finances.

Our Board development programme ensures that all trustees have access to ongoing training, using internal and external resources to support them in their duties and responsibilities. Development of trustees is a regular item in all appraisal discussions with trustees.

Our trustees and non-trustee independent advisors

The following trustees were in office and served throughout the year, except where stated.

Trustee	Office	Appointed/ resigned/ retired	Committee membership
Andrew Archibald			FPC
Dr David Buckle MBBS DRCOG MRCGP	Vice Chair (Medical)		GRC, ARC, IC, FPC
Hannah Catchpool BSc MSc DChA MAAT CA	ARC Chair	Appointed 30 June 2022	ARC
Professor Avril Drummond PhD MSc Dip COT FCOT			ARC
Ed Garcez			FPC
Katherine Gillespie MA MSc			FPC
Ceri Jackson			FPC
Professor Martin James BM MRCP MD CCST FRCP			
Stephen King MBA FCMI	Chair, Chair GRC		GRC, FPC, IC
Ian Lee BA (Hons) CA	FPC Chair		FPC, IC, GRC
Virginia McVie		Appointed 4 April 2022, Resigned 21 March 2023	
Harvinder Rattan ACCA			ARC
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO			
George Spentzos	IC Chair		IC, FPC
Liz Stanley BA ACA	ARC Chair	Resigned 30 June 2022	ARC
Peter Troy MBE	Vice Chair (Lay)		GRC, ARC, IC, FPC

The following non-trustee independent advisors (committee members) were in office and served throughout the year, except where stated.

Non-trustee independent advisor	Appointed/ resigned/ retired	Committee membership
Hannah Catchpool BSc MSc DChA MAAT CA	Became Trustee 30 June 2022	ARC
Helena Eaton	Appointed 30 August 2022	IC
Victoria Hoskins	Resigned 14 April 2022	IC
Charles Maisey	Resigned 20 October 2022	IC
Ben Matthews	Appointed 30 August 2022	IC
Liz Stanley BA ACA	Reappointed 30 June 2022 and resigned 20 July 2023.	ARC
Christopher Queree	Appointed 30 August 2022	IC

Committee membership key

ARC – Audit and Risk Committee
FPC – Financial Performance Committee
IC – Investment Committee
GRC – Governance and Remuneration Committee

(See **stroke.org.uk/our-people** for further trustee details.)

Statement of responsibilities of the trustees

The trustees are responsible for preparing the 'Trustees' 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 financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and the group and of the income and expenditure of the group for that period.

In preparing financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice, preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102).
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for maintaining proper accounting records that show and explain with reasonable accuracy the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the charity's assets and for taking reasonable steps to prevent and detect fraud and other irregularities.

The trustees confirm that:

- In so far as they are aware, there is no relevant audit information of which the Stroke Association's auditor is unaware.
- The trustees have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

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

This information is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

Our leadership team

On 31 March 2023, the members of our Executive Directors Team (EDT) were:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Dominic Brand BSc (Hons)	Executive Director, Strategy, Insight and Technology
Andrew Cook BSc (Hons) MSc (Cantab)	Executive Director, Customer Experience
Christopher Fyfe BSc MSc CPFA	Executive Director, Finance
Alexis Kolodziej BA	Executive Director, Locality Impact
Christopher Rennison CIPD FCMI	Executive Director, People

See **stroke.org.uk/our-people** for more information about our leadership team.

Our people

We're privileged to have 766 staff and 1,268 active volunteers across the UK, including Jersey and the Isle of Man, (as of 31 March 2023), who work hard to get the best for stroke survivors, their families and friends. We want to make sure our staff feel valued, heard and supported, so they can do their best work for people affected by stroke.

We regularly consult employees via LINK, our staff consultation forum. LINK is made up of 15 representatives from around the organisation, covering all levels and localities. To make sure we represent different lived experiences, the LINK panel includes dedicated positions for colleagues from different backgrounds and experiences, including stroke survivors. LINK listens to feedback from our staff and meets with senior leaders and EDT at least four times a year (or more frequently at times of significant change) to inform and consult on the issues they raise.

LINK reviews remuneration, and changes affecting all employees are discussed in depth. There is LINK representation on our Pension Governance Board that includes the Chair of Trustees, Safeguarding Governance Board and other groups to ensure our people are at the heart of organisational decisions that affect our staff.

We also have staff networks who offer peer support to each other as well as influencing staff policy and processes. This includes stroke survivor, Black, Asian and Minority Ethnic communities, LGBTQ+ and disabilities staff networks, as well as peer support groups for menopause, parental leave, carers, and neurodiversity.

Opportunities are available to all of our staff including those with disclosed disabilities or specific needs, for training, career development and promotion. We make reasonable adjustments for people with additional needs during the application process and when they start at our charity. We review the adjustments regularly to make sure they're meeting the individual's current needs.

If an existing employee becomes disabled, we continue to provide employment wherever practicable – in the same or an alternative position – and provide appropriate training and adjustments as required. We also provide access to health benefits and support to all of our staff, including critical illness cover.

We engage our staff and volunteers in many different ways, to connect them to our strategy, our work and each other. Every year, we run Connectival - a multi-day remote event where staff can dial into sessions on a range of topics. They can learn from stroke survivors, stroke professionals and researchers, and hear directly from our staff networks. Staff can also attend monthly 'Ask Juliet' Q&A sessions with our Chief Executive and executive team, as well as regular webinars with internal and external speakers.

We hold similar webinars for our volunteers, on role-specific topics, and keep them informed of the charity's work through regular newsletters.

Wherever appropriate, we involve people affected by stroke in designing and implementing programmes, so we can make sure they work for people affected by stroke, meet their needs and have a positive impact on their lives. There's more information about how we support and engage with our stakeholders throughout this report.

Our approach to pay

We're committed to being open and transparent about the work that we do, about the money that we raise and how we spend it.

We believe the charity sector should not and cannot compete with the commercial sector on pay. However, we want to make sure that we're able to attract and retain the best people, so we regularly review our pay and benefits to bring them in line with other charities.

We need to be financially sustainable, but we know that the rising cost of living is a real worry for many of our people. After careful consideration and consultation with LINK, we were pleased to raise salaries by 5% for all staff on all salary grades from 1 April 2023.

Executive pay

Our executive pay is reviewed annually and is benchmarked with other salaries in the sector.

Our Chief Executive's salary for 2022-23 was £148,104 (excluding employer's pension and National Insurance contributions). Following the April 2023 5% salary uplift, her salary for 2023-24 is now £155,509 (excluding employer's pension and National Insurance contributions), which remains within the median salary range for the sector. Guided by the Association of Charity Chief Executives' (ACEVO) best practice advice on pay transparency, we publish our Chief Executive's current salary on our website (**stroke.org.uk/executive-pay**).

Our Executive Directors' (Key Management Personnel) salaries for 2022-23 (excluding employer's pension and National Insurance contributions) were within the range of £88,959 and £113,254, depending on their experience and market benchmark. Following the April 2023 5% salary uplift, the salary range for 2023-24 is now £93,256 and £118,917 (excluding employer's pension and National Insurance contributions).

When setting senior salaries, our trustees are guided by the principles set out in the report on Charity Senior Executive Pay by the National Council for Voluntary Organisations, which is supported by the Charity Commission.

Performance of our Chief Executive and Executive Directors is assessed against the same criteria as all other employees as part of our annual performance and development reviews and pay award process.

Our Ethical and Responsible Investment Policy

Our Ethical and Responsible Investment Policy guides the investment decisions of our charity's investment manager and all staff, trustees and advisors who are involved in planning or authorising investment of our charity's funds.

It reflects the principles of our charity's Ethical Policy to behave in a socially responsible way, and to make decisions that protect our beneficiaries, demonstrate our integrity and values, and inspire public trust and confidence.

Our ethical and responsible investment principles are:

- We will not invest in organisations if there is evidence to link their main products or services to a significant increase in the risk of stroke or poor stroke outcomes.
- We support and promote public health initiatives to reduce stroke risk factors. We will not invest in companies that undermine or frustrate these initiatives.
- We may invest in organisations, programmes or projects that could significantly improve stroke outcomes.
- We favour organisations with a positive attitude towards Environmental, Social and Governance (ESG) matters, especially if they act to reduce stroke risk in their workforce or society.
- We try to avoid investments that could be seen as unsuitable for a health-promoting charity. This includes high stakes gambling, high interest money lending, or companies with a reputation for poor ESG compliance.

Our Environmental, Social and Governance (ESG) principles

Our charity aims to help rebuild people's lives after stroke. Environmental, social and governance issues are at the heart of ensuring we do this properly. We believe these issues are everyone's responsibility and it's our job as a charity to try to lead by example.

We already try to be as sustainable, equitable, accountable and transparent as we can in our working practices to make sure we're living our values:

- We are human.
- We believe in better.
- We give it our all.
- We say it as it is.

There are examples of how we're doing this throughout our report. These include commissioning an external governance review to ensure we adhere to best practice and remain sector leading (see page 100), launching our 'Solving inequity in stroke' strategy, improving our recruitment policies and practices by sharing interview questions with prospective staff in advance, and launching new aphasia-friendly resources to improve accessibility (see page 83).

We will continue to build, develop and improve on this work in the year to come to help us to ensure the sustainability of our charity and improve our ability to build on our charitable objectives.

Energy and Carbon Reporting

We want to become a more environmentally conscious organisation and so monitor the impact of our activities.

We comply with the Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018, and the UK Government's Streamlined Energy and Carbon Reporting (SECR) framework, by reporting on our energy use and greenhouse gas emissions.

Opposite is our current UK-based annual energy usage and associated annual greenhouse gas emissions from 1 April 2022 to 31 March 2023. This relates to our office location-based consumption and vehicle mileage. It is also covers the period in which we were unable to operate from office locations due to Covid-19.

Energy data relating to transport was collated via existing mechanisms. Where building energy is directly metered by a supplier, invoices have been used. However, the majority of our buildings are not supplied in this way. Instead, the supply and cost of energy is included within the rental or service charge, so we've had to use estimates based on benchmarked data. In some cases, data has been pro-rated to match the reporting period.

Breakdown of energy consumption used to calculate emissions (kWh):

Energy type	2020-21	2021-22*	2022-23
Mandatory requirements:			
Gas	405,507	648,568	386,468
Purchased electricity	746,780	374,803	264,200
Transport fuel	40,358	15,785	601,472
Total energy (mandatory)	**1,192,645**	**1,039,156**	**1,252,140**

Breakdown of emissions associated with the reported energy use (tCO_2e)

Emission source	2020-21	2021-22*	2022-23
Mandatory requirements:			
Scope 1			
Gas	74.6	118.8	70.5
Transport - Company owned vehicles	0.2	13.6	0.0
Scope 2			
Purchased electricity (location-based)	174.1	79.6	51.1
Scope 3			
Transport – Employee-owned vehicles	9.8	0.3	148.4
Total gross emissions (mandatory)	**258.7**	**212.3**	**270.0**
Intensity ratios (mandatory emissions only)			
Tonnes of CO_2e per number of employees	0.40	0.28	0.33

*These figures for 2021-22 differ from those presented in our 2021-22 Annual Report as there was a miscalculation in last year's energy and carbon report that has since been rectified.

Intensity ratio

The intensity ratio is total gross emissions in metric tonnes CO2e (mandatory emissions) per employee. The calculation is tonnes of carbon divided by the total number of employees. This metric is considered the most relevant to the charity's energy consuming activities and provides a good comparison of performance over time.

Our environmental aims

We're committed to improving our environmental sustainability, so we can play our part in limiting the damaging effects of climate change and creating a greener world for all of us.

Moving to remote working and disposing of over 95% of our properties has helped us to reduce our direct emissions per employee by almost two-thirds since 2020. As part of our commitment to supporting the UK Government's net zero strategy, we continue to look for ways to become more energy efficient by monitoring energy use and setting decreasing targets for the future.

In June 2022, our 'Green Plan' environmental strategy, outlining our objectives to help us achieve this, was approved by our Board. This includes improving our purchasing practices and internal processes to reduce our carbon footprint and improving environmental training and awareness throughout the charity. In June 2023 we launched an implementation group to focus on the plan and to help us set achievable objectives and timescales.

Compliance information

Governance and compliance

Each year the Board receives an annual compliance report, a consolidated report covering all compliance issues affecting the charity, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements, complaints, health and safety, and compliance with UK GDPR.

The report on the year 2022-23 showed strong overall compliance. In the last year, we have made improvements to our restricted income administration processes, our procedures to ensure that all our policies are kept up to date, our complaints procedures, and our data protection training.

We are members of the Association of Medical Research Charities (AMRC) and adhere to their research governance policies and regulations.

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

- Protect our service users from abuse or health concerns from others or themselves.
- Address internal issues when a concern directly relates to our employees and/or volunteers.

In October 2022, we updated our Safeguarding Policies for Adults and for Children to align with new legislation and regulations.

We recorded 44 reported safeguarding cases between June 2022 and May 2023. None of these cases relate to our employees or volunteers; rather, these are safeguarding issues that we identify in the lives of beneficiaries that we support. An overview of cases is discussed at our safeguarding governance meeting every quarter, where organisational learning is shared and also reported to the Board through the annual governance report.

We had no whistleblowing cases in 2022-23.

Serious incidents and fraud

In this financial year we had no serious incidents that we needed to report to the Charity Commission.

Data protection

Our Information Governance Board is chaired by our Executive Director - Strategy, Insight and Technology. Data protection is discussed regularly at Executive Director Team and Board meetings. Our Associate Director of Legal and Governance is the charity's Data Protection Officer. During 2022-23, there were no data breaches that we had to report to the Information Commissioner's Office.

Fundraising

We raise money for our charity in a variety of ways, including working with corporate supporters, philanthropists, trusts and many generous individuals who donate through our appeals and take part in fundraising events.

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to fundraise on our behalf, such as face-to-face, door-to-door and telephone activities, we continually monitor and review our activities to make them as effective as possible. In line with the Fundraising Regulator's recommendations, we also monitor our agencies through training, regular meetings and 'mystery shopping' to ensure they meet our standards and high expectations.

We continue to work in partnership with organisations (commercial participators) who pay us a return from sales generated through our own channels and when offering a service or product to stroke survivors.

Our supporter promise

We communicate with our supporters in many ways, including appeal letters, telephone calls, raffles, TV advertising and online via our website and social media. We are extremely grateful to everyone who supports us. We have a 'supporter promise' to make sure that everyone we interact with feels respected and valued, and to reassure our supporters that their data is safe and secure with us. To read it in full, visit **stroke.org.uk/your-support**. We also have a Gambling Social Responsibility Policy and a Vulnerability and Fundraising Policy.

Fundraising regulation

We're registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have a dedicated monitoring programme in place to ensure compliance with the code and with best practice in fundraising generally. We strive for best practice in fundraising and comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 2018, UK GDPR and the Privacy and Electronic Communications Regulations 2003. We also screen against the Telephone Preference Service, the Mail Preference Service and the Fundraising Preference Service. Different areas of fundraising activity are reviewed on an ongoing basis, including policies, procedures and outbound communications.

Complaints and feedback

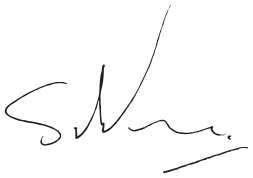
We value feedback from our beneficiaries and stakeholders to help us develop and improve. Our complaints policy and procedures make it easy for people to raise concerns with us and help us to resolve complaints quickly and efficiently. We also hold regular 'lessons learned' meetings to better understand where we can develop in the future.

During the year, we received a total of 73 complaints, down slightly from 80 complaints last year. Of these, 45 complaints related to our fundraising activities (2021-22: 45). The highest number of complaints were around door-to-door fundraising activity (40 complaints) being unwanted by the complainants.

In relation to our support services, we received 19 complaints, down 22 from last year. Common themes include a perceived lack of support, poor communication or issues relating to volunteering/volunteer groups. All complaints were investigated thoroughly, but there were no clear cases of poor quality of support.

We have learned from these complaints, working with managers and staff to ensure we are providing the best possible support and that our service users know what they can expect from us. Learnings are also used in guidance and training for our staff.

This report constitutes the statutory reports described on page 98. This Trustees Report, incorporating a Strategic Report was approved on behalf of the Board by:



Stephen King
Chair of the Board
Approved on 18 October 2023

President	HRH The Duke of Kent KG GCMG GCVO
Vice Presidents	Professor Tony Rudd CBE MA (Cantab) MB BChir FRCP Professor Sir Charles George MB ChB MD Professor Dame Averil Mansfield DBE ChM FRCS FRCP Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP Jon Barrick MBA DPRP (h.c.) FCMI Professor Pippa Tyrrell MBE MD FRCP
Chair	Stephen King MBA FCMI
Trustees	As listed on page 102
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the management team	As listed on page 105
Company Secretary	Jan-Willem Jonker LLM
Registered office **Telephone** **Website**	Stroke Association House 240 City Road London EC1V 2PR 0207 5660 300 stroke.org.uk
Email	supporter.relations@stroke.org.uk
Company registration number	61274 (England and Wales)
Charity registration numbers	211015 (England and Wales) SC037789 (Scotland) 945 (Isle of Man) 221 (Jersey)
Auditor	Moore Kingston Smith LLP 9 Appold Street London EC2A 2AP
Bankers	Barclays Bank PLC 1 Churchill Place London E14 5HP
Investment managers	Waverton Investment Management 16 Babmaes Street London SW1Y 6AH

Independent auditor's report

Opinion

We have audited the financial statements of the Stroke Association (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2023, which comprise the Group Statement of Financial Activities, the Group Summary Income and Expenditure Account, the Group and Parent Charitable Company Balance Sheets, the Group Cash Flow Statement and notes to the financial statements, including 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 group's and the parent charitable company's affairs as at 31 March 2023 and of the group's 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.
- Have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended) and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

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 group's and parent charitable 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, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained in the annual report. 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.

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 course of 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 themselves. 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.

Opinions on other matters 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 strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The strategic report and the trustees' annual 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 group and parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 or the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- The parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company's 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 104, 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 group and parent charitable 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 group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report to you in accordance with regulations made under those Acts.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the group and parent charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting

estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit report.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended), the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.

- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which we are required to state to them in an auditor's report addressed to them and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, and the charity's trustees, as a body, for our audit work, for this report, or for the opinions we have formed.



Luke Holt
(Senior Statutory Auditor)

For and on behalf of
Moore Kingston Smith LLP,
Statutory Auditor
9 Appold Street,
London, EC2A 2AP

18 October 2023

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Consolidated statement of financial activities

	Notes	Unrestricted funds £'000	Restricted funds £'000	2023 Total funds £'000	Unrestricted funds restated £'000	Restricted funds restated £'000	2022 Total funds restated £'000
Income from:							
Donations and legacies	1	26,429	1,946	**28,375**	26,109	4,054	**30,163**
Charitable activities – local services	2	429	10,383	**10,812**	217	9,896	**10,113**
Other trading activities	3	85	-	**85**	121	-	**121**
Investments	4	611	-	**611**	451	-	**451**
Other	5	798	-	**798**	305	9	**314**
Total income		**28,352**	**12,330**	**40,681**	**27,203**	**13,959**	**41,162**
Expenditure on:							
Stroke support services	6	5,705	11,106	**16,811**	4,334	10,438	**14,772**
Community development and volunteering	7	2,805	291	**3,096**	2,182	480	**2,662**
Research grants and awards	8	960	1,504	**2,464**	51	1,390	**1,441**
Systems influencing	9	1,483	248	**1,730**	1,237	60	**1,297**
Awareness and engagement with stroke	10	6,160	-	**6,160**	4,700	110	**4,810**
Raising funds	11	8,104	-	**8,104**	6,611	4	**6,615**
Total expenditure	12	**25,217**	**13,149**	**38,365**	**19,115**	**12,482**	**31,597**
Net income before (losses)/ gains on investments		3,135	(819)	**2,316**	8,088	1,477	**9,565**
Net (losses)/gains on investments	19	(473)	-	**(473)**	2,144	-	**2,144**
Net income and net movement in funds		**2,662**	**(819)**	**1,843**	**10,232**	**1,477**	**11,709**
Reconciliation of funds:							
Funds brought forward at 1 April		28,819	4,301	**33,120**	18,053	3,358	**21,411**
Movement between funds	27	597	(597)	**-**	293	(293)	**-**
Capital expenditure	27	78	(78)	**-**	241	(241)	**-**
Net movement in funds in year		2,662	(819)	**1,843**	10,232	1,477	**11,709**
Total funds carried forward at 31 March		**32,156**	**2,807**	**34,963**	**28,819**	**4,301**	**33,120**

All of the group's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report consolidates the activities of the Stroke Association and Stroke Association Trading Limited.

Charity statement of financial activities

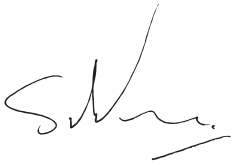
	Unrestricted Funds £'000	Restricted Funds £'000	2023 Total funds £'000	Unrestricted funds restated £'000	Restricted funds restated £'000	**2022 Total funds restated £'000**
Income from:						
Donations and legacies	26,287	1,946	**28,233**	25,958	4,054	**30,012**
Charitable activities – local services	428	10,383	**10,812**	217	9,896	**10,113**
Investments	611	-	**611**	451	-	**451**
Other	765	-	**765**	419	9	**428**
Total income	28,091	12,330	40,421	27,045	13,959	41,004
Expenditure on:						
Stroke support services	5,658	11,106	**16,764**	4,320	10,438	**14,757**
Community development and volunteering	2,798	291	**3,089**	2,180	480	**2,660**
Research grants and awards	954	1,504	**2,458**	51	1,390	**1,441**
Systems influencing	1,479	248	**1,727**	1,239	60	**1,299**
Awareness and engagement with stroke	6,032	-	**6,032**	4,665	110	**4,776**
Raising funds	8,034	-	**8,034**	6,503	4	**6,507**
Total expenditure	24,956	13,149	38,105	18,958	12,482	31,440
Net income before (losses)/gains on investments	3,135	(819)	**2,316**	8,087	1,477	**9,564**
Net (losses)/gains on investments	(473)	-	**(473)**	2,144	-	**2,144**
Net income and net movement in funds	2,662	(819)	1,843	10,231	1,477	11,708
Reconciliation of funds:						
Funds brought forward at 1 April	28,806	4,301	**33,107**	18,041	3,358	**21,399**
Movement between funds	597	(597)	**-**	293	(293)	**-**
Capital expenditure	78	(78)	**-**	241	(241)	**-**
Net movement in funds in year	2,662	(819)	**1,843**	10,231	1,477	**11,708**
Total funds carried forward at 31 March	32,142	2,807	34,949	28,806	4,301	33,107

All of the group's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report shows the activities of the Stroke Association only, excluding the activities of Stroke Association Trading Limited.

Consolidated balance sheet

	Notes	2023 £'000	2022 £'000
Fixed assets			
Tangible fixed assets	17	2,467	2,683
Intangible fixed assets	18	448	548
Investments	19	27,473	25,102
Total fixed assets		30,388	28,332
Current assets			
Debtors	20	9,944	6,792
Cash at bank and short-term deposits		5,416	8,870
Total current assets		15,360	15,662
Liabilities			
Creditors: amounts falling due within one year	21-22	(7,825)	(6,554)
Provisions for liabilities	24	(54)	(246)
Total current liabilities		(7,879)	(6,800)
Net current assets		7,481	8,862
Total assets less current liabilities		37,869	37,194
Creditors: amounts falling due in more than one year			
Research grants payable	8,23	(2,436)	(3,743)
Provisions for liabilities	23-24	(470)	(332)
Total creditors due after one year		(2,906)	(4,075)
Total net assets		34,963	33,120
The funds of the charity:			
Unrestricted funds			
-Designated funds	25	11,505	12,966
-Fixed asset fund	26	2,915	3,231
-General fund (free reserves)		17,722	12,608
		32,142	28,805
Restricted income funds	27	2,807	4,301
		34,949	33,106
Funds retained within a non-charitable subsidiary	3	14	14
	37	34,963	33,120

This represents the consolidated position for the Stroke Association group at 31 March 2023.
The notes on pages 132 to 164 form part of the financial statements.
Approved by the trustees on 18 October 2023 and signed on their behalf by:

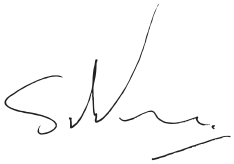


Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Charity balance sheet

	Notes	2023 £'000	2022 £'000
Fixed assets			
Tangible fixed assets	17	2,467	2,683
Intangible fixed assets	18	448	548
Investments	19	27,473	25,102
Total fixed assets		**30,388**	**28,333**
Current assets			
Debtors	20	10,073	6,941
Cash at bank and short-term deposits		5,288	8,702
Total current assets		**15,361**	**15,643**
Liabilities			
Creditors: amounts falling due within one year	21-22	(7,840)	(6,548)
Provisions for liabilities	24	(54)	(246)
Total current liabilities		**(7,894)**	**(6,794)**
Net current assets		**7,467**	**8,849**
Total assets less current liabilities		**37,855**	**37,182**
Creditors: amounts falling due in more than one year			
Research grants payable	8,23	(2,436)	(3,743)
Provisions for liabilities	23-24	(470)	(332)
Total creditors due after one year		**(2,906)**	**(4,075)**
Total net assets		**34,949**	**33,107**
The funds of the charity:			
Unrestricted funds			
-Designated funds	25	11,505	12,966
- Fixed asset fund	26	2,915	3,231
-General fund (free reserves)		17,722	12,609
		32,142	**28,606**
Restricted income funds	27	2,807	4,301
	37	**34,949**	**33,107**

This is the financial position of the Stroke Association only, excluding Stroke Association Trading Limited. The notes on pages 132 to 164 form part of the financial statements.
Approved by the trustees on 18 October 2023 and signed on their behalf by:



Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Consolidated statement of cash flows

	Notes	2023 £'000	2022 £'000
Cash flows from operating activities			
Net cash (used by)/provided by operating activities	A	(1,033)	4,714
Cash flows from investing activities			
Investment income		579	448
Purchase of tangible fixed assets		(26)	(144)
Purchase of intangible fixed assets		(130)	(260)
Proceeds from the disposal of investments		8,270	4,648
Purchase of investments		(11,571)	(6,411)
Net cash provided by investing activities		**(2,878)**	**(1,719)**
Change in cash and cash equivalents in year		(3,911)	2,995
Cash and cash equivalents at 1 April 2022	B	9,866	6,871
Cash and cash equivalents at 31 March 2023	**B**	**5,955**	**9,866**

A. Reconciliation of net cash flow from operating activities

	2023 £'000	2022 £'000
Net income in year (as per the consolidated statement of financial activities)	1,843	11,709
Adjustment for:		
Net loss/(gains) on investments	473	(2,144)
Depreciation charge	242	220
Amortisation charge	230	246
Impairment of fixed assets and investments	-	60
Dividends and interest from investments	(579)	(448)
(Increase) in debtors	(3,152)	(3,590)
Increase in creditors	510	159
(Decrease) in research grant commitments	(547)	(1,139)
(Decrease) in provisions	(53)	(359)
Net cash (used by)/provided by operating activities	**(1,033)**	**4,714**

B. Analysis of cash and cash equivalents and analysis of change in net debt

	2023 £'000	Cashflow £'000	2022 £'000
Cash at bank and short-term deposits	5,416	(3,454)	8,870
Cash held by investment managers	539	(457)	996
	5,955	**(3,911)**	**9,866**

Principal accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of preparation

The financial statements have been prepared on a going concern basis, under the historical cost convention, with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

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 United Kingdom and Republic of Ireland (FRS102) (Charities SORP FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102), the Charities Act 2011 and the Companies Act 2006.

The charity and its subsidiaries constitute a public benefit group entity as defined by FRS 102.

The financial statements are presented in sterling, the charity's functional currency and are rounded to the nearest thousand pounds.

The prior year expenditure categories were reviewed, and a number of items have been reclassified to better represent the underlying costs incurred. This has not resulted in any change to the prior year surplus per the comparative SOFA.

Events after the balance sheet date

We are required to consider conditions that have arisen between the balance sheet date (31 March 2023) and the date the accounts are signed (18 October 2023).

There have been no events that require adjustment to the financial statements, impact our assessment of the charity as a going concern, or indicate a material change that has arisen since the balance sheet date.

Assessment of going concern

The trustees of the charity have assessed whether the use of the going concern assumption is appropriate in preparing these accounts and have made this assessment in respect to a period of one year from the date of their approval.

The trustees have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

The most significant areas of judgement that affect items in the accounts are detailed on page 130. With regard to the next accounting period, the year ending 31 March 2023, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets (see the 'Investment policy' on page 96 and the risk management sections of the 'Trustees' report' for more information).

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (Trading) Limited Company Reg No 00898941.

Dormant subsidiaries have not been consolidated on the basis of materiality.

Income

Income, including investment income, is recognised in the period in which the charity is entitled to receipt and the amount can be measured reliably with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Income comprises donations, legacies, commissioned services income, trading income, investment income and other income.

In accordance with the Charities SORP FRS 102, volunteer time is not recognised, as the value of their contribution cannot be reliably measured.

Donations and grants, including those in respect of participation events, are recognised when the charity has confirmation of both the amount and the settlement date. In the event of donations and grants pledged but not received, the amount is accrued for where the receipt is probable.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these amount to a contract for services.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity. Entitlement to a legacy is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor 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.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition has not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having been transferred to the charity.

Commissioned services income and trading income is recognised to the extent that it is probable that the economic benefits will flow to the charity and the revenue can be measured reliably. It is measured at fair value, being the amount invoiced and considered receivable, excluding any discounts or rebates.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds includes the salaries, direct costs and support costs associated with generating donated income, and the costs incurred by the trading subsidiary.
- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants payable, salaries, direct costs and support costs associated with these activities.
- Grants are included in full in the statement of financial activities when the award has been approved and when the intended recipient has either received the funds or been informed of the decision to make the donation and has satisfied all related conditions. Grants approved, but not paid at the end of the financial year, are accrued for.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with the constitutional statutory requirements. Support costs and governance costs are apportioned on a basis consistent with the use of resources, primarily full time equivalent (FTE) allocation and expenditure ratios.

An exercise was carried out during the year to identify costs that had been classified as fundraising but that do largely contribute to awareness and engagement these costs have been reallocated accordingly and the prior year figures restated.

Donated services and facilities (gifts in kind)

Services and facilities donated to the charity for its own use are included in income at their worth to the charity as at the time of the gift with an equivalent amount included in expenditure.

Donated goods and services received were valued at £Nil (2022: £Nil).

Taxation

The charity is considered to meet the definition of a charitable company for UK corporation tax purposes. Accordingly, to the extent that income and gains fall within Part 11 of the Corporation Tax Act 2010 and section 256 of the Taxation of Chargeable Gains Act 1992, the charity is exempt from UK taxation on such income and gains provided they are applied for charitable purposes. Furthermore, any subsidiary company that is trading makes qualifying donations of all taxable profits to its parent company and thus will not incur any corporation tax.

Research grants and awards

The Stroke Association awards research grants and Fellowships each year, which run for periods of up to five years. Such research grants and awards are accrued in full at the time of their award.

The Stroke Association undertakes an annual reporting review for all grants. Any under performance is investigated, which may involve an external review by stroke research experts. This may, very occasionally lead to the reduction or cancellation of a grant.

Tangible fixed assets

All tangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. They are stated at cost, which includes the original purchase price of the assets plus costs attributable to bringing the assets to their intended use. Depreciation is calculated on a straight-line basis over their expected useful life.

Freehold properties used for the direct charitable work of the charity are included in these financial statements at cost at the date of acquisition, together with the cost of additions and improvements to date. Only functional freehold properties are depreciated at a rate of 2% per annum on a straight-line basis in order to write them off over their estimated useful lives. Those under construction are not depreciated until they are brought into use.

Short leasehold premises consist of the costs of entering into the leases for offices, together with associated fitting-out costs. These costs are written off over the life of the lease, reflecting the useful life of the underlying asset to the charity.

Office fixtures, fittings and equipment are depreciated over five years based on the estimated useful life on a straight-line basis.

An impairment review in respect to a particular class of assets is carried out if events, or changes in circumstances, indicate that the carrying amount of any tangible fixed assets may not be recoverable.

Intangible fixed assets

All intangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. These include software, the charity's website, and other internally developed online tools. Intangible assets are valued at the cost to the charity of acquiring these assets.

Intangible fixed assets are recognised only if all the following conditions are met:

- An asset is created that can be separately identified.
- It is probable that the asset created will generate future economic benefits.
- Development costs of the asset can be measured reliably.

Amortisation of intangible fixed assets is calculated using the straight-line method to allocate the cost of the assets over their estimated useful lives. All intangible fixed assets are assumed to have useful lives of between five and 10 years and are amortised accordingly at an annual rate of between 20% and 10%.

An annual impairment review is carried out for each asset after it has been brought into use to re-assess its remaining useful life and that it still meets the definition of an intangible asset.

Fixed assets research joint venture

The charity accounts for its share of joint ventures using the equity method. Under this method, the joint venture is initially recognised at cost. The carrying amount is adjusted for post-acquisition changes in the charity's share of net assets in the joint venture entity through the statement of financial activities.

In August 2022, it was agreed by all parties involved in the joint venture to cease trading, see note 14. As the conditions post year end have not changed since the year end, the investment has been fully impaired.

Fixed asset investments

Fixed asset investments listed on a recognised stock exchange are initially recognised at their transactional value and subsequently measured at their fair value as at the balance sheet date using the quoted market price.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value if acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

The main form of financial risk faced by the charity is that of volatility in equity and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

The investment in the charity's trading subsidiary is valued at the cost of £7.

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid and have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short-term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund accounting

Restricted funds comprise monies raised for, or where their use is restricted to, a specific purpose, or contributions subject to donor-imposed conditions.

Unrestricted general funds represent those monies, which are available for application towards achieving any charitable purpose that falls within the charity's charitable objectives.

Designated funds comprise unrestricted funds that have been set aside by the trustees and designated for particular purposes.

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves.

Significant accounting estimates and areas of judgement

Preparation of the financial statements requires the trustees and management to make significant judgements and estimates that affect the reported values of assets, liabilities, income and expenses.

Significant areas of estimation and judgement include:

- Assessing the possibility of receiving legacies of which the charity has been notified.
- The split between current and non-current liabilities for grant awards that mainly extend over three or more years.
- Determining the basis for allocating support costs.
- The useful economic life of tangible and intangible fixed assets.
- Provision for dilapidation on the leasehold properties is based on historic data, ongoing monitoring of the conditions of the properties and discussions with property developers and landlords.
- Estimating the onerous lease provisions on mothballed properties.
- Assessment of the charity's ability to continue as a going concern.

Onerous leases

An onerous lease provision has been made this year for all those properties that are not in use and will not be put into use before the end of their lease. The provision is based on all contractual cost from the balance sheet date to the end of the lease.

Operating leases

Rentals applicable to operating leases, where substantially all of the benefits and risks of ownership remain with the lessor, are charged to the statement of financial activities on a straight-line basis over the lease term.

Pension costs

Contributions are paid to a group money purchase personal pension plan for employees. Contributions payable during the year are charged to the statement of financial activities.

1. Donations and legacies

	Unrestricted £'000	Restricted £'000	2023 Total funds £'000	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
General donations	1,318	33	**1,351**	1,058	210	1,268
In memoriam	1,385	16	**1,401**	1,371	1	1,372
Lottery and raffle	1,168	-	**1,168**	835	-	835
Direct mail	647	-	**647**	798	-	798
Committed giving	1,449	71	**1,520**	920	447	1,367
Corporate income and trusts	970	658	**1,628**	645	1,011	1,656
Events	2,069	-	**2,069**	1,469	2	1,471
Gift Aid	799	-	**799**	783	6	789
Legacies	16,624	161	**16,785**	17,599	1,704	19,303
Grants	-	1,007	**1,007**	631	673	1,304
Total	**26,429**	**1,946**	**28,375**	**26,109**	**4,054**	**30,163**

The Legacies income in 2022 was boosted by a one-off favourable adjustment of £2.2 million due to the way we changed how we accrued for legacies to which we were entitled but had not yet received.

Legacies worth £3.1 million (2022: £5.3 million) are in our pipeline where the grant of probate is within six months and can be contested. As we cannot be certain of their value, we have recognised these as a contingent asset. (See note 39).

To provide additional clarity, income from our national lottery has been moved from 'Direct mail' to 'Lottery and raffle', which also includes income from our national raffle.

2. Charitable activities

Community services income, which mainly comes from Stroke Recovery and Communication Support services, was £10.8 million (2022: £10.1 million). All income from contracted community services in this and the prior accounting period was restricted.

3. Other trading income

The Stroke Association owns seven ordinary shares of £1 each (100%) of Stroke Association (Trading) Limited, (Company Number 00898941) a company incorporated in England and Wales. The company sells Christmas cards and raises corporate sponsorship monies to fund the activities of the charity. All income is therefore unrestricted.

The trading company gift aids its taxable profits to the charity to the extent that it has distributable reserves with which to do so.

	2023 Total funds £'000	2022 Total funds £'000
Turnover	**85**	121
Cost of sales	**(31)**	(36)
Gross profit	**54**	85
Other income – corporate sponsorship	**305**	167
	359	**252**
Selling, distribution and administration expenses	**(229)**	(120)
Net profit paid to the Stroke Association under gift aid	**130**	132
Net assets at 31 March	**14**	**14**

4. Investment income

	2023 Total funds £'000s	2022 Total funds £'000s
Investment income receivable	**579**	448
Interest receivable	**32**	3
	611	**451**

5. Other income

	Unrestricted £'000	Restricted £'000	2023 Total funds £'000	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Covid-19 Job Retention Scheme income	-	-	**-**	-	9	**9**
Delegate fees	473	-	**473**	109	-	**109**
Training income	13	-	**13**	1	-	**1**
Publication sales	11	-	**11**	12	-	**12**
Room hire	210	-	**210**	112	-	**112**
Sundry income	91	-	**91**	71	-	**71**
	798	**-**	**798**	**305**	**9**	**314**

The charity did not benefit from the UK Government's Covid-19 Job Retention Scheme in 2022-23 (2021-22: £9,000). In 2021-22, the charity topped up the salary of those on furlough to 100% of their normal salary.

6. Stroke support services

	Unrestricted £'000	Restricted £'000	2023 Total funds £'000
Commissioned services	-	8,289	**8,289**
Regional and management support	990	1,285	**2,275**
Universal services including Helpline	540	723	**1,263**
Support costs (note 12)	4,174	810	**4,984**
Total – 2022-23	**5,705**	**11,106**	**16,811**

	Un-restricted restated £'000	Restricted restated £'000	2022 Total funds restated £'000
Commissioned services	-	7,359	7,359
Regional and management support	222	1,643	1,865
Universal services including Helpline	885	141	1,026
Support costs (note 12)	3,227	1,295	4,522
Total – 2021-22	**4,334**	**10,438**	**14,772**

7. Community development and volunteering

	Un-restricted £'000	Restricted £'000	**2023 Total funds £'000**
Community development	978	263	**1,241**
Volunteering	1,090	28	**1,118**
Support costs (note 12)	737	-	**737**
Total – 2022–23	**2,805**	**291**	**3,096**

	Un-restricted restated £'000	Restricted restated £'000	**2022 Total funds restated £'000**
Community development	719	316	1,035
Volunteering	880	131	1,011
Support costs (note 12)	584	32	616
Total – 2021–22	**2,182**	**480**	**2,662**

8. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	**2023 Total funds £'000**	2022 Total funds £'000
Total – 2022–23	960	1,504	**2,464**	**1,441**
Total – 2021–22 (restated)	51	1,390	**1,441**	-

Included within research grants and awards are the direct and support costs of running the research department. A full list of the grants is available on **stroke.org.uk/research**.

	Unrestricted £'000	Restricted £'000	**2023 Total funds £'000**	Unrestricted restated £'000	Restricted £'000	2022 Total funds restated £'000
Grants	614	1,409	**2,023**	-	1,249	**1,249**
Direct support costs	274	95	**369**	42	103	**145**
Indirect support costs (see note 12)	72	-	**72**	9	38	**46**
	960	**1,504**	**2,464**	**51**	**1,390**	**1,441**

Research grant commitments

	2023 Total funds £'000	2022 Total funds £'000
Commitments at 1 April	**6,896**	8,035
Written back during the year	**(105)**	(493)
Paid during the year	**(2,532)**	(2,433)
Approved during the year	**2,091**	1,787
Commitments at 31 March	**6,349**	**6,896**
Payable as follows:		
Within one year (note 21)	**3,913**	3,153
After more than one year (note 22)	**2,436**	3,743
	6,349	**6,896**

8. Research grants and awards continued

Related party transactions

Postdoctoral Fellowship:
- Claudia Bruns for £214,747 at University College London (UCL) with David Werring (Research Awards Pool).

Postgraduate Fellowship:
- Kerry Corley (now Kerry Dathan) for £114,996 at University College London (UCL) with David Werring (Research Awards Pool).
- Margarita Saranti for £98,799 at University of Birmingham.

Lectureship:
- Nicholas Evans for £235,000 at University of Cambridge with Hugh Markus (Research Awards Pool), Tom Manly (Funding Panel), Stephen Morris (Funding Panel).
- Kieron South for £200,000 at University of Manchester with Andy Vail (Research Awards Pool), Audrey Bowen (Research Awards Pool), Hiren Patel (Research Awards Pool), Stuart Allan (Research Awards Pool), Adrian Parry-Jones (Research Awards Pool).

Project Grants:
- Alan Cameron for £151,884 at University of Glasgow with Jesse Dawson (Research Awards Pool), Terry Quinn (Research Awards Pool)
- Antonio Belli for £195,986 at University of Birmingham.
- Adam Gordon for £233,915 at University of Nottingham with Avril Drummond (Trustee), Niki Sprigg (Research Awards Pool), Shirley Thomas (Research Awards Pool), Tim England (Funding Panel).
- Audrey Bowen for £225,766 at University of Manchester with Andy Vail (Research Awards Pool), Hiren Patel (Research Awards Pool), Stuart Allan (Research Awards Pool), Adrian Parry-Jones (Research Awards Pool).
- Philip James for £242,894 at Cardiff Metropolitan University.

None of the above-mentioned research awards pool members took part in the review or adjudication of their own research applications or if from an associated institution, and were excluded from the entire review, adjudication and awards panel process for the respective award rounds.

9. Systems influencing

	Un-restricted £'000	Restricted £'000	**2023 Total funds £'000**
Staff costs	988	248	**1,236**
Other direct costs	184	-	**184**
Support costs (note 12)	311	-	**311**
Total – 2022–23	**1,483**	**248**	**1,730**

	Un-restricted restated £'000	Restricted restated £'000	**2022 Total funds restated £'000**
Staff costs	873	60	933
Other direct costs	100	-	100
Support costs (note 12)	264	-	264
Total – 2021-22	**1,237**	**60**	**1,297**

10. Awareness and engagement with stroke

	Un-restricted £'000	Restricted £'000	2023 Total funds £'000
Staff costs	2,687	-	**2,687**
Advertising and marketing	1,878	-	**1,878**
Other direct costs	766	-	**766**
Support costs (note 12)	829	-	**829**
Total – 2022–23	**6,160**	**-**	**6,160**

	Un-restricted restated £'000	Restricted restated £'000	2022 Total funds restated £'000
Staff costs	2,295	69	2,364
Advertising and marketing	1,332	37	1,369
Other direct costs	348	4	352
Support costs (note 12)	725	-	725
Total – 2021–22	**4,700**	**110**	**4,810**

11. Costs of raising funds

	Unrestricted £'000	Restricted £'000	**2023 Total funds £'000**	Unrestricted restated £'000	Restricted restated £'000	**2022 Total funds restated £'000**
Staff costs	3,300	-	**3,300**	2,910	4	2,914
Brochures, materials and other costs	3,725	-	**3,725**	2,853	-	2,853
Fundraising trading	25	-	**25**	66	-	66
Support (note 12)	1,054	-	**1,054**	782	-	782
	8,104	**-**	8,104	**6,611**	**4**	**6,615**

12. Allocation of support costs

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	**2023 Total £'000**
Direct costs	11,827	2,359	2,392	1,420	5,330	7,050	30,378
Support costs:							
Management	413	61	6	26	69	87	662
Property	583	86	8	36	97	123	934
HR	1,225	181	18	76	204	259	1,963
Finance	1,037	153	15	65	172	219	1,661
IT	1,230	182	18	77	205	260	1,971
Governance	497	73	7	31	83	105	796
	4,984	**737**	**72**	**311**	**829**	**1,054**	**7,988**
Total – 2022-23	**16,811**	**3,096**	**2,464**	**1,730**	**6,160**	**8,104**	**38,365**

	Stroke support services restated £'000	Community development and volunteering restated £'000	Research grants and awards restated £'000	Systems influencing restated £'000	Awareness and engagement with stroke restated £'000	Raising funds restated £'000	**2022 Total £'000**
Direct costs	10,250	2,047	1,395	1,033	4,085	5,831	26,641
Support costs:							
Management	376	51	4	22	60	65	578
Property	501	68	5	29	80	87	770
HR	1,303	177	13	76	209	226	2,005
Finance	895	122	9	52	144	155	1,377
IT	949	129	10	56	152	164	1,460
Governance	497	68	5	29	80	86	764
	4,522	**616**	**46**	**264**	**725**	**782**	**6,956**
Total – 2021-22	**14,772**	**2,662**	**1,441**	**1,297**	**4,810**	**6,613**	**31,597**

Full time equivalent (FTE) allocation, locations and activities form the basis of allocation for the functions listed above.

13. Governance costs

	2023 Total funds £'000	2022 Total funds £'000
Chief Executive Office	**189**	215
Internal audit	**42**	47
External audit	**45**	36
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance)	**520**	466
	796	**764**

14. Net movement in funds

This is stated after charging:

	2023 Total funds £'000	2022 Total funds £'000
Current year's auditor's remuneration including irrecoverable VAT	**45**	36
Tax computation and advice from auditors including irrecoverable VAT	**3**	11
Other financial services from auditors including irrecoverable VAT	**-**	1
Depreciation (note 17)	**242**	220
Impairment (see below)	**-**	60
Amortisation (note 18)	**230**	246
Operating lease rentals	**424**	386

During the year ended 31 March 2020, Stroke Association Limited invested in Digital Health Assistant Limited (Co No 121824590) acquiring 17% of the share equity at a cost of £60. This was part of a joint venture with MS Society UK, Muscular Dystrophy UK, Parkinson's UK and Reason Digital.

During 2021-22 it was agreed by all parties that the software development would cease, this was ratified by all parties post year end. The software was developed using the funds invested by each party, it is unlikely therefore that the investment will be recovered. The full value of the investment has been provided for and impaired in 2021-22.

15. Employee and key management remuneration

Staff costs during the year were as follows:

	2023 £'000	2022 £'000
Wages and salaries	**20,799**	18,541
Social security costs	**1,931**	1,640
Pension costs	**1,220**	1,172
Redundancy and termination costs	**74**	444
	24,024	**21,797**
Payments to agency staff	**25**	78
	24,049	**21,875**

Non-taxable statutory redundancy payments totalled £60,000 (2022: £255,000).

The average number of employees during the year, analysed by function and including support staff, was as follows:

	2023 Full time equivalent	2022 Full time equivalent restated	2023 Head count	2022 Head count restated
Charitable activities				
- Stroke support services	**397**	379	**482**	457
- Community development and volunteering	**59**	51	**66**	63
- Research grants and awards	**6**	4	**6**	5
- Systems influencing	**25**	22	**26**	29
- Awareness and engagement with stroke	**66**	61	**71**	74
Raising funds	**84**	65	**88**	78
	637	**582**	**739**	**706**

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by volunteers throughout the year.

15. Employee and key management remuneration continued

The number of employees who earned between the amounts stated below (including taxable benefits but excluding employer pension and national insurance contributions) during the year were:

	2023 number	2022 number (restated)
£60,001 - £70,000	**11**	6
£70,001 - £80,000	**4**	3
£80,001 - £90,000	**-**	2
£90,001 - £100,000	**3**	1
£100,001 - £110,000	**2**	2
£110,001 - £120,000	**1**	-
£130,001 -£140,000	**-**	1
£140,001 - £150,000	**1**	-

Key management personnel are the members of the Executive Team. In 2023, there were six full time equivalent (FTE) members of this team (2022: six). See page 105 for further details.

The total remuneration (including taxable benefits and employer's pension and national insurance contributions) paid to the key management personnel of the charity in the year was £791,000 (2022: £721,000).

16. Trustee remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £2,552 (2022: £755) were reimbursed to trustees.

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £25,000 (2022: £25,000) and provides cover of up to a maximum of £5 million in any one year.

Due to their expertise within the field of medicine and research, trustees may complete projects funded by the Stroke Association. These are monitored by management and require the approval of the Research Awards Committee and the Board. Research grants awarded to trustees during the year are detailed in note 8.

17. Tangible fixed assets

Group and charity

	Freehold premises £'000	Short leasehold premises £'000	Office fixtures, fittings and equipment £'000	**2023 Total £'000**
Cost				
At 1 April 2022	1,947	2,850	458	**5,255**
Additions	-	-	26	**26**
At 31 March 2023	**1,947**	**2,850**	**484**	**5,281**
Depreciation				
At 1 April 2022	423	1,835	314	**2,572**
Charge for year	39	173	30	**242**
At 31 March 2023	**462**	**2,007**	**344**	**2,814**
Net book values				
At 31 March 2023	**1,485**	**842**	**140**	**2,467**
At 1 April 2022	**1,524**	**1,015**	**143**	**2,683**

18. Intangible fixed assets

Group and charity

	2023 Total £'000
Cost	
At 1 April 2022	2,437
Additions	130
At 31 March 2023	2,567
Amortisation	
At 1 April 2022	1,889
Charge for year	230
At 31 March 2023	2,119
Net book values	
At 31 March 2023	448
At 1 April 2022	548

19. Fixed asset investments

These comprise investments at market value and cash held for re-investment.

Group and charity

	2023 £'000	2022 £'000
Market value at 1 April	**24,106**	20,199
Acquisitions	**11,571**	6,411
Sales proceeds	**(8,270)**	(4,648)
Net movement in market values (see below)	**(473)**	2,144
Market value at 31 March	**26,933**	**24,106**
Cash held by investment managers for re-investment	**539**	996
Market value at 31 March	**27,473**	**25,102**
Cost of investments at 31 March	**23,800**	**19,300**

Net movement in market values in year:

	2023 £'000	2022 £'000
Realised (loss)/gains	**(369)**	382
Unrealised (loss)/gains	**(104)**	1,762
	(473)	**2,144**

19. Fixed asset investments continued

All investments, except those in the property funds, the funds of hedge funds and the multi asset holdings, were listed and dealt on recognised stock exchanges and comprised the following:

	2023 £'000	2022 £'000
Equities	**20,059**	15,263
Government stock	**1,478**	1,431
Non-government bonds	**2,504**	2,369
UK property funds	**296**	1,071
Multi asset holdings	**2,596**	3,972
	26,933	**24,106**

UK stock exchange	**7,455**	7,434
Non-UK stock exchanges	**16,586**	11,629
UK property funds	**296**	1,071
Multi asset holdings	**2,596**	3,972
	26,933	**24,106**

20. Debtors

	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Trade debtors	**1,313**	653	**1,280**	635
Amounts owed by trading subsidiary	**-**	-	**163**	167
Other debtors	**26**	22	**26**	22
Prepayments and accrued income	**8,604**	6,117	**8,604**	6,117
	9,944	**6,792**	**10,073**	**6,941**

21. Creditors: amounts falling due within one year

	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Trade creditors	**741**	774	**741**	774
Research grants (note 8)	**3,913**	3,153	**3,913**	3,153
Taxation and social security	**533**	519	**558**	519
Pension commitments	**182**	165	**182**	165
Other creditors	**38**	14	**36**	14
Accruals and deferred income (note 22)	**2,418**	1,929	**2,409**	1,923
	7,825	**6,554**	**7,840**	**6,548**

The charity operates a group personal pension scheme, which incorporates employees joining through auto-enrolment.

22. Movement in accruals and deferred income

Group	Opening balance 1 April 2022 £'000	Released £'000	Additional £'000	**Closing balance 31 March 2023 £'000**
Deferred income - commissioned contracts	193	(12,187)	12,909	**915**
Other deferred income	146	(640)	702	**208**
Holiday accrual	727	(727)	373	**373**
Accrued expenditure	827	(20,036)	20,075	**867**
Lottery deferred income	36	(880)	899	**55**
	1,929	**(34,470)**	**34,959**	**2,418**

Group	Opening balance 1 April 2021 £'000	Release £'000	Additional £'000	**Closing balance 31 March 2022 £'000**
Deferred income - commissioned contracts	302	(4,914)	4,805	**193**
Other deferred income	17	(136)	265	**146**
Holiday accrual	784	(784)	727	**727**
Accrued expenditure	945	(17,746)	17,628	**827**
Lottery deferred income	30	(525)	531	**36**
	2,078	**(24,105)**	**23,956**	**1,929**

22. Movement in accruals and deferred income continued

Charity	Opening balance 1 April 2022 £'000	Release £'000	Additional £'000	**Closing balance 31 March 2023 £'000**
Deferred income - commissioned contracts	193	(10,942)	11,664	**915**
Other deferred income	146	(268)	328	**206**
Holiday accrual	727	(727)	373	**373**
Accrued expenditure	821	(18,963)	19,001	**860**
Lottery deferred income	36	(880)	899	**55**
	1,923	**(31,780)**	**32,265**	**2,409**

Charity	Opening balance 1 April 2021 £'000	Release £'000	Additional £'000	Closing balance 31 March 2022 £'000
Deferred income - commissioned contracts	303	(4,915)	4,805	193
Other deferred income	17	(136)	265	146
Holiday accrual	784	(784)	727	727
Accrued expenditure	939	(17,747)	17,629	821
Lottery deferred income	30	(525)	531	36
	2,073	**(24,107)**	**23,957**	**1,923**

23. Creditors: amounts falling due in more than one year

	Group 2023 £'000	Group 2022 £'000	**Charity 2023 £'000**	Charity 2022 £'000
Research grants (note 8)	**2,436**	3,743	**2,436**	3,743
Provisions for liabilities (note 24)	**470**	332	**470**	332
	2,906	**4,075**	**2,906**	**4,075**

24. Provisions for liabilities

Group and charity

	Less than one year £'000	More than one year £'000	**2023 Total provision £'000**	Less than one year £'000	More than one year £'000	**2022 Total provision £'000**
Onerous lease provision	10	-	**10**	26	9	35
Property dilapidations	44	470	**514**	220	323	543
	54	**470**	**524**	**246**	**332**	**578**

The charity has built up a dilapidation provision for works required at the end of the lease, or at its break clause if earlier, to bring the property to the state it was at the commencement of the lease as required under lease agreement.

The provision is based on historic data, ongoing monitoring of the conditions of the property and discussions with property developers and landlords.

25. Designated funds

Certain unrestricted funds have been set aside as designated by the trustees for future activities.

Group and charity

	2023 £'000	2022 £'000
Future cost of operating model over next three years	**1,168**	1,436
Legacy Stabilisation Fund	**1,280**	4,498
Strategy Acceleration Fund	**7,916**	6,000
Northampton Resource Centre location costs	**321**	321
Funds voluntary support groups	**695**	636
UK Stroke Forum	**125**	75
	11,505	**12,966**

26. Fixed asset fund

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets, and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves.

Group and charity

	2023 £'000	2022 £'000
Fixed asset fund	**2,915**	3,231

27. Restricted funds

Group and charity

	At 1 April 2022 restated £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2023 £'000
Medical and other research						
- Donations and legacies	1,053	(453)	1,152	-	(1,752)	-
	1,053	**(453)**	**1,152**	**-**	**(1,752)**	**-**
Other restricted funds						
- Commissioned services	-	-	10,383	-	(10,383)	-
- Stroke services and programmes	283	817	560	-	(694)	**966**
- Other donations and legacies	2,891	(993)	235	-	(320)	**1,813**
- Capital projects	74	32	-	(78)	-	**28**
	3,248	**(144)**	**11,178**	**(78)**	**(11,397)**	2,807
Total 2022-23	**4,301**	**(597)**	**12,330**	**(78)**	**(13,149)**	2,807

During the year, additional funding was received for research grants that had previously been fully funded from unrestricted funds. This has been reflected in a transfer between funds.

27. Restricted funds continued

Group and charity

	At 1 April 2021 restated £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2022 £'000
Medical and other research						
- Donations and legacies	1,066	(368)	1,745	-	(1,390)	1,053
	1,066	**(368)**	**1,745**	**-**	**(1,390)**	**1,053**
Other restricted funds						
- Commissioned services	3	-	9,895	-	(9,898)	-
- Programme related investments	60	-	-	-	(60)	-
- Stroke services and programmes	386	-	568	-	(671)	283
- Other donations and legacies	1,843	75	1,436	-	(463)	2,891
- Capital projects	-	-	315	(241)	-	74
	2,292	**75**	**12,214**	**(241)**	**(11,092)**	**3,248**
Total 2021-22	**3,358**	**(293)**	**13,959**	**(241)**	**(12,482)**	**4,301**

The 2021-22 opening balance has been restated to reflect the purpose of the restricted funds rather than the source of those funds.

During the year, additional funding was received for research grants that had previously been fully funded from unrestricted funds. This has been reflected in a transfer between funds.

The income on commissioned service contracts is for operating communication and family support services. Income for other stroke services and programmes includes Hand in Hand funded in part by NESTA ii, Life After Stroke partly funded by the Royal Mail, Community Steps, Here For You, and supporting the Stroke Group Network.

Other restricted donations and legacies are received for specific regional voluntary groups and services, general education and training, along with enhancing awareness and information.

28. Analysis of net assets between funds

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	**2023 Total £'000**
Tangible fixed assets	-	-	2,467	-	**2,467**
Intangible fixed assets	-	-	448	-	**448**
Fixed asset investments	15,967	11,505	-	-	**27,473**
Current assets	12,553	-	-	2,807	**15,360**
Creditors: amounts falling due within one year	(7,823)	-	-	-	**(7,823)**
Provisions for liabilities	(525)	-	-	-	**(525)**
Creditors: amounts falling due after one year	(2,436)	-	-	-	**(2,436)**
	17,736	**11,505**	**2,915**	**2,807**	**34,963**

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2022 Total £'000
Tangible fixed assets	-	-	2,683	-	2,683
Intangible fixed assets	-	-	548	-	548
Fixed asset investments	12,136	12,966	-	-	25,102
Current assets	11,361	-	-	4,301	15,662
Creditors: amounts falling due within one year	(6,554)	-	-	-	(6,554)
Provisions for liabilities	(578)	-	-	-	(578)
Creditors: amounts falling due after one year	(3,743)	-	-	-	(3,743)
	12,622	**12,966**	**3,231**	**4,301**	**33,120**

28. Analysis of net assets between funds continued

Charity	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	**Total 2023 £'000**
Tangible fixed assets	-	-	2,467	-	**2,467**
Intangible fixed assets	-	-	448	-	**448**
Fixed asset investments	15,967	11,505	-	-	**27,473**
Current assets	12,555	-	-	2,807	**15,361**
Creditors: amounts falling due within one year	(7,840)	-	-	-	**(7,840)**
Provisions for liabilities	(525)	-	-	-	**(525)**
Creditors: amounts falling due after one year	(2,436)	-	-	-	**(2,436)**
	17,722	**11,505**	**2,915**	**2,807**	**34,949**

Charity	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	Total 2022 £'000
Tangible fixed assets	-	-	2,683	-	2,683
Intangible fixed assets	-	-	549	-	549
Fixed asset investments	12,136	12,966	-	-	25,102
Current assets	11,342	-	-	4,301	15,643
Creditors: amounts falling due within one year	(6,549)	-	-	-	(6,549)
Provisions for liabilities	(578)	-	-	-	(578)
Creditors: amounts falling due after one year	(3,743)	-	-	-	(3,743)
	12,609	**12,966**	**3,231**	**4,301**	**33,107**

29. Tax

The charity is unable to reclaim all VAT incurred on expenditure. Irrecoverable VAT incurred during the year amounted to £1,161,000 (2022: £821,000).

30. Leasing commitments

At 31 March 2023, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	**Property 2023 £'000**	Property 2022 £'000	**Cars 2023 £'000**	Cars 2022 £'000	**Office equipment 2023 £'000**	Office equipment 2022 £'000
Operating leases which expire:						
Within one year	**495**	382	**-**	15	**242**	191
Within two to five years	**1,532**	1,967	**-**	-	**413**	365
After five years	**-**	339	**-**	-	**-**	-
	2,027	**2,688**	**-**	**15**	**655**	**556**

31. Reconciliation of movements on unrealised gains

	2023 £'000	2022 £'000
Unrealised gains at 1 April	**4,788**	3,671
Less: in respect to disposals in year	**(1,580)**	(645)
Add: net gains on revaluations in year	**(104)**	1,762
Total unrealised gains at 31 March	**3,104**	**4,788**

32. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up, members are required to contribute an amount not exceeding 5p.

33. Dormant subsidiary companies

The Stroke Association owns 100% of The Chest Heart and Stroke Association (company number 02100497), The British Stroke Foundation (company number 02642339) and Stroke UK Limited (company number 05741880), dormant companies incorporated in England and Wales and 100% of Speechmatters Limited (company number NI049026), a dormant company incorporated in Northern Ireland.

34. Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 8 and 16 respectively. During the year the charity received £48,268 community services income (2022: £48,000) from West Essex Clinical Commissioning Group, of which Stephen King (Stroke Association Chair) is a governor. This contract was entered into before he became a trustee.

During the year, costs totalling £116,000 (2022: £57,000) were charged from Stroke Association Limited to Stroke Association (Trading) Limited representing costs incurred by the charity that relate to its subsidiary's activities.

During the year, costs totalling £9,000 (2022: £70,000) were charged from Stroke Association (Trading) Limited to Stroke Association Limited representing costs incurred by the Trading Company that relate to the charity's activities.

During the year, £132,000 (2022: £40,000) was paid to Stroke Association by Stroke Association (Trading) Limited being profits gift aided by the subsidiary.

At 31 March 2023, £204,000 (2022: £132,000) has been accrued in the books of the charity being gift aided profits from its trading subsidiary.

35. Agency arrangements

During the year, the Stroke Association received £116,000 (2022: £150,000) from the British Heart Foundation (BHF) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including BHF. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these BHF receipts to grantees amounted to £91,000 in the year (2022: £402,000), and cash held by the Stroke Association on behalf of BHF at the year end amounted to £246,000 (2022: £574,000), which is included within grant commitments.

During the year, the Stroke Association also received £Nil (2022: £72,000) from the Alzheimer's Society (AS) as part of an agency relationship.

Cash payments from these AS receipts to grantees amounted to £Nil in the year (2022: £42,000), and cash held by the Stroke Association on behalf of AS at the year end amounted to £133,000, (2022: £138,000), which is included within grant commitments.

36. Contract and grant income acknowledgement

The Stroke Association was awarded many grants and contracts during the year including the following that have requested a formal acknowledgment in these accounts:

- Bedfordshire and Luton Community Foundation (Luton)
- Central Bedfordshire Council
- Leeds Community Healthcare NHS Trust (Leeds)
- Mid and South Essex ICB
- Wakefield Council

During 2021-22 the following grants and contracts were awarded:

- Bedfordshire and Luton Community Foundation (Luton)
- Manchester City Council
- Shropshire Council
- Wakefield Council

37. Movement in funds

Group	Opening balance 1 April 2022 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	**Closing balance 31 March 2023 £'000**
Unrestricted funds					
- Designated funds	12,966	411	(1,704)	(168)	**11,505**
- Fixed asset fund	3,231	-	(472)	155	**2,915**
- General funds (free reserves)	12,608	27,077	(22,651)	687	**17,722**
	28,805	**27,488**	**(24,827)**	**675**	**32,141**
Restricted income funds	4,301	12,330	(13,149)	(675)	**2,807**
	33,106	**39,817**	**(37,975)**	**-**	**34,949**
Funds retained within a non-charitable subsidiary	14	390	(390)	-	**14**
	33,120	**40,207**	**(38,366)**	**-**	**34,963**

Group	Opening balance 1 April 2021 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2022 £'000
Unrestricted funds					
- Designated funds	2,262	210	(728)	11,222	12,966
- Fixed asset fund	3,293	-	(466)	404	3,231
- General funds (free reserves)	12,484	28,849	(17,633)	(11,092)	12,608
	18,039	**29,059**	**(18,827)**	**534**	**28,805**
Restricted income funds	3,358	13,959	(12,482)	(534)	4,301
	21,397	**43,018**	**(31,309)**	**-**	**33,106**
Funds retained within a non-charitable subsidiary	14	288	(288)	-	14
	21,411	**43,306**	**(31,597)**	**-**	**33,120**

37. Movement in funds continued

Charity	Opening balance 1 April 2022 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	**Closing balance 31 March 2023 £'000**
Unrestricted funds					
- Designated funds	12,966	411	(1,704)	(168)	**11,505**
- Fixed asset fund	3,231	-	(472)	155	**2,914**
- General funds (free reserves)	12,609	27,207	(22,780)	687	**17,722**
	28,806	**27,618**	**(24,956)**	**675**	**32,142**
Restricted income funds	4,301	12,330	(13,149)	(675)	**2,808**
	33,107	**39,948**	**(38,105)**	**-**	**34,949**

Charity	Opening balance 1 April 2021 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2022 £'000
Unrestricted funds					
- Designated funds	2,262	210	(728)	11,222	12,966
- Fixed asset fund	3,293	-	(466)	404	3,231
- General funds (free reserves)	12,486	28,979	(17,764)	(11,092)	12,609
	18,041	**29,189**	**(18,958)**	**534**	**28,806**
Restricted income funds	3,358	13,959	(12,482)	(534)	4,301
	21,399	**43,148**	**(31,440)**	**-**	**33,107**

38. Income and expenditure for the three devolved nations

	Wales 2023 £'000	Scotland 2023 £'000	Northern Ireland 2023 £'000	Wales 2022 £'000	Scotland 2022 £'000	Northern Ireland 2022 £'000
Income from:						
Donations and legacies	**677**	**436**	**223**	1,251	560	363
Charitable activities – local services	**564**	**6**	**84**	574	1	92
Other trading activities	**5**	**5**	**2**	4	5	1
Other	**5**	**-**	**-**	7	-	-
Total income	**1,251**	**447**	**309**	**1,836**	**566**	**456**
Expenditure on:						
Stroke support services	**773**	**166**	**511**	778	96	357
Community development and volunteering	**115**	**138**	**120**	257	168	88
Research grants and awards	**-**	**-**	**-**	-	-	-
Systems influencing	**83**	**85**	**93**	65	57	61
Awareness and engagement with stroke	**11**	**-**	**-**	-	-	-
Raising funds	**-**	**-**	**-**	-	-	-
Total expenditure	**982**	**389**	**724**	**1,099**	**321**	**506**
Surplus/(Deficit)	**269**	**58**	**(415)**	737	244	(49)

38. Income and expenditure for the three devolved nations continued

Income includes all donations where the registered address of the donor can be determined as one of the devolved nations.

Expenditure includes all costs that can be directly attributed to the nation. Property costs have been treated as overheads and have not been allocated to the nation where they are located as various activities operate from them.

Each expenditure line also includes an overhead allocation. We calculated the direct expenditure of the devolved nation as a proportion of the overall charity spend. We then took the same proportion of the total overhead cost of the charity and added this to the devolved nation expenditure.

Overheads include HR, IT, property finance and management.

The surplus or deficit for each devolved nation represents their contribution towards or utilisation of the charity's universal services across the UK.

Reserves are not allocated across the nations but are held centrally and are available across the organisation.

Where reserves have been restricted to a devolved nation these have been applied to expenditure in that devolved nation.

Research grant awards have been treated as universal costs. However, it should be noted that this year £546,000 (2021-22: £459,000) was awarded to Edinburgh University with a further £347,000 to Glasgow University (2021-22: £331,000), £116,000 to Glasgow Caledonian University (2021-22: £80,000) and £17,000 to Cardiff University (2021-22: £14,000).

39. Contingent asset

During the reporting period, we have been notified of legacies that could total £3.1 million (2022: £5.3 million) where either no grant of probate has been received or the grant of probate has been received within six months of the end of the financial year. This gives rise to a contingent asset as it is a possible asset arising from a past event (the notification of the legacy by the solicitors for the deceased legators), but the outcome will be determined by an uncertain future event (any debts owed by the legator or challenges from family members).

When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at **stroke.org.uk**

We're here for you.
Stroke Helpline: **0303 3033 100**
From a textphone: **18001 0303 3033 100**
Email: **helpline@stroke.org.uk**

Rebuilding lives after stroke

Stroke Association

© Stroke Association 2023
The Stroke Association is a company limited by guarantee, registered in England and Wales (No 61274). Registered office: Stroke Association House, 240 City Road, London EC1V 2PR.
Registered as a charity in England and Wales (No 211015) and in Scotland (SC037789). Also registered in the Isle of Man (No. 945) and Jersey (No. 221), and operating as a charity in Northern Ireland.

JN 2224-143

STROKE ASSOCIATION

England & Wales - Charity number 211015

Accounts

Annual Report and Financial Statements

Year ending 31 March 2022

Stroke Association



Contents

Introduction

Chair and Chief Executive's welcome 4

Our charity

How we're rebuilding lives after stroke 8
Our achievements 10
Funding our work 12

Strategic report

Goal A – Make stroke the priority it needs to be 14
Goal B – Ensure that everyone affected by stroke has access to the rehabilitation and lifelong support they need 30
Goal C – Partner with people and communities to help them take action on stroke 48
Our challenges and aims for the future 68
How we work 70
Financial review of the year 82

Governance

Our structure, governance and management 90

Financial statements

Independent auditor's report 106
Consolidated statement of financial activities 112
Charity statement of financial activities 113
Consolidated balance sheet 114
Charity balance sheet 115
Consolidated statement of cash flows 116
Principal accounting policies 117
Notes to the financial statements 124



Every five minutes stroke destroys lives.
We help to rebuild them.

Chair and Chief Executive's welcome

With the ongoing disruption caused by Covid-19, 2021-22 was a challenging year for many stroke survivors. But thanks to our supporters, we reached more people affected by stroke, raised more money than ever before, significantly reduced our overhead costs, and influenced positive policy change across the UK.

The stroke clinical community have worked tirelessly to restore stroke services following the 2020-21 pandemic disruption. However, despite their heroic efforts, too many people who have a stroke face poor outcomes because they aren't getting the treatment and care they need, when they need it. Thrombolysis rates fell to an all-time low. Ambulance response times deteriorated to worrying levels. Thrombectomy rates increased, but much slower than planned. And although national data showed some improvements in post-acute care, timely access to adequate community stroke rehabilitation and follow-up remained unacceptably rare.

Advocating and influencing for stroke survivors

It is clear that stronger advocacy by stroke survivors and the Stroke Association is needed. So, we have re-organised the way we work to create a much stronger focus on working with health and care systems, so we can influence decisions about stroke treatment and care across the UK.

We're encouraged by our influence on landmark policy documents published in the last year: the National Stroke Service Model in England; the Progressive Stroke Pathway in Scotland; the Quality Statement in Wales; and most recently, Northern Ireland's publication of a dedicated Action Plan for Stroke. We're now focused on making sure that these policy commitments translate into tangible service improvements.

We've worked hard to build relationships with the new stroke networks in England, helping them start to implement national stroke policy and engage with stroke survivors to ensure that improvements made locally are the ones that matter most to people affected by stroke.

We welcomed a new All-Party Parliamentary Group on Stroke in Westminster and an equivalent Cross-Party Group in Scotland. We used the elections in Wales and Scotland in 2021 and the May 2022 elections in Northern Ireland to raise the political priority of stroke and push for improvements at all stages of the stroke care and treatment pathway – from prevention and diagnosis to rehabilitation and long-term support.

Improving our support services

Our stroke support services helped 43,425 stroke survivors and carers (42,602 in 2020-21), with more home visits offered for those in greatest need. We've had an incredible response to Stroke Association Connect and Here For You, the services we launched in 2020 for newly diagnosed stroke survivors (anyone who's had a stroke in the last 12 months). Stroke survivors, carers and volunteers have all benefited from them immensely.

We improved the productivity of our local commissioned services during the year by substantially reducing management costs. We explored ways to improve consistency of service and operational resilience by investing in additional staff to support service delivery and administration when vacancies occur. We've also started to see a small increase in longer-term contracts enabling more stroke survivors to benefit from a key worker and decent life after stroke support when they get home from hospital.

We strengthened our commitment to supporting stroke-friendly and active communities across the UK, with innovative projects in Cornwall, Wales and Northern Ireland. We also launched a new Stroke Group Network to enable the many independent stroke groups across the UK to start to connect and learn from each other.

Stroke research priorities

Research is a priority for our charity. We've worked with our supporters and the stroke research community on activities including our 'Save Research. Rebuild Lives' campaign, to help stroke research get back on track after the interruption caused by Covid-19. After two years of consultation with the stroke community, we published the flagship Stroke Priority Setting Partnership report, describing the future priorities for stroke research.

We used this report to secure further financial investment from the NHS Small Business Research Initiative and the National Institute for Health and Care Research. Our own research spend is also now recovering, with more new research grants approved and almost double the amount of existing research grants paid out than in 2020-21.

Collaborating to succeed

We simply can't tackle the challenge of stroke on our own. We're so thankful for the successful partnerships we have with many other organisations, including Mind, the Richmond Group of Charities, Chest Heart Stroke Scotland, Northern Ireland Chest Heart Stroke, and a Stroke of Luck – together we're able to achieve more for stroke survivors. We strengthened our partnership with the NHS both nationally and locally in all four countries of the UK and maintained strong relationships with the European and World Stroke Organisations.

We're particularly proud of a very special partnership with ITV and Emmerdale. Character Marlon Dingle (played by Mark Charnock) had a stroke at the end of March 2022. We worked closely with the production team to ensure the story was authentic, involving stroke survivors and clinicians, who reviewed scripts and provided on-set advice. Marlon's stroke storyline is ongoing, but has already generated considerable positive media coverage.

This is one of several successful activities we've run this year to engage people with stroke as a cause and the Stroke Association as a charity. Other activities include campaigns focused on raising awareness of research and hope after stroke.

Investing in our people

We continued our work to create a culture of trust and empowerment, with coaching and distributed leadership at its heart. We also completed our move to permanent home-based working for most people, which significantly reduced the money we spent on offices.

The big investment was to redesign the way we work together to deliver our strategy. We took 320 staff through consultation on new team structures and roles in April – June 2021. Most staff were successfully redeployed, though sadly, we did lose some valued staff. We had 12 compulsory redundancies and a further 35 voluntary redundancies.

Overall staff engagement was 82% in March 2021, dropped slightly to 79% in September 2021 following the structural consultation, and rose to an all-time high of 88% in May 2022. We're pleased that the changes are now bedding in, and we're confident that our new structure will help us to maximise our reach, influence and impact.

Managing our resources and finances

We continued work to improve our data and technology systems. Throughout the year, we've been developing a new fundraising IT system, which was delivered in May 2022 on time and within budget. We also re-doubled our focus on cyber security.

Despite all the change during the year, our governance and compliance remained strong, with the Charity Commission finding no notable areas for improvement after its review initiated by the regulatory alert into safeguarding and whistleblowing in larger charities.

The uncertainty caused by Covid-19 meant we were cautious with our 2021-22 financial plans, budgeting a small surplus.

We ended the year with an unexpected surplus of £9.6 million. Our total income achieved a record high of £41.2 million, 19% up on the previous year (£34.6 million). Legacy income rose from £12.1 million (2020-21) to £19.3 million, due mostly to a significant increase in the value and volume of legacies received. This prompted us to review the method for calculating accrued legacies, where we had been notified but the amount had not been received. This change in method accounted for £2.2 million of the increase.

Other fundraising income, excluding the Covid-19 related grants received in 2020-21, rose by £1.9 million. We also achieved considerable productivity gains, with staff costs falling by £2.0 million and property costs down by £1.8 million.

Within the operating surplus of £9.6 million, free reserves rose to £12.6 million. We have created two designated funds: a Legacy Stabilisation Fund of £4.5 million to help manage the volatility of legacy income; and a Strategy Acceleration Fund of £6.0 million to invest in projects to accelerate strategy delivery over the next three years.

Our plans for the future

Our single biggest ambition is to reach and offer support to every newly diagnosed stroke survivor. At the moment, we only connect with about 30% of stroke survivors across the UK during the first year after their stroke. This means that the majority of stroke survivors (around 55,000 every year) aren't aware of us and the support we offer, even though our expertise and support has the potential to make a real difference to their lives.

We want and need to do better. After the financial success of this year, we now have the resources and capacity to make this happen. We're building an ambitious new plan that we hope will help us towards our vision (more on this on page 68).

Thank you

Rebuilding lives is a team effort and our work is only possible thanks to the determination and generosity of the stroke community. Our thanks in particular to our independent advisers and trustees, including Helen Sanders, Stephen Torrans, Mark Smith, Niraj Shah, and Victoria Hoskins who stood down during the year.

We were deeply saddened by the passing of our charity's Patron, Her Majesty Queen Elizabeth II, on 8 September 2022. We thank her for her years of loyalty and service to us, charities and organisations around the world, and to the country.

Thank you to all of our supporters, staff, volunteers and partners for your commitment and loyalty to our cause. We're proud of our collective efforts towards our shared vision of fewer strokes and for people affected by stroke to get the help they need to live the best life they can.

Signed:

Stephen King,
Chair of Trustees

Juliet Bouverie OBE,
Chief Executive



How we're rebuilding lives after stroke

Our vision is for there to be fewer strokes, and for people affected by stroke, including families, friends and carers, to get the help they need to live the best life they can. We do this by:

Making your voices heard

Jean Sherrington

Patient and Public Voice Representative

"People affected by stroke can bring insight that others don't have. Now our voices are heard, listened to and regarded as important when making decisions. That is wonderful - it will ensure the best treatment and care for us all."

We are working to ensure that everything our charity does is informed by those with lived experience of stroke. From evaluating research award proposals, to co-designing and testing products and services, we regularly consult and collaborate with you to ensure your views shape and influence our work.

We work hard to ensure that your voices are heard by key policy makers, so you have an opportunity to influence decisions and use your insight and empathy to drive improvements in stroke care locally and nationally. We also actively campaign for better stroke care, working with politicians of all parties to ensure stroke remains high on the political agenda.

Building partnerships and inspiring action

Niki Turner

Allied Health Professional Lead for Stroke in Wales.

"The expertise and insight provided by the Stroke Association means I am confident we will be able to give people affected by stroke the help they need to live the best lives they can."

We know we can't tackle all the challenges facing people affected by stroke on our own. So, we partner with local, national and international organisations, professionals and communities to raise money and awareness of stroke, lobby for change and share knowledge.

Our amazing volunteers and fundraisers are invaluable in helping us to run our stroke groups, events and campaigns, raise awareness of stroke and much-needed funds to support stroke survivors.

Giving practical and emotional support

Michael Pursey

Stroke survivor

"I couldn't walk, I couldn't talk. I was at rock bottom but with the help of the Stroke Association and my amazing support coordinators I have found there is a way to have a future, albeit different but just as rewarding."

We understand stroke and know how it can turn your world upside down without warning. But you're not alone. We're here to support you.

We'll help you find reliable answers to your questions, give you practical information and support to help you move forward and provide a listening ear when you just need to talk.

You can speak to our friendly Helpline team, join a Stroke Association Support Group, connect with volunteers who have faced what you're facing now, or be part of our vibrant online community - whatever's right for you.

Wherever you are in your stroke journey, we want you to make the best possible recovery and get back to the things that are important to you.

Funding life-changing research

Lauren Hepworth

Researcher

"My research wouldn't be possible without the Stroke Association and that's why it's so important to continue to fund stroke research, so that we can make sure every stroke survivor has the best possible life after a stroke."

We invest in vital research to find new ways to stop strokes happening, and improve treatment, care and support for people after stroke. In fact, we're the only organisation dedicated to funding research into ongoing rehabilitation for stroke survivors.

We fund researchers to develop their careers and establish themselves as the research leaders of the future, and invest in people from different research backgrounds to broaden the range of expertise and experience within stroke research.

We partner with other organisations to increase funding for stroke research. And we work with stroke survivors and those closest to them to decide what research we fund, and to help stroke researchers involve people affected by stroke in their research.

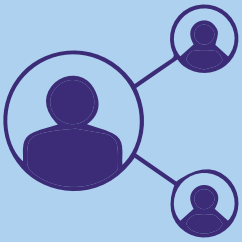
Our achievements



Our Helpline supported people with **18,106 enquiries.**



Our **183 coordinator led services** helped **43,425 people.**



Stroke Association Connect supported **3,496 people** being discharged from **140 hospitals** and stroke units.



Our telephone peer support service, Here For You, has helped **1,555 people** since it launched in April 2020.



Our Stroke Association Support Groups provided peer support to **3,257 people.**



Our online stroke support tool, My Stroke Guide, recorded **42,347 new visitors.**

We invested **£1.4 million** in stroke research.

We funded
16 research projects
at **5 higher education institutions**
and **9 other organisations** in the UK.

Thank you!

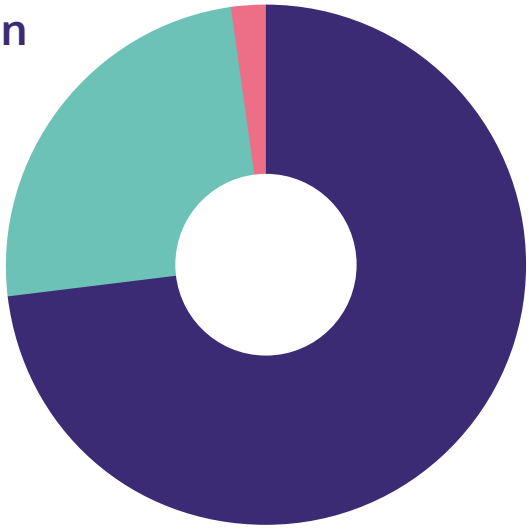
Our supporters
helped us to raise
£30.2 million!
(2020-21: £22.3 million)

2,004 volunteers
gave their time to
help us.

Funding our work

How we raised our money

- Donations and legacies: **£30.2 million**
- Community service: **£10.1 million**
- Other income (including trading, investments and the UK Government's furlough grant): **£0.9 million**



Total income: £41.2 million

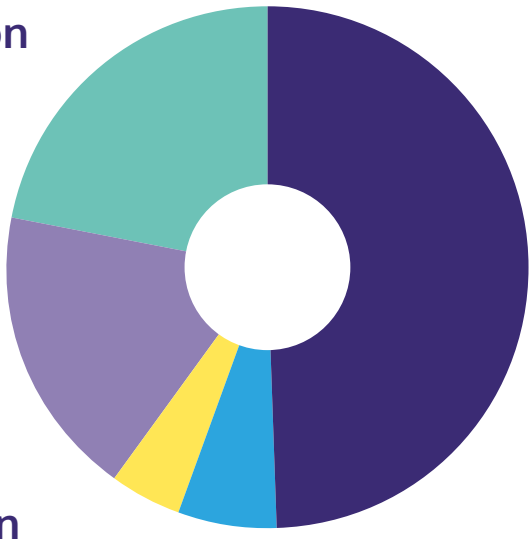


For every **£1 we receive we spend 78p** on our charitable work (2021-22: 78p).



How we spent our money

- Stroke Support Services: **£15.7 million**
- Community development and volunteering: **£1.9 million**
- Research grants and awards: **£1.4 million**
- Systems influencing and engagement with stroke: **£5.7 million**
- Raising funds: **£6.9 million**



Total expenditure: £31.6 million

Goal A

Make stroke the priority it needs to be

Stroke is one of the leading causes of death and disability in the UK. But health inequalities and historic under-resourcing of the condition lead to a huge variation in how it's treated across the nations.

Before the Covid-19 pandemic, the level of care, rehabilitation and mental health support available was already letting down thousands of stroke survivors. With health and care systems swamped by the post-pandemic demand for services, the situation has worsened. Ambulance services remain under significant pressure across the UK with response times for those having a stroke more than double what they should be. And many stroke survivors aren't receiving follow-up care when they are discharged from hospital.

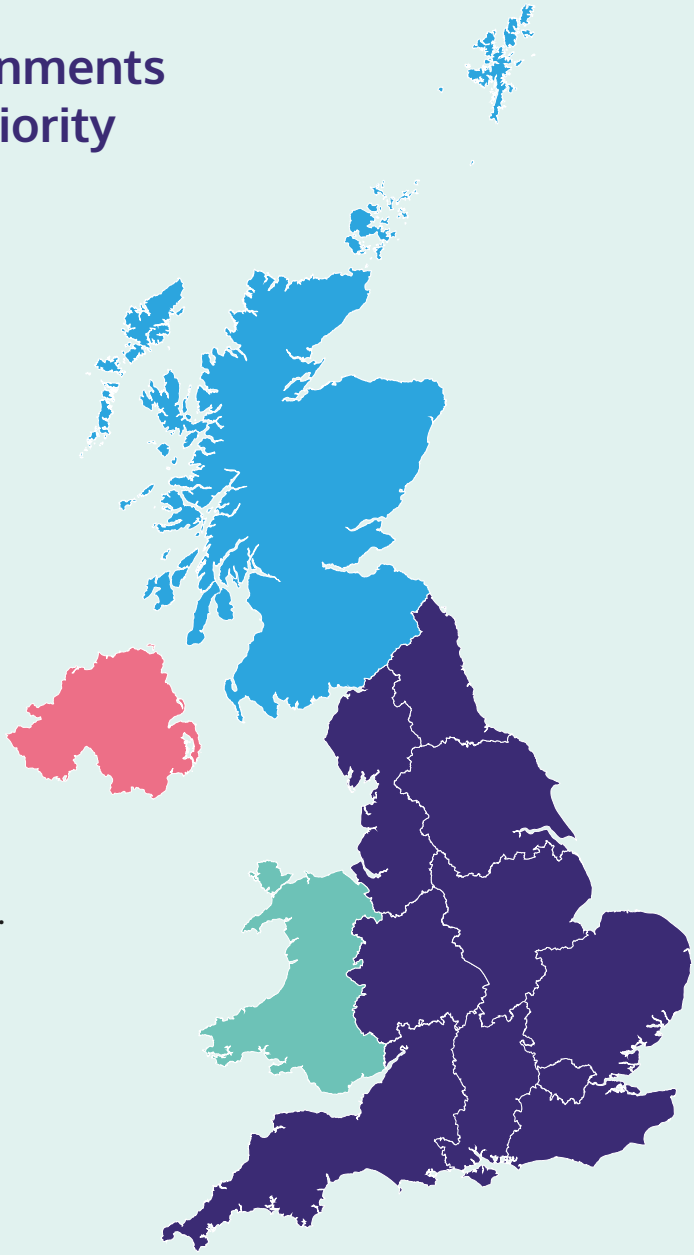
Consequently, far too many people are left feeling alone and abandoned, without the vital rehabilitation and support they need to rebuild their lives. On top of this, the general public have a much lower level of understanding about stroke as a condition, compared to cancer or heart disease.

Throughout 2021-22, we've been keeping the pressure on governments and decision-makers to make stroke a priority, improve access to life-changing treatments and therapies, and fund vital stroke research to protect people's lives and recoveries. We've also partnered with other charities and raised awareness of stroke and stroke risk factors at every opportunity so that we can reach and support more stroke survivors and their families.


SER
55
CROSSHATCH
SERIES FIFTYFIVE
MCR-FRD-THK
drive

We worked with UK governments to make sure stroke is a priority

We strengthened our political engagement and influenced the implementation of stroke policy across the UK:



Wales

In September 2021, we celebrated the publication of the Wales Quality Statement on Stroke, the Welsh Government's new long-term plan for how stroke services will improve in Wales.

We first started campaigning for this in 2019, as the previous Stroke Delivery Plan was due to end in 2020 and it wasn't clear if anything would replace it. We've worked closely with the Welsh Government and the Welsh Clinical Lead on Stroke, Dr Shakeel Ahmad, on the development of the new Quality Statement. The new statement takes onboard many of the points made by the Senedd's Cross-Party Group on Stroke in the report we supported in 2019-20, such as the vital importance of access to rehabilitation, including early supported discharge.

This major success is due to the work of our campaigners and supporters, who've helped us to get the Welsh Government to publicly confirm their commitment to making stroke a priority.

But our work doesn't stop there. While the Quality Statement has been published, we're still awaiting the publication of the delivery plan to implement it. We remain concerned by the high level of variation of stroke care, availability of treatment and ambulance response times across Wales. We'll continue to push for changes to ensure stroke survivors and carers get the care and support they need.

Northern Ireland

During the 2019 Reshaping Stroke Care consultation, the Northern Ireland government committed to delivering more stable, sustainable stroke services that would enable better outcomes for people by 2022. Unfortunately, due to the Covid-19 pandemic and ongoing political instability, stroke has slipped off the political agenda in Northern Ireland over the past few years, which means these commitments are yet to be met.

However, we've continued to engage with politicians and decision-makers to highlight the lack of progress and call for stroke to be a priority at Stormont. Over the past year we've met with members of the Health Committee on a number of occasions and written letters to the Health Minister.

In May 2021, we held two parliamentary group briefing sessions with DUP and Sinn Fein MPs, encouraging them to write to the Health Minister calling for progress on stroke reform.

We also wrote to the Northern Ireland Affairs Committee at Westminster and all Northern Ireland MPs in March 2022. This led to the committee and some individual MPs writing to the Health Minister asking him to prioritise stroke reform.

We engaged with policy staff from the political parties ahead of the May 2022 Assembly elections with the aim of influencing their party election manifestos. We released our own manifesto 'Make Stroke a Priority' in February 2022 and shared this widely with politicians, candidates and decision-makers in Northern Ireland.

Post-election update

Following engagement with all political parties ahead of the Assembly elections, we were pleased that two parties pledged to push for progress with stroke reform in their election manifesto. 26 May 2022 marked 1000 days since the Reshaping Stroke Care consultation closed. We sent an open letter to the Health Minister that was signed by 75 other charities, clinicians, stroke survivors and supporters calling for urgent progress.

We're delighted that, thanks to the tone and timing of our lobbying, the Northern Ireland Government published a stroke action plan in June. This sets out the way forward for improving stroke care in six priority areas including thrombectomy and long-term support. There's still lots of work to do to make stroke the priority it needs to be in Northern Ireland. But this action plan is a positive first step and we look forward to working with the stroke community over the coming months to see these actions implemented.

"I am really pleased that the further expansion of the thrombectomy service is included in the new action plan. It is a life-changing procedure, which I was fortunate enough to access when I had my stroke five years ago and everyone who is eligible should have that same opportunity."
Kim Colhoun, stroke survivor



Scotland

We've made encouraging progress with our political influencing and engagement in Scotland.

Our manifesto for the Scottish elections in May 2021 called for the next Scottish Government to quickly establish a new, progressive stroke service. One in which all patients receive timely access to evidence-based, stroke specialist treatment, rehabilitation and support.

We've been heavily involved since then in the development of an ambitious stroke improvement vision document, which was officially published as the Scottish Government's Progressive Stroke Pathway in March 2022.

"I took up my role with the Cross-Party Group (CPG) on Stroke to help support stroke improvements in Scotland. Members of the CPG have a lot of experience in stroke care and share a passion for positive change. Together, I hope we can play a part in driving forward stroke improvements, giving stroke the attention it deserves."
Gillian Mackay, MSP for Central Scotland and Convenor of the Cross Party Group on Stroke

This sets out a clear vision of what stroke services and support should look like, from prevention, to acute and emergency care, to rehabilitation in hospital and the community. We commented on drafts of the document as members of the National Advisory Committee for Stroke and worked with Chest Heart and Stroke Scotland (CHSS) to ensure people with lived experience were involved.

The next step is for the Scottish Government to publish an action plan, which will set out what each health board must do to deliver this vision. We're involved with this too. We expect that action plan to be published this year. To encourage that and to keep an eye on things, we've established and supported a new Cross-Party Group on Stroke in the Scottish Parliament. Made up of MSPs, clinicians, researchers and people affected by stroke, the group's purpose is to provide, oversight, encouragement and support for the implementation of that progressive stroke service in all health boards. We'll also be working directly with health boards to make sure the action plan is implemented.

England

We launched the All-Party Parliamentary Group on Stroke in Westminster. The group, co-chaired by Sir Bob Neill MP and Baroness Wheeler, brings together a cross-party group of politicians to speak up for stroke in Parliament. We provide Secretariat support to the group, including briefing the co-chairs for a meeting with a Health Minister about thrombectomy.

We also supported Sir Bob to lead two debates in Westminster, about stroke rehabilitation and the pandemic's impact on people with long-term conditions. He used our briefings in both debates, emphasising the importance of high-quality stroke rehabilitation to the Minister.

Our Chief Executive, Juliet Bouverie OBE, continues to co-chair NHS England's National Stroke Programme, overseeing the strategic direction of stroke care nationally.

In May 2021, NHS England published the National Stroke Service Model (NSSM) - the blueprint for what stroke services should be available for every person affected by stroke. We helped to develop this model, which aims for stroke services to provide joined up, personalised patient care. At a local level, we've continued to strengthen our relationships with England's 20 new stroke networks, called Integrated Stroke Delivery Networks (ISDNs). ISDNs are responsible for transforming stroke prevention, treatment and care in their region, and we're helping them to put the NSSM into action. We also supported many ISDNs to put stroke survivors' voices at the heart of their decision-making.

We continued to work with NHS England on a patient-reported experience measures (PREMs) survey. This will help to drive improvements to services based on what stroke survivors say is important. The findings of this survey will be available in summer 2023.



We collaborated with other health and care charities

We can't fix all the challenges facing people affected by stroke on our own, so we collaborate with other organisations and charities to pool our resources, give us a stronger voice and increase our impact.

We're a member of the Richmond Group of Charities, a coalition of 12 charities in England representing people with long-term health conditions. Key 2021-22 achievements for the group included:

Contributing to the long-term recovery from Covid-19, providing information to people waiting for care. The Richmond Group also held the system to account for balancing progress on tackling waiting lists with maintaining and advancing routine care and support services.



Extending the 'Movement for All' partnership programme with Sport England to encourage more people with long-term conditions to get physically active. This included launching a series of Make Your Move physical activity videos specially designed for people with health conditions. The group continued to promote the We Are Undefeatable campaign stories, tools and resources. And they're publishing a set of Physical Activity and Long-Term Conditions resource packs to help professionals to support people with health conditions to be active



Publishing the research report 'You only had to ask: What people with multiple conditions say about health equity', exploring how the challenges of multiple long-term conditions intersect with issues of health equity. The group of charities also facilitated a digital events series on the same topic, designed to help system leaders take action and improve care for people living with multiple conditions.



Our Chief Executive, Juliet Bouverie OBE, was appointed as the new Chair of the Richmond Group in January 2022. Juliet commissioned a strategic review with the aim of making sure that the Richmond Group's work is as impactful as possible. The review concluded that the coalition's role is to influence policy, practice and systems change, with a focus on people with multiple long-term conditions and addressing the health inequalities that they face.



We identified the priorities for stroke research in the UK

We completed our James Lind Alliance Stroke Priority Setting Programme - the first UK-wide project to map research priorities across the entire stroke care and treatment pathway.

Over 1,400 people affected by stroke and stroke professionals took part in the project, as well as individuals and organisations representing stroke patients, carers and professionals in stroke.

We published our findings in our 'Shaping stroke research to rebuild lives: The Stroke Priority Setting Partnership results for investment' report, identifying the top priorities for future research in stroke prevention and acute care, and rehabilitation and long-term care.

Since the report was published in June 2021, we've shared our findings at leading international conferences and gave one of the keynote speeches at the European Scientific Organisation Conference (ESOC) in September 2021. We also published the findings in The Lancet Neurology, a leading scientific journal. This is helping us to build relationships with other research funders, particularly government bodies, and leverage additional funding, expertise and resources for the priorities so we can fund more, better quality, stroke research.

For example, we've funded nine pilot research awards thanks to our partnership with the Small Business Research Initiative (SBRI). These projects include virtual reality games to support stroke rehabilitation at home, and a new diagnostic blood test that could help paramedics to identify large artery stroke patients who could have a thrombectomy. Our collaboration with SBRI, came about as a result of the report and the activity we've done to share it. Through our initial investment of around £90,000, we've leveraged over £800,000. These awards will receive more large-scale funding in 2022-23 to develop their ideas further.

In March 2022, we set up a new funding partnership with the National Institute for Health and Care Research (NIHR). We put out a call for research into a number of priority areas including psychological and emotional well-being and fatigue. We have committed £250,000 into this scheme, and expect to be able to leverage an additional £1.2 - £2.2 million in the next five years towards research to improve the lives of stroke survivors.


Stroke

We continued to support the next generation of stroke researchers

We funded six new research fellows. Our fellowships are part of our commitment to supporting research leaders of the future. These talented and dedicated early career researchers will build their skills and networks to continue their work driving improvements in stroke treatment and care.

We funded two postgraduate fellows:



Sam Webb,
University of Oxford

"I'm working on a new test that will accurately assess a stroke survivor's ability to do complex thinking tasks. The test will enable us to understand the thinking problems stroke survivors struggle with daily, so we can develop new tailored treatments that allow stroke survivors to live their best possible lives after a stroke."



Lauren Lucas,
University of Manchester

"I'm exploring the importance of the relationship between physiotherapists and stroke survivors receiving therapy at home, and how this impacts recovery in the long-term. I hope this will help therapists, like myself, to understand how our interactions might support longer-term stroke recovery and self-management."

We also funded four postdoctoral fellows, to help them take the next steps towards an independent stroke research career:

Dr Claire Mitchell, University of Manchester



"Dysarthria is a type of speech problem where speech is less clear, slurred or sounds different. I'm looking at how people recover from dysarthria over time, and how we can improve our understanding of how to measure the impact of dysarthria on a stroke survivor's life. This can help pull dysarthria out of the shadows of stroke care so stroke survivors can get the support they need."

Dr Osian Llwyd, University of Oxford



"Injury to small blood vessels in the brain can contribute to about 30% of acute strokes and 40% of dementia cases. I'm developing ways of assessing how well blood vessels are working in the brain to make it easier to detect if people are at risk of stroke, so they can get better treatment and support."

Dr Josephine Mayer, University of Liverpool – co-funded with ABN and Epilepsy UK



Josie is investigating why people who begin having seizures late in life are more likely to go on to have a stroke. This could provide information to help reduce the number of people who have a stroke after a late-onset seizure.

Dr Sheharyar Baig, University of Sheffield – co-funded with ABN



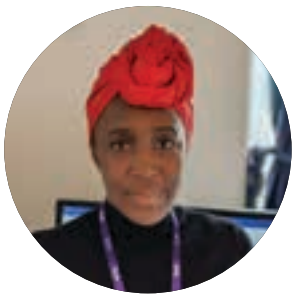
"My research tests a potential new treatment for arm weakness after stroke called transcutaneous vagus nerve stimulation (tVNS). This involves electrically stimulating the vagus nerve through the skin. I'm looking forward to working with stroke survivors as we try to understand whether tVNS can improve arm recovery and the effects it has on the brain."

We raised awareness about the devastating impact of stroke

It's vital that everyone, from governments and decision-makers to communities and individuals, understands the massive impact stroke has on millions of people around the UK. And the difference that having regular access to quality stroke treatments and services can have on stroke survivors' recoveries.

Throughout 2021-22, we've run powerful PR and media campaigns, hosted events for the stroke community and beyond and taken advantage of opportunities, which have helped us to increase awareness of stroke, raise vital funds and inspire action. Here are some highlights:

May 2021



Save Research. Rebuild Lives

The pandemic significantly impacted our ability to fundraise. This jeopardised stroke research, essential in saving and rebuilding lives. We shared stories about our researchers and stroke survivors to raise money and awareness.

We had a really positive response from the stroke community, and raised **over £256,000.**



Amazing Brains

Hosted by BBC sports presenter, Mike Bushell, our flagship research event in May 2021 celebrated progress and innovation in the latest stroke research, with presentations from four leading stroke researchers. We also had a very special talk between two inspiring stroke survivors: one of the faces of our 'Save Research. Rebuild Lives' campaign, Ronnie Staton, and Olympic world champion sprinter, Michael Johnson.

October 2021

Hope After Stroke



We continued to spread the word about how we support people to find hope and rebuild their lives though TV and digital advertising. Our PR campaign, sharing inspirational stroke survivor stories, was our most successful to date, with over 450 pieces of coverage. And when radio presenter Zeb Soanes spoke about his stroke on BBC Radio 2, we received the highest ever number of visitors to our website!

November 2021

Air pollution policy



There's evidence of a link between air pollution and the risk of stroke, so in the run-up to COP26, we refreshed our air pollution policy.

We also called for the government to adopt the new World Health Organization (WHO) air quality guidelines and make them legally binding - crucial to public health and preventing strokes. We'll continue to monitor the progress of this, as well as the delivery of commitments addressing air pollution in the Environment Bill.

November 2021 - March 2022

Winter pressures and stroke



With the strain on the NHS reaching crisis point, we ran a campaign to highlight ambulance delays as a threat to the acute care of stroke patients. We reminded people that stroke is a medical emergency, urging them to Act FAST and ring 999 if they saw signs of a stroke in themselves or someone else, despite the scary stories in the news about ambulance response times.

We also worked with NHS England, the Welsh Ambulance Service and others to share local intelligence and advocate for stroke patients to mitigate the worst of the effects of these winter pressures and an inconsistent ambulance response.

January 2022



Stroke Prevention Day

For our second Stroke Prevention Day on 14 January 2022, we ran a PR and social media campaign to raise awareness of the lifestyle factors that can increase your risk of stroke.

We surveyed 5,330 stroke survivors about their personal risk of stroke and the changes they would urge their younger self to make and shared the results in the press to encourage people to make 'one small change' to reduce their risk of stroke.

Our campaign achieved coverage across the UK, reaching **1.46 million people**.



4 out of 5 people surveyed said they didn't know they were at risk of a stroke.

9 out of 10 have made lifestyle changes since their stroke.

March 2022



Emmerdale's stroke storyline

On ITV's Emmerdale, popular character Marlon Dingle, played by actor Mark Charnock, had a stroke. We worked closely with the Emmerdale team, involving stroke survivors, stroke consultants and teams across the charity, to help them to make the story as realistic and authentic as possible. This collaboration has given us some exceptional media coverage, with over 430 pieces so far, and really helped us to raise awareness of stroke with a mass audience. We received a lot of positive feedback from people affected by stroke. We used our social media channels to share stroke information and offer support to those who've reached out to us after seeing the programme. Plus, in June, Mark Charnock's portrayal of Marlon's stroke won Best Dramatic Performance at the British Soap Awards 2022.



"I have found filming this storyline very emotive and the bravery of the survivors in dealing with their strokes is incredible. I found them amazing to talk to and I hope we can do this story justice."

Mark Charnock on Emmerdale's stroke storyline

Goal B

Ensure everyone affected by stroke has access to the rehabilitation and lifelong support they need

Stroke changes lives in an instant. Recovery is tough, but with the right specialist support, the brain can adapt. That's why it's vital that everyone who has a stroke can access rehabilitation and ongoing support.

We want all stroke survivors to get the physical and emotional help they need to help them rebuild their lives. Throughout 2021-22, we continued to develop our support and partner with service providers to reach as many people as possible. We also increased our focus on influencing for much-needed improvements in rehabilitation and life after stroke support across the UK.





We continued to help people through our local support services

Local support services like our Stroke Recovery Service, Communication Support Service and Emotional Support Service ensure that stroke survivors get personalised and specialist care and support when they need it most.

While we were still under lockdown, we provided most of our support remotely but were able to offer occasional home visits to those who really needed them. As the pandemic restrictions eased, our wonderful coordinators continued to provide personalised phone and online support but increased the number of home visits to ensure our services were accessible to as many people as possible.

Despite the funding challenges in the NHS, in England we successfully maintained most of our commissioned service contracts, while retiring some of our smaller services. In April, we launched a new partnership service with Bristol After Stroke, providing a stroke recovery service across the whole of Bristol, North Somerset and South Gloucestershire for the first time. We also secured a long-awaited two-year contract in North Coast West Sussex, which will enable us to create life after stroke services in an area that hasn't had a recovery service before. And our stroke recovery service in Lincolnshire won a national award for being an example of a truly integrated person-centred community support service.



In response to commissioning trends for longer-term outcomes-based contracts, we've increased the length of some of our service contracts. For example, over one-third of our contracts in the North West are now three-year contracts, providing more stability and security for both staff and service users. We also explored options for how best to provide continuity and resilience for our commissioned service contracts when there are staff vacancies.

We maintained all of our services in Wales too. In Northern Ireland, we continued to develop our joint support package with Northern Ireland Chest Heart and Stroke. In 2020-21, we combined our services to ensure that stroke survivors received long-term support. This year, as part of this collaboration, we secured funding to develop our STEPs project, which provides stroke specific emotional support to people in Northern Ireland.

Lincolnshire case study:

In 2019, NHS and other stroke support service providers in Lincolnshire, worked together to create a united, integrated stroke service that was 'fit for our own families'.

Three years on, our award-winning service is thriving. We've put aside professional and provider boundaries and created a single team who work together to ensure that stroke survivors and their families get the support they need, when they need it.

"The sudden shock of going home without any support scared the hell out of me. Once the dust had settled, I realised there were many questions that I needed answers to, but who could I contact? Then the phone rang and I was greeted by a lady's voice saying she was from the Stroke Association and would be there to help with any questions. The level of care, attention to detail and continuity of service given to me is incredible."
A stroke survivor 2021



Our Emotional Support Service

Stroke can have a huge emotional impact on stroke survivors and their families. Better access to timely and effective emotional support services has always been a high priority for stroke survivors and this need has only increased as a result of the pandemic, a lack of other services and the wider impact of pressures in the NHS.

In response to this, we're piloting Emotional Support Services around the UK to test what works and generate the evidence to influence their rollout in other parts of the UK. Provided by qualified counsellors, these services help those affected by stroke to come to terms with what has happened to them. In 2021-22, we supported 263 people through existing counselling services in Liverpool, Colchester and Northern Ireland.

We've also been exploring partnership opportunities to offer emotional support on a larger scale. For example, we have partnered with Mind in Neath Port Talbot, south-west Wales, to deliver a pilot project based on their eight-week My Generation Programme.



Emotional support in Cornwall

We were awarded £850,000 from the Elwyn Thomas memorial fund programme, to set up a five-year emotional support project for stroke survivors in Cornwall.

Our new service will offer specialist counselling, as well as bespoke information and additional support in the community and at home, to help people adjust to life after a stroke or to caring for loved ones affected by stroke. We'll continually review and develop our offer in response to people's needs, to ensure we are offering support when and where people need us most.

As well as working closely with the NHS in Cornwall to develop the project, we've built relationships with local organisations, including Volunteer Cornwall and Disability Cornwall, to help us reach people in rural locations.

The project, which aims to improve wellbeing, build resilience and reduce isolation, was tailored to specifically address the mental health needs of stroke survivors. We intend to build on the success of this and are working with Mind to explore options for working together to widen support to more stroke survivors.

In the longer-term, we're influencing governments and health bodies to ensure adequate NHS emotional and psychological support is available for everyone who needs it.

We influenced for better post-stroke support across the UK

As well as providing much-needed, quality services directly to stroke survivors and their families, we are growing capacity and capability to influence the system to provide better rehabilitation and life after stroke services too. This includes ensuring our services are well integrated into the NHS and social care pathways to make sure everyone gets the support they need.

We sit on the Guideline Committee responsible for updating the 2013 stroke rehabilitation guideline for England and Wales by NICE, the National Institute for Health and Care Excellence. We've also worked to ensure that post-stroke support is included in key stroke policy developments, including the Wales Quality Statement for Stroke, Progressive Stroke Pathway in Scotland, Reshaping Stroke Care in Northern Ireland and the National Stroke Service Model in England (see page 16).



As part of developing the National Stroke Programme in England, we collaborated with key stakeholders, including people affected by stroke, ISDNs and other voluntary organisations to develop a detailed description of what life after stroke services should look like. This includes an important recommendation that every stroke survivor should have access to a key worker, a role proven to improve people's outcomes and experiences. This document will soon be available as a set of principles to support local systems and we will prioritise influencing its implementation so that life after stroke support is available to every stroke survivor.

We also led on the creation of a Stroke Association-branded Personal Stroke Record, alongside NHS England and stroke survivors. Now in the final stages of development, the Personal Stroke Record will give all newly diagnosed stroke survivors personalised information about their stroke and next steps in their care, including available support to help them with their recovery. We plan to launch the tool later in 2022. Not only will it give stroke survivors more information about their own care, but it will enable them to advocate for more and better services as they will know what should be available to support their recovery.



We started to develop our approach to health inequalities

Stroke can happen to anyone of any age, background, race, ethnicity, gender and sexual orientation. But avoidable, unfair and systemic health inequalities mean that your personal characteristics, as well as where you live and work, can affect your ability to access stroke treatment, support and health and social care services. For example, some socio-economic and ethnic communities, particularly people from Black and South East Asian backgrounds, may be more at risk of stroke or have poorer experiences and outcomes. While ambulances may take longer to arrive in some areas of the UK than in others.

The reality is that there are many stroke survivors who are not well-supported by the health and social care system and whom we're not reaching with our own services. We're determined to change that.

In November 2021, we started to consider our approach to health inequalities as part of our wider strategic work so that we can weave this into everything we do. We want our own services to be accessible and inclusive to everyone. Although many of our health publications are available in large print or audio versions and we have some specific aphasia-friendly resources, we can and want to do more. We've developed an Accessibility Maturity Model to help us to assess where we are now, define where we want to be and, most importantly, the steps we need to take to get there.

We're working closely with stroke survivors in our Aphasia and Accessible Voices Network. This year, they've helped us to improve the accessibility of a number of internal projects, including adapting surveys to be more accessible and aphasia-friendly, reviewing new support offers and developing new aphasia-friendly guides.

We also want to become an organisation that leads on reducing the inequalities gap in stroke by influencing change and working in partnership with others, including health and care services, communities and other charities, to understand and overcome barriers locally and nationally.

To help us achieve this, we've begun by working with the Cochrane Stroke Review Group to search the academic literature about health inequalities and stroke. We've also identified the next steps, which include commissioning a review of that literature, analysing our data on who we do and don't support, and gathering patient insight through survey and focus groups with communities that we don't engage with, to identify priority groups to work with.





Health inequalities and stroke is a complex field, and we won't be able to address it overnight. We need to grow our knowledge by testing and learning as we go. In 2021-22, we started to do this by leading and collaborating on a number of projects around the UK. These included:

Manchester

In March 2022, we launched an eight month pilot study commissioned by the Greater Manchester ISNDN (Integrated Stroke and Neuro-Delivery Network). The aim is to get a better understanding of the impact of health inequalities on accessing support services for life after stroke, particularly in some of the most deprived postcodes, where there's an ethnically diverse population.

We're working with relevant community-based organisations and clinicians to hold 'listening events'. Stroke survivors will be invited to share online, on the phone or face-to-face, their experiences of receiving post-stroke support. This will help us to build a better picture of what needs to change, what actions we need to take to achieve this, and where we can influence others to make those changes.

East of England

We're on the board of local Integrated Stroke Delivery Networks (ISDNs) in this area. In January 2022, we began discussions about how the ISDNs could best spend money from NHS England to start working on health inequalities. Together with the ISDNs, we started by defining what we meant by the term 'health inequalities' and how to decide where to focus the limited budget.

There is still much to do and much to be considered as part of this project, including access to services, patient experience, areas of deprivation, ethnicity and stroke prevalence. We will continue to work alongside the ISDNs as a 'critical friend', to advise, challenge and influence the outcomes of this work to ensure it can have a positive impact on stroke survivors in under-served communities.



"I can't thank you enough for all of your help. Your kindness brought so much comfort and reassurance to my parents and me and we feel more positive armed with all the information you've sent."

Catrin, Stroke Association Helpline caller

We continued to develop our phone and online support

Our phone and digital services are vital for helping us to reach and support more people, especially in areas we don't have face-to-face services.

Our Helpline

Our Stroke Helpline is here for everyone affected by stroke. Our dedicated team provide practical information and emotional support to people across the UK over the telephone, via email, letter and social media.

During **2021-22**, our team supported people with **18,106 enquiries** (18,055 in 2020-21). They helped people with all sorts of stroke-related topics, from understanding a stroke, to accessing local stroke support services.



Stroke Association Connect

During the pandemic, many stroke survivors were being discharged from hospital early and urgently needed support. In response, we set up Stroke Association Connect to offer reassurance, assistance with immediate concerns, and connection to ongoing support. Since our service began in 2020, we've received over 10,000 stroke survivor referrals to our connectors. Of these referrals, we successfully reached 6,177 people by phone and supported them following their discharge from hospital.

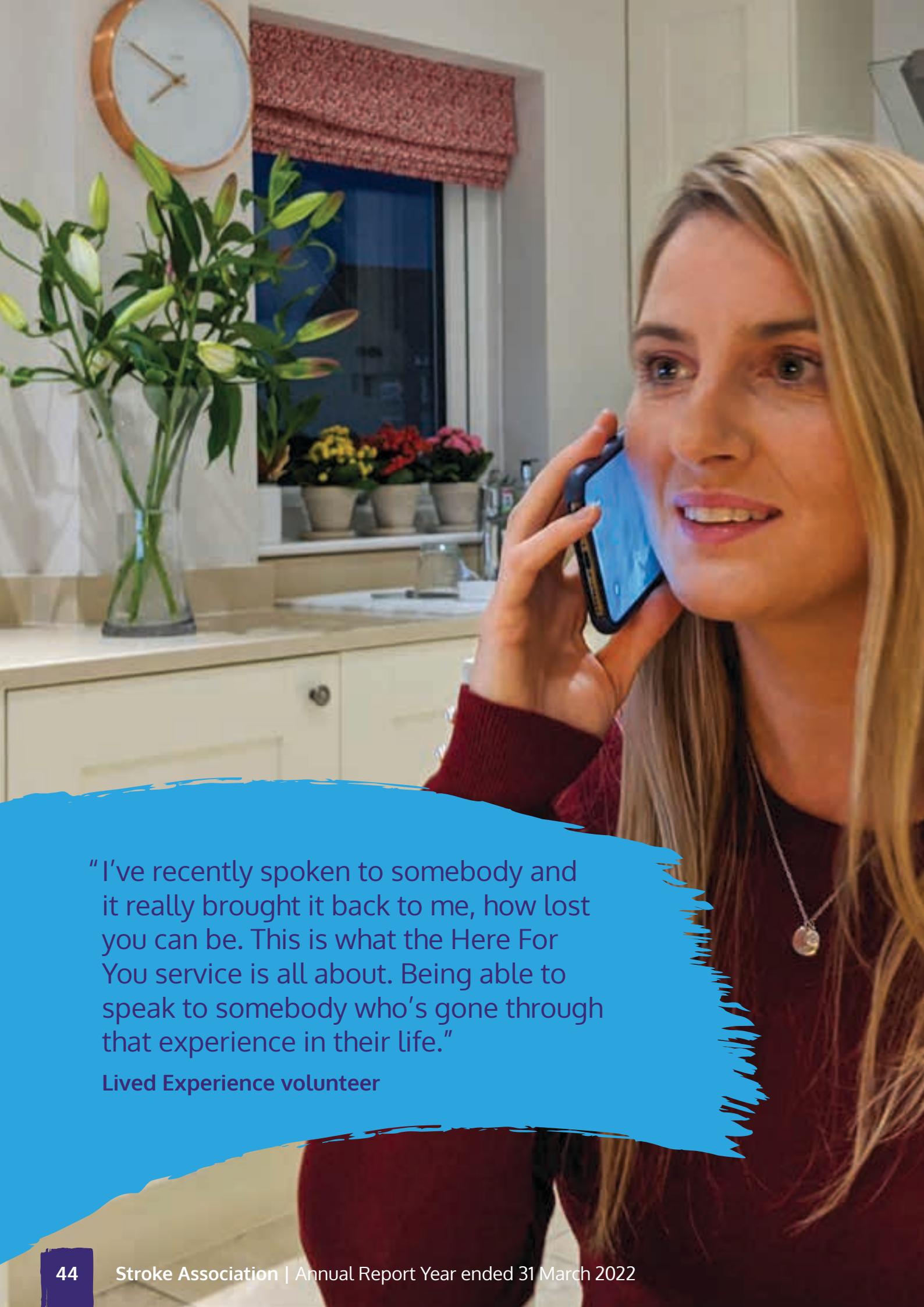
During 2021-22, we supported 3,496 people. As of March 2022, over 140 NHS Trusts and Teams have registered with us in order to access support for their patients where no other Stroke Recovery Service or similar support existed.

We're continually evaluating the service and gathering feedback from clinical teams, our staff and service users to help us improve the referral process and deliver a seamless journey for stroke survivors and their families.

With this insight, and supported by a generous £450,000 grant from the Garfield Weston Foundation to fund Stroke Association Connect and Here For You over the next three years, we'll continue to develop and grow these services so we can support even more people.

"I feel reassured. It's nice to get these phone calls. This call makes you feel like you are not abandoned. The Stroke Association is so important."

Stroke Association Connect service user



"I've recently spoken to somebody and it really brought it back to me, how lost you can be. This is what the Here For You service is all about. Being able to speak to somebody who's gone through that experience in their life."

Lived Experience volunteer



"Fantastic service, it has helped me enormously. The only regular contact I've had since having a stroke with people who know about stroke. I can't thank you enough."

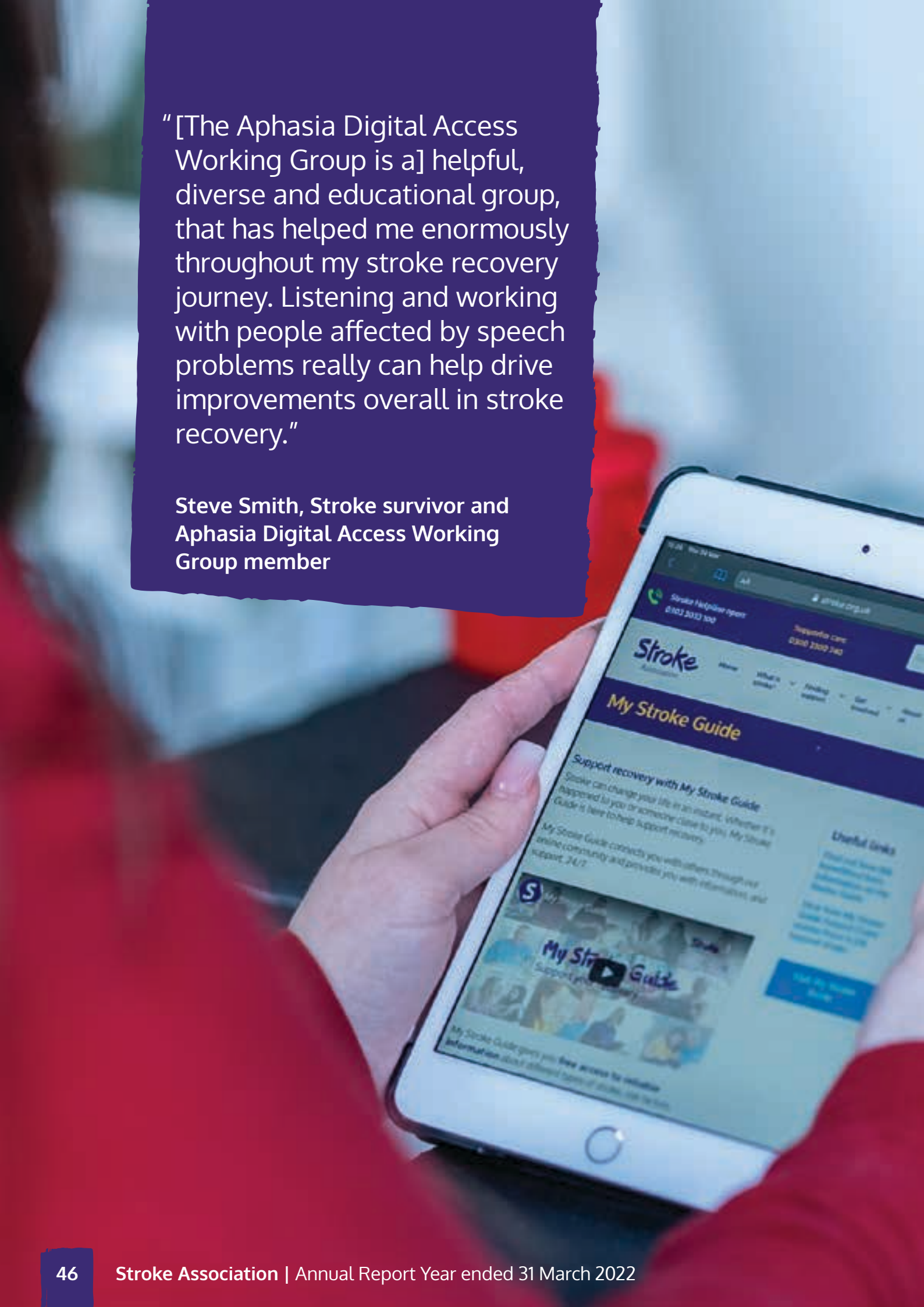
Stroke survivor

Here For You

Our volunteer telephone support service, Here For You, connects stroke survivors and carers to trained volunteers, providing peer support and helping them to feel less isolated. From its launch in April 2020 to 31 March 2022, Here For You supported over 1,500 people and recruited and trained over 600 volunteers.

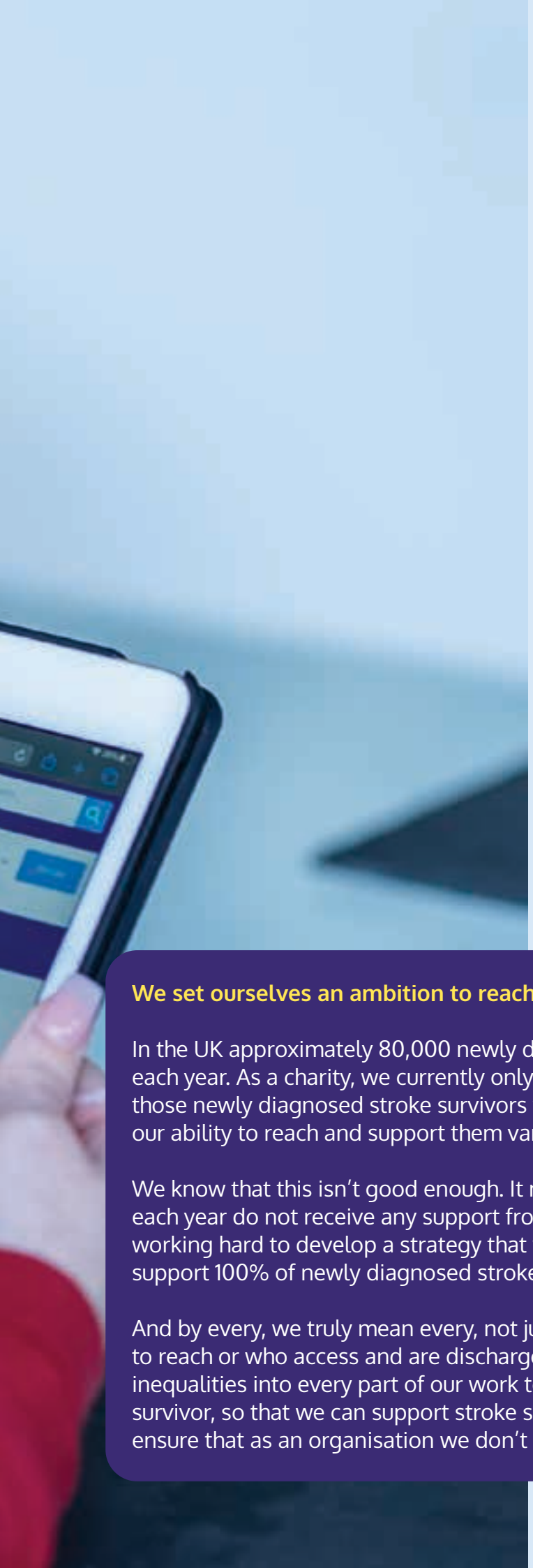
In November 2021, we carried out an evaluation to check the service was still meeting people's needs and providing effective support. The majority of the feedback was very positive. Many said that the regular conversations helped them understand how to cope better with the impacts of stroke, reduced loneliness and improved their mental wellbeing.

Volunteers offer 30 minutes of telephone support once a week, for up to eight weeks, with the option of a further eight-week extension if needed. However, some people found it unsettling when this support came to an end, so we're looking at ways for people to carry on receiving other types of support if they need it.



"[The Aphasia Digital Access Working Group is a] helpful, diverse and educational group, that has helped me enormously throughout my stroke recovery journey. Listening and working with people affected by speech problems really can help drive improvements overall in stroke recovery."

Steve Smith, Stroke survivor and Aphasia Digital Access Working Group member



My Stroke Guide

Our online stroke support tool, My Stroke Guide (MSG), gives people access to reliable information about stroke and its effects, as well as guidance for keeping healthy. There's also a friendly forum, where you can share experiences or ask questions to our stroke community.

We redesigned MSG to enable people to access all of the videos and information more easily, without having to log in. We also made improvements to make the forum more secure.

We also expanded the accessibility of our information by launching a new aphasia and communication section, including an aphasia form filling activity. People with aphasia told us filling in forms online was a major barrier to accessing services and information. So, we worked with our Aphasia Digital Access Working Group, which included people with aphasia, researchers and speech and language therapists, to co-design this activity to support them.

We set ourselves an ambition to reach all newly diagnosed stroke survivors

In the UK approximately 80,000 newly diagnosed stroke survivors leave hospital each year. As a charity, we currently only manage to engage and support 30% of those newly diagnosed stroke survivors within the first year after their stroke, and our ability to reach and support them varies significantly across the UK.

We know that this isn't good enough. It means that approximately 56,000 people each year do not receive any support from the Stroke Association. We've been working hard to develop a strategy that will enable us, by 2025, to engage and support 100% of newly diagnosed stroke survivors no matter where they live.

And by every, we truly mean every, not just the stroke survivors who are easiest to reach or who access and are discharged from hospital. We will factor health inequalities into every part of our work to reach every newly diagnosed stroke survivor, so that we can support stroke survivors in hardly reached communities and ensure that as an organisation we don't embed or exacerbate existing problems.

Goal C

Partner with people and communities to help them take action on stroke

The pandemic highlighted just how valuable and important compassionate communities can be. They provide a regular and reassuring presence, which can help people through loneliness, grief, confidence issues, stigma or caregiver fatigue.

During 2021-22, we've explored different ways to inspire more people to give their time, money or voice to raise money and awareness. To encourage stroke survivors to share their lived experience to benefit others and themselves. And to build connected stroke communities where organisations, groups, professionals and stroke survivors can come together to take action on stroke.





We supported our Stroke Group Network

Our Stroke Group Network is a community of stroke support groups across the UK. During 2021-22, our Stroke Group Network has gone from strength to strength. 180 Stroke Association support groups, run by 843 hard-working volunteers, helped over 3,200 stroke survivors, as well as carers, family and friends. Through our Stroke Group Network we also worked with over 200 independently run groups too.

The resilience, commitment and care that groups have shown to their members throughout the pandemic and beyond is incredible. While most groups are back to meeting face-to-face now, some are continuing to support members online, or have opted for a mixture of online and in-person, to suit everyone's needs.

Our network provides groups with information and helps them to build connections so they can be there for people affected by stroke in their local area and beyond. This year, we ran engagement events to help strengthen the stroke support group community. This included more online and face-to-face local forums across the UK, bringing together group volunteers to share best practice, top tips, local information and opportunities

We also launched new online sessions, focusing on salt awareness, healthy eating and physical activity. And we've been working to lay the foundations so we can welcome new independently run groups into the network in 2022-23.



"I joined the Aberdeen Speak-ability group some ten years ago and oversaw its transition to Grampian Stroke Club. The group organises regular meetings over coffee and cake, and the occasional outing.

Stroke Group Voices struck me as a positive way to widen the Stroke Association's reach. Organisations have a tendency to be insular, and to believe that they are run as well as they can be. I hope to learn from other groups in the Stroke Group Network. I have high expectations that we can improve the way stroke support groups are run. And provide better support for stroke survivors and their carers across the UK."
David Jones, Grampian Stroke Club volunteer

Getting data and feedback is key to helping us improve our network. So we worked with our Stroke Group Voices involvement representatives and Exeter University to help us learn more about how groups help stroke survivors. We looked at reasons why taking part in a group might influence how people feel about themselves, looking, in particular, at their sense of connection to their group and how this may contribute to loneliness and wellbeing.

"Stroke Group Network is a fantastic way to connect with others and share best practice, discuss challenges and tips to overcome them. Anything is possible."

Stroke Group Network Conference 2021 attendee



We built relationships with local communities and organisations

This year, we developed our Communities Approach. This outlines our vision, ways of working and principles that will guide how we will work with communities. We want people affected by stroke to feel connected, supported and part of their communities. And to feel confident and have the ability to access opportunities or take action on stroke connected issues that matter to them.

Partnering with people and communities is fundamental to ensuring that lifelong support is available to everyone affected by stroke. We work with groups and organisations at a local and national level to create opportunities for stroke survivors and carers to access activities and support to help them to reconnect with their community and rebuild their lives.

We have a huge range of partnerships, relationships and connections across our localities, based on the needs of the people in these areas and the strengths that exist within communities because of the good work being done by other organisations.

Here are a couple of examples of our work from 2021-22:

Canal and River Trust in Nottingham

We built a new relationship with the Canal and River Trust with a view to sharing stroke awareness opportunities, and to help them to support the needs of stroke survivors when planning their community activities.

The Canal and River Trust helps people in the area to get involved in activities on the canal from fishing and paddle boarding to art and photography sessions. We spoke to them about connecting with and offering their services to stroke survivors, and put them in touch with our Art 4 Stroke Folk group in Nottingham to discuss how the partnership could work. This has not only enabled the group to enjoy a day out on the canal, but has given them a community connection and access to new spaces.



The Wave Project in Devon

Before the pandemic, we built a good relationship with the Wave Project in North Devon to give stroke survivors in the area the opportunity to go surfing. This year, we secured funding to work with them again to help more stroke survivors to try a sport that many believed wasn't possible for them.

The Wave Project is a charity that predominantly works with children with physical and mental health needs. However, since working with us, they're now looking to expand their services so they can provide adapted surfing opportunities to more adults. They have also increased their knowledge of working with stroke survivors and are able to support stroke survivors who want to access surf sessions independently.

"The surfers looking after us were absolutely brilliant. I loved every minute of it. I didn't think I would ever be able to do anything like that again.

"When I told my wife I was going to be going surfing she said, 'Don't be so stupid!'. Now I've done it she says 'Right, you're going swimming with us!"

Peter Frackrell,
stroke survivor and surfer

We supported our volunteers - and they supported us

We have an incredible team of volunteers who give their time to support our work, including Here For You, stroke support groups, helping at events, campaigning and raising money and awareness.

In June 2021, we joined the Shaping the Future of Volunteering coalition of charities. Together with 18 of the UK's leading volunteer-involving charities, we launched a shared commitment to support all communities across the UK to be dynamic and welcoming places for volunteering. This partnership is enabling us to gain valuable connections and insights into how we can better support our volunteers and ensure opportunities are accessible to everyone.



"I so wish I knew about the Stroke Association at the time of my stroke. Working as a volunteer for Here for You has taught me how valuable support after having a stroke is – I wish I had had that. It's amazing how quickly you bond with the people you speak to. It now feels like talking to a friend and as a stroke survivor!"

Jade Apperley, Here For You volunteer


Stroke
Association

We involved people affected by stroke in our work

We're committed to ensuring that the voice of lived experience is at the heart of everything that we do. We regularly involve people affected by stroke in projects across the charity, so we can ensure that what we're doing is shaped by their insight, advice and needs. We're also pushing for stroke survivors to have a stronger voice in NHS decisions about stroke by influencing for local and national forums to be set up and supporting the individuals to have their say.

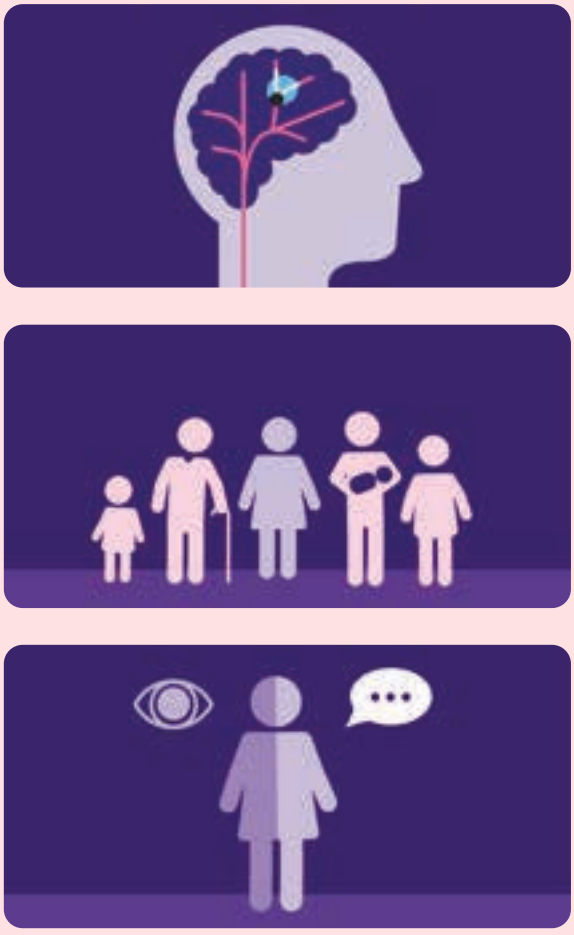
Here are some of the exciting projects that people affected by stroke have been involved in this year:

'What is a stroke?' video

Stroke survivors and carers helped us to create our new 'What is a stroke?' video for newly diagnosed stroke survivors and their loved ones. Through interviews and discussion groups, they reviewed the script, selected the music and gave their input on the first and second drafts of the video.

"It was lovely to see so much of what we said and suggested in the video. We have been made to feel really special throughout this and that we have really been listened to."

Involvement participant (carer)





Patient Reported Experience Measures survey

Stroke survivors helped us to develop questions and content for a survey that will enable people who use our services to self-report their experiences of our support, and the difference it has made in their lives.

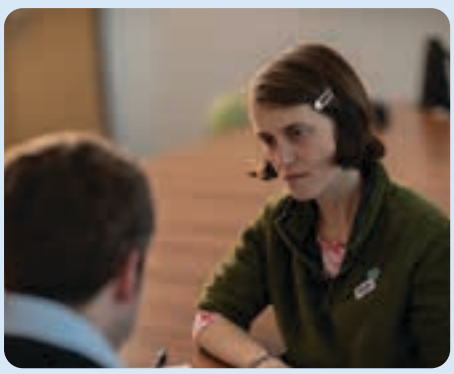
Designing Locality Stroke Voices



People affected by stroke were involved in helping us to plan a new network of long-term involvement groups across the UK. Using their expertise, ideas and experiences, they're helping us to develop tools, resources and processes to support each of our localities to recruit to, develop and support their own Locality Voices involvement groups. These groups will help us make decisions on and develop projects in their area in the future.

"Being a part of the Locality Impact Task and Finish Group has made me really aware of how Stroke Association values the views of a person living with stroke. They've been eager to hear the positive and the less positive outcomes and make every effort to make sure that every voice counts. I'm really impressed with the team's dedication to inspire and empower people."

Rick, stroke survivor and Locality Stroke Voices member



Scotland Advisory Group

People with lived experience of stroke are part of a group who provide a sounding board for staff in the Scotland Team. This ensures that the voice of lived experience can be heard across our work. We have similar advisory groups in Northern Ireland and Wales too.

We secured funding to expand and continue our community projects

We successfully applied for a £100,000 grant from the National Lottery Community Fund in Wales. We'll use this to fund a new three-year project called Next Steps, a continuation of our Community Steps project that ended in March 2022.

Over the last four years, Community Steps has enabled more stroke survivors and carers to take part in activities including golf, bowls, sailing and art therapy, as well as virtual sessions during the pandemic.

The project has helped us to establish new stroke cafes and groups, which now support over 1,500 people, and recruit new volunteers. It's also raised awareness of stroke across Wales, and led to the creation of a campaigns forum for people with lived experience of stroke. They're currently working with health boards to promote the Personal Stroke Record and ensure that it becomes part of the hospital discharge process across Wales.

Next Steps will build on our learnings from Community Steps and stroke survivors' feedback to ensure they receive the support they need throughout the project.





We connected communities through conferences and events

We used our events to showcase our work, amplify the voice of stroke survivors and to help make stroke more publicly visible.

Stroke Group Network Conference

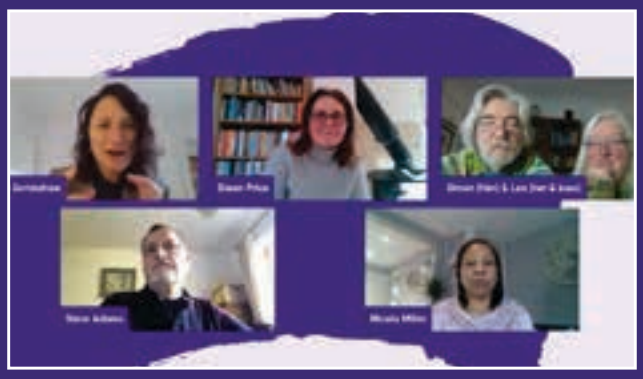
Stroke support group leaders and volunteers connected with us and each other at our annual Stroke Group Network Conference (formerly called the UK Stroke Club Conference) in November 2021. Hosting the two-day event online again allowed more people to attend and enjoy the sessions in a way that suited them from the comfort of their own homes.

This year we were joined by 219 group leaders, volunteers and staff representing 120 stroke support groups from across the UK, many of whom had never attended before.

The programme, co-designed with group leaders in the Conference Planning Group, included updates about our charity and the new Stroke Group Network.

Attendees also shared experiences about getting back to face-to-face group activities, learned more about running online groups and celebrated their achievements together.





"We attended the virtual Stroke Club Network Conference run by the Stroke Association. It was really great. Loved hearing the news back from the stroke clubs and their return to face-to-face. Brilliantly put together too. Inspiring speakers, lots of hard work and a huge thank you goes out to them. Highlighted lots of initiatives being done by the Stroke Association that are not immediately obvious from their website. Fantastic to be part of it."

Caroline and Mark Chappell, Say Aphasia Charity – Skipton



"My highlights from this year's conference included Professor Dame Caroline Watkin's lecture on how well we're delivering multi-discipline stroke care, with calls for greater investment in and support for our stroke work force. It was good to hear about some of the research that's looking into identifying stroke risk factors in younger people, as well as what stroke survivors across the globe want from stroke services and care professionals looking after them. I particularly enjoyed the training workshops about the advanced roles available for the stroke workforce and how stroke survivors and their carers are helping to improve services."
Lisa Kidd, UKSF Chair Elect



UK Stroke Forum

Stroke care professionals from around the UK joined us for our second fully online UK Stroke Forum (UKSF) and the 16th UKSF to date. This three-day event is an opportunity to network, share ideas and learn from each other, with the aim of improving the standard of care for stroke survivors.

We convened an incredible line up of world class speakers, headlined by Professor Chris Whitty, who shared the latest in stroke research and service development with 1,812 delegates from the healthcare professional community.



£211,800 raised in celebration of a birthday

Over **835 million** steps taken during Stride for Stroke raising **£82,413**

300 fundraisers Walked Your Marathon raising **£21,211**

20,685 minutes skipped by **1,379** people raising **£89,066**



3,933 bakers, walkers, streamers and more raised

£467,950

Our supporters helped us to raise over £30 million

Thank you to:

Our amazing donors and fundraisers

Despite the continued disruption of the pandemic, it was amazing to see so many people getting back out there to raise money for stroke survivors and their loved ones. From bake sales to the London Marathon, we've been overwhelmed by your support.

We've been so pleased that our individual supporters, including loyal regular givers, lottery players and cash donors have continued to fund our work. And their support is growing - we recruited over 16,000 new individual supporters during the year.

Our virtual events and online fundraising continue to be popular too. We have continued to innovate with new virtual challenges and applied what we learned from virtual events in 2020-21, growing such income to over £505,000. Our Facebook fundraising challenges in particular have gone from strength to strength, generating more than £290,000, with 2,881 people supporting us this way. Over 80% of these supporters haven't donated to us before.

Supporters continued to celebrate and remember loved ones by donating to us. Overall, a total of £1,475,500 was given for these reasons and we are especially honoured to receive these very personal gifts.

Overall our fundraising income increased by an incredible £7.9 million from 2020-21.

Everyone who has left us a gift in their Will

This has been an exceptional year for legacies. We received 412 legacies from our wonderful supporters, resulting in over £19.3 million in legacy income (£7.2 million more than 2020-21). Due to a change in the nature, volume and value of legacies, we reviewed the method for calculating legacy income. This accounted for £2.2 million of the increase. Another 436 people have generously pledged to leave us a gift in their will, the highest ever number of pledges received in a single year, which will help to support our work for years to come.



412 legacies from our wonderful supporters, resulting in over **£19.3 million** in legacy income

Our trusts, foundations, major donors and corporate partners

The generous support of our charitable trusts, philanthropists and corporate supporters makes a huge difference to our work. We are particularly grateful to the Garfield Weston Foundation for their support for our telephone-based services to stroke survivors – vital during the pandemic and beyond. We are also grateful to those charitable foundations who have supported our research and other services.

Once again this year, we benefited from steadfast support from a range of national and local companies. This included a donation of £100,000 from Barclays' Covid-19 Community Aid Package to help establish a vibrant network of new and existing stroke support groups. Betfred also donated £33,000 as we were once again selected as the beneficiary charity of the Betfred World Matchplay darts tournament in Blackpool.

Too much salt can lead to high blood pressure and increase your risk of stroke, which is why we've partnered with LoSalt since 2020. They supported us again this year by selling special promotional tubs in supermarkets across the UK, raising awareness of stroke and £50,000. LoSalt also continued to support Stroke Prevention Day, as did OMRON Healthcare. David Lloyd Leisure generously gifted digital advertising space in all their clubs across the country, enabling their members to see our Rebuilding Lives campaign.

This year we said a fond farewell to our partner of the last four years, ISS UK, who have raised over £250,000 and volunteered on a range of initiatives including our Here For You telephone befriending service. We remain hugely grateful for everything that they, and our other partners, have contributed to our cause.



"The Stroke Association were there with advice and support from the time I was in hospital right up until now and the help and support they give to people is absolutely amazing. It's been great to give something back with my fundraising!"

Stevie Carver, fundraiser

Our challenges and aims for the future

Without a doubt, the state of the NHS and social care system are our biggest challenges in accomplishing our mission for there to be fewer strokes, and for more people affected by stroke get the help they need to live the best life they can.

Since the beginning of the pandemic, all aspects of stroke treatment and care have been negatively impacted – from increased wait times for ambulances, to a drop in the amount of money that goes into stroke research, to a lack of follow-up care once stroke survivors are discharged from hospital. This leaves them feeling alone and without adequate support to come to terms with what is happening to them.

These challenges weren't new in 2021-22 and aren't unique to stroke. Almost all acute and long-term health conditions face these same challenges because of both the increasing pressure on the NHS and chronic underfunding of our health and social care systems.

Stroke as a cause also suffers from significantly less awareness and support from the general public than other medical conditions, like cancer, heart disease or dementia. Low levels of understanding of stroke and low awareness of the Stroke Association mean that it's harder for us to give support to stroke survivors, it's harder for us to get support and fundraise, and it's harder for us to engage with healthcare professionals.

Nevertheless, we need to stand up for stroke survivors and those at risk of stroke and find innovative ways to ensure everyone receives the services they need.



Rates of thrombectomy in the UK are shockingly low, with only **2%** of all stroke patients receiving this game-changing treatment.



Over the next three years, we're going to focus our efforts to help to address some of these problems:

- We currently only manage to support 30% of newly diagnosed stroke survivors in the UK – by 2025 we want to be supporting 100%.

- Rates of thrombectomy in the UK are shockingly low, with only 3% of all stroke patients receiving this game-changing treatment - and this varies significantly across the regions and countries of the UK. We want to see greater access to thrombectomy and for that access to be equal no matter where you live.

- We desperately need to raise greater awareness and understanding of stroke as a medical condition and of ourselves as a charity with the general public. This will help us to reach more newly diagnosed stroke survivors because they'll know who we are and what we can offer them. It'll enable us to influence for greater rates of thrombectomy because we're a trusted partner and critical friend to the health and social care system. And we can raise more money to enable us to achieve those aims.



How we work

We continued to change and improve how we work

In 2019, we developed a bold new strategy built on our guiding principles. Our three new goals provided strategic direction, but we knew we needed to work and organise ourselves differently if we were going to deliver our strategy at the pace and scale required by stroke survivors and be financially sustainable. That's why we introduced our new operating model.

Delivering a new operating design

After extensive data gathering and conversations with our staff and customers (stroke survivors and their loved ones, supporters and decision makers in the wider health and care system), we began consultation with staff across the charity on a new structure in April 2021. Our proposals were based on a number of principles, including:

- Prioritising value for stroke survivors then carers over the needs of other parties, including our own.
- Enabling the Stroke Association to be primarily a system leader that ensures that support to stroke survivors and carers is provided - whether delivered directly by us or indirectly through others.
- The need to be locally responsive while also growing our universal services to address stroke's current postcode lottery.
- Creating a culture built on trust and confidence in our people, rather than hierarchy and compliance.

Anyone who was affected by the proposed new structure was taken through an individual consultation process to enable them to feedback on the proposals, share ideas, questions, concerns and counter-proposals. We tried to minimise compulsory redundancies and keep alternative roles open for staff by introducing a hiring freeze before we began this work.

We held over 700 consultation meetings, with colleagues being matched into new roles, confirmed in redesigned roles, or leaving us to pursue new challenges. Overall, 35 staff decided to take voluntary redundancy and 12 left as a result of compulsory redundancy - far less than we anticipated. We've now reduced our headcount from 814 employees (August 2020) to 730 (March 2022).

We're already seeing improvements, with more collaboration internally within our teams and externally with local and national partners and decision-makers. We've been laying the groundwork for ensuring that we put our customers first and to empower our people to be the best they can be. And we've been working to improve our systems, process and culture. All so we can rebuild more lives after stroke long into the future.

Our guiding principles



We are stroke to the core



We are in the conversation



We know how to make an impact



We unleash potential



We care for ourselves as for others

We engaged with our staff to make our charity a better place to work

In September 2021, we sent out a staff engagement survey to find out how people were feeling about working and volunteering for our charity following the restructure.

Understandably, positive responses had fallen since the previous survey in March 2021, with 70%, (down from 77%) saying they'd recommend our charity as a great place to work and our overall engagement down by 3% to 79%. But we were encouraged to see that 12% of staff indicated that the lower rating was given 'for now' due to the uncertainty caused by the operating model work, with many saying they expected things to improve. This has since proved to be true, with 83% of staff now recommending our charity as a great place to work in our latest survey in May 2022.

Despite the challenges faced by staff internally, in the September 2021 survey, 96% of respondents agreed that we positively impact the lives of people affected by stroke. More staff than ever also agreed that we support people to build on their strengths, and that we know what our customers' priorities are and how our work helps to meet their needs. This was reassuring to see as it shows that no matter what, as an organisation we're pulling in the same direction, we have an empowering approach, and we're confident our work makes a difference.

We used the results of this survey to prioritise areas for improvement. These included more efficient systems, processes and decision making, clarity and understanding of everyone's roles and how we can connect meaningfully with colleagues when working remotely. We're now working with staff to improve these areas and establish new ways of working together.


Stroke





We established ourselves as a remote working organisation

As a result of our collective staff consultation process and decision in September 2020, most of our staff now work from home. This has reduced our energy consumption and emissions (see page 100), and has helped us cut costs so that we can spend more money on supporting people affected by stroke. Working from home has also made us a more flexible and accessible organisation to work for. For example, we're not restricted to seeking staff based on the location of our offices, but can instead open out recruitment to enable us to find the best people anywhere in the UK.

We've continued to connect and collaborate through use of new technologies. We also recognise that face-to-face collaboration is important, so since the pandemic lockdowns have lifted, we've been able to give people greater access to collaboration spaces for team meetings.

We wanted to make sure that our approach to remote working worked for our people. So we set up a Remote Working Task and Finish Group to ensure that key areas such as learning, training, technology, knowledge sharing and wellbeing were regularly addressed and were considered when shaping our new ways of working.

We continued to develop our culture and capabilities

We're working to build a culture that promotes coaching, supports greater trust and empowerment, and enables everyone to be a leader.

We have an engaged group of regular attendees at monthly lunchtime conversations on culture, as well as a volunteer group working on how to put our ideas into action. We published a document for staff and volunteers, outlining our approach to culture change and next steps to encourage everyone to engage with the suggestions and get involved.

We expanded our leadership training to give more of our people opportunities to develop within their roles and beyond. In 2021-22, 100 leaders from across all directorates at different levels completed our leadership development programme, with highly positive feedback. We also supported 21 colleagues to achieve a formal level 3 or 5 management qualification as part of our 'Realising Potential' programme.





We reconnected with colleagues across the charity

In October, we held our first virtual staff and volunteer festival, Connectival. This four day event gave our people a chance to reconnect with colleagues, celebrate our work, and explore how we can work together to make a bigger difference to people affected by stroke and better connect with communities. We also ran wellbeing activities to give our teams a break from their screen including mindfulness sessions and nature bingo.

"Culture is an integral part of any organisation, and a shift in culture can improve the work we do and how we do it. By guaranteeing everyone is on the same page and aligned with our values, we can help promote a sense of belonging, ensuring we are caring for ourselves and our peers."

Cass Saunders, Stroke Association



We're working together to become a more equal, diverse and inclusive organisation

Our purpose is to drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke. We need to champion equality and fairness for all stroke survivors and better understand the main communities and cultures affected by stroke. We aim to strengthen diversity and inclusion in our staff and volunteers to position us as a more credible provider and partner to people and communities facing inequalities. We strive to be an inclusive employer that values the diversity of all our people, and embeds equality, diversity, and inclusion (EDI) into our culture and behaviours, policies, processes and systems.

We know that currently, we're not always getting this right, and we have a lot to do to achieve this. But we're working hard to create an environment where everyone, from any background, can do their best work:

- We carried out an Equality Impact Assessment to make sure changes to our operating model, policies and practices were fair and didn't disadvantage or disproportionately affect people with protected characteristics.
- We appointed a new Diversity and Inclusion Lead and are developing a sustainable approach to tackle exclusion head on.



- We carried out an equal pay internal audit, which confirmed that we don't have individual equal pay issues in our charity. However our gender pay gap is 8.8% higher than other charities and organisations in the third sector. This is because, although women make up 82.3% of our workforce, they are over-represented in junior roles, while men hold more positions in the higher pay bands. To tackle this, we've encouraged women from across the charity to join our professional development initiatives (see page 76). For the first time, as part of our Gender Pay Gap report, we committed to reflecting the experiences of our non-binary staff.

- We supported our people to create staff network groups to provide support for those who share an identity or lived experience. We're supporting them to address issues impacting their network group, and are working with them to improve how we work across the charity. So far, we're working with the Carers Network, the Stroke Survivors Network, the LGBTQ+ Network, the BAME Network, and the Disability and Abilities Network.

- We're exploring new systems and tools that will help us to improve the way we capture data, and the types of information we capture, so we can use it to shape our recruitment process and reach more diverse candidate pools.

- We are determined to 'make your week work for you'. This initiative has helped many of our people address the challenges around finding a 'work-life' balance and it will continue to be a priority.

- We reviewed our governance arrangements against the EDI requirements of the Charity Governance Code and have started to implement changes to address our findings. We're partnering with a new search agency to embed EDI in our recruitment of new trustees and independent advisors.

- We've also begun to develop our charity's approach to equality, diversity and inclusion. This approach, co-created with staff and volunteers, will be clear about the changes we hope to see in our charity, and about the challenges we face. Importantly, it will help us to embed clear and transparent EDI objectives into every aspect of our work.





We improved our IT systems

In response to staff feedback, and thanks to generous funding from the Fidelity Foundation, we began a project to update our supporter record management with a modern system to support our needs as an organisation.

We held regular workshops with staff throughout its development to make sure it fitted their needs and offered training to ensure everyone is confident using the new system.

As well as helping to make our systems more efficient and effective, the new database will improve our ability to analyse our data and allow us to provide more tailored communications to our supporters.

We introduced a new online learning management system. The system, known as LEARN, is far more user-friendly and intuitive than its predecessor and is enabling us to better support staff and volunteers with their learning and development needs.

As mentioned on page 75, we also invested in technologies such as Microsoft Teams and Zoom to enable us to be effective in working remotely, reducing our core costs and our carbon footprint.

Financial review of the year

2021-22 was a year of recovery for our charity. Through the operating model changes, we've rebuilt the organisation to be more efficient and to meet the challenges this poses, particularly in a post-Covid world.

We raised £7.9 million more than 2020-21, despite spending £0.7 million less on fundraising, this includes an additional £2.2 million due to changing how we calculate legacies. We reduced our expenditure by £2.5 million while maintaining the level of direct expenditure on supporting stroke survivors and their carers, and increasing new research grants awarded by £0.3 million, from £1.5 million to £1.8 million.

Thanks to our efficiency measures and an increase in income, we made an operating surplus of £9.6 million (2020-21: £0.5 million). Combined with a £2.1 million increase in investments (2020-21: £2.2 million), our reserves increased by £11.7 million to £33.1 million (2020-21: £2.7 million increase rising to £21.4 million).

The operating surplus was £8.6 million better than our original budget. Our income increased from £34.6 million to £41.2 million - our highest ever annual income. This was primarily due to increased legacy income, along with increases in public fundraising, particularly in events, in memory giving and grants.

We significantly reduced our expenditure from £34.1 million to £31.6 million. Through our operating model redesign, we reduced staff costs to £21.9 million (2020-21: £23.9 million). With nearly all staff switching to remote working, we also reduced property costs to £0.8 million (2020-21: £2.6 million). The reductions in staff and property costs affected all areas of the charity.


Stroke

Income

Our principal sources of revenue are legacies, fundraising activities and local services contracts. Our total income for the year was £41.2 million (2020-21: £34.6 million).

Legacy income this year was £19.3 million (2020-21: £12.1 million – see note 1). The main reason this has grown so much is because we received several high value gifts. And we're pleased that we continue to see strong growth in pledgers. The post-pandemic delays to legacy processing are still affecting us and we expect these delays to take two more years to clear. However, Will-writing has increased in response to the pandemic and that is helping to increase our projected receipts. As mentioned above, we have reviewed our approach to recognising accrued legacies. This has contributed £2.2 million to the increase in legacy income.

Other fundraising activities contributed £10.9 million (2020-21: £10.2 million) of gross income.

Our local services contracts are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Community services contract income achieved £10.1 million (2020-21: £10.3 million).

The net effect of realised and unrealised movements on our charity's investments was a gain of £2.1 million (2020-21: £2.2 million). We deposited an additional £1.0 million with the investment portfolio during the year and didn't withdraw any of the income from the fund. Since year-end we continue to see volatility and retrenchment in share values and this uncertainty is reflected in our reserves' requirement.

Expenditure

Our total expenditure was £31.6 million (2020-21: £34.1 million), including £24.7 million (2020-21: £26.5 million) on charitable activities supporting the key objectives of the charity, and £6.9 million (2020-21: £7.6 million) on raising funds. We reduced the cost of our charitable activities through a £1.0 million reduction in regional management costs (note 6) and a £1.2 million reduction in support costs (note 12), following our organisational redesign. Our commitment to home working reduced property costs to £0.8 million (2020-21: £2.6 million, see note 12). We maintained our direct costs of support to stroke survivors and increased our research grant approvals.

The commercial trading operations carried out through the Stroke Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £132,000 (2020-21: £40,000) to net income as detailed in note 3. We paid out £2.4 million to support research projects (2020-21: £1.2 million) as detailed in note 8. We also approved £1.8 million in research grants (2020-21: £1.5 million).

Outlook

We made a difficult decision to reduce staff numbers and property costs, but we're now in a position of financial stability, which is vital with the challenges that the cost of living increases present. Our future plans include how we use the surpluses from 2020-21 and 2021-22 to make the changes needed to reach more stroke survivors and their carers. And to raise awareness of stroke as the fourth biggest cause of death in the United Kingdom, and the leading cause of adult disability. Income modelling remains challenging within the current economic conditions, so we're carefully planning on the basis of increased income.

Once we are more certain of our income position, we'll make decisions on how best to fund ongoing support for stroke survivors. However, we have designated £6.0 million of accumulated surpluses to be spent over the next three years to find ways to reach more stroke survivors, to raise public awareness of stroke, increase awareness and response to stroke with key decision makers in the health sector, and increase income to spend on these initiatives in the longer term.

Balance sheet

The consolidated balance sheet shows total group funds of £33.1 million (2021: £21.4 million). Included in total funds are £4.3 million (2021: £3.4 million) of restricted funds. These monies have either been raised for, and their use restricted to, specific purposes, or they comprise donations subject to donor-imposed conditions. Full details of these restricted funds are in note 28 to the financial statements, together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2022 amounted to £28.8 million (2021: £18.0 million) of which £13.0 million (2021: £2.3 million) has been designated for strategy acceleration, to underwrite future legacy income fluctuations, for transition projects and other activities. Our fixed asset reserve is £3.2 million (2021: £3.3 million), which represents the value of our fixed assets after depreciation and amortisation.

Our free reserves have risen slightly to £12.6 million (2021: £12.5 million). The investment portfolio has risen to £25.1 million (2021: £20.6 million). Bank balances also increased to £8.9 million (2021: £6.5 million).

Research grant liabilities fell to £6.9 million (2021: £8.0 million). Accrued income rose to £6.1 million (2021: £2.2 million) primarily due to increased legacy accruals.

Going concern

The trustees are of the view that the Stroke Association is a going concern as there are adequate resources available to fund the charity's activities for the foreseeable future.

Ensuring the long-term financial viability of the charity and its status as a going concern has been a key focus for trustees and management. We continually analysed the impact of external factors (such as the pandemic), and monitored results and adjusted plans, forecasts and budgets as the situation evolved.

Our strong opening reserves served their purpose as they allowed the charity to make decisions that protected our support to stroke survivors in the short-term, while maintaining our status as a going concern and ensuring the long-term viability of the charity.

Reserves policy

We need reserves to manage the risks set out in our risk register, and our reserves policy is designed to protect the charity should the risks arise. We need reserves to ensure that:

1. We can respond to unforeseen events without jeopardising our ability to continue to support people affected by stroke.
2. To ensure liquidity so we can meet our obligations as they fall due.

The trustees updated the reserves policy in March 2021 and concluded that a risk-based reserves policy was the most appropriate way of managing reserves. Since then, the trustees have reviewed the reserve requirements under the policy, and will review the policy each year. The policy states that the Stroke Association should keep sufficient reserves to cover:

- Restricted reserves.
- Any major designated funds to support the future development of the charity, to ensure continuity of the UK Stroke Forum and to ensure the financial independence of stroke groups across the country.
- Fixed assets reserves.
- Free reserves to cover:
  - Working capital needs.
  - Weighted risk requirements.

The weighted risk reserve requirement is based upon the expected cost should a risk arise. This is weighted by the likelihood of the risk occurring. These risks are considered as part of the risk register, as explained below under Principal Risks and Uncertainties.

The calculation of this cover under the reserves policy at 31 March 2022 is as follows:

	£ million	£ million
	At 31 March 2022	At 31 March 2021
Total reserves (charity only)	33.1	21.4
Less		
Restricted funds	4.3	3.4
Designated funds	13.0	2.3
Fixed asset fund	3.2	3.3
Free reserves	**12.6**	**12.5**
Reserves requirement		
Working capital	2.5	2.0
Risks	8.5	7.0
Total reserves required	**11.0**	**9.0**
Excess or deficit (-0) against policy	**1.6**	**3.5**

The working capital requirement has increased by £0.5 million because of increased fluctuations in in-year income. The risk requirement has increased from £7.0 million to £8.5 million because of the increased impact of inflation on our financial planning and because our increased turnover increases the impact of financial losses caused by risks materialising. The free reserves reflect an excess of £1.6 million against the reserves requirement at 31 March 2022, which reflects the increased turmoil in the investment market.

The increase in designated funds is shown in note 26. Following the surplus this year, the trustees have agreed to designate £6.0 million into a Strategy Acceleration Fund to help accelerate delivery of our strategic priorities, including reaching more stroke survivors, increasing public awareness of stroke, influencing stroke to be a priority, and increasing our regular income. The trustees have also designated £4.5 million into a Legacy Stabilisation Fund to help iron out the variability in legacy income, which fluctuates in line with the receipt of very large legacies that may not arrive in a predictable pattern. Should legacy income fall short of target, then the funds are available to transfer into free reserves. The Legacy Stabilisation Fund covers fluctuations in legacy income over the next three years and its size will be reviewed every year.

We also continue to invest in IT systems as part of our organisational redesign. This is funded from a designated fund of £1.4 million (2021: £1.2 million). Small funds are also held for the relocation of our Northampton Resource Centre, to protect the income raised by voluntary groups and to use profits from the UK Stroke Forum to underwrite future events.

Investment policy

Our investment portfolio has risen to £25.1 million (2021: £20.6 million) due to improved investment values, a deposit of £1.0 million made during the year and £0.4m of investment income that was not drawn down. £0.5 million was placed with Barclays in January on a fixed-term deposit and is included within the investment portfolio figure. Bank balances also increased to £8.9 million (2021: £6.5 million).

The investment strategy is set by the trustees and takes into account income requirements, the risk profile and the investment managers' view of market prospects in the medium term. This was reviewed in 2019–20 in light of the reserves policy and three-year plan. We agreed to retain the existing long-term investment objective to achieve total returns of RPI +3% through a diversified portfolio of assets, while maintaining a prudent and balanced investment strategy. We recognise that with inflation much higher, an RPI+ or CPI+ strategy is unrealistic in the short-term but should remain as a long-term target.

The portfolio holds £1.0 million in cash (2021: £0.4 million) or highly liquid assets to cover short-term cash demands. We've also negotiated a £1.0 million overdraft facility with Barclays to prevent the sale of long-term investments for short-term cash demands.

Our Investment Committee meets regularly with the investment managers to review the performance of the portfolio and the investment strategy. Each quarter the chairs of the Investment and Financial Performance Committees meet with the Executive Director, Finance to review investment and liquidity levels. We also approved an Ethical and Responsible Investment Policy during this financial year (details on page 99).

Principal risks and uncertainties

Our trustees identify, assess and understand the risks facing the Stroke Association and are satisfied that an appropriate risk framework is in place to manage these.

We take a balanced approach to considering risk, taking steps to minimise the likelihood and impact of risk wherever possible and providing reserves to cover risks. But, we also acknowledge that exposure to risk is inevitable and should not prevent our charity from pursuing new opportunities.

The trustees believe that by monitoring reserve levels, ensuring controls exist over key financial systems and processes, and examining the organisational risks the charity faces on a regular basis as documented in the charity's Risk Register, risks can be mitigated and effectively managed. The Risk Register is regularly reviewed by the Executive Team and monitored by the Audit and Risk Committee and the Board. Risks are ranked on a score allocated by assessing the level of impact and likelihood.

Every risk on the register has been re-assessed and a number of risk ratings and controls have been adjusted. The top ranked risks at the end of 2021-22 were:

Risk	Actions and mitigations
Serious cyber security breach.	We have a continuous improvement program to keep our technology defences against cyber security risks under review. We have achieved Cyber Essentials accreditation, and are moving toward incorporating principles from the ISO27001 Information Security Management System framework in 2022-23. We have also recently employed a dedicated resource for managing our cyber security risk.
Failure to maintain long-term financial stability in a rapidly changing internal and external environment.	To ensure we can adapt to changes around us, our Executive Directors Team review our management accounts monthly, and our Financial Performance Committee and Board review them quarterly. We also prepare a three year plan and budget annually, and present quarterly forecast updates to the Financial Performance Committee and Board.
Failure of the fundraising programme to deliver as planned.	We closely monitor our fundraising performance and regularly review our progress against our goals. We've also developed new donor acquisition plans that we intend to test in 2022-23. We continue our work to understand more about our supporters.
Unacceptable behaviour or quality of work by staff and volunteers (including trustees) and supporters.	We have clear codes of conduct for staff, trustees and volunteers, and regularly communicate our values, expectations of behaviour, and the culture of our organisation to everyone who works for or on behalf of our charity. Our robust whistleblowing, anti-bullying and harassment policies are communicated and applied consistently across the organisation. These policies are regularly reviewed and easily accessible on our intranet. We also ensure and monitor compliance with fundraising good practice and the Fundraising Regulator's Code.

Our structure, governance and management

We've prepared this 'Trustees' Annual Report' according to Part 8 of the Charities Act 2011 and the requirements of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102. Our report also meets the requirements for a directors' report set out in the Companies Act 2006. Sections on 'Financial review for the year' and 'Principal risks and uncertainties' included within the 'Trustees' report' meet the requirements for a strategic report as outlined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013. We prepared the financial statements in accordance with the accounting policies set out on pages 117 to 123 of the attached financial statements.

Status

The Stroke Association is a charitable company limited by guarantee, incorporated on 25 March 1899 and registered in England and Wales (61274). The Stroke Association is registered as a charity in England and Wales (No. 211015), in Scotland (SCO37789), the Isle of Man (945) and Jersey (221); it also operates as a charity in Northern Ireland.

Objects of the charity

Our charity is governed in accordance with our Articles of Association (last amended 18 November 2019), which sets our structure and purpose.

The objects of the charity are for the relief of sickness and distress and for the advancement of health by:

- Working for the prevention of stroke.
- Educating the public in all matters concerning stroke.
- Carrying out, promoting or sponsoring research into the prevention or treatment of stroke or other conditions where the effects are similar to stroke, the rehabilitation and long-term care of stroke survivors and publishing the useful results of such research.
- Responding to the needs caused by the effects of stroke, or other conditions where the effects are similar to stroke, by providing advice and support to those affected, their families and carers.



Trustees and governance

The trustees govern our charity and act as directors under company law. Collectively our trustees constitute the Board of the Stroke Association.

Trustees have a duty to act in a way that promotes the charity's purposes and are responsible for:

- Setting and monitoring progress against our strategic objectives.
- Setting the highest standards and delivering good governance and leadership.
- Ensuring that the charity's resources are only used for its charitable objectives, in the best interests of its beneficiaries, and in compliance with all relevant statutory and regulatory obligations.

When reviewing our aims, objectives and future plans, the trustees confirm they've complied with their duty under the Charities Act 2011 and have referred to the Charity Commission's general guidance on public benefit.

Our Board meets four times a year, as well as meeting for a strategy away day dedicated to focusing on our long-term plans. In 2021-22, our trustees met remotely on Microsoft Teams apart from in October 2021 when the Board met face-to-face.

Our governance arrangements comply with the Charity Governance Code for Large Charities and are reviewed annually. During 2021–22, we complied fully with the code except that the size of our Board is larger than recommended in order to reflect the breadth of our activities and geographical spread. However, we're committed to reducing the size of the Board over time, while maintaining an appropriate mix of skills and diversity. At the year end, the total number of trustees was 14, close to our intended target.

The Board delegates the authority to manage day-to-day business to the Chief Executive, assisted by the Executive Directors Team (EDT). The Board approves the charity's strategy, at the proposal of the Chief Executive and EDT. The Chief Executive is responsible for implementing the agreed strategy and policies.

Our committees

Our Board has four committees that meet regularly throughout the year to focus on aspects of the charity in more depth. These are:

- Financial Performance Committee – scrutinises our financial and commercial affairs, as well as our fundraising affairs.
- Audit and Risk Committee – scrutinises our financial statements, financial control systems, internal and external audit, and risk management process.
- Investment Committee – develops and maintains our policies relating to investments, selects and monitors our investment managers, and monitors and evaluates investment performance, service and cost.
- Governance and Remuneration Committee – oversees the effective governance of the charity (including the composition of the Board and the recruitment and induction of trustees) and the pay, benefits and conditions of service for our employees.

Recruitment and appointment of trustees

We regularly review the skills and diversity of our Board and use this to guide us when recruiting trustees and members of our committees. This helps us ensure that our Board and committees have a strong and diverse mix of people, skills and expertise, and supports our succession planning.

We have a rigorous and competitive trustee recruitment process set out in our Trustee Recruitment Policy and Procedure documents. This generally includes public advertising, and may include the use of executive search specialists to identify suitable candidates. Selected candidates attend interviews.

We have independent advisors to bring additional expertise and diversity to our committees. The trustees also agreed to a programme of support and training for volunteers interested in trusteeship in the future. This programme will commence in 2022-23.

In 2021–22, the Board appointed three new trustees. Four trustees resigned or retired during the year.

No trustee may serve for more than nine years, unless there are exceptional circumstances.

Trustee induction and development

New trustees receive induction training to inform them about the charity and our work, and to ensure they have an appropriate level of understanding of charity governance and the legal duties of charity trustees. This includes training in the charity's activities and operations, governance, strategy and finances.

Our Board development programme ensures that all trustees have access to ongoing training, using internal and external resources to support them in their duties and responsibilities. Development of trustees is a regular item in all appraisal discussions with trustees.

Our trustees and non-trustee independent advisors

The trustees were in office and served throughout the year, except where stated.

Trustee	Trustee officers	Appointed/ resigned/ retired	Committee membership at the year end
Andrew Archibald		Appointed 15 December 2021	
Dr David Buckle MBBS DRCOG MRCGP	Vice Chair (Medical)		GRC, ARC, IC, FPC
Professor Avril Drummond PhD MSc Dip COT FCOT			ARC
Ed Garcez			FPC
Katherine Gillespie MA MSc			FPC
Ceri Jackson			FPC
Professor Martin James BM MRCP MD CCST FRCP			
Stephen King MBA FCMI	Chair		GRC (Chair), FPC, IC
Ian Lee BA (Hons) CA			ARC (Chair) (until 7/10), FPC (Chair) (from 7/10), IC,GRC
Harvinder Rattan ACCA			FPC
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO			
Helen Sanders MSc		Resigned 7 October 2021	FPC (Chair), GRC, IC
Niraj Shah MA (Cantab) CFA		Resigned 7 October 2021	IC (Chair)
Mark Smith Grad. Dip. Phys MPhil MCSP		Resigned 7 October 2021	
George Spentzos		Appointed 7 October 2021	IC (Chair), FPC
Liz Stanley BA ACA		Appointed 7 October 2021	ARC (Chair)
Stephen Torrans		Resigned 7 October 2021	GRC
Peter Troy MBE	Vice Chair (Lay)		GRC, ARC, IC, FPC

The following non-trustee independent advisors (committee members) were in office and served throughout the year, except where stated.

Non-trustee independent advisor	Appointed/ resigned/ retired	Committee membership at the year end
Hannah Catchpool BSc MSc CA	Appointed 7 October 2021	ARC
Niraj Shah MA (Cantab) CFA	Appointed 7 October 2021 (on retirement from the board)	IC
Liz Stanley BA ACA	Became Trustee 7 October 2021	ARC
Charles Maisey		IC
Victoria Hoskins		IC

After the end of the financial year, there were the following changes:

- Virginia McVea was appointed as a trustee on 4 April 2022.
- On 30 June 2022 Liz Stanley resigned as a trustee and became a non-trustee independent advisor on the ARC and Hannah Catchpool became a trustee and Chair of ARC.
- Victoria Hoskins resigned as a non-trustee independent advisor to the Investment Committee on 14 April 2022.
- Christopher Queree, Helena Eaton and Ben Matthews were appointed as non-trustee independent advisors on the IC on 30 August 2022.

Committee membership key

ARC – Audit and Risk Committee
FPC – Financial Performance Committee
IC – Investment Committee
GRC – Governance and Remuneration Committee

(See **stroke.org.uk/our-people** for further trustee details.)

Statement of responsibilities of the trustees

The trustees are responsible for preparing the 'Trustees' 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 financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and the group and of the income and expenditure of the group for that period.

In preparing financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice, preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102).
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for maintaining proper accounting records that show and explain with reasonable accuracy the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the charity's assets and for taking reasonable steps to prevent and detect fraud and other irregularities.

The trustees confirms that:

- In so far as they are aware, there is no relevant audit information of which the Stroke Association's auditor is unaware.
- The trustees have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

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

This information is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

Our leadership team

On 31 March 2022, the members of our Executive Directors Team (EDT) were:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Dominic Brand BSc (Hons)	Executive Director, Strategy, Insight and Technology
Andrew Cook BSc (Hons) MSc (Cantab)	Executive Director, Customer Experience
Christopher Fyfe BSc MSc CPFA	Executive Director, Finance
Alexis Kolodziej BA	Executive Director, Locality Impact
Christopher Rennison CIPD FCMI	Executive Director, People

See **stroke.org.uk/our-people** for more information about our leadership team.

Our people

We're privileged to have 730 staff and over 2,000 volunteers across the UK, including Jersey and the Isle of Man, who work hard to get the best for stroke survivors, their families and friends. We want to make sure we're doing all we can to empower, support and listen to them.

We regularly consult employees via LINK, our staff consultation forum. LINK is made up of 15 representatives from around the organisation, covering all levels and localities. We also have dedicated positions on our LINK panel for stroke survivors, people affected by disability, LGBTQ+ and BAME representatives to ensure everyone has their voice heard.

LINK listens to feedback from our staff and meets with senior leaders and EDT at least four times a year (or more frequently at times of significant change) to inform and consult on the issues they raise.

LINK reviews remuneration, and changes affecting all employees are discussed in depth. There is LINK representation on our Pension Governance Board that includes the Chair of Trustees, Safeguarding Governance Board and other groups to ensure our people are at the heart of our organisational decisions.

We also have BAME, LGBTQ+ and Disabilities and Abilities staff networks, as well as Menopause, Parental Leave and Staff Stroke Survivor peer support groups on our internal social network platform, Yammer, to enable staff to connect with and give and get support from colleagues.

Opportunities are available to all of our people, including those with disclosed disabilities or specific needs, for training, career development and promotion. We make reasonable adjustments for people with additional needs during the application process and when they start at our charity, and review the adjustments regularly to make sure they're meeting the individual's current needs.

If an existing employee becomes disabled, we continue to provide employment wherever practicable – in the same or an alternative position – and provide appropriate training and adjustments as required.

We hold regular 'Ask Juliet' webinars for the whole organisation too. Led by our Chief Executive Juliet, and co-delivered with other directors, these webinars enable all of our staff to hear about the progress of the organisation, proposed changes and challenges we face, and gives everyone the opportunity to question the top team. We hold similar sessions for volunteers, so they can get updates and can feed back experiences and suggestions.

Wherever appropriate, we involve beneficiaries in designing and implementing programmes, so we can make sure they work for people affected by stroke, meet their needs and have a positive impact on their lives. There's more information about how we support and engage with our stakeholders throughout this report.

Our approach to pay

We're committed to being open and transparent about the work that we do, about the money that we raise and how we spend it.

We believe the charity sector should not and cannot compete with the commercial sector on pay. However, we want to make sure that we're able to attract and retain the best people, so we regularly review our pay and benefits to bring them in line with other charities.

We need to be financially sustainable, but we know that the rising cost of living is a real worry for many of our people. After careful consideration and consultation with LINK, we were pleased to raise salaries by 5.5% for our lower salary grades and 5% for higher salary grades from April 2022.

Executive pay

Our executive pay is reviewed annually and is benchmarked with other salaries in the sector.

Our Chief Executive Officer's salary (excluding employer's pension and National Insurance contributions) remains at £141,051, which falls within the median salary range for the sector. Guided by the Association of Charity Chief Executives' (ACEVO) best practice advice on pay transparency, we publish our CEO's current salary on our website (**stroke.org.uk/executive-pay**).

Our Executive Directors' (Key Management Personnel) salaries (excluding employer's pension and National Insurance contributions) continue to fall within a range of £83,787 and £107,861, depending on their experience and market benchmark.

When setting senior salaries, our trustees are guided by the principles set out in the report on Charity Senior Executive Pay by the National Council for Voluntary Organisations, which is supported by the Charity Commission.

Performance of our Chief Executive and Executive Directors is assessed against the same criteria as all other employees as part of our annual performance and development reviews and pay award process.

Our Ethical and Responsible Investment Policy

We introduced a new Ethical and Responsible Investment Policy to guide the investment decisions of our charity's investment manager and all staff, trustees and advisors who are involved in planning or authorising investment of our charity's funds.

It reflects the principles of our charity's Ethical Policy to behave in a socially responsible way, and to make decisions that protect our beneficiaries, demonstrate our integrity and values, and inspire public trust and confidence.

Our ethical and responsible investment principles are:

- We will not invest in organisations if there is evidence to link their main products or services to a significant increase in the risk of stroke or poor stroke outcomes.
- We support and promote public health initiatives to reduce stroke risk factors. We will not invest in companies that undermine or frustrate these initiatives.
- We may invest in organisations, programmes or projects that could significantly improve stroke outcomes.
- We favour organisations with a positive attitude towards Environmental, Social and Governance (ESG) matters, especially if they act to reduce stroke risk in their workforce or society.
- We try to avoid investments that could be seen as unsuitable for a health-promoting charity. This includes high stakes gambling, high interest money lending, or companies with a reputation for poor ESG compliance.

Our Environmental, Social and Governance (ESG) principles

Our charity aims to help rebuild people's lives after stroke. Environmental, social and governance issues are at the heart of ensuring we do this properly. We believe these issues are everyone's responsibility and it's our job as a charity to try to lead by example.

We already try to be as sustainable, equitable, accountable and transparent as we can in our working practices to make sure we're living our values:

- We are human
- We believe in better
- We give it our all
- We say it as it is

There are examples of how we're doing this throughout our report, from considering the environmental impact of moving to homeworking, to improving our services and employment practices, to our investment decisions.

However, we know we can and should be doing more. Building ESG into our strategy will help us to ensure the sustainability of our charity and improve our ability to build on our charitable objectives. But we're still figuring out how to do this. Over the next year, we're hoping to take a step closer to ensuring ESG principles guide our decision-making, commitments and objectives for the future.

Energy and carbon reporting

We want to become a more environmentally conscious organisation and so monitor the impact of our activities.

We comply with the Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018, and the UK Government's Streamlined Energy and Carbon Reporting (SECR) framework, by reporting on our energy use and greenhouse gas emissions.

Below is our current UK-based annual energy usage and associated annual greenhouse gas emissions from 1 April 2021 to 31 March 2022. This relates to our office location based consumption and vehicle mileage. It is also covers the period in which we were unable to operate from office locations due to Covid-19.

Energy data relating to transport was collated via existing mechanisms. Where building energy is directly metered by a supplier, invoices have been used. However, the majority of our buildings are not supplied in this way. Instead, the supply and cost of energy is included within the rental or service charge, so we've had to use estimates based on benchmarked data. In some cases, data has been pro-rated to match the reporting period.

Breakdown of energy consumption used to calculate emissions (kWh):

Energy type	2019-20	2020-21	2021-22
Mandatory requirements:			
Gas	1,095,882	405,507	869,438
Purchased electricity	866,427	746,780	418,256
Transport fuel	1,241,305	40,358	14,456
Total energy (mandatory)	**3,203,614**	**1,192,645**	**1,302,240**

Breakdown of emissions associated with the reported energy use (tCO_2e)

Emission source	2019-20	2020-21	2021-22
Mandatory requirements:			
Scope 1			
Gas	201.5	74.6	159.2
Transport - Company owned vehicles	22.8	0.2	13.6
Scope 2			
Purchased electricity (location-based)	221.5	174.1	88.8
Scope 3			
Transport – Business travel in employee owned vehicles	327.7	9.8	0.0
Total gross emissions (mandatory)	**773.5**	**258.7**	**261.6**
Intensity ratios (mandatory emissions only)			
Tonnes of CO2e per number of employees	0.97	0.45	0.35

Intensity ratio

The intensity ratio is total gross emissions in metric tonnes CO2e (mandatory emissions) per employee. The calculation is tonnes of carbon divided by the total number of employees. This metric is considered the most relevant to the charity's energy consuming activities and provides a good comparison of performance over time.

Our environmental aims for the future

We're committed to continuously improving the way we work, so we can minimise our negative impact on the environment.

Moving to remote working and disposing of over 95% of our properties has helped us to reduce our emissions per employee by almost two-thirds since 2020. We'll continue to look for ways to become more energy efficient by monitoring energy use and setting decreasing targets for the future.

In January 2022, we began developing a new draft of our 'Green Plan' environmental strategy, outlining our objectives to help us achieve this. This includes improving our purchasing practices and internal processes to reduce our carbon footprint and improving environmental training and awareness throughout the charity. We'll continue to develop our strategy in 2022-23.

Compliance information

Governance and compliance

Each year the Board receives an annual compliance report, a consolidated report covering all compliance issues affecting the charity, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements, complaints, health and safety, and GDPR readiness.

The report on the year 2021-2022 showed strong overall compliance. Improvements made in the last year include improvements to our processes for the administration of restricted income, improved procedures to ensure that all our policies are kept up to date, improvements to our complaints procedures and improved data protection training.

We are members of the Association of Medical Research Charities (AMRC) and adhere to their research governance policies and regulations.

In line with our procurement policy, the trustees re-tendered our audit services, and appointed Moore Kingston Smith LLP, who took over from Buzzacott LLP in December 2021. Our thanks to Buzzacott for 20 years of excellent service.

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

- Protect our service users from abuse or health concerns from others or themselves.
- Address internal issues when a concern directly relates to our employees and/or volunteers.

In October 2021, we updated our Safeguarding Policies for Adults and for Children to align with new legislation and regulations.

We recorded 161 reported safeguarding cases in 2021–22. None of these cases relate to our employees or volunteers; rather, these are safeguarding issues that we identify in the lives of beneficiaries that we support. An overview of cases is discussed at our Safeguarding Governance meeting every quarter, where organisational learning is shared and also reported to the Board through the annual governance report.

We had no whistleblowing cases in 2021–22.

Serious incidents and fraud

In this financial year we had no serious incidents that we needed to report to the Charity Commission.

Data protection

Our Information Governance Board is chaired by our Executive Director - Strategy, Insight and Technology. Data protection is discussed regularly at Executive Director Team and Board meetings. Our Associate Director of Legal and Governance is the charity's Data Protection Officer.

In this financial year, we have updated our data protection polices, including our Privacy Policy and Cookie Policy. We also improved our data protection training to make it more engaging for staff and volunteers.

Fundraising

We raise money for our charity in a variety of ways, including working with corporate supporters, philanthropists, trusts and many generous individuals who donate through our appeals and take part in fundraising events.

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to fundraise on our behalf, such as face-to-face, door-to-door and telephone activities, we continually monitor and review our activities to make them as effective as possible. In line with the Fundraising Regulator's recommendations, we also monitor our agencies through training, regular meetings and 'mystery shopping' to ensure they meet our standards and high expectations.

We continue to work in partnership with organisations (commercial participators) who pay us a return from sales generated through our own channels and when offering a service or product to stroke survivors.

Our supporter promise

We communicate with our supporters in many ways, including appeal letters, telephone calls, raffles, TV advertising and online via our website and social media. We are extremely grateful to everyone who supports us. We have a 'supporter promise' to make sure that everyone we interact with feels respected and valued, and to reassure our supporters that their data is safe and secure with us.

To read it in full, visit **stroke.org.uk/your-support**. We also have a Gambling Social Responsibility Policy and a Vulnerability and Fundraising Policy.

Fundraising regulation

We're registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have a dedicated monitoring programme in place to ensure compliance with the code and with best practice in fundraising generally. We strive for best practice in fundraising and comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 2018, UK GDPR and the Privacy and Electronic Communications Regulations 2003. We also screen against the Telephone Preference Service, the Mail Preference Service and the Fundraising Preference Service. We have set up an annual programme of compliance reviews of all our segments of fundraising activities.

Complaints and feedback

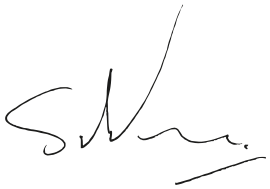
We value feedback from our beneficiaries and stakeholders to help us develop and improve. Our complaints policy and procedures make it easy for people to raise concerns with us and help us to resolve complaints quickly and efficiently. We also hold regular 'lessons learned' meetings to better understand where we can develop in the future.

During the year, we received a total of 80 complaints, down from 132 complaints last year. Of these, 54 complaints related to our fundraising activities (2020–21: 91). The highest number of complaints was around direct marketing (29 complaints) and door-to-door fundraising activity (21 complaints) being unwanted by the complainants.

In relation to our support services, we received 22 complaints, down 15 from last year. Common themes include a breakdown in communications or a lack of clear expectations provided to beneficiaries. Fourteen of these were complaints from beneficiaries that said our staff did not meet their needs or provided poor service. All complaints were investigated thoroughly, but there were no clear cases of poor quality of support.

We have learned from these complaints, working with managers and staff to ensure we are providing the best possible support and that our service users know what they can expect from us. Learnings are also used in guidance and training for our staff.

This report constitutes the statutory reports described on page 90. This Trustees Report, incorporating a Strategic Report was approved on behalf of the Board by:



Stephen King
Chair of the Board
Approved on 20 October 2022

Patron	Her Majesty The Queen[1]
President	HRH The Duke of Kent KG GCMG GCVO
Vice Presidents	Professor Tony Rudd CBE MA (Cantab) MB BChir FRCP Professor Sir Charles George MB ChB MD Professor Averil Mansfield CBE MB ChB ChM Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP Jon Barrick MBA DPRP (h.c.) FCMI Professor Pippa Tyrrell MBE MD FRCP
Chair	Stephen King MBA FCMI
Trustees	As listed on page 94
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the leadership team	As listed on page 97
Company Secretary	Jan-Willem Jonker LLM
Registered office	Stroke Association House 240 City Road London EC1V 2PR
Telephone	020 7566 0300
Website	stroke.org.uk
Email	info@stroke.org.uk
Company registration number	61274 (England and Wales)
Charity registration numbers	211015 (England and Wales) SC037789 (Scotland) 945 (Isle of Man) 221 (Jersey)
Auditor	Moore Kingston Smith LLP 9 Appold Street London EC2A 2AP
Bankers	Barclays Bank PLC 1 Churchill Place London E14 5HP
Investment managers	Waverton Investment Management 16 Babmaes Street London SW1Y 6AH

[1] Her Majesty Queen Elizabeth II was Patron of our charity for many years, and throughout the 2021-22 financial year, until her passing in September 2022. We are very grateful for her years of loyalty and service.

Independent auditor's report

Opinion

We have audited the financial statements of Stroke Association (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2022 which comprise the Group Statement of Financial Activities, the Group Summary Income and Expenditure Account, the Group and Parent Charitable Company Balance Sheets, the Group Cash Flow Statement and notes to the financial statements, including 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 group's and the parent charitable company's affairs as at 31 March 2022 and of the group's 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 Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended) and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

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 group's and parent charitable 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, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained in the annual report. 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.

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 course of 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 themselves. 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.

Opinions on other matters 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 strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The strategic report and the trustees' annual 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 group and parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 or the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- The parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company's 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 96, 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 group and parent charitable 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 group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the audit of the financial statements

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report to you in accordance with regulations made under those Acts.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the group and parent charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting

estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit report.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended), the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.

- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which we are required to state to them in an auditor's report addressed to them and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, and the charity's trustees, as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Luke Holt
(Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP, Statutory Auditor
9 Appold Street
London
EC2A 2AP

Date: 20 October 2022

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Consolidated statement of financial activities

	Notes	Unrestricted Funds £'000	Restricted Funds £'000	**2022 Total funds £'000**	Unrestricted funds £'000	Restricted funds £'000	**2021 Total funds £'000**
Income from:							
Donations and legacies	1	26,109	4,054	**30,163**	18,616	3,682	22,298
Charitable activities – local services	2	217	9,896	**10,113**	3,031	7,234	10,265
Other trading activities	3	121	-	**121**	123	-	123
Investments	4	451	-	**451**	533	-	533
Other	5	305	9	**314**	202	1,152	1,354
Total income		**27,203**	**13,959**	**41,162**	**22,505**	**12,068**	**34,573**
Expenditure on:							
Stroke support services	6	5,429	10,265	**15,694**	8,960	9,113	18,073
Community development and volunteering	7	1,346	508	**1,854**	1,576	415	1,991
Research grants and awards	8	-	1,390	**1,390**	764	1,037	1,801
Systems influencing	9	1,178	133	**1,311**	755	54	809
Awareness and engagement with stroke	10	4,234	182	**4,416**	3,052	757	3,809
Raising funds	11	6,928	4	**6,932**	7,126	516	7,642
Total expenditure	12-16	**19,115**	**12,482**	**31,597**	**22,233**	**11,892**	**34,125**
Net income before gains on investments		8,088	1,477	**9,565**	272	176	448
Net gains on investments	20	2,144	-	**2,144**	2,209	-	2,209
Net income and net movement in funds		**10,232**	**1,477**	**11,709**	**2,481**	**176**	**2,657**
Reconciliation of funds:							
Funds brought forward at 1 April		18,053	3,358	**21,411**	15,430	3,324	18,754
Movement between funds	28	293	(293)	**-**	142	(142)	-
Capital expenditure	28	241	(241)	**-**	-	-	-
Net movement in funds in year		10,232	1,477	**11,709**	2,481	176	2,657
Total funds carried forward at 31 March		**28,819**	**4,301**	**33,120**	**18,053**	**3,358**	**21,411**

All of the charity's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report consolidates the activities of the Stroke Association and Stroke Association Trading Limited.

Charity statement of financial activities

	Unrestricted Funds £'000	Restricted Funds £'000	**2022 Total funds £'000**	Unrestricted funds £'000	Restricted funds £'000	**2021 Total funds £'000**
Income from:						
Donations and legacies	25,958	4,054	**30,012**	18,527	3,682	22,209
Charitable activities – local services	217	9,896	**10,113**	3,031	7,234	10,265
Other trading activities	-	-	**-**	-	-	-
Investments	451	-	**451**	533	-	533
Other	419	9	**428**	247	1,152	1,399
Total income	**27,045**	**13,959**	**41,004**	**22,338**	**12,068**	**34,406**
Expenditure on:						
Stroke support services	5,411	10,265	**15,676**	8,960	9,113	18,073
Community development and volunteering	1,344	508	**1,852**	1,576	415	1,991
Research grants and awards	-	1,390	**1,390**	765	1,037	1,802
Systems influencing	1,163	133	**1,296**	755	54	809
Awareness and engagement with stroke	4,231	182	**4,413**	3,015	757	3,772
Raising funds	6,809	4	**6,813**	6,995	516	7,511
Total expenditure	**18,958**	**12,482**	**31,440**	**22,066**	**11,892**	**33,958**
Net income before gains on investments	8,087	1,477	**9,564**	272	176	448
Net gains on investments	2,144	-	**2,144**	2,209	-	2,209
Net income and net movement in funds	**10,231**	**1,477**	**11,708**	**2,481**	**176**	**2,657**
Reconciliation of funds:						
Funds brought forward at 1 April	18,041	3,358	**21,399**	15,418	3,324	18,742
Movement between funds	293	(293)	**-**	142	(142)	-
Capital expenditure	241	(241)	**-**	-	-	-
Net movement in funds in year	10,231	1,477	**11,708**	2,481	176	2,657
Total funds carried forward at 31 March	**28,806**	**4,301**	**33,107**	**18,041**	**3,358**	**21,399**

All of the charity's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report shows the activities of the Stroke Association only, excluding the activities of Stroke Association Trading Limited.

Consolidated balance sheet

	Notes	2022 £'000	2021 £'000
Fixed assets			
Tangible assets	17	**2,683**	2,759
Intangible fixed assets	18	**548**	534
Programme-related investments	19	**-**	60
Investments	20	**25,102**	20,603
Total fixed assets		**28,333**	**23,956**
Current assets			
Debtors	21	**6,792**	3,202
Cash at bank and short-term deposits		**8,870**	6,467
Total current assets		**15,662**	**9,669**
Liabilities			
Creditors: amounts falling due within one year	22-23	**(6,554)**	(6,146)
Provisions for liabilities	25	**(246)**	(754)
Total current liabilities		**(6,800)**	**(6,900)**
Net current assets		**8,862**	**2,769**
Total assets less current liabilities		**37,195**	**26,725**
Creditors: amounts falling due in more than one year			
Research grants payable	8, 24	**(3,743)**	(5,131)
Provisions for liabilities	24-25	**(332)**	(183)
Total creditors due after one year		**(4,075)**	**(5,314)**
Total net assets		**33,120**	**21,411**
The funds of the charity:			
Unrestricted funds			
-Designated funds	26	**12,966**	2,262
-Fixed asset fund	27	**3,231**	3,293
-General funds (free reserves)		**12,608**	12484
		28,805	**18,039**
Restricted income funds	28	**4,301**	3,358
		33,106	**21,397**
Funds retained within a non-charitable subsidiary	3	**14**	14
	38	**33,120**	**21,411**

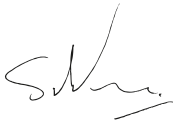
This represents the consolidated position for the Stroke Association group at 31 March 2022.
The notes on pages 124 to 156 form part of the financial statements.
Approved by the trustees on 20 October 2022 and signed on their behalf by:

Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Charity balance sheet

	Notes	2022 £'000	2021 £'000
Fixed assets			
Tangible assets	17	**2,683**	2,759
Intangible fixed assets	18	**548**	534
Programme-related investments	19	**-**	60
Investments	20	**25,102**	20,603
Total fixed assets		**28,333**	**23,956**
Current assets			
Debtors	21	**6,941**	3,299
Cash at bank and short-term deposits		**8,702**	6,373
Total current assets		**15,643**	**9,672**
Liabilities			
Creditors: amounts falling due within one year	23	**(6,548)**	(6,161)
Provisions for liabilities	25	**(246)**	(754)
Total current liabilities		**(6,794)**	**(6,915)**
Net current assets		**8,849**	**2,757**
Total assets less current liabilities		**37,182**	**26,713**
Creditors: amounts falling due in more than one year			
Research grants payable	8, 24	**(3,743)**	(5,131)
Provisions for liabilities	24,25	**(332)**	(183)
Total creditors due after one year		**(4,075)**	**(5,314)**
Total net assets		**33,107**	**21,399**
The funds of the charity:			
Unrestricted funds			
-Designated funds	26	**12,966**	2,262
-Fixed asset fund	27	**3,231**	3,293
-General funds (free reserves)		**12,609**	12,486
		28,606	**18,041**
Restricted income funds	28	**4,301**	3,358
	38	**33,107**	**21,399**

This is the financial position of the Stroke Association only, excluding Stroke Association Trading Limited.
The notes on pages 124 to 156 form part of the financial statements.
Approved by the trustees on 20 October 2022 and signed on their behalf by:



Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales).

Consolidated statement of cash flows

	Notes	2022 £'000	2021 £'000
Cash flows from operating activities			
Net cash provided by operating activities	A	**4,714**	2,305
Cash flows from investing activities			
Investment income		**448**	533
Purchase of tangible fixed assets		**(144)**	-
Purchase of intangible fixed assets		**(260)**	-
Proceeds from the disposal of investments		**4,648**	6,404
Purchase of investments		**(6,411)**	(6,183)
Net cash provided by investing activities		**(1,719)**	**754**
Change in cash and cash equivalents in year		**2,995**	3,059
Cash and cash equivalents at 1 April 2021	B	**6,871**	3,812
Cash and cash equivalents at 31 March 2022	B	**9,866**	**6,871**

A. Reconciliation of net cash flow from operating activities

	2022 £'000	2021 £'000
Net income in year (as per the consolidated statement of financial activities)	**11,709**	2,657
Adjustment for:		
Net (gains) on investments	**(2,144)**	(2,209)
Depreciation charge	**220**	330
Amortisation charge	**246**	250
Impairment of fixed assets and investments	**60**	81
Dividends and interest from investments	**(448)**	(533)
(Increase)/decrease in debtors	**(3,590)**	1,028
Increase in creditors	**159**	284
(Decrease)/increase in research grant commitments	**(1,139)**	32
(Decrease)/increase in provisions	**(359)**	385
Net cash provided by operating activities	**4,714**	**2,305**

B. Analysis of cash and cash equivalents and analysis of change in net debt

	2022 £'000	Cashflow £'000	2021 £'000
Cash at bank and short-term deposits	**8,870**	2,403	6,467
Cash held by investment managers	**996**	592	404
	9,866	**2,995**	**6,871**

Principal accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of preparation

The financial statements have been prepared on a going concern basis, under the historical cost convention, with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

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 United Kingdom and Republic of Ireland (FRS102) (Charities SORP FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102), the Charities Act 2011 and the Companies Act 2006.

The charity and its subsidiaries constitute a public benefit group entity as defined by FRS 102.

The financial statements are presented in sterling, the charity's functional currency and are rounded to the nearest thousand pounds.

Events after the balance sheet date

We are required to consider conditions that have arisen between the balance sheet date (31 March 2022) and the date the accounts are signed 20 October 2022.

In August 2022, it was agreed by all parties involved in the Digital Health investment to close down the project, see note 19. As the conditions post year end have not changed since the year, the investment has been fully impaired.

There have been no other events that require adjustment to the financial statements, impact our assessment of the charity as a going concern, or indicate a material change that has arisen since the balance sheet date.

Assessment of going concern

The trustees of the charity have assessed whether the use of the going concern assumption is appropriate in preparing these accounts and have made this assessment in respect to a period of one year from the date of their approval.

The trustees have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

The most significant areas of judgement that affect items in the accounts are detailed on page 122. With regard to the next accounting period, the year ending 31 March 2023, the most significant areas that affect the carrying value of the assets held by the charity are

the level of investment return and the performance of the investment markets (see the 'Investment policy' on page 88 and the risk management sections of the 'Trustees' report' for more information).

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (Trading) Limited Company Reg No 00898941.

Dormant subsidiaries have not been consolidated on the basis of materiality.

Income

Income, including investment income, is recognised in the period in which the charity is entitled to receipt and the amount can be measured reliably with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Income comprises donations, legacies, commissioned services income, trading income, investment income and other income.

In accordance with the Charities SORP FRS 102, volunteer time is not recognised, as the value of their contribution cannot be reliably measured.

Donations and grants, including those in respect of participation events, are recognised when the charity has confirmation of both the amount and the settlement date. In the event of donations and grants pledged but not received, the amount is accrued for where the receipt is probable.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these amount to a contract for services.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity. Entitlement to a legacy is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor 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.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition has not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having being transferred to the charity.

Commissioned services income and trading income is recognised to the extent that it is probable that the economic benefits will flow to the charity and the revenue can be measured reliably.

It is measured at fair value, being the amount invoiced and considered receivable, excluding any discounts or rebates.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds includes the salaries, direct costs and support costs associated with generating donated income, and the costs incurred by the trading subsidiary.
- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants payable, salaries, direct costs and support costs associated with these activities.
- Grants are included in full in the statement of financial activities when the award has been approved and when the intended recipient has either received the funds or been informed of the decision to make the donation and has satisfied all related conditions. Grants approved, but not paid at the end of the financial year, are accrued for.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with the constitutional statutory requirements.

Support costs and governance costs are apportioned on a basis consistent with the use of resources, primarily full time equivalent (FTE) allocation and expenditure ratios.

Donated services and facilities (gifts in kind)

Services and facilities donated to the charity for its own use are included in income at their worth to the charity as at the time of the gift with an equivalent amount included in expenditure. Donated goods and services received were valued at £Nil (2021: £44,000).

Taxation

The charity is considered to meet the definition of a charitable company for UK corporation tax purposes. Accordingly, to the extent that income and gains fall within Part 11 of the Corporation Tax Act 2010 and section 256 of the Taxation of Chargeable Gains Act 1992, the charity is exempt from UK taxation on such income and gains provided they are applied for charitable purposes. Furthermore, any subsidiary company that is trading makes qualifying donations of all taxable profits to its parent company and thus will not incur any corporation tax.

Research grants and awards

The Stroke Association awards research grants and Fellowships each year, which run for periods of up to five years. Such research grants and awards are accrued in full at the time of their award.

The Stroke Association undertakes an annual reporting review for all grants. Any under performance is investigated, which may involve an external review by stroke research experts. This may, very occasionally lead to the reduction or cancellation of a grant.

Tangible fixed assets

All tangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. They are stated at cost, which includes the original purchase price of the assets plus costs attributable to bringing the assets to their intended use. Depreciation is calculated on a straight-line basis over their expected useful life.

Freehold properties used for the direct charitable work of the charity are included in these financial statements at cost at the date of acquisition, together with the cost of additions and improvements to date. Only functional freehold properties are depreciated at a rate of 2% per annum on a straight-line basis in order to write them off over their estimated useful lives. Those under construction are not depreciated until they are brought into use.

Short leasehold premises consist of the costs of entering into the leases for offices, together with associated fitting-out costs. These costs are written off over the life of the lease, reflecting the useful life of the underlying asset to the charity.

Office fixtures, fittings and equipment are depreciated over five years based on the estimated useful life on a straight-line basis.

An impairment review in respect to a particular class of assets is carried out if events, or changes in circumstances, indicate that the carrying amount of any tangible fixed assets may not be recoverable.

Intangible fixed assets

All intangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. These include software, the charity's website, and other internally developed online tools. Intangible assets are valued at the cost to the charity of acquiring these assets.

Intangible fixed assets are recognised only if all the following conditions are met:

- An asset is created that can be separately identified.
- It is probable that the asset created will generate future economic benefits.
- Development costs of the asset can be measured reliably.

Amortisation of intangible fixed assets is calculated using the straight-line method to allocate the cost of the assets over their estimated useful lives. All intangible fixed assets are assumed to have useful lives of five years and are amortised accordingly at an annual rate of 20%.

An annual impairment review is carried out for each asset after it has been brought into use to re-assess its remaining useful life and that it still meets the definition of an intangible asset.

Fixed assets research joint venture

The charity accounts for its share of joint ventures using the equity method. Under this method, the joint venture is initially recognised at cost. The carrying amount is adjusted for post-acquisition changes in the charity's share of net assets in the joint venture entity through the statement of financial activities.

In August 2022, it was agreed by all parties involved in the joint venture to cease trading, see note 19. As the conditions post year end have not changed since the year end, the investment has been fully impaired.

Fixed asset investments

Fixed asset investments listed on a recognised stock exchange are initially recognised at their transactional value and subsequently measured at their fair value as at the balance sheet date using the quoted market price.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value if acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

The main form of financial risk faced by the charity is that of volatility in equity and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

The investment in the charity's trading subsidiary is valued at the cost of £7.

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid and have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short-term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund accounting

Restricted funds comprise monies raised for, or where their use is restricted to, a specific purpose, or contributions subject to donor-imposed conditions.

Unrestricted general funds represent those monies, which are available for application towards achieving any charitable purpose that falls within the charity's charitable objectives.

Designated funds comprise unrestricted funds that have been set aside by the trustees and designated for particular purposes.

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves.

Significant accounting estimates and areas of judgement

Preparation of the financial statements requires the trustees and management to make significant judgements and estimates that affect the reported values of assets, liabilities, income and expenses.

Significant areas of estimation and judgement include:

- Assessing the possibility of receiving legacies of which the charity has been notified.
- The split between current and non-current liabilities for grant awards that mainly extend over three or more years.
- Determining the basis for allocating support costs.
- The useful economic life of tangible and intangible fixed assets.
- Provision for dilapidation on the leasehold properties is based on historic data, ongoing monitoring of the conditions of the properties and discussions with property developers and landlords.
- Estimating the onerous lease provisions on mothballed properties.
- Assessment of the charity's ability to continue as a going concern.

Onerous leases

An onerous lease provision has been made this year for all those properties that are not in use and will not be put into use before the end of their lease. The provision is based on all contractual cost from the balance sheet date to the end of the lease.

Operating leases

Rentals applicable to operating leases, where substantially all of the benefits and risks of ownership remain with the lessor, are charged to the statement of financial activities on a straight-line basis over the lease term.

Pension costs

Contributions are paid to a group money purchase personal pension plan for employees. Contributions payable during the year are charged to the statement of financial activities.

1. Donations and legacies

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
General donations	1,058	210	**1,268**	1,127	89	1,216
In memoriam	1,371	1	**1,372**	1,030	18	1,048
National raffle	312	-	**312**	282	-	282
Direct mail	1,321	-	**1,321**	1,445	-	1,445
Committed giving	920	447	**1,367**	883	470	1,353
Corporate income and trusts	645	1,011	**1,656**	781	837	1,618
Events	1,469	2	**1,471**	886	3	889
Regional fundraising	-	-	**-**	55	-	55
Gift Aid	783	6	**789**	668	1	669
Legacies	17,599	1,704	**19,303**	11,413	651	12,064
Covid-19 related grants	-	-	**-**	-	1,253	1,253
Grants	631	673	**1,304**	46	360	406
Total	26,109	4,054	30,163	18,616	3,682	22,298

Due to changes in the nature, value and volume of legacy income, we reviewed the method for calculating accrued legacies. This change in method accounted for £2.2 million of the increase. In addition, we have been informed of legacies worth £5.3 million in our pipeline where the grant of probate is within six months and can be contested. As we cannot be certain of their value, we have recognised these as a contingent asset. (See note 40).

2. Charitable activities

Community services income, which mainly comes from Stroke Recovery and Communication Support services, was £10.1 million (2021: £10.3 million). All income from contracted community services in this and the prior accounting period was restricted.

3. Other trading income

The Stroke Association owns seven ordinary shares of £1 each (100%) of Stroke Association (Trading) Limited, (Company Number 00898941) a company incorporated in England and Wales. The company sells Christmas cards and raises corporate sponsorship monies to fund the activities of the charity. All income is therefore unrestricted.

The trading company gift aids its taxable profits to the charity to the extent that it has distributable reserves with which to do so.

	2022 Total funds £'000	2021 Total funds £'000
Turnover	**121**	123
Cost of sales	**(36)**	(99)
Gross profit	**85**	24
Other income – corporate sponsorship	**167**	89
	252	**113**
Selling, distribution and administration expenses	**(120)**	(73)
Net profit paid to the Stroke Association under gift aid	**132**	40
Net assets at 31 March	**14**	**14**

4. Investment income

	2022 Total funds	2021 Total funds
Investment income receivable	**448**	533
Interest receivable	**3**	-
	451	**533**

5. Other income

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Covid-19 Job Retention Scheme income	-	9	**9**	-	1,152	1,152
Delegate fees	109	-	**109**	84	-	84
Affiliation fees	-	-	**-**	5	-	5
Training income	1	-	**1**	9	-	9
Publication sales	12	-	**12**	7	-	7
Room hire	112	-	**112**	-	-	-
Sundry income	71	-	**71**	97	-	97
	305	**9**	**314**	**202**	**1,152**	**1,354**

The charity benefited from the UK Government's Covid-19 Job retention scheme in 2021-22 and in 2020-21. In both years, the charity topped up the salary of those on furlough to 100% of their normal salary.

6. Stroke Support services

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Commissioned services	-	7,299	**7,299**
Regional and management support	1,026	1,647	**2,673**
Universal services including Helpline	1,031	75	**1,106**
Support costs (note 12)	3,372	1,244	**4,616**
Total – 2021-22	**5,429**	**10,265**	**15,694**

	Unrestricted £,000	Restricted £'000	2021 Total funds £'000
Commissioned services	-	7,234	7,234
Regional and management support	3,246	471	3,717
Universal services including Helpline	213	1,116	1,329
Support costs (note 12)	5,501	292	5,793
Total – 2020-21	**8,960**	**9,113**	**18,073**

7. Community development and volunteering

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Community development	276	306	**582**
Volunteering	744	132	**876**
Support costs (note 12)	326	70	**396**
Total – 2021–22	**1,346**	**508**	**1,854**

	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Community development	260	318	578
Volunteering	733	66	799
Support costs (note 12)	583	31	614
Total – 2020–21	**1,576**	**415**	**1,991**

8. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	**2022 Total funds £'000**	2021 Total funds £'000
Total – 2021–22	-	1,390	**1,390**	**1,801**
Total – 2020–21	764	1,037	**1,801**	-

Included within research grants and awards are the direct and support costs of running the research department. A full list of the grants is available on **stroke.org.uk/research**.

	Unrestricted £'000	Restricted £'000	**2022 Total funds £'000**	Unrestricted £'000	Restricted £'000	**2021 Total funds £'000**
Grants	-	1,249	**1,249**	263	1,013	1,276
Direct support costs	-	103	**103**	382	18	400
Indirect support costs (see note 12)	-	38	**38**	119	6	125
	-	1,390	1,390	764	1,037	1,801

Research grant commitments

	2022 Total funds £'000	2021 Total funds £'000
Commitments at 1 April	**8,035**	8,003
Written back during the year	**(493)**	(181)
Paid during the year	**(2,433)**	(1,241)
Approved during the year	**1,787**	1,454
Commitments at 31 March	6,896	8,035
Payable as follows:		
Within one year (note 22)	**3,153**	2,904
After more than one year (note 24)	**3,743**	5,131
	6,896	8,035

8. Research grants and awards continued

Unfortunately, due to the financial uncertainty caused by Covid-19, we've had to delay some funding for new research projects and partnerships. We know this is an uncertain time for researchers, but we're working with them to introduce flexibility into project budgets and timelines, and to explore ways to secure more funding.

Related party transactions

Postdoctoral Fellowship:
Claire Mitchell for £212,170.00 at University of Manchester with Andy Vail (Research Awards Pool), Audrey Bowen (Research Awards Pool), Hiren Patel (Research Awards Pool), Stuart Allan (Research Awards Pool), Adrian Parry-Jones (Research Awards Pool)
Osian Llwyd for £214,300.56 at the University of Oxford with Alison Halliday (Research Awards Pool), Jacinta O'Shea (Research Awards Pool).

Postgraduate Fellowship:
Lauren Lucas for £115,000.00 at University of Manchester with Andy Vail (Research Awards Pool), Audrey Bowen (Research Awards Pool), Hiren Patel (Research Awards Pool), Stuart Allan (Research Awards Pool), Adrian Parry-Jones (Research Awards Pool).

Sam Webb for £110,844.67 at University of Oxford with Alison Halliday (Research Awards Pool), Jacinta O'Shea (Research Awards Pool).

None of the above-mentioned research awards pool members took part in the review or adjudication of their research applications, and were excluded from the entire review, adjudication and awards panel process for the respective award rounds.

9. Systems influencing

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Staff costs	673	133	**806**
Other direct costs	58	-	**58**
Support costs (note 12)	447	-	**447**
Total – 2021–22	**1,178**	**133**	**1,311**

	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Staff costs	509	54	563
Other direct costs	70	-	70
Support costs (note 12)	176	-	176
Total – 2020-21	**755**	**54**	**809**

10. Awareness and engagement with stroke

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Staff costs	2,255	139	**2,394**
Advertising and marketing	943	39	**982**
Other direct costs	332	4	**336**
Support costs (note 12)	704	-	**704**
Total – 2021–22	**4,234**	**182**	**4,416**

	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Staff costs	1,185	757	1,942
Advertising and marketing	867	-	867
Other direct costs	264	-	264
Support costs (note 12)	736	-	736
Total – 2020–21	**3,052**	**757**	**3,809**

11. Costs of raising funds

	Unrestricted £'000	Restricted £'000	**2022 Total funds £'000**	Unrestricted £'000	Restricted £'000	**2021 Total funds £'000**
Staff costs	2,724	4	**2,728**	3,098	449	3,547
Brochures, materials and other costs	3,377	-	**3,377**	2,743	-	2,743
Fundraising trading	71	-	**71**	21	-	21
Support (note 12)	756	-	**756**	1,264	67	1,331
	6,928	**4**	6,932	**7,126**	**516**	7,642

12. Allocation of support costs

	Stroke support services £'000	Community development and volunteering £'000	Research grants and Awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	**2022 Total £'000**
Direct costs	11,078	1,458	1,352	864	3,712	6,176	**24,640**
Support costs:							
Management	383	33	4	37	58	63	**578**
Property	511	44	4	50	78	84	**771**
HR	1,332	114	11	128	204	217	**2,006**
Finance	914	78	7	89	139	150	**1,377**
IT	969	83	8	94	148	159	**1,461**
Governance	507	44	4	49	77	83	**764**
	4,616	**396**	**38**	**447**	**704**	**756**	**6,957**
Total – 2021-22	**15,694**	**1,854**	**1,390**	**1,311**	**4,416**	**6,932**	**31,597**

	Stroke support services £'000	Community development and volunteering £'000	Research grants and Awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	**2021 Total £'000**
Direct costs	12,280	1,377	1,676	633	3,073	6,311	25,350
Support costs:							
Management	640	68	14	19	81	147	969
Property	1,718	182	37	52	219	395	2,603
HR	1,220	129	26	37	155	281	1,848
Finance (Restated)	787	83	17	24	100	181	1,192
IT	913	97	20	28	116	209	1,383
Governance (Restated)	515	55	11	16	65	118	780
	5,793	**614**	**125**	**176**	**736**	**1,331**	**8,775**
Total – 2020-21	**18,073**	**1,991**	**1,801**	**809**	**3,809**	**7,642**	**34,125**

Full time equivalent (FTE) allocation, locations and activities forms the basis of allocation for the functions listed above.
Last year's support costs have been restated moving external audit costs from Finance to Governance.

13. Governance costs

	2022 Total funds £'000	2021 Total funds £'000
Chief Executive Office	**215**	228
Internal audit	**47**	48
External audit (Prior year restated)	**36**	40
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance) (Prior year restated)	**466**	464
	764	**780**

Last year's support costs have been restated moving external audit costs from Finance to Governance.

14. Net movement in funds

This is stated after charging:

	2022 Total funds £'000	2021 Total funds £'000
Current year's auditor's remuneration including irrecoverable VAT	**36**	35
Prior year's auditor's remuneration including irrecoverable VAT	**-**	5
Tax computation and advice from auditors including irrecoverable VAT	**11**	19
Assurance services other than statutory audit from auditors including irrecoverable VAT	**-**	4
Other financial services from auditors including irrecoverable VAT	**1**	-
Depreciation (note 17)	**220**	330
Impairment (note 19)	**60**	81
Amortisation (note 18)	**246**	250
Operating lease rentals	**386**	1,361

15. Employee and key management remuneration

Staff costs during the year were as follows:

	2022 £'000	2021 £'000
Wages and salaries	**18,541**	20,433
Social security costs	**1,640**	1,843
Pension costs	**1,172**	1,282
Redundancy and termination costs	**444**	322
	21,797	23,880
Payments to agency staff	**78**	15
	21,875	23,895

Redundancy costs are recognised when a constructive obligation arises. At 31 March 2022 an accrual for £NIL (2021: £47,000) was made and represents the costs for those staff members who had received confirmation of redundancy prior to the year end. Non-taxable statutory redundancy payments totalled £255,000 (2021: £165,000).

The average number of employees during the year, analysed by function and including support staff, was as follows:

	2022 Full time equivalent	2021 Full time equivalent	2022 Head count	2021 Head count
Charitable activities				
- Stroke support services	**387**	425	**480**	521
- Community development and volunteering	**33**	45	**35**	56
- Research grants and awards	**3**	9	**3**	10
- Systems influencing	**37**	13	**49**	14
- Awareness and engagement with stroke	**59**	54	**73**	60
Raising funds	**63**	98	**72**	102
	582	644	712	763

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by volunteers throughout the year.

15. Employee and key management remuneration continued

The number of employees who earned between the amounts stated below (including taxable benefits but excluding employer pension and national insurance contributions) during the year were:

	2022 number	2021 number (Restated)
£60,001 - £70,000	**6**	12
£70,001 - £80,000	**3**	3
£80,001 - £90,000	**2**	2
£90,001 - £100,000	**1**	1
£100,001 - £110,000	**2**	2
£110,001 - £120,000	**-**	1
£140,001 - £150,000	**1**	1

Key management personnel are the members of the Executive Team. In 2022, there were six full time equivalent (FTE) members of this team (2021: seven). See page 97 for further details.

The total remuneration (including taxable benefits and employer's pension and national insurance contributions) paid to the key management personnel of the charity in the year was £721,000 (2021: £1,066,000 restated).

The prior year figures have been restated to remove the costs associated with annually accrued holidays that had not been taken at the year end.

16. Trustee remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £755 (2021: £391) were reimbursed to trustees.

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £25,000 (2021: £16,000) and provides cover of up to a maximum of £5 million in any one year.

Due to their expertise within the field of medicine and research, trustees may complete projects funded by the Stroke Association. These are monitored by management and require the approval of the Research Awards Committee and the Board. Research grants awarded to trustees during the year are detailed in note 7.

17. Tangible fixed assets

Group and charity

	Freehold premises £'000	Short leasehold premises £'000	Office fixtures, fittings and equipment £'000	**2022 Total £'000**
Cost				
At 1 April 2021	1,947	2,850	314	**5,111**
Additions	-	-	144	**144**
At 31 March 2022	1,947	2,850	458	5,255
Depreciation				
At 1 April 2021	384	1,654	314	**2,352**
Charge for year	39	181	-	**220**
At 31 March 2022	423	1,835	314	2,572
Net book values				
At 31 March 2022	1,524	1,015	144	2,683
At 1 April 2021	1,563	1,196	-	2,759

18. Intangible fixed assets

Group and charity	2022 Total £'000
Cost	
At 1 April 2021	2,177
Additions	260
At 31 March 2022	2,437
Amortisation	
At 1 April 2021	1,643
Charge for year	246
At 31 March 2022	1,889
Net book values	
At 31 March 2022	548
At 1 April 2021	534

19. Programme-related investments

Group and charity	2022 £'000	2021 £'000
Joint venture acquisition of shares in DHA Limited.	-	60

During the year ended 31 March 2020, Stroke Association Limited invested in Digital Health Assistant Limited (Co No 121824590) acquiring 17% of the share equity. This was part of a joint venture with MS Society UK, Muscular Dystrophy UK, Parkinson's UK and Reason Digital.

During the year ended 31 March 2022, it was agreed by all parties that the software development would cease, this was ratified by all parties' post year end. The software was developed using the funds invested by each party. It is unlikely therefore that the investment will be recovered. The full value of the investment has been provided for in the year.

20. Fixed asset investments

These comprise investments at market value and cash held for re-investment.

Group and charity

	2022 £'000	2021 £'000
Market value at 1 April	**20,199**	18,211
Acquisitions	**6,411**	6,183
Sales proceeds	**(4,648)**	(6,404)
Net movement in market values (see below)	**2,144**	2,209
Market value at 31 March	**24,106**	**20,199**
Cash held by investment managers for re-investment	**996**	404
Market value at 31 March	**25,102**	**20,603**
Cost of investments at 31 March	**19,300**	**16,508**

Net movement in market values in year:

	2022 £'000	2021 £'000
Realised gains	**382**	117
Unrealised gains	**1,762**	2,092
	2,144	**2,209**

20. Fixed asset investments continued

All investments, except those in the property funds, the funds of hedge funds and the multi asset holdings, were listed and dealt in on recognised stock exchanges and comprised the following:

	2022 £'000	2021 £'000
Equities	**15,263**	12,115
Government stock	**1,431**	1,995
Non-government bonds	**2,369**	2,040
UK property funds	**1,071**	854
Multi asset holdings	**3,972**	3,195
	24,106	**20,199**

UK stock exchange	**7,434**	6,725
Non-UK stock exchanges	**11,629**	9,425
UK property funds	**1,071**	854
Multi asset holdings	**3,972**	3,195
	24,106	**20,199**

21. Debtors

	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Trade debtors	**653**	938	**635**	914
Amounts owed by trading subsidiary	**-**	-	**167**	124
Other debtors	**22**	28	**22**	28
Prepayments and accrued income	**6,117**	2,236	**6,117**	2,233
	6,792	**3,202**	**6,941**	**3,299**

22. Creditors: amounts falling due within one year

	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Trade creditors	**774**	382	**774**	382
Research grants (note 8)	**3,153**	2,904	**3,153**	2,904
Amount owed to trading subsidiary	**-**	-	**-**	-
Taxation and social security	**519**	491	**519**	511
Pension commitments	**165**	137	**165**	137
Other creditors	**14**	154	**14**	154
Accruals and deferred income (note 23)	**1,929**	2,078	**1,923**	2,073
	6,554	**6,146**	**6,548**	**6,161**

The charity operates a group personal pension scheme, which incorporates employees joining through auto-enrolment.

23. Movement in accruals and deferred income

Group	Opening balance 1 April 2021 £'000	Released £'000	Additional £'000	**Closing balance 31 March 2022 £'000**
Deferred income - commissioned contracts	302	(4,914)	4,805	**193**
Other deferred income	17	(136)	265	**146**
Holiday accrual	784	(784)	727	**727**
Accrued expenditure	945	(17,746)	17,628	**827**
Lottery deferred income	30	(525)	531	**36**
	2,078	**(24,105)**	**23,956**	**1,929**

Group	Opening balance 1 April 2020 £'000	Release £'000	Additional £'000	**Closing balance 31 March 2021 £'000**
Deferred income - commissioned contracts	96	(8,258)	8,464	302
Other deferred income	116	(513)	414	17
Holiday accrual	339	(339)	784	784
Accrued expenditure	902	(14,169)	14,212	945
Lottery deferred income	18	(385)	397	30
	1,471	**(23,664)**	**24,271**	**2,078**

23. Movement in accruals and deferred income continued

Charity	Opening balance 1 April 2021 £'000	Release £'000	Additional £'000	Closing balance 31 March 2022 £'000
Deferred income - commissioned contracts	303	(4,915)	4,805	**193**
Other deferred income	17	(136)	265	**146**
Holiday accrual	784	(784)	727	**727**
Accrued expenditure	939	(17,747)	17,629	**821**
Lottery deferred income	30	(525)	531	**36**
	2,073	**(24,107)**	**23,957**	**1,923**

Charity	Opening balance 1 April 2020 £'000	Release £'000	Additional £'000	Closing balance 31 March 2021 £'000
Deferred income - commissioned contracts	97	(8,258)	8,464	303
Other deferred income	116	(513)	414	17
Holiday accrual	339	(339)	784	784
Accrued expenditure	890	(13,962)	14,011	939
Lottery deferred income	18	(385)	397	30
	1,460	**(23,457)**	**24,070**	**2,073**

24. Creditors: amounts falling due in more than one year

	Group 2022 £'000	Group 2021 £'000	**Charity 2022 £'000**	Charity 2021 £'000
Research grants (note 8)	**3,743**	5,131	**3,743**	5,131
Provisions for liabilities (note 25)	**332**	183	**332**	183
	4,075	**5,314**	**4,075**	**5,314**

25. Provisions for liabilities

Group and charity

	Less than one year £'000	More than one year £'000	**2022 Total provision £'000**	Less than one year £'000	More than one year £'000	2021 Total provision £'000
Onerous lease provision	26	9	**35**	232	79	311
Property dilapidations	220	323	**543**	522	104	626
	246	**332**	**578**	**754**	**183**	**937**

The charity has built up a dilapidation provision for works required at the end of the lease, or at its break clause if earlier, to bring the property to the state it was at the commencement of the lease as required under lease agreement.

The provision is based on historic data, ongoing monitoring of the conditions of the property and discussions with property developers and landlords.

26. Designated funds

Certain unrestricted funds have been set aside as designated by the trustees for future activities.

Group and charity

	2022 £'000	2021 £'000
Future cost of operating model over next three years	**1,436**	1,158
Legacy Stabilisation Fund	**4,498**	-
Strategy Acceleration Fund	**6,000**	-
Northampton Resource Centre location costs	**321**	321
Funds voluntary support groups	**636**	669
UK Stroke Forum	**75**	114
	12,966	**2,262**

27. Fixed asset fund

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets, and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves.

Group and charity

	2022 £'000	2021 £'000
Fixed asset fund	**3,231**	3,293

28. Restricted funds

Group and charity	At 1 April 2021 Restated £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2022 £'000
Medical and other research						
- Donations and legacies	1,066	(368)	1,745	-	(1,390)	**1,053**
	1,066	**(368)**	**1,745**	**-**	**(1,390)**	**1,053**
Other restricted funds						
- Commissioned services	3	-	9,895	-	(9,898)	**-**
- Programme related investments	60	-	-	-	(60)	**-**
- Stroke services and programmes	386	-	568	-	(671)	**283**
- Other donations and legacies	1,843	75	1,436	-	(463)	**2,891**
- Capital projects	-	-	315	(241)	-	**74**
	2,292	**75**	**12,214**	**- 241**	**(11,092)**	**3,248**
Total 2021-22	**3,358**	**(293)**	**13,959**	**(241)**	**(12,482)**	**4,301**

The opening balance has been restated to reflect the purpose of the restricted funds rather than the source of those funds.

During the year, additional funding was received for research grants that had previously been fully funded from unrestricted funds, this has been reflected in a transfer between funds.

28. Restricted funds continued

Group and charity

	At 1 April 2020 £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2021 £'000
Medical and other research						
- Donations and legacies	563	-	1,237	-	(734)	1,066
Princess Margaret Fund	95	-	-	-	(95)	-
	658	**-**	**1,237**	**-**	**(829)**	**1,066**
Other restricted funds						
- Commissioned services	-	-	7,234	-	(7,231)	3
- Covid-19 grant support including Furlough	-	-	2,440	-	(2,405)	35
- NESTA ii	175	-	168	-	(95)	248
- Royal Mail Group	601	(252)	-	-	(263)	86
- W G P McGowan	17	-	-	-	-	17
Programme related investments	-	60	-	-	-	60
- Other donations and legacies	1,873	50	989	-	(1,069)	1,843
	2,666	**(142)**	**10,831**	**-**	**(11,063)**	**2,292**
Total 2020-21	**3,324**	**(142)**	**12,068**	**-**	**(11,892)**	**3,358**

The income on commissioned service contracts is for operating communication and family support services.

Income for other stroke services and programmes include services such as the Hand in Hand programme funded in part by NESTA ii, Life After Stroke partly funded by the Royal Mail, the Community Steps project, Here For You and supporting the Stroke Group Network.

Other restricted donations and legacies are received for specific regional voluntary groups and services, general education and training along with enhancing awareness and information.

29. Analysis of net assets between funds

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2022 Total £'000
Tangible fixed assets	-	-	2,683	-	**2,683**
Intangible fixed assets	-	-	548	-	**548**
Joint venture investment	-	-	-	-	**-**
Fixed asset investments	12,136	12,966	-	-	**25,102**
Current assets	11,361	-	-	4,301	**15,622**
Creditors: amounts falling due within one year	(6,554)	-	-	-	**(6,554)**
Provisions for liabilities	(578)	-	-	-	**(578)**
Creditors: amounts falling due after one year	(3,743)	-	-	-	**(3,743)**
	12,622	**12,966**	**3,231**	**4,301**	**33,120**

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2021 Total £'000
Tangible fixed assets	-	-	2,759	-	2,759
Intangible fixed assets	-	-	534	-	534
Joint venture investment	-	-	-	60	60
Fixed asset investments	18,341	2,262	-	-	20,603
Current assets	6,371	-	-	3,298	9,669
Creditors: amounts falling due within one year	(6,146)	-	-	-	(6,146)
Provisions for liabilities	(937)	-	-	-	(937)
Creditors: amounts falling due after one year	(5,131)	-	-	-	(5,131)
	12,498	**2,262**	**3,293**	**3,358**	**21,411**

29. Analysis of net assets between funds continued

Charity	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	**Total 2022 £'000**
Tangible fixed assets	-	-	2,683	-	**2,683**
Intangible fixed assets	-	-	549	-	**549**
Joint venture investment	-	-	-	-	**-**
Fixed asset investments	12,136	12,966	-	-	**25,102**
Current assets	11,342	-	-	4,301	**15,643**
Creditors: amounts falling due within one year	(6,549)	-	-	-	**(6,549)**
Provisions for liabilities	(578)	-	-	-	**(578)**
Creditors: amounts falling due after one year	(3,743)	-	-	-	**(3,743)**
	12,609	**12,966**	**3,231**	**4,301**	**33,107**

Charity	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	**Total 2021 £'000**
Tangible fixed assets	-	-	2,759	-	2,759
Intangible fixed assets	-	-	534	-	534
Joint venture investment	-	-	-	60	60
Fixed asset investments	18,341	2,262	-	-	20,603
Current assets	6,374	-	-	3,298	9,672
Creditors: amounts falling due within one year	(6,161)	-	-	-	(6,161)
Provisions for liabilities	(937)	-	-	-	(937)
Creditors: amounts falling due after one year	(5,131)	-	-	-	(5,131)
	12,486	**2,262**	**3,293**	**3,358**	**21,399**

30. Tax

The charity is unable to reclaim all VAT incurred on expenditure. Irrecoverable VAT incurred during the year amounted to £821,000 (2021: £678,000).

31. Leasing commitments

At 31 March 2022, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	**Property 2022 £'000**	Property 2021 £'000	**Cars 2022 £'000**	Cars 2021 £'000	**Office equipment 2022 £'000**	Office equipment 2021 £'000
Operating leases which expire:						
Within one year	**382**	470	**15**	32	**191**	170
Within two to five years	**1,967**	1,555	**-**	15	**365**	505
After five years	**339**	688	**-**	-	**-**	-
	2,688	2,713	15	47	556	675

32. Reconciliation of movements on unrealised gains

	2022 £'000	2021 £'000
Unrealised gains at 1 April	**3,671**	1,893
Less: in respect to disposals in year	**(645)**	(314)
Add: net gains on revaluations in year	**1,762**	2,092
Total unrealised gains at 31 March	4,788	3,671

33. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up, members are required to contribute an amount not exceeding 5p.

34. Dormant subsidiary companies

The Stroke Association owns 100% of The Chest Heart and Stroke Association (company number 02100497), The British Stroke Foundation (company number 02642339) and Stroke UK Limited (company number 05741880), dormant companies incorporated in England and Wales and 100% of Speechmatters Limited (company number NI049026), a dormant company incorporated in Northern Ireland.

35. Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 11 and 16 respectively. During the year the charity received £48,000 community services income (2021: £48,000) from West Essex Clinical Commissioning group, of which Stephen King (Stroke Association Chair) is a governor. This contract was entered into before he became a trustee.

During the year, costs totalling £57,000 (2021: £5,000) were charged from Stroke Association Limited to Stroke Association (Trading) Limited representing costs incurred by the charity that relate to its subsidiaries activities.

During the year, costs totalling £70,000 (2021: £Nil) were charged from Stroke Association (Trading) Limited to Stroke Association Limited representing costs incurred by the Trading Company that relate to the charity's activities.

During the year, £40,000 (2021: £253,000) was paid to Stroke Association by Stroke Trading Limited being profits gift aided by the subsidiary.

At 31 March 2022, £132,000 (2021: £40,000) has been accrued in the books of the charity being gift aided profits from its trading subsidiary.

36. Agency arrangements

During the year, the Stroke Association received £150,000 (2021: £908,000) from the British Heart Foundation (BHF) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including BHF. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these BHF receipts to grantees amounted to £402,000 in the year (2021: £300,000), and cash held by the Stroke Association on behalf of BHF at the year end amounted to £574,000 (2021: £827,000), which is included within grant commitments.

During the year, the Stroke Association also received £72,000 (2021: £211,000) from the Alzheimer's Society (AS) as part of an agency relationship.

Cash payments from these AS receipts to grantees amounted to £42,000 in the year (2021: £211,000), and cash held by the Stroke Association on behalf of AS at the year end amounted to £138,000 (2021: £248,000), which is included with in grant commitments.

37. Contract and grant income acknowledgement

The Stroke Association was awarded many grants and contracts during the year including the following that have requested a formal acknowledgment in these accounts:

- Bedfordshire and Luton Community Foundation
- Manchester City Council
- Shropshire Council
- Wakefield Council

38. Movement in funds

Group	Opening balance 1 April 2021 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	**Closing balance 31 March 2022 £'000**
Unrestricted funds					
-Designated funds	2,262	210	(728)	11,222	**12,966**
- Fixed asset fund	3,293	-	(466)	404	**3,231**
-General funds (free reserves)	12,484	28,849	(17,633)	(11,092)	**12,608**
	18,039	**29,059**	**(18,827)**	**534**	**28,805**
Restricted income funds	3,358	13,959	(12,482)	(534)	**4,301**
	21,397	**43,018**	**(31,309)**	**-**	**33,106**
Funds retained within a non-charitable subsidiary	14	288	(288)	-	**14**
	21,411	**43,306**	**(31,597)**	**-**	**33,120**

Group	Opening balance 1 April 2020 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2021 £'000
Unrestricted funds					
-Designated funds	2,618	153	(406)	(103)	2,262
- Fixed asset fund	4,014	-	(661)	(60)	3,293
-General funds (free reserves)	8,784	24,349	(20,954)	305	12,484
	15,416	**24,502**	**(22,021)**	**142**	**18,039**
Restricted income funds	3,324	12,068	(11,892)	(142)	3,358
	18,740	**36,570**	**(33,913)**	**-**	**21,397**
Funds retained within a non-charitable subsidiary	14	212	(212)	-	14
	18,754	**36,782**	**(34,125)**	**-**	**21,411**

38. Movement in funds continued

Charity	Opening balance 1 April 2021 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	**Closing balance 31 March 2022 £'000**
Unrestricted funds					
-Designated funds	2,262	210	(728)	11,222	**12,966**
- Fixed asset fund	3,293	-	(466)	404	**3,231**
-General funds (free reserves)	12,486	28,979	(17,764)	(11,092)	**12,609**
	18,041	**29,189**	**(18,958)**	**534**	**28,806**
Restricted income funds	3,358	13,959	(12,482)	(534)	**4,301**
	21,399	**43,148**	**(31,440)**	**-**	**33,107**

Charity	Opening balance 1 April 2020 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2021 £'000
Unrestricted funds					
-Designated funds	2,618	153	(406)	(103)	2,262
- Fixed asset fund	4,014	-	(661)	(60)	3,293
-General funds (free reserves)	8,786	24,394	(20,999)	305	12,486
	15,418	**24,547**	**(22,066)**	**142**	**18,041**
Restricted income funds	3,324	12,068	(11,892)	(142)	**3,358**
	18,742	**36,615**	**(33,958)**	**-**	**21,399**

39. Income and expenditure for the three devolved nations

	Wales 2022 £'000	Scotland 2022 £'000	Northern Ireland 2022 £'000	Wales 2021 £'000	Scotland 2021 £'000	Northern Ireland 2021 £'000
Income from:						
Donations and legacies	**1,251**	**560**	**363**	1,649	542	194
Charitable activities – local services	**574**	**1**	**92**	640	5	131
Other trading activities	**4**	**5**	**1**	-	-	-
Investments	**-**	**-**	**-**	-	-	-
Other	**7**	**-**	**-**	-	-	-
Total income	**1,836**	**566**	**456**	**2,289**	**547**	**324**
Expenditure on:						
Stroke support services	**778**	**96**	**105**	1,166	154	851
Community development and volunteering	**255**	**167**	**19**	222	114	119
Research grants and awards	**-**	**-**	**-**	-	-	-
Systems influencing	**65**	**57**	**21**	80	44	74
Awareness and engagement with stroke	**-**	**-**	**-**	77	43	72
Raising funds	**-**	**-**	**-**	97	90	65
Total expenditure	**1,098**	**320**	**145**	**1,642**	**445**	**1,181**
Surplus/(Deficit)	**738**	**246**	**311**	647	103	(857)

39. Income and expenditure for the three devolved nations continued

Income includes all donations where the registered address of the donor can be determined as one of the devolved nations. Income for UKSF has been treated as universal.

Expenditure includes all costs that can be directly attributed to the nation. Property costs have been treated as overheads and have not been allocated to the nation where they are located as various activities operate from them.

Each expenditure line also includes an overhead allocation. We calculated the direct expenditure of the devolved nation as a proportion of the overall charity spend. We then took the same proportion of the total overhead cost of the charity and added this to the devolved nation expenditure.

Overheads include HR, IT, property, finance and management.

The surplus or deficit for each devolved nation represents their contribution towards or utilisation of the charity's universal services across the UK.

Reserves are not allocated across the nations but are held centrally and are available across the organisation.

Where reserves have been restricted to a devolved nation these have been applied to expenditure in that devolved nation.

Research grant awards have been treated as universal costs. However, it should be noted that this year, £242,000 (2020-21 £60,000) was award to Edinburgh University, with a further £15,000 to Glasgow University (2020-21 £240,000).

40. Contingent Asset

During the reporting period, we have been notified of legacies that could total £5.3 million where either no grant of probate has been received or the grant of probate has been received within six months of the end of the financial year. This gives rise to a contingent asset as it is a possible asset arising from a past event (the notification of the legacy by the solicitors for the deceased legators), but the outcome will be determined by an uncertain future event (any debts owed by the legator or challenges from family members).

When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at **stroke.org.uk**.

We're here for you.
Stroke Helpline: **0303 3033 100**
From a textphone: **18001 0303 3033 100**
Email: **helpline@stroke.org.uk**

Rebuilding lives after stroke

Stroke Association

Item code: **A08C05** © Stroke Association 2022
The Stroke Association is a company limited by guarantee, registered in England and Wales (No 61274). Registered office: Stroke Association House, 240 City Road, London EC1V 2PR.
Registered as a charity in England and Wales (No 211015) and in Scotland (SC037789). Also registered in the Isle of Man (No. 945) and Jersey (No. 221), and operating as a charity in Northern Ireland.

IN 2223-057

STROKE ASSOCIATION

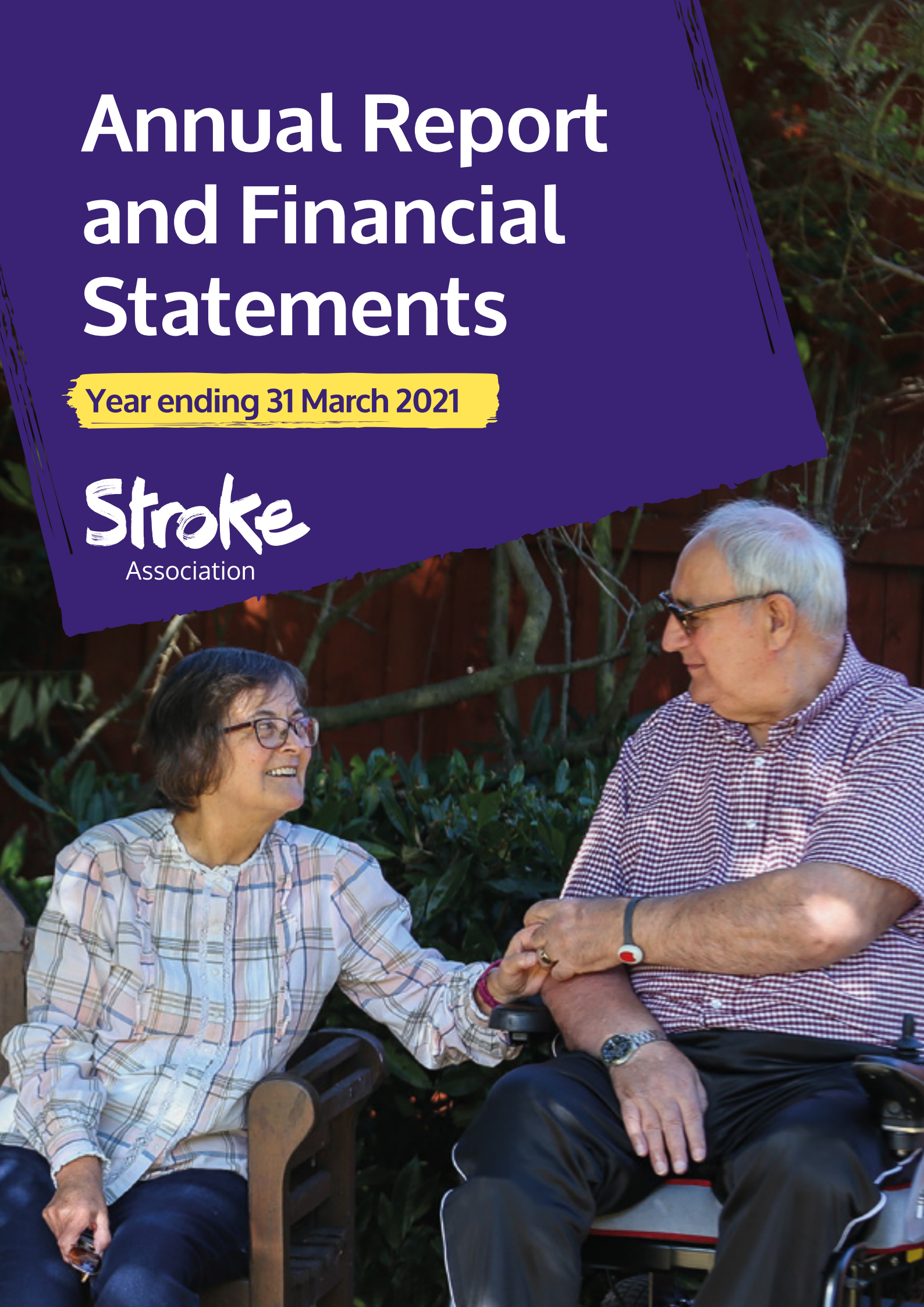
England & Wales - Charity number 211015

Accounts

Annual Report and Financial Statements

Year ending 31 March 2021

Stroke Association



Every five minutes, stroke destroys lives. We help to rebuild them.

Contents

Introduction

Chair and Chief Executive's welcome 6

Rebuilding lives after stroke

What we do 12

How and why we do it 14

What we've achieved 16

Funding our work 18

Strategic report

Goal A – Make stroke the priority it needs to be 20

Goal B – Ensure that everyone affected by stroke has access to the rehabilitation and lifelong support they need 46

Goal C – Partner with people and communities to help them take action on stroke 58

Our goals for the next year 80

How we work 82

Financial review of the year 96

Governance

Structure, governance and management 104

Financial statements

Independent auditor's report 122

Consolidated statement of financial activities 128

Consolidated balance sheet 129

Charity balance sheet 130

Consolidated statement of cash flows 131

Principal accounting policies 133

Notes to the financial statements 142



Image

Chair and Chief Executive's welcome

2020–21 was a tough year for stroke survivors

The Covid-19 pandemic affected every step of people's stroke experience – from making people afraid to seek medical help if they have had a stroke, to restricting access to rehabilitation to help their recovery. Lockdowns and an extended period of stress and uncertainty have also had a devastating impact on people's mental health.

It's been an incredibly challenging year for our charity too. We're proud of the resilience that our staff, volunteers and supporters have shown. As a result, we have been able to continue providing support that stroke survivors and their families need. We remain determined that everyone affected by stroke should get the help they need to rebuild their lives.

The immediate impact of Covid-19

In April 2020, the number of people going to hospital emergency departments and being admitted to stroke units dropped dramatically. We responded quickly by running a public awareness campaign to spread the word that stroke is still a medical emergency. Stroke unit admission numbers were back to near-normal levels by the summer.

But stroke survivors were still not getting the support they needed. We surveyed 2,000 stroke survivors and carers. They said they were finding it difficult to access community stroke rehabilitation, and they were experiencing significant effects on their mental health. This dire situation meant that existing health inequalities, where some people already struggled to access the support they need, got even worse. We highlighted our findings in our 'Stroke Recoveries at Risk' report, which we sent to governments and system decision-makers across the UK. Our message was clear: don't overlook stroke.

Keeping stroke a priority

Our NHS colleagues showed amazing commitment and creativity in adapting stroke services, and most stroke delivery standards were maintained. However, rates for mechanical thrombectomy, a clot retrieval procedure, slowed in England, thrombolysis rates started to decline in early 2021, and ambulance response rates were noticeably slower, particularly in Wales.

We remain concerned that progress in modernising stroke services across all four nations of the UK is still frustratingly slow. We were pleased that funding was given to Integrated Stroke Delivery Networks (ISDNs) and three rehabilitation pilots in England, but disappointed that the publication of the National Stroke Service Model was delayed until May 2021. And in Scotland, Wales and Northern Ireland, the governments' good intentions have not yet been translated into action on stroke service transformation.

We will continue to fight for these desperately needed changes to reduce the number of preventable deaths and life-changing disabilities after stroke. Thank you to everyone who has helped us to call for stroke to be made a priority.

Directly supporting people when they need help

We renewed our ambition to offer personalised support to all stroke survivors and carers by focusing on a smaller range of high-quality face-to-face, telephone and digital offers. We supported a total of 70,736 stroke survivors and carers in 2020–21, 7% up on the previous year.

As lockdown struck, our 305 Stroke Coordinators quickly adapted to support people with telephone and online calls. We quickly designed and launched two brand-new services to help stroke survivors continue with their recoveries. Stroke Association Connect, funded by NHS England and NHS Improvement (NHSE/I), provides telephone support and signposting to newly discharged stroke survivors and families in areas where the NHS does not commission our local services. Here for You is a volunteer-led telephone support service for stroke survivors and carers to help combat loneliness. Both these services have been very well received, and we will continue to offer these to stroke survivors.

Our Stroke Association support groups and communities across the UK also adapted brilliantly. Two thirds of our groups continued to provide invaluable peer support by telephone, Zoom, WhatsApp or other digital channels. Understandably, some of our volunteers chose to pause their volunteering, but many continued. Here for You also enabled us to recruit 500 new volunteers, including those from more diverse backgrounds and speaking over 20 different languages, making the service more accessible.

Research under threat

The pandemic has hit vital stroke research hard, as governments

diverted funds and people to Covid-19 research. We had to cut our planned new research funding grants by nearly half this year and last year to address the pandemic's impact on our fundraising. But we've worked hard with our world-class network of stroke researchers to protect their research as much as possible and make plans to rebuild quickly as funding is restored.

We supported the Association of Medical Research Charities' call for matched government funding for charity medical research. We maintained our commitment to building research capacity, funding three new Research Fellows and two Lecturers to help grow the next generation of stroke research leaders. We also made good progress with the Stroke Priority Setting Partnership. This gathered insight from 1,400 stroke survivors, carers and healthcare professionals about their priorities for future stroke research, which will stimulate more partnerships and funding into stroke research.

A challenging year for our finances

Many of the events planned by our amazing fundraisers could not take place, and support from businesses dried up as they diverted their efforts to survival or helping with the immediate crisis. In March 2020 our financial position looked very bleak, and we had to take swift action to reduce costs. We made use of the UK Government's furlough scheme and cut or scaled back many of our activities.

However, our supporters did not abandon us. They responded to our urgent appeals, found ingenious new ways to raise money, and many loyal regular donors increased their gifts. We are grateful to the UK Government for its £1.3m grant to support awareness and delivery of our services. Despite delays in the probate system, our legacy income ended up close to last year's figure at £12.1m.

All of this meant that our income fared better than early forecasts, and we managed to cut our expenditure. We withdrew £1.4m from our investment portfolio in April to cover the immediate drop in income at the start of the pandemic. Thanks to the amazing support we received, we ended the year with an operating surplus of £448,000. The stock market bounce-back also meant that our reserves have recovered most of the ground they lost in 2019–20.

Adjusting to a new normal

Our staff and volunteers demonstrated remarkable resilience, agility and commitment to our cause during the year. We prioritised support for flexible working and mental health to help our people cope with the impact of Covid-19. Following consultation with staff, we became a remote working organisation, and we're now accelerating our plan to close offices and end leases. Our IT systems held up well and we took the opportunity to prioritise IT system security and stability. Staff turnover and sickness levels reduced dramatically. Our overall staff engagement score increased from 80% to 85% and all areas showed improvement, including staff feeling able to give genuine feedback and that their voice is heard. We do, however, still have work to do to improve our systems and processes, with plans in place to upgrade our fundraising and learning IT systems.

We continued redesigning our ways of working to increase our impact on people affected by stroke in a financially sustainable way. We streamlined our Executive Directors Team in the summer, confirmed our senior leaders in the autumn, and started consultation with 320 staff about proposed new structures in April 2021. We expect to reduce our overall staff costs by 13%.

Looking forward

There's no doubt that it's been a tough year for everyone, not least stroke survivors and their families. But we feel confident that the Stroke Association remains strong and fit for the future, and reassured that our amazing supporters are still with us. We've proven ourselves to be agile, resilient and bold, features that should serve us well in uncertain future times.

Rebuilding lives is a team effort and our work is only possible thanks to the determination and generosity of the stroke community. Our thanks in particular to our trustees, including Bob Empson, Stuart Fletcher and Michael Lynagh who stood down during the year. Thank you to all our supporters, staff, volunteers and partners for your commitment and loyalty to our cause. We're proud of our collective efforts towards our shared vision of fewer strokes and where people affected by stroke get the help they need to lead the best life they can.





Signed:



Stephen King,
Chair of Trustees



Juliet Bouverie,
Chief Executive

Our vision

Our vision is for there to be fewer strokes, and for people affected by stroke to get the help they need to live the best life they can.

Our purpose

We want to be the trusted voice of stroke survivors and their families.

We want to drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke.

Rebuilding lives after stroke

We want:

- There to be fewer strokes.
- People affected by stroke to get the help they need to live the best life they can.
- To be the trusted voice of stroke survivors and their families.
- To drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke.

What we do

We're here to support people to rebuild their lives after stroke. We believe everyone deserves to live the best life they can after stroke, so we work with the stroke community to make sure people affected by stroke get the very best care and support.



Practical and emotional support

Our person-centred emotional, communication and rehabilitation services, including our local Stroke Recovery Services and our new Here For You and Stroke Association Connect services, help people to move forward after one of the most frightening experiences of their lives.



Life-changing research

Our research helps to improve treatments, care and rehabilitation, saving thousands of lives and helping stroke survivors make the best recovery they can.



Making your voices heard

We are the force for change. By listening to and working with people affected by stroke, we drive improvements in stroke care locally and nationally.



Advice and information

Our Stroke Helpline, website, My Stroke Guide and publications, including our health guides and Stroke News magazine, offer information and support to everyone affected by stroke.



Building and connecting stroke communities

Our UK-wide network of stroke support groups play a vital role in the recovery of stroke survivors. We also connect stroke professionals and leaders with stroke communities to ensure their work is informed by lived experience.



Inspiring action

Our amazing volunteers and fundraisers work locally and nationally to raise awareness of stroke and much-needed funds to support stroke survivors.



Find out more about who we are and what we do on **stroke.org.uk.**

How and why we do it

A stroke happens in the brain, the control centre for who we are and what we can do. It can strike anyone – young, old and everyone in between – at any time, changing lives in an instant.

Stroke is one of the leading causes of death and adult disability in the UK. It can also have a huge impact on the carers, family and friends of stroke survivors. But the brain can adapt and, with the right support, it's possible to make a recovery and find ways to adjust to life after stroke.

There are over 1.3 million people living with the effects of stroke in the UK. As the population ages, the number of strokes is projected to double over the next 20 years. It's vital that we act to ensure that stroke is better understood and stroke survivors and carers get the support they need, both now and in the future.

In April 2019, we embarked on our new strategic plan, with three clear goals:

Goal A:
Make stroke the priority it needs to be.

Goal B:
Ensure that everyone affected by stroke has access to the rehabilitation and lifelong support they need.

Goal C:
Partner with people and communities to help them take action on stroke.

Throughout all the upheaval of the last year, our staff, volunteers and supporters have gone above and beyond to strive towards the three goals in our strategic plan.

By adapting our ways of working and finding new ways to support people, we've made significant achievements in all three areas, which you can read about from page 20. We are proud of how our community has come together in the face of a global crisis to help us rebuild lives after stroke. Thank you.



In 2020–21 we directly supported **70,736 stroke survivors and carers** through our local services, volunteer groups, and digital and telephone support services – an increase of 7% from last year (66,306 in 2019–20).

93% (94% in 2019–20) were satisfied with the support we gave them.

What we've achieved

It's been a tough year for us all, but there's still plenty to celebrate...

April 2020
We launched our Here For You telephone support service. 530 volunteers made 9,300 calls by the end of the year – that's over 4,500 hours of listening and peer support.

Our emergency campaign 'Stroke remains a medical emergency' was name-checked by Professor Stephen Powis, National Medical Director for NHSE/I, in the Prime Minister's daily briefing.

We reached 9m people with our radio and social media activities to make sure that stroke survivors were not forgotten during the pandemic.

June
In Aphasia Awareness Month we launched our 'Getting online for people with aphasia' guide – it's been viewed on our website 6,500 times.

We launched our Stroke Association Connect service and received 4,377 referrals by the end of March 2021.

July
Our online UK Stroke Assembly, with 40 webinars and 24 guest speakers, was viewed over 5,000 times.

Stride for Stroke was our most successful virtual event ever, raising £120,352 with 1,168 participants walking an incredible 609,696 miles.

August
We collected nearly 4,000 questions for research to improve stroke care from 1,400 people affected and professionals in stroke.

September
Our 'Stroke Recoveries at Risk' report, sharing the devastating impact of the pandemic on stroke care, generated over 200 pieces of media coverage and helped persuade Public Health England to run a new Act FAST public awareness campaign.

29 October
On World Stroke Day we delivered an open letter signed by over 8,000 people to the Health Secretaries of England, Scotland, Wales and Northern Ireland, urging them to read and act on our 'Stroke Recoveries at Risk' report.

30 November – 2 December
Over 1,800 delegates attended our first virtual UK Stroke Forum (UKSF), the UK's largest multidisciplinary conference for stroke care professionals.

14 January
Our Stroke Prevention Day encouraged people to pledge to make a change in their diet or lifestyle to reduce their risk of stroke.

February
We announced funding for a research study to investigate whether Covid-19 causes life-threatening strokes.

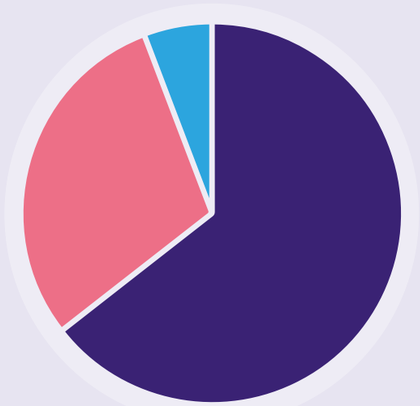
March 2021
Our Stroke Helpline team reached a grand total of 18,055 enquiries handled over the year – one of our busiest ever years.

Funding our work

Where the money came from (£ million)

- Donations and legacies: **£22.3**
- Community service contracts: **£10.3**
- Other income (including trading, investments and the UK Government's furlough grant): **£2.0**

Total income: £34.6





For every £1 we receive we spend 78p on our charitable work (2019–20: 77p).

How we spent it (£ million)

- Stroke Support Services: **£18.1**
- Community development and volunteering: **£2.0**
- Research grants and awards: **£1.8**
- Systems influencing: **£0.8**
- Awareness and engagement with stroke: **£3.8**
- Raising funds: **£7.6**

Total expenditure: £34.1



Goal A – Make stroke the **priority** it needs to be

In a year when Covid-19 has overshadowed everything else, we've worked tirelessly to keep a spotlight on stroke. We've urged governments and decision-makers to prioritise stroke, improve access to life-changing therapies and protect vital funds for stroke research.

Stroke is one of the leading causes of death and disability in the UK, but health inequalities and under-resourcing lead to a huge variation in how it's treated across the nations. The pandemic has meant too many stroke survivors going without the vital rehabilitation and post-stroke support they need to rebuild their lives. And stroke research has been dealt a devastating blow by funding cuts and laboratory closures.

We are calling for a focus on stroke to be at the forefront of the UK's pandemic recovery so that everyone affected by stroke gets the support they need to rebuild their lives.

In 2020–21:



We spoke out about the devastating impact of the Covid-19 pandemic on stroke services, research and recoveries.

We surveyed almost 2,000 stroke survivors and their carers, and found that the pandemic has affected every aspect of the stroke services they receive. It's also had a profound effect on stroke research funding and capability.

We published these findings in our 'Stroke Recoveries at Risk' report, along with our nation-specific recommendations to the four UK governments and health decision-makers to ensure that stroke survivors and carers get the help they need.

The report found that:

- **Nearly one third (30%)** of those who had a stroke during the pandemic delayed seeking emergency medical attention due to the pandemic.
- **Around half** of all stroke survivors had therapy appointments cancelled or postponed.
- **Two thirds (68%)** of stroke survivors have felt more anxious and depressed.
- **Three quarters** of Stroke Association funded researchers had their research paused.

Report highlights

Our message for stroke to be a priority was shared widely across the UK, with coverage in national and local print media, radio and TV that raised awareness and encouraged people to support our cause.

We had positive feedback from local stroke teams, saying the report directly supported and informed stroke service improvements regionally. For example, health services in north west England have used our insights to better understand how to support people to access digital services and address digital exclusion.

Our report helped persuade Public Health England to run a new Act FAST public health awareness campaign, which ran in spring 2021.

We fed the results into the National Stroke Programme which we co-chair with NHSE/I, raising awareness of the impact of Covid-19 on rehabilitation and long-term support.



Susan Fraser

"I really struggle with the lack of routine. Before lockdown, I went to the gym three times a week and had joined a walking group. However, my walking is hampered by drop foot, caused by my stroke. I'm waiting for an operation but it was cancelled due to Covid-19. I'm embarrassed about the way I walk."



Peter Kemp

"The pandemic affected me massively. I lost staff at my business which meant I had to work more hours myself, leading to extreme fatigue. This made everything worse. Even though I was busy with work I felt very isolated. My mental health suffered immensely and the stress related to Covid-19 made it worse."



Willie McLean

"Since my stroke, I've been determined that I will get better. I just need time and the access to the experts who can work with me to make it happen. I'm very proud of the achievements I've made. I just wish all stroke survivors were able to get the appropriate physical and emotional support they need to rebuild their lives no matter where they live or what their circumstances are."

We worked with governments and decision-makers, pushing for better outcomes for stroke around the UK

England: We have continued to work closely with NHSE/I on the development of Integrated Stroke Delivery Networks (ISDNs), which bring together the services involved in stroke care from emergency treatment through to community services. This joined-up approach aims to improve care at every step of the way, saving lives and leading to better outcomes for stroke survivors. We've worked with our NHSE/I colleagues to define roles and responsibilities for each ISDN, and develop a new National Stroke Service Model setting out the care all stroke survivors should receive.

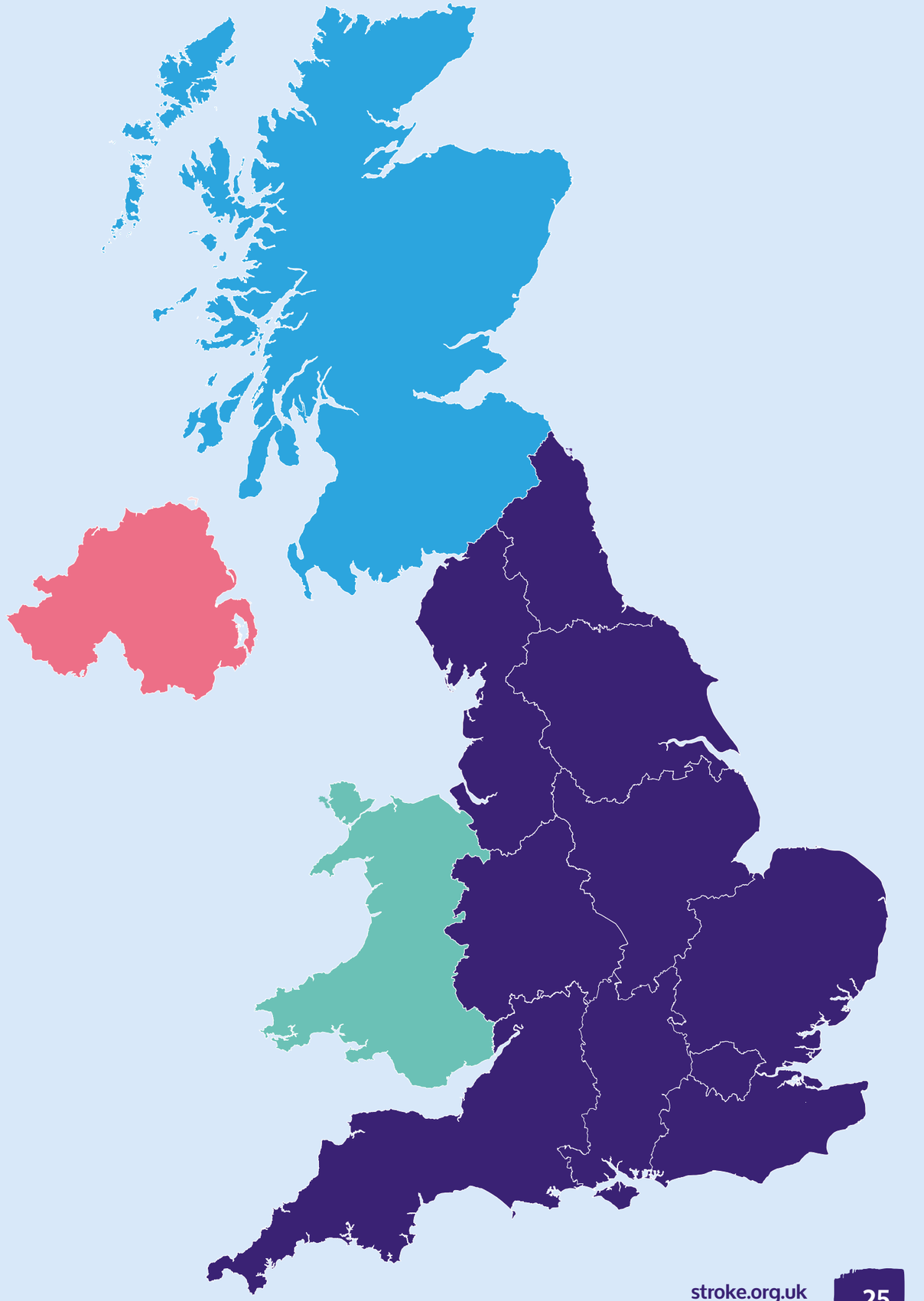
We've supported people with lived experience of stroke to work with NHSE/I's National Stroke Programme, setting a nationwide approach to patient involvement to give people affected by stroke a voice in decision-making within the ISDNs. We've developed a toolkit to influence the establishment of effective involvement in ISDNs, and have also supported involvement at a local level so that stroke care focuses on the priorities that matter most to people affected by stroke.

In December 2020, NHSE/I introduced a new system called 111 First, encouraging people to contact 111 for an urgent but not life-threatening health problem before going to A&E. We worked with British Heart Foundation and NHSE/I to ensure that the 111 First campaign didn't put people off calling 999 for stroke symptoms and heart attacks.



Jean Sherrington, Patient and Public Voice Representative in Lancashire and South Cumbria's ISDN

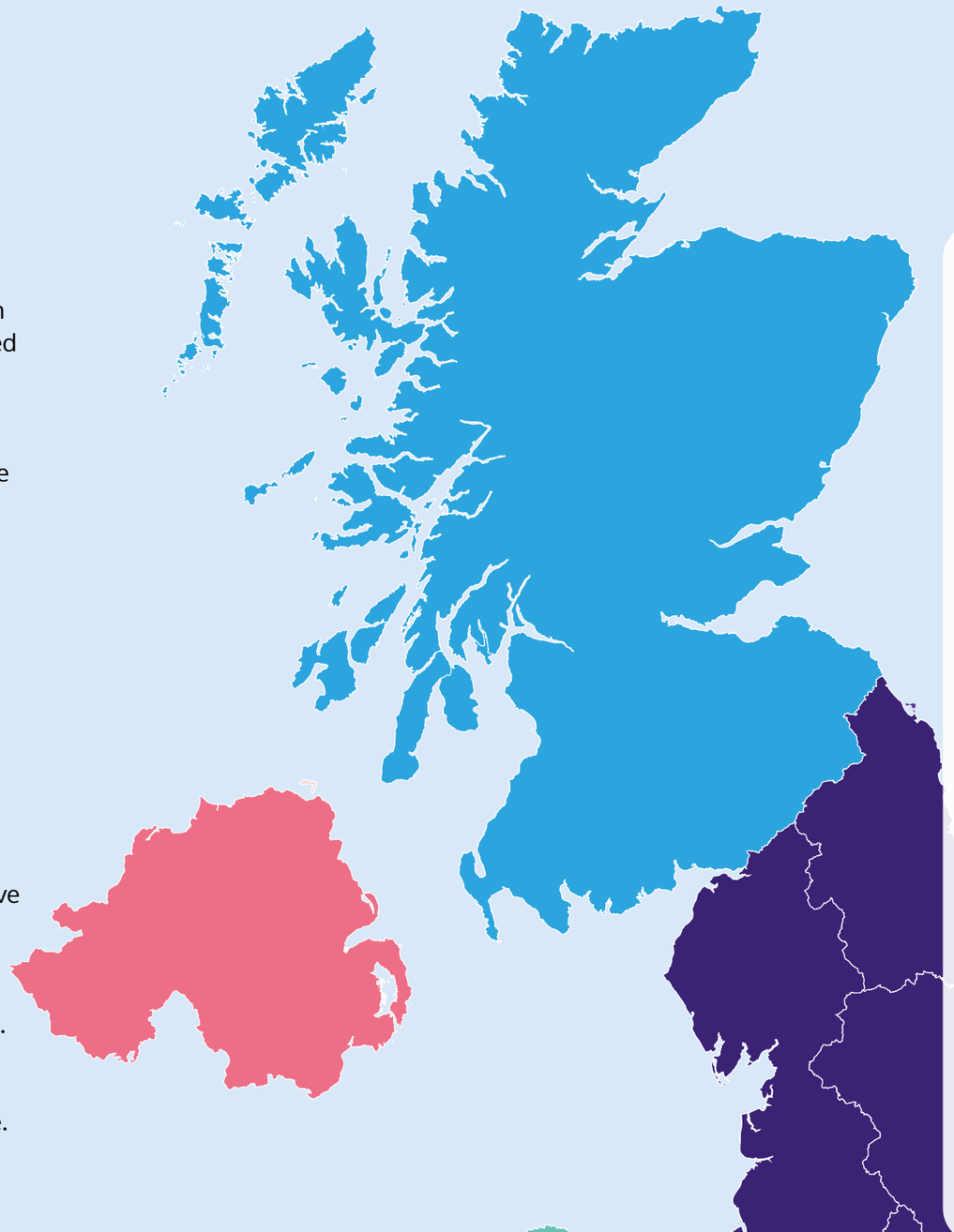
"It has been wonderful to see the emphasis given to the patient voice and be able to work with our own Stroke Unit, supporting patients and importantly staff. Earlier this year, a new Patient and Carers Assurance group was formed. This is an exciting and powerful group that is able to highlight what improvements are needed and follow through to implementation."



Scotland: We launched our manifesto 'Make stroke the priority it needs to be in Scotland' ahead of the Scottish parliamentary election in May 2021. The manifesto called for the next Scottish Government to push on with the current stroke improvement programme and quickly establish a new, progressive stroke service so that all patients receive timely access to evidence-based, stroke specialist treatment, rehabilitation and support.

We continued to support the establishment of a thrombectomy service in Scotland, both in internal discussions as the details of the service are developed, and in the media as a champion for this progressive development.

We worked with Chest Heart & Stroke Scotland (CHSS) to set up and support a Scottish Government National Stroke Voices panel of stroke survivors and carers as part of the National Advisory Committee on Strokes. The panel will ensure that people affected by stroke have a say in decisions about stroke on a national level. We also supported NHS Tayside to set up their own Stroke Voices group, enabling people with lived experience to influence local stroke treatment and care. As part of the Tayside work, we've worked with CHSS, Headway, allied health professionals and other third sector partners to identify gaps in the support available.





Alan Flynn, stroke survivor and member of the National Stroke Voices Panel for Scotland

"To be affected by stroke in Scotland today means that you will have the right treatment if you are in the right place, but possibly a poor experience if you're not. So it's essential that we shape a better future for everyone affected by stroke. For me, involvement in the panel represents a unique opportunity as a stroke survivor to influence the decision-makers who will make that happen. We meet monthly on video and it's still early days yet, but each meeting so far has been very productive. I believe that NACS and the government are listening to what we have to say, and I am hopeful – and determined – that our group will have a positive impact."

Around **10,000 people** have a stroke every year in Scotland. Stroke and cerebrovascular disease kills over 3,750. Many more have to live with the effects.

Wales: We have continued to work with the Welsh Government and parliament members to highlight the need for a new national plan for stroke as the current Stroke Delivery Plan expires in 2022. We worked with the Cross-Party Group on Stroke and other Senedd members to hold a debate which resulted in the passing of a motion in support of a new national plan for stroke.

We called on political parties to include a new national plan for stroke in their manifestos for the Welsh parliamentary election in 2021. In our document 'The next Welsh Government: A new plan for stroke in Wales' we urged the next administration to develop a new national plan for stroke, to save and transform the lives of the 7,400 people who experience a stroke each year in Wales.

Dr Shakeel Ahmad, the new National Clinical Lead on stroke in Wales, joined us to launch the manifesto with a virtual event for Members of the Senedd on World Stroke Day, 29 October.

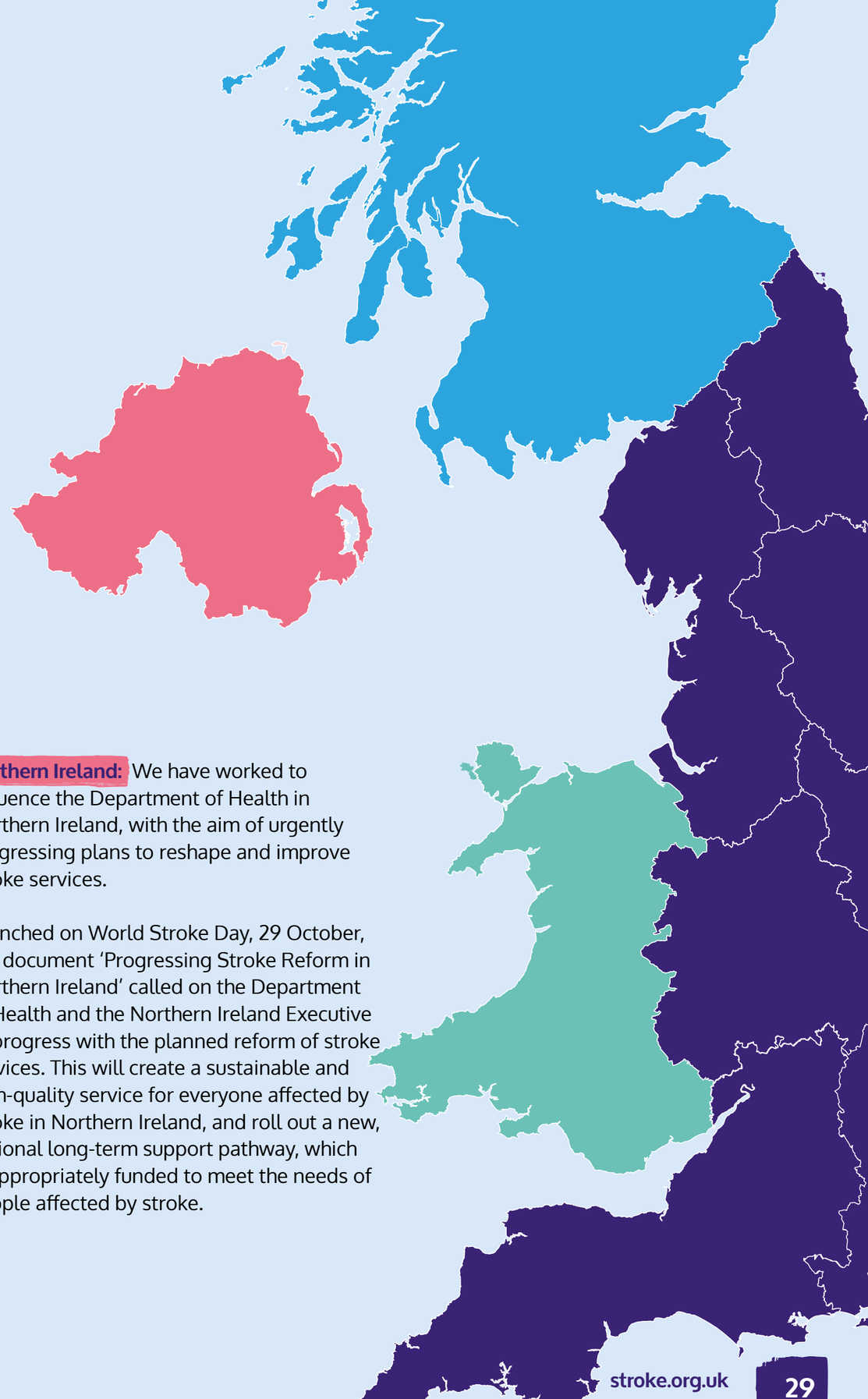
We launched a new Community of Stroke Best Practice in Wales, encouraging people working in stroke to come together to share information and concerns and facilitate best practice.

The first meeting took place in June 2020 and was attended by clinicians, health professionals and people working in stroke services across Wales. The community has gone on to explore themes including post-Covid rehabilitation, mental health support for stroke survivors and support for stroke carers.



"The Community of Best Practice in Wales has been a hugely valuable initiative in linking areas of good practice and innovation. It has also been good at doing the difficult task of highlighting challenges and things that could be further improved. Working in a community team that has included highlighting the needs of people living life after stroke. There is a real risk that the voice of these people gets quieter the further they move from the hospital back door. I have really valued the role of the Community of Best Practice in amplifying their voice, particularly during the pandemic."

Daryl Harris - Consultant Clinical Psychologist, Aneurin Bevan UHB - Community Neurological Rehabilitation Service



Northern Ireland: We have worked to influence the Department of Health in Northern Ireland, with the aim of urgently progressing plans to reshape and improve stroke services.

Launched on World Stroke Day, 29 October, our document 'Progressing Stroke Reform in Northern Ireland' called on the Department of Health and the Northern Ireland Executive to progress with the planned reform of stroke services. This will create a sustainable and high-quality service for everyone affected by stroke in Northern Ireland, and roll out a new, regional long-term support pathway, which is appropriately funded to meet the needs of people affected by stroke.



We used our influence to get stroke survivors access to vaccinations

After stroke survivors in England told us they were denied a group 6 priority appointment to receive the Covid-19 vaccine, we took action to ensure all stroke survivors were able to receive their vaccine as part of this priority group.

This included:

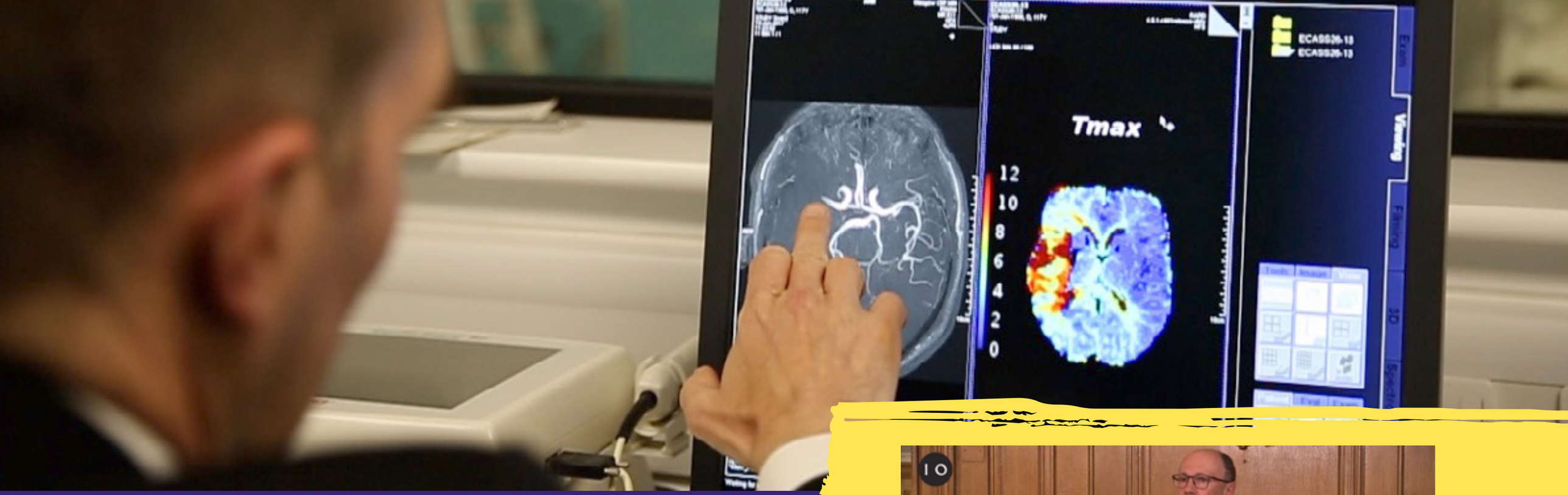
- Co-writing a letter with the British Association of Stroke Physicians to all GPs reminding them of their vaccine obligation to stroke survivors. This letter appeared in a national newspaper to raise awareness of this issue.
- Engaging with the DHSC and NHSE/I communications teams to include messages about vaccine obligations to stroke survivors in their newsletters and Health and Care Leaders bulletin.
- Participating in a DHSC-backed social media campaign alongside other leading health charities, to share the benefits of vaccination and encourage our beneficiaries to take up their doses when offered. The campaign reached 2.5m people.
- Ensuring stroke was clearly named as a priority condition for group 6 in our communications to stroke survivors.

We shared our knowledge to shape health and social care policy and guidelines

Our Policy and Influencing team responded to a variety of external consultations to help shape policy and guidelines and improve care and support for stroke survivors, with positive outcomes.

Consultations included the National Institute for Health and Care Excellence (NICE)'s stroke rehabilitation, atrial fibrillation and hypertension guidelines, the British Association of Stroke Physicians' future strategy, and NHSE/I's urgent and emergency care access standards.

We are developing a paper-based My Stroke Record so that all newly diagnosed stroke survivors leave hospital with core personalised information related to their stroke. This will help stroke survivors to be better informed about their stroke, understand the next steps for their care and support, and feel more engaged and involved in their care.



We spread the word: stroke remains a medical emergency

When someone has a stroke, getting medical help immediately will give them the best chance of survival and recovery.

But as the first wave of the pandemic swept across the UK, research from the NHS showed that hospital admissions for strokes and heart attacks declined by 50%, as people who were worried about coronavirus or being a burden on the NHS stayed away from hospitals.

We ran a public relations campaign encouraging those who suffered stroke-like symptoms to call 999. The story was covered by the BBC, Daily Mail, Daily Telegraph, Sky News and Metro. This vital message was amplified when the NHS released an announcement stating that those suffering serious symptoms should still attend a hospital emergency department, crediting major charities, including the Stroke Association, for drawing attention to the issue.



Professor Stephen Powis, National Medical Director for NHSE/I, Prime Minister's daily briefing, 8 April 2020

"Two charities I work very closely with, the British Heart Foundation and the Stroke Association – and I know they would want me to remind everybody that the NHS has worked night and day to surge capacity to manage coronavirus, but it is also there for you if you have symptoms of a stroke, symptoms of a heart attack... You should be seeking emergency services just as you always have done. They are there for you, and although we are focusing on coronavirus, it's important we also continue to focus on other emergency conditions."

We set priorities for future research to improve stroke care

4,000 questions submitted

93 priority areas that couldn't be answered by existing stroke research

The PSP will go on to identify the **top 10** priorities for future research

The people most affected by stroke – survivors and their carers, health and social care professionals – rarely get the opportunity to set the strategic research agenda. We set out to change this by leading the Stroke Priority Setting Partnership (PSP) to ask them what questions future research needs to answer to improve stroke treatment and care.

We worked with the James Lind Alliance, a not-for-profit initiative which brings patients, carers and clinicians together in PSPs on an equal footing. A Steering Group of people affected by stroke and representatives from UK stroke healthcare professional bodies and charities helped shape decisions.



"The Stroke PSP provides robust guidance to researchers and funders on the areas of greatest need. It's vital to direct funds to these areas so researchers can continue to work with people affected and professionals in stroke and generate research evidence. This research can inform improvements in treatment and care that will bring the most benefit to people affected by stroke. I look forward to using the Stroke PSP results in my research to increase evidence in these areas."

Dr Shirley Thomas, Associate Professor, University of Nottingham School of Medicine

We raised awareness of stroke prevention

Our Stroke Prevention Day campaign was held on 14 January 2021 with the theme of "one small change". We encouraged people to make a small change to their lifestyle to reduce their risk of stroke for three months, with the aim of developing long-term healthy habits.

With stroke prevention forming a vital aspect of our work, this test event gave us valuable learnings which will feed into our future plans for reducing strokes.

92% of pledgers kept up their pledge for the full three months

2/3 carried it out on a daily basis

100% of respondents said they would keep up their behaviour change in the future



We continued to fund the future of stroke research

The pandemic put huge pressure on our funds, causing us to halve our planned new research grant awards. But stroke research is still absolutely vital, and we have carried on supporting stroke research leaders of the future so they can improve the lives of people affected by stroke for years to come.

We provided vital funds for three Fellows. These early career researchers will establish skills and networks to become leaders that can drive improvements in stroke treatment and care through their work:



Katie Monnelly, City University of London

"I want to improve treatment for stroke survivors with aphasia, a communication problem which impacts on relationships, social life, and mental health."



Dr Graham McClelland, Newcastle University

"My research looks to improve treatment of stroke patients by paramedics, often the first medical professionals to see a stroke patient. The right actions in the crucial early minutes and hours following stroke are vital to reduce the amount of damage to the brain."



Dr Lisa Tedesco-Triccas, University College London

"I'm looking to improve treatment for stroke survivors with hand and arm weakness. We need better treatments so these people can regain independence and get back to doing the things they enjoy."



We funded two Lecturers. These are experienced researchers who will establish their leadership of independent research teams to study stroke causes and therapies:



Dr Gargi Banerjee, University College London

"I hope to understand the cause of bleeding strokes (intracerebral haemorrhage) in younger people that had brain surgery as children."



Dr Christine Hazelton, Glasgow Caledonian University

"My research hopes to improve treatment for stroke survivors with vision problems, which affect around two thirds of stroke survivors."

We funded research to improve stroke treatments

Last year we planned to fund research on the impact of stroke on carers and fatigue in stroke survivors. However, after the applications underwent peer review and panel discussion with independent research experts, it was decided that the highest quality and most impactful applications were for research to improve emergency stroke treatments, so we awarded two Project Grants in this area:



Dr Adrian Parry-Jones at the University of Manchester will investigate whether a new treatment package can improve survival and life after a stroke caused by intracerebral haemorrhage (bleeding in the brain).

"Around 1 in 10 stroke patients in the UK have this type of stroke, and they are more likely to die or have a severe disability compared to those that have a stroke caused by a blood clot. We hope that combining treatments will help improve outcomes."



Professor Bruno Frenguelli at the University of Warwick will test a new medication, already used to treat other medical conditions, to see if it can be used as an emergency stroke treatment.

"This medication could dramatically improve treatment for stroke in an emergency to save the brain, and reduce the likelihood of death and disability caused by stroke."

We partnered with sight loss charity Fight for Sight to offer a joint Project Grant Award over £250,000 for research into visual impairment associated with stroke.



Professor Fiona Rowe at the University of Liverpool will examine whether a treatment called visual scanning training could help stroke survivors who are left with loss of vision on one side of their visual field.

"This research hopes to show whether visual scanning training can help the many stroke survivors affected by visual problems to live more independently."

We funded research to investigate Covid-19 and stroke



Dr William Whiteley at the University of Edinburgh will use health information from almost all adults living in the UK (around 60m) to investigate if the virus increases the likelihood of stroke

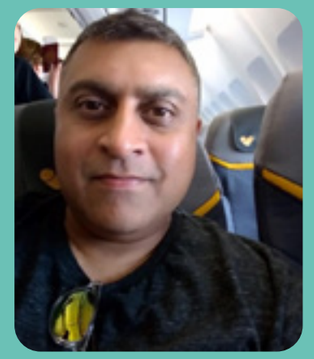
"By making the most of existing health information from such a large number of people, this research can establish urgent and important information about the risk of stroke in Covid-19 patients and lead to improved treatments."



Dr Richard Perry at University College London Hospitals NHS Foundation Trust will follow 2,000 stroke survivors for up to a year after their stroke, to better understand the links between Covid-19 and stroke.

"This research will allow us to answer important questions that could change treatment for people with stroke and Covid-19, such as whether the virus changes the risk of someone having a stroke caused by intracerebral haemorrhage (bleeding in the brain)."

Baz Singh, 48 from Solihull, experienced a stroke in October after contracting Covid-19



"Doctors said that Covid-19 had thickened up my blood and pushed my blood pressure through the roof and that I had no other markers or risk of stroke.

"I actually felt lucky in a way as the blood vessel burst was at the back of my head, otherwise the damage could have been much worse. I spent a week in hospital and then a few weeks in bed. I still get bad headaches and dizzy spells, I also have weakness in my left arm and hand.

"Research is vitally important. Without pioneering techniques there will be a lot more people with stroke and a lot more deaths – I wouldn't be alive without it.

"If the research into stroke isn't there that we can benefit from then I think the amount of strokes will just go up, especially with coronavirus, which isn't going away any time soon."

We let stroke survivors know we're still here for them

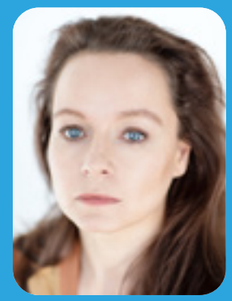
As the first lockdown struck, we had to rapidly rethink our communications to our beneficiaries and supporters. In April 2020, we sent an emergency mailing to nearly 200,000 stroke survivors and supporters to outline the support that was available to them during lockdown. We followed this in May with an awareness campaign created in just four weeks and filmed by stroke survivors in their own homes. The campaign explained how we were responding to the coronavirus crisis, how stroke survivors were being affected by lockdown, and why it was more important than ever to support people to rebuild their lives after stroke.

Campaign highlights

- Our partnership with Smooth Radio reached **3.9m listeners**, with celebrities Samantha Morton, Myleene Klass and Andrea McLean getting involved to share our stories and engage listeners.
- Our social media ad campaign reached **3.2m people**, prompting **65,000 people** to find out more on our website, and our organic social posts were seen nearly **250,000 times**.
- The campaign raised over **£385,000** and increased awareness of the Stroke Association among our target audience by **5%** in May.

Samantha Morton, actress and stroke survivor

"Somebody has a stroke every five minutes in the UK. With time, though... courage... and the right support, lives can be rebuilt. Mine was."



The effectiveness of our communications was recognised with further industry awards for our 2019 Rebuilding Lives campaign, which aimed to change the way people think about stroke, increasing awareness of stroke and the Stroke Association. Following last year's Marketing Society and Charity Film Awards plaudits we were shortlisted in the Charity category at the 2020 Marketing Week Masters, and won the Charity Times Award campaign of the year.



We helped share a message of hope for people affected by stroke

From October to December 2020, our Hope After Stroke campaign focused on the ways in which, by being there for survivors and their families, we can help people to find hope.

We help stroke survivors find the support they need to rebuild their lives, whether that's through a conversation with one of our Stroke Association Connectors, practical support from a Stroke Association Support Coordinator, sharing experiences with a fellow stroke survivor at one of our support groups, or joining our online community, My Stroke Guide.

We shared the stories of some inspirational stroke survivors who have rebuilt their lives and demonstrated that recovery is possible after stroke.

The campaign raised over **£360,000** which will help us continue to provide these much-needed services and give hope to people affected by stroke.

Karen and her son Joey, who had a stroke at the age of 10, shared their story in our Hope After Stroke campaign

"We were so relieved to see Joey open his eyes, but he could hardly move or say a word. But around three weeks later, Nick and I were by Joey's bed. We were communicating with him using a printed-out keyboard and I said, 'You will get better, Joey. You know that, don't you?' He started pointing to letters: D E T E R M... I was so excited and I said, 'Are you determined you'll get better?' The sparkle in his eyes told me all I needed to know."

Goal B: Ensure everyone affected by stroke has access to the rehabilitation and lifelong support they need

Covid-19 has affected every aspect of stroke recovery. It's had a huge impact on access to rehabilitation and ongoing support, causing significant challenges for stroke survivors trying to rebuild their lives. This threatens to undermine stroke recoveries and have a damaging effect on long-term health outcomes.

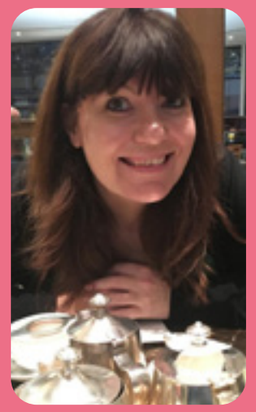
We want to ensure that all stroke survivors get the physical and emotional support they need, and ensure that new ways of working after the pandemic meet the needs of everyone affected by stroke.

We believe everyone deserves to rebuild their lives after stroke. That's why we are committed to supporting people through our stroke support services, through the pandemic and beyond.



Suzanne Luddon was referred to Stroke Association Connect after she had a stroke in October 2020

"My Stroke Association Connector was lovely and really reassuring. She made me feel like I wasn't on my own and what I was experiencing as a result of my stroke was normal. She's been there when no one else has been around and comforted me. She gave me that extra level of support I really needed after leaving the hospital. I think everyone should be able to benefit from Stroke Association Connect."



In 2020-21:

We launched a new service to give people immediate support after they leave hospital

With stroke survivors being discharged from hospital earlier during the pandemic, they needed our support more than ever. We created and launched a brand new service, Stroke Association Connect, for newly discharged stroke survivors. Supported by NHSE/I, it offers outreach telephone calls providing reassurance, support with immediate worries and concerns, and signposting to ongoing support that people can access at the right time for them.

We have **107** different NHS teams registered to refer into the service

We have had referrals for **4,377** stroke survivors

We've secured ongoing funding so this invaluable support can continue in future years.

Stroke Association Connect has given us the opportunity to develop and test a new service that has the potential to help us counter health inequalities across the UK and ensure that every newly discharged stroke survivor has support to rebuild their life.

We are now looking at how we can further develop and embed the service in our service delivery model and the wider stroke care pathway.



"Even though we can't see people in person, it's really important the Stroke Association is there to offer support for people practically and emotionally. I've said to people, 'Just ring me. You've got my number. If you just want to chat to me because you're on your own, just give me a ring. I'll be happy to talk to you.' I'd rather somebody ring me – and it might be something I can't help them with or it might be nothing to do with the stroke, but I'd rather they ring me than sit on their own and be worrying or crying or upset, and they don't know who to turn to. We understand stroke, we understand the effects and the toll it takes."
Claire Upton, Stroke Association Support Coordinator

We found new ways to keep our local support services going

Local support services like our Stroke Recovery Service and Communication Support Service ensure that stroke survivors get specialist care and support when they need it most. As lockdown hit and our teams switched to home working, we moved to remote support, working closely with our NHS colleagues to ensure continuity of care. Where people still needed face-to-face support and government guidelines permitted, we ensured that our team members were properly trained and given protective equipment to work in a Covid-safe way.

Video call technology and online platforms offered us new opportunities to support and connect people regardless of geographical boundaries. For example, our Northern Ireland aphasia support service teamed up with the Adler Aphasia Center in New Jersey, USA for a continent-crossing series of online groups. Supported by speech pathologists from the US and our own speech and language therapists, the groups enabled people living with aphasia on both sides of the Atlantic to share their experiences of rebuilding their lives after stroke, as well as life during the pandemic.

With care homes among the hardest hit by lockdown restrictions, we ran a pilot delivering virtual education sessions to three care homes owned by Barchester Healthcare in Lincolnshire. We delivered a presentation over Zoom to 40 staff and residents explaining the signs of stroke, the importance of FAST, key messages for prevention and hope for recovery. This was extremely well received and has enabled us to look at how we can use the technology to support care homes and the wider health system after the pandemic.

41,017 people directly supported by our local coordinators during the year (42,126 in 2019–20)

93% said that they'd recommend our services to friends and family (94% in 2019–20)

We expanded our phone and online support in other ways

With face-to-face services on hold, our digital and telephone services became more important than ever in providing high-quality support to people who need us.

My Stroke Guide

Our online stroke support tool, My Stroke Guide, gives people access to trusted information about different types of stroke, risk factors and secondary conditions, as well as information on prevention and improving their own health, practical tools and videos, and friendly online forums. My Stroke Guide reached more people affected by stroke than ever, with a 53% increase in active users compared to 2019–20.



Fitzroy Connor followed our 12-week physical activity programme on My Stroke Guide, produced in partnership with charity A Stroke Of Luck

"I did each video three times a week in addition to my normal exercise routines. The coordination and balance videos helped me the most recovery-wise. I still do them regularly, especially the exercises where you practise walking, lifting your knees and swinging your arms, because that's where I feel I need the most help. There's also an exercise where you put an elastic band around your thumb and fingers, then try to open and close your fingers. I did that every other day and I can now hold a knife in and cut with my right hand much better."



Our 12-week video programme in partnership with the charity A Stroke Of Luck helped stroke survivors stay active at home. The videos were watched over 14,000 times by March 2021.



Our Helpline supported **12,143 people** (13,408 in 2019–20) and answered **18,055 enquiries** (18,771 in 2019–20).

Stroke Helpline

Our Stroke Helpline is here for everyone affected by stroke. Our dedicated team provide practical information and emotional support to people across the UK over the telephone, via email, letter and social media.

As the first lockdown hit, our Helpline moved to remote working with no gap in our service provision. In April, 40% of calls to our Helpline were Covid-19 related and as demand increased, calls got longer.

We provided information, support and reassurance to people worried about whether they should be shielding, which vaccine priority group they were in, and whether they should be concerned about vaccine links to blood clots. Worried stroke survivors and family members talked to us about their concerns about being discharged early from hospital or not being followed up after discharge, and their anxiety about not being able to see and support loved ones in care homes.

Digital Health Assistant

We have continued to develop our Digital Health Assistant (DHA), a tool driven by machine learning which will support people living with long-term health conditions. The DHA is a partnership project between the Stroke Association, Parkinson's UK, Muscular Dystrophy UK, the MS Society and Reason Digital. We're expecting to pilot the scheme in summer 2021 ahead of a full launch later in the year.

'Getting online with aphasia' guide

One in three stroke survivors will have aphasia after their stroke, making it difficult for them to understand, speak, read, write and use numbers. With the pandemic making us more reliant than ever on technology, we wanted to ensure people living with aphasia have the necessary skills and guidance to get online and access the support they need.

The guide contains step-by-step instructions for getting online in an aphasia-friendly format. It can be accessed for free as a printed guide, PDF download or series of YouTube videos.

Since we launched the guide in June, Aphasia Awareness Month, it's been viewed on our website 6,500 times.

Stroke survivor Tess Lancashire was a member of our 'Getting online with aphasia' Working Group

"People with aphasia are capable and intelligent. Aphasia should not limit you, but sometimes you need help. I'm pleased with 'Getting online for people with aphasia'. I think it is important to have a guide that people can use to practise and get support."

Website and stroke information guides

In 2020, the pandemic made it more difficult for people to access support after a stroke. People came to our website in increasing numbers, looking for information and practical advice about stroke causes, treatment and rehabilitation. They were able to access this support from a telephone, mobile device or laptop, anywhere in the UK.

Through our information we help people understand their stroke, and how to find help and support from us and other organisations. People know they can turn to us for trustworthy and accessible information to help them with recovery and caring.

We worked with NHSE/I to update our website with the latest information about Covid-19, including staying safe during the pandemic, what to do if you have coronavirus and start having stroke symptoms, and what help is available for those shielding or self-isolating at home. These pages on our website received over 200,000 views.

We ensured that those without access to the internet were also kept informed through Stroke News magazine and our information guides. Over the year we posted out over 210,000 print publications.

Over a million users accessed our web pages about stroke and recovery in 2020–21, an increase of nearly 50% over the previous year.

Our social media community grew by **over 13,500** (5.6%) from the previous year.



We helped stroke survivors in financial hardship

Thanks to our Charity of the Year Partnership with Royal Mail from 2014–16, and an emergency Covid-19 grant from the Wales Council for Voluntary Action (WCVA), we awarded more than £300,000 in Hardship Grants and Life After Stroke Grants to support people affected by stroke in financial difficulties and to help them on their recovery journey.

We saw an increase in grants for equipment to help get people online, enabling them to attend video appointments, maintain essential contact with family and friends, and access remote support from us and others. Through our partnership with British Red Cross, we were also able to support more people to access funds in emergency situations.

Goal C: Partner with people and communities to help them take action on stroke

Compassionate communities can offer a regular and reassuring presence, a helping hand and companionship. During a year of lockdowns, staying home and being separated from our loved ones, this support has been more important than ever to help people through loneliness, grief, lack of confidence, stigma, or caregiver fatigue.

We want to inspire more people to give their time, money or voice to raising money and awareness. To encourage stroke survivors to share their lived experience to benefit others and themselves. And to build connected stroke communities where organisations, groups, professionals and stroke survivors can come together to take action on stroke.



In 2020–21:

We developed brand-new peer support services

Our brand-new Here For You telephone service connects stroke survivors and carers to trained volunteers, to offer support following a stroke and to help combat feelings of isolation. There are two types of telephone support available:

Lived experience telephone support

Our volunteers have experienced stroke first hand. They understand the practical and emotional challenges faced by someone affected by stroke, and can share experiences and strategies to help others rebuild their lives after stroke.

Connect and chat telephone support

Someone affected by stroke may feel more alone and isolated, unable to take part in the usual activities they enjoy. Our volunteers provide support and offer someone to talk to about their interests to help them feel connected with other people.

Here for You has trained 530 volunteers and received over 1,500 referrals.

Support is available in an additional 21 languages and video calls are also available using British Sign Language.

Here for You has enabled us to offer volunteer-led support to stroke survivors and carers across the UK. We've been able to recruit and support volunteers to give time and offer support from their own home, in their own time.

With such positive evaluation and experiences for volunteers and callers, we are now looking at how we can further develop the service.



Alaire Fridd, Here For You volunteer

"I've been volunteering with Here For You for over a year now and have been matched with a few people affected by stroke. I'm always thinking about what I can give people during the call. Sometimes sharing my experience of stroke is helpful because it lets them know that they aren't the only person feeling like that. At other times, it's about giving someone a bit of encouragement or just listening."



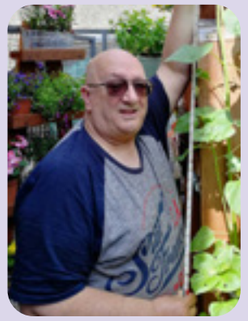
We helped stroke survivors stay connected

Across the UK, passionate and dedicated group leaders at 600 stroke support groups bring people affected by stroke together to share experiences and help rebuild their lives after stroke. We remain committed to supporting the incredible work they do. This year we've been working with group leaders to understand how our charity can best do this.

Together, we've been developing the Stroke Group Network, a community of stroke support groups across the UK. Through the network we are working with over 200 independently run stroke support groups, providing information and support and building community connections.

Our 216 volunteer-led Stroke Association support groups across the UK, run by 1,200 hard-working volunteers, are also part of the Stroke Group Network. These groups support 4,802 stroke survivors as well as carers, family and friends.

Our groups were incredible in how they adapted to continue to support their members, by sending out newsletters, setting up telephone trees, WhatsApp groups and running online sessions, with activities from social groups to arts, exercise, and singing groups.



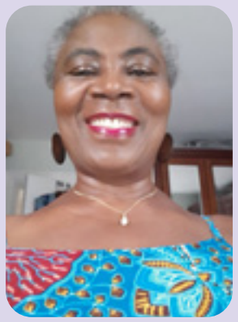
Phil Thomas, Neath Port Talbot Stroke Support Group

"We've really come together and are like a family. We speak via Zoom daily with different challenges and games organised. If you have a bad day, there's always someone to chat to and help."

New technology helped our groups across the UK to support wellbeing and reduce isolation. In north east England, the Community Integration Service took its Wellbeing Through Creativity group online, using a mixture of digital platforms including Facebook Messenger and Zoom. Weekly activities like quizzes, photography challenges and mindfulness sessions helped support mental health and reduce isolation among its members.

We hosted and facilitated new online peer support groups for younger stroke survivors to connect and talk with people their own age, often for the first time since their stroke.

In October, our Black History Month online event explored a range of themes from black history. Two volunteers shared their personal stories, including a poem written for the event. Its success led to the creation of a peer support online group for people who identify as part of a minority ethnic group, and their allies, for the south of England.



Mary Sagoe, stroke survivor

"Being from a minority myself, it is good to know what others are experiencing and to share knowledge. The peer support group is an opportunity to socialise, to be educated and to educate each other. It lifts me up and keeps my brain going. I am happy to see everybody and I look forward to it."

UK Stroke Club Conference

In September, we hosted our first online UK Stroke Club Conference for stroke support groups across the UK. Over 550 group leaders, volunteer and staff joined us for the event.

Running the event online enabled twice as many people to attend, 55% of whom had not attended before. The programme was co-designed and delivered with group leaders, sharing how we've adapted due to the pandemic, championing how leaders and volunteers have stayed connected with their members, and looking ahead to our "road to recovery", working together to deliver a fusion of remote and face-to-face support.



Steven Jacques, chair of North Birmingham Stroke Support Group and member of the UK Stroke Club Conference planning group

"We knew our audience may be thinking: 'The weather isn't bad: do I really want to sit in front of a screen? How can sitting on my own, match the camaraderie of the real thing?' But as the conference started, the chat box lit up: greetings exchanged and old friendships revived. The audience was engaged and interested, and being online gave us advantages – more people could contribute via the chat box, and nobody was limited by not being able to travel.

"What a tremendous example of how unforeseen events can be overcome. We managed to stage a conference which many said was better than ever. And reflecting on the experience and hearing people's thoughts means that next year's can be better still – whatever the circumstances."

UK Stroke Assembly

The UK Stroke Assembly is one of the UK's largest gatherings of people affected by stroke and aphasia, giving them an opportunity to share experiences, build friendships, hear the latest developments in stroke care and research, have their say and take action on stroke.

This year we took the UK Stroke Assembly online for the first time. We had over 40 speakers and 24 webinars covering topics including:

- Staying active at home.
- Joining our community of campaigners.
- The latest research on rewiring the brain and vision loss after stroke.
- Intimacy and relationships after stroke.
- The impact of Covid-19 on stroke services.

We also enjoyed a live, low-sodium cook-along with celebrity chef Sally Bee, a quiz evening with stroke survivor and Who Wants To Be A Millionaire? quizmaster Chris Tarrant, and fun and games at the UK Stroke Assembly and UK Stroke Club Conference social evening.

The success of the UK Stroke Assembly was recognised with an award in the People's Choice category at the Charity Event Awards.



We partnered with local groups and organisations

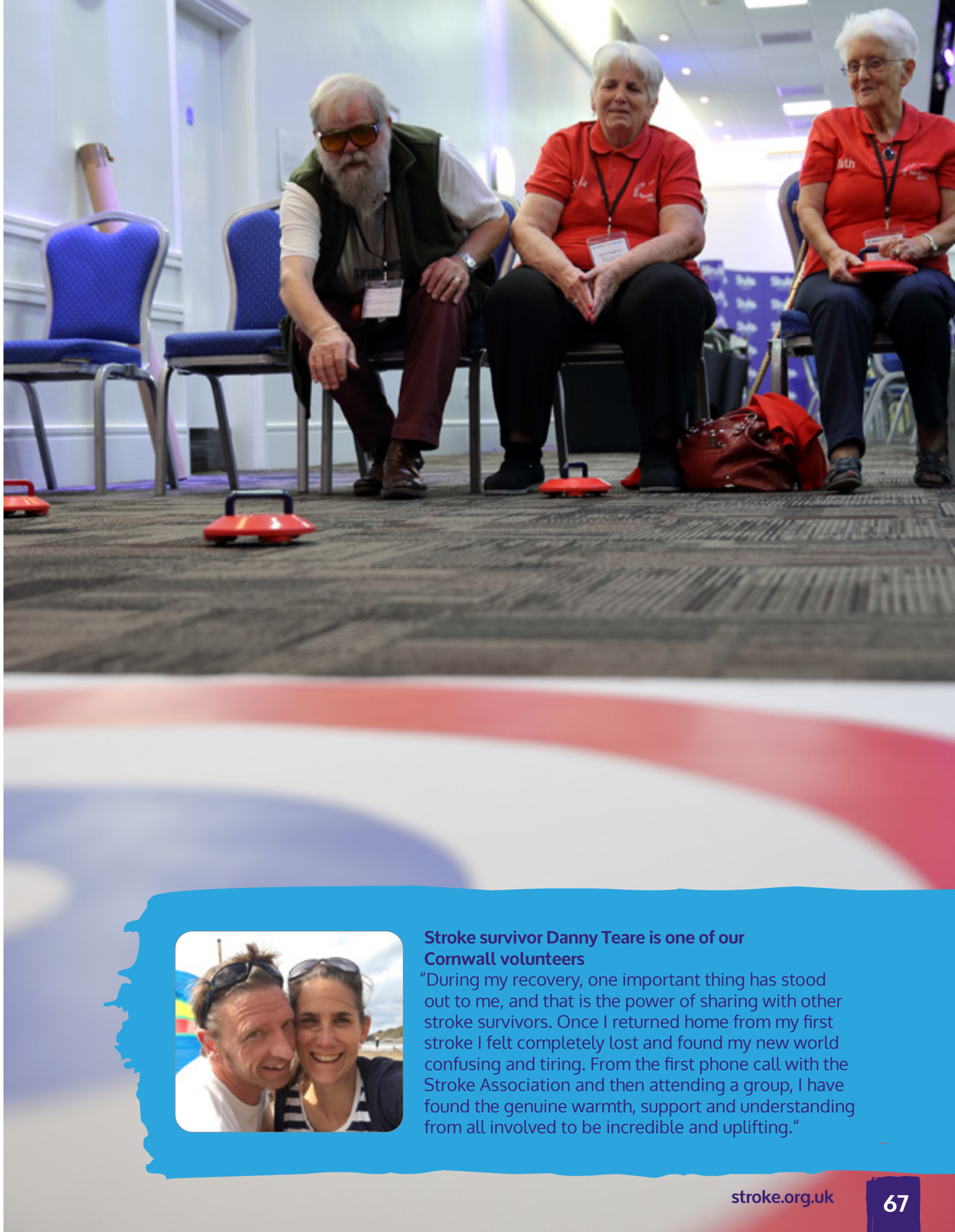
In Worcestershire, we forged new community connections by partnering with local organisations including Pilates and yoga organisations, Age UK, Worcestershire County Council, library services and leisure centres. We worked with these organisations to run taster sessions for stroke survivors, enabling them to try new activities and develop their skills and confidence.

Our partnership with the Sunderland Bangladeshi International Centre adapted in light of the pandemic. We delivered online refresher training to community members at the centre, sent materials such as factsheets, and took part in holistic health webinars alongside other health organisations. Together, we've translated stroke awareness videos into Sylheti to be used at the centre and across its social media platforms. We've awarded a grant to the centre too, so it can run activities bringing people back together and highlighting what stroke support is available. Activities include a women's celebration event and African and Middle Eastern events.

In Wales, 19 partner organisations supported us with the delivery of online sessions. Our Community Steps project introduced virtual sessions for stroke survivors and their carers, including a Welsh language social group, Movement to Music sessions in partnership with Art Care Carmarthen, and InterAct sessions where actors read to the group, bringing poetry and books to life. For those with limited or no internet access, Community Steps officers kept in regular contact with them over the telephone, and introduced them to our Here For You telephone support service.

In Cornwall, our legacy-funded community project worked with stroke survivors and community partners to develop virtual activities. These included art workshops in partnership with Falmouth Art Gallery, talks from a range of speakers and a needlework course led by a local craftsperson.

We worked closely with the NHS and other organisations in Cornwall to develop a temporary community stroke pathway in response to the pandemic. This ensured stroke survivors needing help with food and prescription deliveries were able to access local support through Volunteer Cornwall.



Stroke survivor Danny Teare is one of our Cornwall volunteers

"During my recovery, one important thing has stood out to me, and that is the power of sharing with other stroke survivors. Once I returned home from my first stroke I felt completely lost and found my new world confusing and tiring. From the first phone call with the Stroke Association and then attending a group, I have found the genuine warmth, support and understanding from all involved to be incredible and uplifting."

We partnered with professionals and other health and social care organisations

Richmond Group

We're part of the Richmond Group of Charities, a coalition of 13 leading health and social care charities that represent more than 15 million people living with long-term conditions. Together we have:

- Made sure the UK Government and NHS understood the challenges facing the people we support during the pandemic and took their views into account in shaping plans for long-term changes to health and social care.
- Worked with Sport England to encourage more people with long-term conditions to get physically active through our Movement For All programme. This included stepping up the We Are Undefeatable campaign, ensuring it supported people who were shielding or affected by the lockdowns and that it reached people in the most deprived communities or from minority ethnic backgrounds.
- Partnered with Impact on Urban Health in the Taskforce on Multiple Conditions. We published 'The Multiple Conditions Guidebook – One Year On' to help frontline professionals understand how a range of good practice case studies, including the Stroke Association's work with Total Wellbeing Luton's integrated health and wellbeing service, had coped and developed during the pandemic, focusing on health inequalities.

Remote events for stroke professionals

With face-to-face events on hold, we kept the professional stroke community connected with a series of online events. In January 'Stroke Research: Hope for the Future' highlighted how our charity is making a difference through funding vital stroke research.

Our Amazing Brains event in May showcased research in emergency stroke treatment and care, with videos from Stroke Association funded researchers, stroke survivors, our charity's Research Engagement Officer, and Chief Executive Juliet Bouverie.

In December we hosted our first virtual UK Stroke Forum (UKSF), the UK's largest multidisciplinary conference for stroke care professionals. The three-day virtual event was attended by over 1,800 delegates – 500 more than last year – and covered a wide range of topics from stroke care and research.

We held a virtual meeting with researchers in March 2021, updating them on our operating model and outlining the implications for our research funding and services.



Dr Lauren Hepworth, Research Orthoptist, University of Liverpool

"Attending the UK Stroke Forum is one of my favourite events of the year. It provides a fantastic opportunity to network with other stroke researchers and clinicians, and these conversations have the potential to lead to future collaborations. It also provides a space away from my research to hear what is happening in other areas and allow me to think about new ideas. One of the benefits of the conference being online is that you're able to catch up on sessions that are running at the same time, without having to be in two places at once."



We supported our volunteers – and they supported us

Volunteers played an essential role in our pandemic response. With many stroke survivors and carers feeling even more isolated than before, Stroke Association volunteers at our local stroke groups and with our Here For You telephone support service helped them feel less alone. Our Stroke Ambassadors adapted to deliver digital awareness sessions so they could continue to share their experiences to support and inspire others.

We've adapted our volunteer support to meet the challenges of new ways of working, for example by delivering remote training. We want to continue to offer flexible roles, a mixture of face-to-face and digital training, increase the diversity of our volunteers and continue to work closely with our corporate partners to have the biggest impact.

One thing that did not change this year is that our volunteers were there when we needed them the most.

To all our volunteers and Ambassadors, we'd like to say a huge thank you.

We amplified the voice and influence of people affected by stroke

We are continuing to develop our strategic plan for involvement:

- The expertise of people affected by stroke shapes decisions at the Stroke Association.
- As systems leaders, we ensure that people with lived experience drive the wider stroke agenda.

As described on page 34, our Stroke Priority Setting Partnership (PSP) asks the people most affected by stroke – survivors and their carers, health and social care professionals – what questions future research needs to answer to improve stroke treatment and care. The PSP Steering Group, made up of representatives of stroke survivors, carers and professionals in stroke, monitored and made decisions throughout the year. These included how to communicate about the PSP, how to structure and word the surveys and workshops that gathered questions about research, and which ones are most important.

Stroke survivors played a key role in the development of our 'Stroke Recoveries at Risk' report. People affected by stroke helped to create the survey, together with insight from the Helpline and service delivery teams. And our work with NHSE/I on Patient and Public Involvement, and the Scottish Government on its National Stroke Voices panel, amplified the voice of stroke survivors within the wider health system.

Following a consultation with 100 people with aphasia, we co-created our guide 'Getting online for people with aphasia', with people with aphasia and their families involved at every stage of development to shape the design and content of the guides.

Our staff stroke survivors' group (SASSS) was originally formed to provide peer support to colleagues who have been affected by stroke, but we soon realised that the group could offer valuable knowledge and experience to colleagues across the organisation. To date, the group has contributed to more than 20 projects and initiatives across our charity. This year the group was heavily involved in the development of the Digital Health Assistant, advising on wording, layout and accessibility, and helping with testing.



We grew our network of campaigners

Campaigning is an important way that people can give their voice to keep stroke high on the political agenda and drive improvements in stroke care. We currently have 2,099 campaigners in our network and in 2020–21 our supporters engaged with our campaigns online over 9,000 times, for example by emailing their MPs to call for stroke to remain a priority during the pandemic. We are continuing to work with online platform Engaging Networks to increase the number of campaigners taking action on stroke.

Our supporters raised around £23 million to rebuild lives after stroke

£63,480
raised for Skipped for Stroke by 903 people

2,149
new Lottery players

£46,525
raised in the 2.6 Challenge

149
Tribute Funds to remember a loved one

609,696
miles walked to Stride for Stroke by 1,168 people raising
£120,352



Sharon Watson won the £8,000 first prize in our Lottery, She has supported the Stroke Association since her mum passed away after a massive stroke.
"We had a lovely day planned, very special, and Mum was really excited. We were going to the races, had a box booked and everything – but when we came back from the hairdressers to pick Mum up, the ambulance was outside the house. They said Mum had had a stroke.
It was a complete shock.
"Now I raise money for the Stroke Association in Mum's memory, through playing the Lottery and doing charity runs."

Thank you to:
Our fantastic donors and fundraisers

It's been an incredibly tough year for fundraising, as like all charities we were hit hard by the cancellation of almost all of our usual fundraising activities during lockdown, such as events in the community or major events like the London Marathon. Without these sources of income, we had to work extremely hard to find ways for people to support us, moving towards digital events or activities that supporters can do in Covid-safe ways when it's convenient for them. Many came up with their own innovative ideas to keep supporting us.

We're so grateful to our supporters for sticking with us during these difficult times, giving to appeals and raising funds in their own communities. There's no escaping the fact that times are tough for us, and our income from fundraising was £1.4m down on the previous year. But the fact we have still raised this much to help stroke survivors to rebuild lives is a testament to the passion and commitment of our fundraising community.



Stephen Kinnaird and his friends took on #JustinesMiles in August in memory of his partner Justine. Collectively they covered over 10,000 miles, running, walking and cycling, the distance between Glasgow and Brisbane, Australia. They raised nearly £7,000 for the challenge, bringing their overall fundraising total to over £25,000.
"Justine had a very generous, caring side to her, so I felt the best thing to do in her memory was to raise money. We wanted to make people aware that stroke doesn't just happen to elderly people, it happens to young people too. We're proud that we've managed to raise so much money. I can't think of a better way to keep Justine's memory alive."

Everyone who has left a gift in their Will

Our legacy team faced an extremely challenging year, with lockdown causing delays and disruption for the solicitors we work with to secure these vital funds. We received 423 legacies from our extremely generous supporters, resulting in legacy income of £12.1 million, a £0.6 million drop from last year but appreciated more than ever given the circumstances. A further 265 supporters kindly pledged to leave us a gift in their Will, which will protect and grow our income for years to come.

We moved our popular legacy events programme online so that our supporters could continue to hear from world-leading stroke clinicians about their groundbreaking research and the vital role legacies play in funding their work.

We were conscious that some of our supporters may be feeling isolated and vulnerable. We stayed in regular contact by telephone or email to check in and lend a listening ear.

£12.1 million

from our extremely generous legacy supporters

265 supporters

kindly pledged to leave us a gift in their Will

Thank you to our trusts, foundations, major donors and corporate partners

We are extremely grateful to our charitable trusts, philanthropists and corporate supporters, many of whom have made additional or extraordinary gifts to support us during the pandemic. The £1.3 million grant received from the UK Government to support awareness and delivery of our services, and other generous grants from foundations including the Garfield Weston Foundation, were vitally important at a time when other income sources were badly impacted by the pandemic. Our corporate supporters including British Gas and facility management services company ISS also stepped forward as volunteers to talk to stroke survivors.

This year our partnership with LoSalt hit supermarkets across the UK with 20p from each tub sold being donated to the charity. LoSalt also supported our first Stroke Prevention Day in January along with our long-term supporter, OMRON. The partnership with LoSalt raised £60,000 in total.

With gyms closed, David Lloyd provided home workout videos for us to share with more than 20,000 users on My Stroke Guide. We also started to grow a strategic partnership with Dobbies garden centres to increase awareness about the benefits of gardening for stroke survivors' physical recovery and mental wellbeing. We were delighted that over four million people saw our campaign activity with them. We look forward to continuing these partnerships over the coming year.

British Gas dispatcher Darren McNeil is one of 22 staff at the energy services and solutions provider's Planning and Dispatch Centre of Excellence in Stockport who volunteers for our Here For You telephone support service. He has been supporting a stroke survivor living in London.

"I volunteered for the Stroke Association's Here for You scheme because I thought it would be nice to give something back to the community, especially for people who have been through isolation during the lockdown.

"We talk once a week. It tends to be on a Tuesday lunchtime. The calls can last anything from 30 minutes to an hour and we discuss absolutely everything from political issues to things that have been on the telly.

"I get an awful lot out of these conversations and really look forward to speaking to him every week, hearing about his life and finding out how he's been getting on."

Our aims for 2021-22 for our three strategic goals

In the year ahead, we want to:

Drive improvements in stroke prevention, treatment and care through influencing policy and practice.

We will:

- Strengthen our relationships with decision-makers and funders in different areas of the UK, using our local knowledge and insight to better address local issues and gaps.
- Ensure we have the greatest impact by integrating our research and policy influencing teams.
- Start to close the gap in research funding for stroke compared to other conditions by using the findings of the Stroke Priority Setting Partnership (PSP) to influence organisations to direct funding where it's most needed.

Reach more people and improve the experience we give to everyone we have a relationship with.

We will:

- Offer better and more personalised support to stroke survivors and their carers by streamlining and integrating the way we deliver our services.
- Use insight to better understand the people we support and what they need from us.
- Build long-term engagement with our supporters by developing strong relationships with individual fundraisers, organisations and trusts.

Enable communities to take action on stroke that is purposeful and meaningful to them.

We will:

- Build a new strategy for participatory community development based on learnings from our current community work.
- Work with community-focused organisations to support sustainable local activities that benefit stroke survivors.

How we work

Our guiding principles

- We are stroke to the core
- We are in the conversation
- We know how to make an impact
- We unleash potential
- We care for ourselves as for others

We changed the way we work to increase our impact

In 2019 we began designing a new way of working that would enable us to have greater reach and impact on the lives of people affected by stroke, while making sure that we remain financially stable. By being more agile and joined-up internally, we can make the best use of our resources, support our beneficiaries more effectively and have greater engagement with our supporters and other stakeholders. When the pandemic struck, we updated the design of our new operating model and started to change our structures, processes and culture so we can extend our reach and impact for stroke survivors, be more agile and collaborative, and become more financially sustainable. The transition to this new way of working will continue into 2021–22.

We have taken great care to put controls in place to ensure that this transition doesn't disrupt the delivery of our charitable activities, and we will measure and evaluate our new ways of working to ensure they are delivering the intended benefits.



We moved from office-based to more flexible working

As one of the consequences of our new operating model, in summer 2020 we made a decision to permanently close most of our offices.

Our staff and volunteers live in all areas of the UK. Occupancy rates of our offices pre-Covid were extremely low, as they were not necessarily in the right locations for our staff and volunteers, and the costs were unsustainable. In just over 12 months, we have successfully disposed of 56 properties and saved £500,000 which we can reinvest in supporting more people.

We have seen over the past year how technology can enable us to work remotely and level the playing field for all our people. But we have also seen that lack of opportunity for face-to-face exchanges may impact on our overall sense of belonging, connection, and innovation. We know from staff surveys that while there is little desire to return to permanent office working, our people do want informal, regular collaboration opportunities. For this reason, we aim to replace our leased offices with a strategy of hiring one-off and quality collaboration spaces in locations across the UK where people can come together.

We shaped the culture we want to see

While our new ways of working have been designed to help us be more effective in achieving good outcomes for people affected by stroke, we know that our internal culture also plays a critical role. We are committed to nurturing a positive, collaborative workplace culture that enables us to bring out the best in our people, strive for equality, diversity and inclusion, and build productive relationships with people affected by stroke, and health and care decision-makers. By role-modelling desired behaviours, inviting people to try new ways of working, and celebrating evidence of positive change, we will move our culture closer to our vision.

Our Ethical Policy commits us to behaving and making decisions in an ethical and socially responsible manner that protects our beneficiaries, demonstrates our integrity and values, and inspires public trust and confidence. It is consistent with the 'Charity Ethical Principles' from the National Council for Voluntary Organisations (NCVO).

56 properties disposed and saved £0.5m





We championed equality, diversity and inclusion

We continue to monitor diversity through our self-reporting mechanisms and engagement survey. We have improved our diversity reporting and now collect more meaningful data through our staff engagement survey. 83% of our employees feel we are an inclusive organisation, but only 8.1% of our employees self-report as being from a minority ethnic background, in the context of the UK population of 13%. We do not fully reflect the diverse communities we serve, so we still have work to do.

During the past year, we have introduced unconscious bias training. We have strengthened our staff consultation group LINK with a greater range of diversity representatives, and we have agreed a policy and action plan to become more inclusive for stroke survivors working for us. We are working on the final stages of an application to become an accredited disability confident employer. We continue to encourage participation in an online staff forum to facilitate diversity discussions across the organisation and use webinars and blogs to highlight the importance of an inclusive culture.

We adopted a Welsh language policy to ensure we are delivering the right level of service to our Welsh-speaking supporters and stroke survivors. This included a sample Welsh lesson for staff, and was welcomed by the Welsh Government's Welsh Language Minister Eluned Morgan. We are in the process of identifying how we can implement this policy over the next few years and provide a positive experience for all those who wish to communicate with us in Welsh.

By improving diversity and inclusion in our staff and volunteers, we will be in a stronger position to support people and communities facing health inequalities. Examples of inequalities in stroke include regional variations in access to stroke treatment and care, or differences in outcomes for those from more socio-economically deprived communities. We are investing in a new Diversity and Inclusion role and a Health Inequalities Specialist to help us develop a strategic approach to these areas. This work will start in 2021, using an evidence-led approach to understand the issues and how we can tackle them with the most impact.

We engaged with our people

We want our charity to be a great place to work, volunteer and grow. Our new ways of working will help shape and develop a more integrated experience for our staff and volunteers before, during, and after their time with us.

We regularly survey our volunteers and staff to understand what really matters, and to monitor engagement across the charity. This includes an annual engagement survey, and deep dives that focus on specific areas of work. Last year's survey responses were very positive, showing an increase for every question in the survey despite the ongoing operating model changes. We scored particularly well on welcoming change, as well as setting important and motivating goals.

We adjusted well to becoming a remote working organisation, responding to a desire from staff wanting more flexibility and blended approach to working. Our staff have said they feel more connected than ever before and working virtually has brought a sense of inclusion.

Our main focus has been supporting our people during the pandemic. Our May 2020 survey of staff and volunteers told us our charity is coping well, with high scores for feeling enabled, connected and supported.

Looking ahead, our people will continue to experience change as we embed new teams and ways of working. We'll continue to respond to the pandemic, focusing on engaging and supporting our people through a difficult time.

We nurtured leadership and learning

We have continued with our leadership development programme, an 18-month Chartered Management Institute Diploma course. Our first cohort of 15 middle and lower-level managers completed the course with 12 Distinctions and three Merits, an achievement we celebrated with a virtual graduation. Our second cohort are now halfway through the course and we are hoping to offer a third cohort once the operating model restructure has concluded.

We continue to make sure our staff are well trained with mandatory and compliance courses, including health and safety, running online.



We made mental health and wellbeing a priority

During the last 12 months, we've seen a dramatic impact on people's mental health and wellbeing from the pandemic, and the restrictions and social isolation it's brought.

The Learning and Development (L&D) team have prioritised our people's mental health and wellbeing by creating a support network of accredited Mental Health First Aiders (MHFAs), with 56 trained so far. Our MHFAs have supported others by blogging around mental health, creating an online staff wellbeing forum and dedicated wellbeing intranet page where people can find resources and ask questions, and supporting our programme of wellbeing training.

Every week, L&D offer mental health and wellbeing sessions that people can join remotely, themed around topics like mindfulness, building resilience, gratitude, self-awareness and kindness. We've also provided peer support, buddies and one-to-one conversations where needed. And we've put together a calendar of national events which we support at work, like Mental Health Awareness Week.

Feedback has been overwhelmingly positive about how well-supported people feel, and mental health and wellbeing now has a dedicated role in the new People Development team.

Jennifer Smith, People Development Officer

"I chose to become a workplace Mental Health First Aider (MHFA) because when my dad experienced depression, his work didn't quite know how to react to it and failed to support him effectively. It ignited my passion for promoting wellbeing in the workplace and normalising the full spectrum of mental health.

"As an MHFA, I'm proactive in reaching out and checking how people are doing. Most people really appreciate knowing there's someone at work looking out for them."



We enhanced our IT and data handling

We brought all of our analytical specialists together in one team, increasing our ability to understand all of the data assets we have and need, as well as how best to use these assets. We've got to the root of some data quality issues, increased self-managed access to data visualisations, and automated more of our reporting. We also replaced our 'State of the Nation' document with dashboards of key stroke statistics on our website.

We improved the IT services we deliver, offering new ways to support our customers and our people while operating remotely. This has included implementing remote desktop technology and web-based telephones for all staff and underpinning new customer products with enhancements to our customer relationship management (CRM) systems and digital solutions. We also enhanced the security of our IT systems, through multi-factor authentication, new web filtering, spam filtering, helpdesk and asset management tools to ensure our systems can effectively manage our data and protect us from external risks.



Our aims for 2021-22 for how we work

In the year ahead, we want to:

Improve our collection and use of data to increase the value we offer.

We will:

- Improve the function and integration of our CRM systems so we can provide the best experience for our beneficiaries, supporters and other stakeholders.
- Strengthen our data capture processes, and build our capabilities to use data and evidence to inform decision-making.
- Use more accessible tools and systems to make it easier for our people to find and use data and insights.

Encourage positive shifts in how we work.

We will:

- Focus on areas like diversity and inclusion that can improve how we work together and make the most of our potential.
- Try different ways of working within teams and with people with lived experience of stroke.
- Measure and celebrate positive cultural change through perception surveys and by collecting evidence of changes in attitudes and behaviours.

Get the best out of our new ways of working.

We will:

- Support our new teams as they embed and adapt to new ways of working.
- Improve processes and resolve blockages so we can work more effectively towards our goals.
- Establish effective remote working arrangements that support teams to come together and collaborate.

Financial review for the year

Overall, the value of our reserves increased by £2.7 million (2019–20: decrease of £3.1 million) during the year to £21.4 million (2019–20: £18.8 million). This was due to an operating surplus of £0.4 million (2019–20: £2.9 million deficit) and a gain on investments of £2.2 million (2019–20: £0.2 million loss). The surplus was £6.2 million better than the worst-case scenario we planned for at the start of the pandemic. This was due to cost-saving measures including a recruitment freeze, furloughing staff and sadly, staff redundancies. Our income was better than originally anticipated because of the £1.3 million Government grant to support pandemic-related stroke services (see note 1 – Donations and legacies) and £1.2 million of Government furlough funding (see note 5 – Other income). Our cashflow benefitted from the slowdown of research activity due to the pandemic.

Income

Our principal sources of revenue are legacies, fundraising activities and community services contracts. Our total income for the year was £34.6 million (2019–20: £35.6 million). The pandemic caused falls in all income areas except trusts. Legacy income this year was £12.1 million (2019–20: £12.7 million – see note 1); while the legacy pipeline continues to strengthen in line with the record number of pledgers and deaths, lockdown restrictions have delayed the processing of legacies. Other fundraising activities contributed £10.2 million (2019–20: £11.6 million – see note 1) of gross income, which primarily reflects the income lost from the cancellation of our Resolution Runs and mass participation events such as the London Marathon. We received significant governmental support including £1.3 million to maintain services to stroke survivors during the pandemic (see note 1), and £1.2 million in UK Government furlough scheme grants (see note 5).

Our community services contracts are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Community services contract income achieved £10.3 million (2019–20: £10.2 million).

The net effect of realised and unrealised movements on our charity's investments was a gain of £2.2 million (2019–20: net loss of £0.2 million), and £1.4 million was drawn down to fund the immediate cash shortage at the start of the pandemic. The unrealised gain on investments was principally due to the increase in global share prices during the second half of 2020.

Expenditure

Total expenditure was £34.1 million (2019–20: £38.5 million), including £26.5 million (2019–20: £29.6 million) on charitable activities supporting the key objectives of the charity, and £7.6 million (2019–20: £8.9 million) on raising funds. The commercial trading operations carried out through the Stroke Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £40,000 (2019–20: £203,000) to net income as detailed in note 3. We paid out £1.2 million to support research projects (2019–20: £3.8 million) as detailed in note 7; the fall was due to the impact of the pandemic on university research activities. New research grants approved were £1.5 million (2019–20: £1.1 million), which was a 50% cut compared to our original plans and long-term research commitments as a result of the necessity to cut expenditure in light of the immediate financial crisis, caused by the pandemic. Our decision to move to remote working will reduce property costs in future years. In 2020–21, property costs included the costs of early termination of leases, charges for onerous leases and for the impairment of leasehold improvements. Despite these extra charges, property costs fell to £2.6 million (2019–20: £2.7 million).

Outlook

We allowed for a deficit of up to £5.8 million should a fall in income of £7.0 million materialise as a result of the pandemic. With the support we received, income fell by £1.0 million and cost-saving measures significantly reduced staffing and travel costs. The overall result showed an improvement of £6.2 million compared to our revised plan and we achieved a £0.4 million surplus.

For 2021–22, we are planning for a deficit of £1.0 million, of which £0.7 million is for transition costs as we deliver a new operating model, which we can fund from existing reserves. These include the costs associated with new IT projects and redundancies. In addition, we have allowed for three months' operation under the existing structure. The new structure will allow us to break even on operating income and expenditure in future years, which is reflected in our three-year financial plan.

Balance sheet

The consolidated balance sheet shows total group funds of £21.4 million (2020: £18.8 million). Included in total funds are £3.4 million (2020: £3.3 million) of restricted funds. These monies have either been raised for, and their use restricted to, specific purposes, or they comprise donations subject to donor-imposed conditions. Full details of these restricted funds are in note 28 to the financial statements, together with an analysis of movements in the year. Unrestricted funds of the charity at 31 March 2021 amounted to £18.0 million (2020: £15.4 million) of which £2.3 million (2020: £2.6 million) has been designated for transition projects and other activities, and £3.3 million (2020: £4.0 million) that represents our fixed assets. Our free reserves have increased by £3.7 million (2020: £3.4 million decrease) from £8.8 million (2020) to £12.5 million.

Impact of Covid-19

The main impact of Covid-19 in the 2020–21 financial statements is the reduction in events and regional fundraising income due to the cancellation of our Resolution Runs series and mass participation of public events resulting in a fall of £1.7 million to £0.9 million (2019–20: £2.6 million). Our investment portfolio recovered from the pandemic-related crash of stock markets that occurred in March 2020, gaining £2.2 million (2019–20: £0.2 million loss). In addition, legacy income was delayed from both 2019–20 and 2020–21 into 2021–22 due to capacity constraints at HMRC, the Probate Office and solicitors' firms.

In response to Covid-19 and the subsequent pandemic, we furloughed staff members, applied successfully for UK Government grants totalling £2.4 million of which £1.2 million related to the UK Government furlough scheme, and made redundancies in our regional fundraising teams. We also received £0.2 million from NHSE/I and £27,000 from Public Health Wales to run the Here For You service.

We also pressed ahead with our operating model changes and instigated a recruitment freeze in order to keep costs under control and to ensure that we could minimise future compulsory redundancies.

Going concern

The trustees are of the view that the Stroke Association is a going concern as there are adequate resources available to fund the charity's activities for the foreseeable future. Ensuring the long-term financial viability of the charity and its status as a going concern throughout the pandemic has been a significant undertaking for trustees and management. This has involved continued analysis of the emerging context, regular monitoring of the situation and adjusting plans, forecasts and budgets as the situation evolved. Our strong opening reserves served their purpose as they allowed the charity to make decisions that protected our support to stroke survivors in the short-term, while maintaining our status as a going concern and ensuring the long-term viability of the charity.

The trustees considered the effects of the Covid-19 pandemic on the charity's operations and, due to the financial support we received and actions taken to reduce costs, have concluded that the financial impact is likely to be limited, and this is evidenced by the small surplus for the year. Following the advice issued by the UK governments in March 2020 regarding employees working from home and other social distancing measures, we implemented a detailed plan that enabled effective operations to continue while employees were not physically present in the charity's offices. Subsequent to that decision, trustees approved a plan to permanently move to remote working, with the large majority of staff working from home, except for those who cannot do so.

Trustees acknowledge and recognise the continuing impact of the Covid-19 pandemic on the future operations of the charity, its beneficiaries, partners and stakeholders and on wider society, and have taken steps to ensure continued resilience. As well as the personal risk to the health of its staff, the charity is rebuilding its offerings to supporters and beneficiaries to take account of the new circumstances. Currently, however, we do not anticipate that the overall financial position of the charity envisaged before the pandemic will be adversely affected or its financial solvency threatened.

Reserves policy

The Stroke Association has no endowment funding, being largely dependent for income upon donor funding, including legacies. These income streams are subject to fluctuation from year to year. As a result, the trustees believe our charity should hold reserves to provide protection against such fluctuations and enable us to continue operating in all circumstances and following all eventualities including, inter alia, any significant unexpected fall in income. In addition, we face risks (such as the impact of a future pandemic). We need reserves to ensure that we can respond to unforeseen events, without jeopardising our ability to continue to support people affected by stroke and

meet our obligations as they fall due.

The trustees reviewed the existing reserves policy in March 2021 and concluded that a risk-based reserves policy was the most appropriate way of managing reserves. The policy states that the Stroke Association should keep sufficient reserves to cover:

- Restricted reserves.
- Any major designated funds to support the future development of the Association, to ensure continuity of the UK Stroke Forum and to ensure the financial independence of stroke groups across the country.
- Fixed assets reserves.
- Free reserves to cover:
  - Working capital needs.
  - Weighted risk requirements.

The weighted risk reserve requirement is based upon the expected cost should a risk arise. This is weighted by the likelihood of the risk occurring. These risks are considered as part of the risk register, as explained below under Principal Risks and Uncertainties.

The calculation of this cover under the reserves policy at 31 March 2021 is as follows:

	£'000	£'000
	At 31 March 2021	At 31 March 2020
Total reserves (charity only)	21,399	18,742
Restricted funds	3,358	3,324
Designated funds	2,262	2,618
Fixed asset funds	3,293	4,014
Free reserves	**12,486**	**8,786**
Reserves Requirement		**n/a**
Working capital	2,000	
Risks	7,000	
Total reserves required	**9,000**	
Excess or deficit (-0) against policy	**3,486**	

The excess of reserves over the risk requirement will be partly used to fund the planned operating deficit of £1.0m in 2021–22.



Investment policy

The charity has a portfolio of investments with a market value at 31 March 2021 of £20.6 million (2020: £19.4 million). £1.4 million (2020: £5.0 million) was drawn down from investments during the year to maintain liquidity at the onset of the pandemic.

The investment strategy is set by the trustees and takes into account income requirements, the risk profile and the investment managers' view of market prospects in the medium term. This was reviewed in 2019–20 in light of the reserves policy and three-year plan, and the existing long-term investment objective to achieve total returns of RPI +3% through a diversified portfolio of assets, while maintaining a prudent and balanced investment strategy, was retained.

In addition, the portfolio holds around £1.0 million in cash or highly liquid assets to cover short-term cash demands. In addition, we have negotiated a £1.0 million overdraft facility with Barclays to prevent the sale of long-term investments for short-term cash demands.

A committee of trustees meets regularly with the investment managers to review the performance of the portfolio and the investment strategy.
Post year end, trustees approved an ethical and responsible investment policy to ensure that our investment decisions reflect our values as a stroke charity and a socially responsible investor.

Principal risks and uncertainties

Our trustees identify, assess and understand the risks facing the Stroke Association and are satisfied that an appropriate risk framework is in place to manage these.

We take a balanced approach to considering risk, taking steps to minimise the likelihood and impact of risk wherever possible and providing reserves to cover risks, while acknowledging that exposure to risk is inevitable and should not prevent our charity from pursuing new opportunities. The trustees believe that by monitoring reserve levels, ensuring controls exist over key financial systems and processes, and examining the organisational risks the charity faces on a regular basis as documented in the charity's Risk Register, risks can be mitigated and effectively managed. The Risk Register is regularly reviewed by the Executive Team and monitored by the Audit and Risk Committee and the Board. Risks are ranked on a score allocated by assessing the level of impact and likelihood.

Every risk on the register has been assessed in the light of Covid-19 and a number of risk ratings and controls have been adjusted. The top ranked risks at the end of 2020–21 were:

- A successful security breach due to a cyber-attack. Cyber-attacks are increasing in frequency and sophistication and could potentially disable the charity's IT systems.

  To mitigate the risk, we have a continuous improvement program to keep our technology defences against cyber security risks under review. We have implemented new ways of controlling spam, web access and administrative access control using Multi-Factor Authentication. We have been removing vulnerable services and have concluded annual penetration testing. Our charity achieved Cyber Essentials accreditation, and will be moving toward Cyber Essentials Plus accreditation and incorporating principles from the ISO27001 Information Security Management System framework. We have also recently employed a dedicated resource for managing our cyber security risk.

- Failure of the investment in fundraising to deliver the required returns and the charity continues to run at a deficit. Mitigation comes from regular scenario-based financial modelling, and improvements we are making to better understand the needs of different customer groups, monitor the performance of our fundraising activities and be more responsive to new opportunities.

- Breach of our duty of care to our volunteers and beneficiaries. Mitigation comes from effective HR policies, health and safety policies and safeguarding procedures, as well as appropriate management systems and an effective compliance framework to ensure that we comply with all legal and regulatory requirements and good practice.

- Fraud: we have seen several external attempts to defraud the Association through phishing, vishing and other sophisticated scams. We counter this threat through fraud prevention training provided by our bankers for all finance staff who handle payments; online fraud awareness training for all staff; internal controls that are reviewed by internal audit; and by having a fraud response plan that advises staff how to act if they detect or suspect a fraud.

Structure, governance and management

The 'Trustees' report' has been prepared in accordance with Part 8 of the Charities Act 2011 and the requirements of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102. It also meets the requirements for a directors' report set out in the Companies Act 2006. Sections on 'Financial review for the year' and 'Principal risks and uncertainties' included within the 'Trustees' report' meet the requirements for a strategic report as outlined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013. The financial statements have been prepared in accordance with the accounting policies set out from page 133 of the attached financial statements.

Status

The Stroke Association is a charitable company limited by guarantee, incorporated on 25 March 1899 and registered in England and Wales (61274). The Stroke Association is registered as a charity in England and Wales (No. 211015), in Scotland (SCO37789), the Isle of Man (945) and Jersey (221); it also operates as a charity in Northern Ireland.

Governing document

The charity is governed in accordance with its Articles of Association (last amended 18 November 2019).

Objects of the charity

The objects of the charity are for the relief of sickness and distress and for the advancement of health by:

- Working for the prevention of stroke.
- Educating the public in all matters concerning stroke.
- Carrying out, promoting or sponsoring research into the prevention or treatment of stroke or other conditions where the effects are similar to stroke, the rehabilitation and long-term care of stroke survivors and publishing the useful results of such research.
- Responding to the needs caused by the effects of stroke, or other conditions where the effects are similar to stroke, by providing advice and support to those affected, their families and carers.

Trustees and governance

The trustees govern our charity. They are responsible for:

- Setting and monitoring progress against our strategic objectives.
- Setting the highest standards and delivering good governance and leadership.
- Ensuring that the charity's resources are only used for its charitable objectives, in the best interests of its beneficiaries, and in compliance with all relevant statutory and regulatory obligations.

Collectively our trustees constitute the Board of the Stroke Association. The Board meets at least four times a year and delegates certain matters to committees. We have the following committees:

- Financial Performance Committee – scrutinises our financial and commercial affairs, as well as our fundraising affairs.
- Audit and Risk Committee – scrutinises our financial statements, financial control systems, internal and external audit, and risk management process.
- Investment Committee – develops and maintains our policies relating to investments, selects and monitors our investment managers, and monitors and evaluates investment performance, service and cost.
- Governance and Remuneration Committee – oversees the effective governance of the charity (including the composition of the Board and the recruitment and induction of trustees) and the pay, benefits and conditions of service for our employees.

Our charity complies with the Charity Governance Code for Large Charities in relation to its governance arrangements. The charity reviews its governance arrangements against that code on an annual basis. During the year 2020–21, we complied fully with the code except that the size of our Board is larger than recommended in the code in order to reflect the breadth of our activities and geographical spread. However, the charity is committed to reducing the size of the Board over time, while maintaining an appropriate mix of skills and diversity. During the year three trustees stood down, bringing the total number to 15, close to our intended target.

The Board has delegated the authority to manage day-to-day business to the Chief Executive, assisted by the Executive Directors Team (EDT). The Board approves the strategy of the charity, at the proposal of the Chief Executive and EDT. The Chief Executive is responsible for implementing the agreed strategy and policies.

The Companies (Miscellaneous Reporting) Regulations 2018

1. The role of directors and trustees
Members of our Board of Trustees are the charity's trustees and also act as company directors. They are responsible for overall governance in accordance with the provisions of the Companies Act 2006 and Charities Act 2011. Each member has a duty to act in a way to promote the charity's purposes.

2. Communicating with staff
The charity ensures ongoing information sharing and dialogue, by internal electronic communications as well as regular all-staff virtual meetings.

All managers are expected to hold regular one-to-ones with their staff and open communication is encouraged.

Management and staff negotiate and consult via LINK, our staff consultation forum.

Additional details of how the charity communicates with its staff is provided later in this report.

3. Statement of public benefit
The trustees confirm that they have complied with their duty in Section 4 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit, 'Charities and Public Benefit'. That guidance addresses the need for all charities' aims to be, demonstrably, for the public benefit. For the charity that is reflected in the objects of the charity, as well as by its activities as illustrated in the Strategic Report. Wherever appropriate, the views and opinions of beneficiaries are sought in the design and implementation of programmes, with the aim of ensuring that these are targeted to people in need, also taking into account an assessment of their needs and evaluating and assessing the beneficial changes.

Further detail of how the charity complies with these duties and how it engages with other stakeholders, including funders and the wider community, can be found elsewhere in this report.

Recruitment and appointment of trustees

The charity maintains and regularly reviews the skills and diversity of its trustee Board and uses this to guide our recruitment for trustees and members of our committees. This helps us ensure that our Board and committees have a strong and diverse mix of people, skills and expertise, and supports our succession planning.

Trustees are recruited using a rigorous and competitive process set out in our Trustee Recruitment Policy. This generally includes public advertising, and may include the use of executive search specialists to identify suitable candidates. Selected candidates attend interviews.

In 2020–21, the Board appointed one new trustee in accordance with Article 60 of our Articles of Association. Three trustees resigned or retired during the year.

No trustee may serve for more than nine years, unless exceptional circumstances apply.

Trustee induction and development

New trustees receive induction training to inform them about the charity and our work, and to ensure an appropriate level of understanding of charity governance and the legal duties of charity trustees.

Our Board development programme ensures that all trustees have access to ongoing training, using internal and external resources to support them in the discharge of their duties and responsibilities.

Trustees and non-trustee independent advisors

The following trustees were in office at **31 March 2021** and served throughout the year, except where stated.

Trustee	Trustee officers	Appointed/ resigned/ retired	Committee membership at the year end
Dr David Buckle MBBS DRCOG MRCGP	Vice Chair (Medical)		GRC, ARC, IC, FPC
Professor Avril Drummond PhD MSc Dip COT FCOT			ARC
Robert J Empson MBA		Retired 5 October 2020	ARC
Stuart Fletcher OBE MA AMIHM		Retired 15 December 2020	FPC
Ed Garcez			FPC
Katherine Gillespie MA MSc			FPC
Ceri Jackson		Appointed 5 October 2020	FPC
Professor Martin James BM MRCP MD CCST FRCP			
Stephen King MBA FCMI	Chair		GRC (Chair), FPC
Ian Lee BA (Hons) CA			ARC (Chair), GRC
Michael Lynagh AM D.Uni Griff		Resigned July 2020	IC
Harvinder Rattan ACCA			FPC
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO			
Helen Sanders MSc			FPC (Chair), GRC, IC
Niraj Shah MA (Cantab) CFA			IC (Chair)
Mark Smith Grad. Dip. Phys MPhil MCSP			
Stephen Torrans			GRC
Peter Troy MBE	Vice Chair (Lay)		GRC, ARC, IC, FPC

The following non-trustee independent advisors (committee members) were in office at 31 March 2021 and served throughout the year.

Trustee	Appointed/ resigned/ retired	Committee membership at the year end
Liz Stanley		ARC
Charles Maisey		IC
Victoria Hoskins		IC

Committee membership key

(See **stroke.org.uk/our-people** for further trustee details)

ARC – Audit and Risk Committee
FPC – Financial Performance Committee
IC – Investment Committee
GRC – Governance and Remuneration Committee

Statement of responsibilities of the trustees

The trustees are responsible for preparing the 'Trustees' 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 financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and the group and of the income and expenditure of the group for that period.

In preparing financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the 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 United Kingdom and Republic of Ireland (FRS102).
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy the financial position of the charity and which enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and the Charities Accounts (Scotland) Regulations 2006. The trustees are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Each of the trustees confirms that:

- So far as that trustee is aware, there is no relevant audit information of which the Stroke Association's auditor is unaware.
- The trustee has taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

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

This information is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

Management team

The following members of the Executive Directors Team were in office at **31 March 2020**:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Bridget Bergin BA (Hons) MBA	Executive Director of Stroke Support (until 30 September 2020)
Dominic Brand BSc (Hons)	Executive Director of Marketing and External Affairs
Andrew Cook BSc (Hons) MSc (Cantab)	Executive Director of Income Generation
Christopher Fyfe BSc MSc CPFA	Interim Chief Financial Officer (until 18 May 2020) Executive Director of Finance and Procurement (from 18 May 2020)
Christopher Rennison CIPD FCMI	Executive Director of People and Organisational Development
Hilary Reynolds CBE BA (Hons) MBA	Executive Director of Strategy and Research (until 20 November 2020)

As part of our new operating model, the composition and responsibilities of our Executive Directors Team changed in August 2020 and the team now comprises:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Dominic Brand BSc (Hons)	Executive Director, Strategy, Insight and Technology
Andrew Cook BSc (Hons) MSc (Cantab)	Executive Director, Customer Experience
Christopher Fyfe BSc MSc CPFA	Executive Director, Finance
Alexis Kolodziej BA	Executive Director, Locality Impact (with effect from 28 September 2020)
Rubina Ahmed BSc MSc PhD	Executive Director, Locality Impact (maternity cover from 25 January 2021)
Barry Macaulay BEM BSc (Hons) Dip SW MSW	Executive Director, Locality Impact (maternity cover from 25 January 2021)
Christopher Rennison CIPD FCMI	Executive Director, People

(See **stroke.org.uk/our-people** for more information about our management team.)

Our people

We're pleased that our staff and volunteer turnover remains low.

Voluntary turnover for the 12 months up to March 2021 was 8.25% (2019–20: 16%). Our sickness absence also remained low – 1.3% for the 12 months up to March 2021 (2019–20: 2.25%). We have recruitment controls in place while we review our operating model, to ensure we manage our overall establishment costs and to protect our people as we prepare for organisational changes.

We regularly consult employees via LINK, our staff consultation forum. LINK consists of 15 representatives from around the organisation, covering all levels and localities. It also includes protected chairs for stroke survivors and people affected by disability, to ensure everyone has their voice heard. We have also strengthened LINK with a greater range of diversity representatives.

The LINK Chairs lead the group, and standing membership includes the Executive Director of People, with regular attendance by the Chief Executive and other Executive Directors. We usually hold LINK meetings four times a year, but at times of significant change, meetings are more frequent to allow time for true collective consultation, policy development and impact discussion.

LINK reviews remuneration, and changes affecting all employees are discussed in depth. There is LINK representation on our Pension Governance Board that includes the Chair of Trustees, Safeguarding Governance Board and other groups to ensure our people are at the heart of our organisational decisions.

We also hold regular 'Ask Juliet' webinars for the whole organisation. Led by our Chief Executive Juliet, and co-delivered with other directors, these webinars enable all of our staff to hear about the progress of the organisation, proposed changes and challenges we face, and give everyone the opportunity to question the top team. We hold similar sessions for volunteers, so they can get updates and can feed back experiences and suggestions.

Our approach to pay

Over the past four years, we've made significant improvements to our pay and benefits to bring them in line with the wider charity sector, helping us to attract and retain the best people and keep colleagues engaged throughout their employment.

We're committed to being open and transparent about the work that we do and about the money that we raise and how we spend it. We have 726 staff and over 2,500 volunteers across the UK, including Jersey and the Isle of Man.

We believe the charity sector should not and cannot compete with the commercial sector on pay. However, we believe our pay structures should ensure we attract and retain the right skills and experience needed to operate as a cost-effective and professional charity delivering on our ambitions.

We ensure our roles are paid at a similar level to other roles in the sector and that we use relevant benchmarking information from charity sector pay and benefit surveys when we set pay. In April 2020 we addressed the disparity across the organisation on pension contributions and now have the same terms and conditions and pay grading principles for all of our people, including our Executive Directors and Chief Executive.

Executive pay

Our executive pay is reviewed annually and is benchmarked with other salaries in the sector.

When setting senior salaries, our trustees are guided by the principles set out in the report on Charity Senior Executive Pay by the National Council for Voluntary Organisations, which is supported by the Charity Commission.

Performance of our Chief Executive and Executive Directors is assessed against the same criteria as all other employees as part of our annual performance and development reviews and pay award process.

For the reason of transparency and openness, we believe it is important to publish the details of our executive roles as follows:

- Chief Executive Officer £141,051, which falls within the median salary range for the sector.
- The salaries of our Executive Directors fall within a range of £83,787 and £107,861 depending on their experience and market benchmark.

We did not award a pay increase in 2020–21 due to the financial uncertainty caused by the pandemic. However, for the small number of staff who are our lowest earners, we continued to meet our commitment to the real Living Wage.

Gender pay gap

Across all our paid colleagues, we are 83.8% female and 16.2% male. Our mean gender pay gap is 16.5%. This is similar to the UK average of 16.2%. Our median gender pay gap is 13.7%, lower than the UK average of 17.3%.

To improve our gender pay gap, we need to have a more even distribution of men across all levels of our organisation and have more women in roles whose standard hourly rate is above the median. Our gender pay gap quartile information shows us that we have proportionately more men in higher paid roles, and more women in lower paid roles, such as Stroke Coordinators and administrators.

This reflects wider societal employment trends, such as a higher proportion of women working in the care sector in lower-paid roles. This data can also be explained by an over-representation of men in some technical, and traditionally higher-paid, roles.

We've been working hard to develop and implement different ways of working that should help us to reduce our pay gap over time:

- Our strategic principles commit us to harnessing the value and diversity that everyone brings to help deliver our goals. And to fostering a culture of mutual respect and empowerment.
- Our values commit us to recognising and promoting everyone's individuality with kindness.
- We are reviewing the experience that our people have, from attraction to recruitment and development throughout their time with us. We're determined to remove any obstacle to inclusion.
- In addition to the enhanced maternity and paternity pay we introduced last year, we've introduced a parental peer support programme to help new parents in the workplace.
- We've also committed to ensuring that there is a female panel member on any interview for a senior role within the organisation, with the aim of increasing female representation within senior roles or teams where there is low female representation.

Our full report is available at **stroke.org.uk/genderpay20**.

Equal pay

Equal pay is a contractual right, which means that people have a right to be paid equal pay for doing equal work.

We've completed an equal pay review to identify any equal pay issues. Our latest audit carried out in 2020 concluded that, with the exception of two minor cases which we've addressed, there are no equal pay issues. Audits are carried out every two years.

Energy and carbon reporting

UK energy use and associated greenhouse gas emissions

We are pleased to report our current UK-based annual energy usage and associated annual greenhouse gas ("GHG") emissions pursuant to the Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018 ("the 2018 Regulations") that came into force on 1 April 2019.

Organisational boundary

In accordance with the 2018 Regulations, the energy use and associated greenhouse gas emissions are for those within the UK only that come under the operational control boundary. Therefore, energy use and emissions are aligned with financial reporting for the Stroke Association. There are no non-UK based subsidiaries that would not qualify under the 2018 Regulations in their own right.

Reporting period

The annual reporting period is 1 April to 31 March each year. Due to the differences in reporting boundaries between the Energy Savings Opportunity Scheme (ESOS) and the 2018 Regulations, we have opted not to voluntarily report on energy consumption and emissions back to 1 April 2018.

Quantification and reporting methodology

The 2019 UK Government Environmental Reporting Guidelines and the GHG Protocol Corporate Accounting and Reporting Standard (revised edition) were followed. The UK Government GHG Conversion Factors for Company Reporting were used in emission calculations for each respective reporting year. This report has been reviewed independently by Briar Consulting Engineers Limited.

The energy data was collated via existing mechanisms where related to transport. Building energy data, where directly metered by a supplier, has largely made use of the supplier's invoices, however the majority of our buildings are not supplied in this way with energy being included within the rental or service charge which necessitates the use of benchmark data.

The emissions are divided into mandatory and voluntary emissions according to the 2018 Regulations, then further divided into the direct combustion of fuels and the operation of facilities (scope 1), indirect emissions from purchased electricity (scope 2) and further indirect emissions that occur as a consequence of company activities (scope 3).

Estimations

Estimates of energy consumption, based on published benchmarks, have been used where energy consumption data is not available from either suppliers or landlords. In some cases, data has been pro-rated to match the reporting period.

Base year

The year April 2019 to March 2020 is chosen as the base year. The base year has been recalculated following significant changes within the charity, as well as changes in methodology and improvements in the accuracy of data.

Breakdown of energy consumption used to calculate emissions (kWh):	2020–21 March 2020	2019–20 (base year)
Natural gas	405,507	1,095,882
Purchased electricity	746,780	866,427
Transport fuels	40,358	1,241,305
Total energy (mandatory)	1,192,645	3,203,614

Breakdown of emissions associated with the reported energy use (tCO_2e)	2020–21	2019–20 (base year)
Scope 1		
Natural gas	74.6	201.5
Transport – Company-owned vehicles	0.2	22.8
Scope 2		
Electricity (location based)	174.1	221.5
Scope 3		
Transport – Employee-owned vehicles	9.8	327.7
Total gross emissions	258.7	773.5
Intensity ratio (mandatory emissions only)		
Tonnes of CO2e per employee	0.4	0.97

Intensity ratio

The intensity ratio is total gross emissions in metric tonnes CO2e (mandatory emissions) per employee. This metric is considered the most relevant to the charity's energy-consuming activities and provides a good comparison of performance over time.

Energy efficiency action during current financial year

The management of resources is an important issue for the charity. In the period 1 April 2020 to 31 March 2021, the charity has undertaken the following actions to improve energy efficiency:

- In light of the Covid-19 pandemic we have taken the opportunity to evaluate our use of commercial office space and have rationalised our portfolio which has led to a significant reduction in energy use and associated emissions (circa 175 tCO2e for the period).
- A further consequence of the pandemic has been a very significant reduction in business travel, with video conferencing being used instead in line with the business travel policy implemented in the previous reporting period.

Compliance information

Governance and compliance

Each year in June/July the Board receives an annual compliance report, a consolidated report covering all compliance issues affecting the charity, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements, complaints, health and safety, and GDPR readiness. The latest report in June 2021 showed strong overall compliance. Improvements made in the last year include changes to our policies and procedures, including in relation to Whistleblowing, Complaints Resolution, Vulnerability in Fundraising, and Gambling Social Responsibility. We also implemented a new and stronger programme of compliance reviews in relation to fundraising.

We are members of the Association of Medical Research Charities (AMRC) and adhere to their research governance policies and regulations.

This year we reviewed and amended the role and remit of the Advisory Groups in Scotland, Wales and Northern Ireland. Their terms of reference set these as advisory bodies, which will provide a channel for supporters (both stroke survivors and professionals) to support and advise the Associate Director for the country, and enhance our relationship building and support from other individuals and organisations within the country.

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

- Protect our service users from abuse or health concerns from others or themselves.

- Address internal issues whereby a concern directly relates to our employees and/or volunteers.

In response to a regulatory alert from the Charity Commission, issued to the sector in relation to governance surrounding safeguarding, we did an internal audit of our safeguarding and whistleblowing activities and this provides us with significant assurance that our policies and procedures are robust and fit for purpose. As part of this we strengthened our whistleblowing policy. The Charity Commission checked our safeguarding and whistleblowing arrangements and confirmed that no further changes needed to be made.

We recorded 100 reported safeguarding cases in 2020–21. None of these cases relate to our employees or volunteers; rather, these are safeguarding issues that we identify in the lives of beneficiaries that we support. An overview of cases is discussed at our Safeguarding Governance meeting every quarter, where organisational learning is shared and also reported to the Board through the annual governance report.

We had no whistleblowing cases in 2020–21.

Serious incidents and fraud

In this financial year we had one serious incident that we needed to report to the Charity Commission. It related to an attempt to defraud our charity and/or one of our suppliers. The Charity Commission confirmed that we were dealing with the matter appropriately and responsibly, and that no enforcement action would be undertaken.

Data protection

In line with ICO recommendations, we have established an Information Governance Board. Our Chief Executive chairs the Information Governance Board, and data protection is discussed regularly at Executive Director Team and Board meetings. Our Associate Director of Legal and Governance is the charity's Data Protection Officer.

In this financial year, we have reviewed all our legitimate interest assessments and have refined our approach to consent for the purposes of receiving fundraising communications and for offers of support to beneficiaries. We also removed significant amounts of redundant personal data from our systems following improvements to our data retention processes. In the next financial year, we will ensure 'privacy by design' in relation to our proposed major investments in technology and will also review our privacy policy to ensure it properly covers all our proposed activities going forward.

Fundraising

We employ a range of fundraising approaches to raise money, for example by working with corporate supporters, philanthropists, trusts and many generous individuals who donate through our appeals and take part in fundraising events. Our fundraising teams lead on this work and engage professional fundraising agencies to support their work, for example in door-to-door and telephone fundraising.

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to undertake fundraising on our behalf, such as face-to-face, door-to-door and telephone activities, we are continually monitoring and reviewing our activities to make them as effective as possible. In line with the Fundraising Regulator's recommendations, we also monitor our agencies through a combination of training fundraisers around our standards and high expectations, regular meetings and 'mystery shopping'. During this financial year, we fully adhered to all guidance issued by the Fundraising Regulator and the Chartered Institute of Fundraising in relation to Covid-secure public fundraising.

We continue to work in partnership with organisations (commercial participators) who pay us a return from sales generated through our own channels and when offering a service or product to stroke survivors.

Our supporter promise

We communicate with our supporters in many ways, including appeal letters, telephone calls, raffles, TV advertising and online via our website and social media. We are extremely grateful to everyone who supports us. We have a 'supporter promise' to make sure that everyone we interact with feels respected and valued, and to reassure our supporters that their data is safe and secure with us. To read it in full visit stroke.org.uk/your-support. We also have a Gambling Social Responsibility Policy and a Vulnerability and Fundraising Policy.

Fundraising regulation

We're registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have a dedicated monitoring programme in place to ensure compliance with the Code and with best practice in fundraising generally. We strive for best practice in fundraising and comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 2018, UK GDPR and the Privacy and Electronic Communications Regulations 2003. We also screen against the Telephone Preference Service, the Mail Preference Service and the Fundraising Preference Service. We have set up an annual programme of compliance reviews of all our segments of fundraising activities.

Complaints and feedback

We are keen to hear from our beneficiaries and stakeholders if they believe there is something we did not get right, so we can learn where we can improve. Our complaints policy and procedures make it easy for people to raise concerns with us and help us to resolve complaints quickly and efficiently. We also undertake regular 'lessons learned' meetings to better understand where we can develop in the future.

During the year, we received a total of 132 complaints. This is again less than in previous years. Of these, 91 complaints related to our fundraising activities (2019–20: 78). None of these complaints related to breaches of the law or regulatory obligations. The highest number of complaints was around direct marketing (27 complaints) and door-to-door fundraising activity (34 complaints) being unwanted by the complainants.

In relation to our support services, we received 37 complaints, down four from last year. Common themes include a breakdown in communications or a lack of clear expectations provided to beneficiaries. We also received complaints from beneficiaries about technologies, such as accessing Zoom, email communications and online surveys. We also received four complaints about our policy position on Covid vaccinations.

We have learned from these complaints, working with managers and staff to ensure we are giving clear messages and that our literature says with certainty what our service users can expect from us. Learnings are also used in guidance and training for our staff.

This report constitutes the statutory reports described on page 104.



Stephen King
Chair of the Board
Approved on 7 October 2021.

Legal and administrative details

Patron	Her Majesty The Queen
President	HRH The Duke of Kent KG GCMG GCVO
Vice Presidents	Professor Tony Rudd CBE MA (Cantab) MB BChir FRCP Professor Sir Charles George MB ChB MD Professor Averil Mansfield CBE MB ChB ChM Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP Jon Barrick MBA DPRP (h.c.) FCMI Professor Pippa Tyrrell MBE MD FRCP
Chair	Stephen King MBA FCMI
Trustees	As listed on page 108
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the management team	As listed on page 111
Company Secretary	Jan-Willem Jonker

Registered office

Stroke Association House
240 City Road
London
EC1V 2PR
Telephone: 020 7566 0300
Website: stroke.org.uk
Email: info@stroke.org.uk

Company registration number

61274 (England and Wales)

Charity registration numbers

211015 (England and Wales)
SC037789 (Scotland)
945 (Isle of Man)
221 (Jersey)

Auditor

Buzzacott LLP
130 Wood Street
London
EC2V 6DL

Bankers

Barclays Bank PLC
1 Churchill Place
London
E14 5HP

Investment managers

Waverton Investment Management
16 Babmaes Street
London
SW1Y 6AH

Independent auditor's report

Opinion

We have audited the financial statements of Stroke Association (the 'charitable parent company') and its subsidiary (the 'group') for the year ended 31 March 2021 which comprise the group statement of financial activities, group and charitable parent company balance sheets, group statement of cash flows, the principal accounting policies and the notes to the financial statements. 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 group's and of the charitable parent company's affairs as at 31 March 2021 and of the group's income and expenditure for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- Have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

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 group 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 group and charitable parent company's ability to continue as a going concern for a period of at least 12 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 trustees are responsible for the other information. The other information comprises the information included in the annual report and financial statements, other than the financial statements and our auditor's report thereon. 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.

Opinions on other matters 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 is also the directors' report for the purposes of company law and includes the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The trustees' report, which is also the directors' report for the purposes of company law and includes the strategic report, has 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 group and the charitable parent company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- Proper and adequate accounting records have not been kept by the charitable parent company, or returns adequate for our audit have not been received from branches not visited by us; or
- The charitable parent company 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, 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 group's and the charitable parent 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 group or the charitable parent 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- The engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations.
- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and charitable parent company and determined that the most significant frameworks which are directly relevant to specific assertions in the financial statements are those that relate to the reporting framework (Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in

the United Kingdom and Republic of Ireland (FRS 102), the Companies Act 2006 and the Charities Act 2011) and those that relate to data protection (General Data Protection Regulation).
- Identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the group and charity's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- Making enquiries of key management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud.
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- Performed analytical procedures to identify any unusual or unexpected relationships.
- Tested and reviewed journal entries to identify unusual transactions.
- Tested the authorisation of expenditure, ensuring expenditure was approved in line with the group and charitable parent company's financial procedures.
- Assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias.
- Investigated the rationale behind significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- Agreeing financial statement disclosures to underlying supporting documentation.
- Reviewing the minutes of meetings of those charged with governance.
- Enquiring of management as to actual and potential litigation and claims.

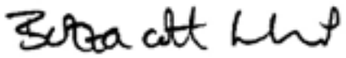
There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at **frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charity's trustees as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Katharine Patel (Senior Statutory Auditor)

For and on behalf of Buzzacott LLP, Statutory Auditor
130 Wood Street
London
EC2V 6DL

Date: 11 October 2021

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Consolidated statement of financial activities (including an income and expenditure account) for the year ended 31 March 2021

	Notes	Un-restricted funds £'000	Restricted funds £'000	2021 Total funds £'000	Un-restricted funds £'000	Restricted funds £'000	2020 Total funds £'000
Income from:							
Donations and legacies	1	18,616	3,682	**22,298**	22,188	2,087	24,275
Charitable activities - community services	2	3,031	7,234	**10,265**	315	9,890	10,205
Other trading activities	3	123	—	**123**	103	—	103
Investments	4	533	—	**533**	554	—	554
Other	5	202	1,152	**1,354**	477	4	481
Total income		22,505	12,068	**34,573**	23,637	11,981	35,618
Expenditure on:							
Charitable activities							
– Stroke support services	8	8,960	9,113	**18,073**	8,637	10,940	19,577
– Community development and volunteering	9	1,576	415	**1,991**	2,388	577	2,965
– Research grants and awards	7	764	1,037	**1,801**	681	555	1,236
– Systems influencing	10	755	54	**809**	941	—	941
– Awareness and engaging with stroke	11	3,052	757	**3,809**	4,878	—	4,878
Raising funds	6	7,126	516	**7,642**	8,896	—	8,896
Total expenditure	12	22,233	11,892	**34,125**	26,421	12,072	38,493
Net income/(expenditure) before gains on investments		272	176	**448**	(2,784)	(91)	**(2,875)**
Net gains/(losses) on investments	20	2,209	—	**2,209**	(247)	—	(247)
Net income/(expenditure) and net movement in funds	10-16	2,481	176	**2,657**	(3,031)	(91)	(3,122)
Reconciliation of funds:							
Funds brought forward at 1 April		15,430	3,324	**18,754**	18,461	3,415	21,876
Funds transferred in the year		142	(142)	—	—	—	—
Net movement in funds in year		2,481	176	**2,657**	(3,031)	(91)	(3,122)
Total funds carried forward at 31 March		18,053	3,358	**21,411**	15,430	3,324	18,754

All of the group's activities derived from continuing operations during the above two financial periods.

All recognised gains and losses are included in the statement of financial activities.

All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise.

Consolidated balance sheet as at 31 March 2021

	Notes	2021 £'000	2020 £'000
Fixed assets			
Tangible assets	17	**2,759**	3,125
Intangible fixed assets	18	**534**	829
Programme-related investments	19	**60**	60
Investments	20	**20,603**	19,423
Total fixed assets		**23,956**	**23,437**
Current assets			
Debtors	21	**3,202**	4,230
Cash at bank and short term deposits	22	**6,467**	2,600
Total current assets		**9,669**	**6,830**
Liabilities			
Creditors: amounts falling due within one year	23	**(6,146)**	(7,336)
Provisions for liabilities	25	**(754)**	(263)
Total current liabilities		**(6,900)**	**(7,599)**
Net current assets/(liabilities)		**2,769**	**(769)**
Total assets less current liabilities		**26,725**	**22,668**
Creditors: amounts falling due in more than one year			
Research grants payable	24,7	**(5,131)**	(3,625)
Provisions for liabilities	24,25	**(183)**	(289)
Total creditors due after one year		**(5,314)**	**(3,914)**
Total net assets		**21,411**	**18,754**
The funds of the charity:			
Unrestricted funds			
– Designated funds	26	**2,262**	2,618
– Fixed asset fund	27	**3,293**	4,014
– General funds (free reserves)		**12,484**	8,784
		18,039	**15,416**
Restricted income funds	28	**3,358**	3,324
		21,397	**18,740**
Funds retained within a non-charitable subsidiary	3	**14**	14
	39	**21,411**	**18,754**

The notes on pages 142 to 171 form part of the financial statements.
Approved by the trustees on 7 October 2021 and signed on their behalf by:

Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales)

Charity balance sheet at 31 March 2021

	Notes	2021 £'000	2020 £'000
Fixed assets			
Tangible assets	17	**2,759**	3,125
Intangible fixed assets	18	**534**	829
Programme-related investment	19	**60**	60
Investments	20	**20,603**	19,423
Total fixed assets		**23,956**	**23,437**
Current assets			
Debtors	21	**3,299**	4,217
Cash at bank and short term deposits	22	**6,373**	2,601
Total current assets		**9,672**	**6,818**
Liabilities			
Creditors: amounts falling due within one year	23	**(6,161)**	(7,336)
Provisions for liabilities	25	**(754)**	(263)
Total current liabilities		**(6,915)**	**(7,599)**
Net current assets/(liabilities)		**2,757**	**(781)**
Total assets less current liabilities		**26,713**	**22,656**
Creditors: amounts falling due in more than one year			
Research grants payable	7,24	**(5,131)**	(3,625)
Provisions for liabilities	24,25	**(183)**	(289)
Total creditors due after one year		**(5,314)**	**(3,914)**
Total net assets		**21,399**	**18,742**
The funds of the charity:			
Unrestricted funds			
– Designated funds	26	**2,262**	2,618
– Fixed asset fund	27	**3,293**	4,014
– General funds (free reserves)		**12,486**	8,786
		18,041	**15,418**
Restricted income funds	28	**3,358**	3,324
	39	**21,399**	**18,742**

The notes on pages 142 to 171 form part of the financial statements.
Approved by the trustees on 7 October 2021 and signed on their behalf by:

Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales)

Consolidated statement of cash flows

	Notes	2021 £'000	2020 £'000
Cash flows from operating activities			
Net cash provided by/(used in) operating activities	**A**	**2,305**	**(5,648)**
Cash flows from investing activities			
Investment income		**533**	554
Purchase of tangible fixed assets		**—**	(41)
Purchase of intangible fixed assets		**—**	(64)
Purchase of equity in research joint venture		**—**	(60)
Proceeds from the disposal of tangible fixed assets		**—**	—
Proceeds from the disposal of investments		**6,404**	9,220
Purchase of investments		**(6,183)**	(4,559)
Net cash provided by investing activities		**754**	**5,050**
Change in cash and cash equivalents in year		**3,059**	(598)
Cash and cash equivalents at 1 April 2020	B	**3,812**	4,410
Cash and cash equivalents at 31 March 2021	**B**	**6,871**	**3,812**

A. Reconciliation of net cash flow from operating activities

	2021 £'000	2020 £'000
Net income/(expenditure) in year (as per the statement of financial activities)	**2,657**	(3,122)
Adjustment for:		
Net (gains)/losses on investments	**(2,209)**	247
Depreciation charge	**330**	277
Amortisation charge	**250**	260
Impairment of fixed assets	**81**	—
Dividends and interest from investments	**(533)**	(554)
Decrease in debtors	**1,028**	656
Increase/(decrease) in creditors	**284**	(458)
Increase/(decrease) in research grant commitments	**32**	(3,067)
Increase in provisions	**385**	113
Net cash provided by/(used in) operating activities	**2,305**	**(5,648)**

B. Analysis of cash and cash equivalents and analysis of change in net debt

	2021 £'000	Cash flows £'000	2020 £'000
Cash at bank and short term deposits	**6,467**	**3,867**	2,600
Cash held by investment managers	**404**	**(808)**	1,212
	6,871	3,059	3,812

Principal accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of preparation

The financial statements have been prepared on a going concern basis, under the historical cost convention, with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

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 United Kingdom and Republic of Ireland (FRS102) (Charities SORP FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102), the Charities Act 2011 and the Companies Act 2006.

The charity constitutes a public benefit entity as defined by FRS 102.

The financial statements are presented in sterling and are rounded to the nearest thousand pounds.

Comparative figures

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

Events after the balance sheet date

We are required to consider conditions that have arisen between the balance sheet date (31 March 2021) and the date the accounts are signed (7 October 2021). No events have arisen that require adjustment to the financial statements, impact our assessment of the charity as a going concern, or indicate a material change that has arisen since the balance sheet date.

Assessment of going concern

The trustees of the charity have assessed whether the use of the going concern assumption is appropriate in preparing these accounts and have made this assessment in respect to a period of one year from the date of their approval.

Trustees acknowledge and recognise the continuing impact of the Covid-19 pandemic on the future operations of the charity, its beneficiaries, partners and stakeholders and on wider society. As well as the personal risk to health of its staff, the charity continues to lose planned income primarily as the result of the cancellation of events, although there have been some expenditure savings. As these results show, we were able to quickly reduce costs and take advantage of government support so that we were able to deliver a surplus in this difficult year. This surplus has contributed significantly to the financial health of the charity and thus our assessment that the charity remains a going concern. We do not anticipate that the overall financial position of the charity will be adversely affected or its financial solvency threatened by the pandemic or other factors.

The trustees have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

The most significant areas of judgement that affect items in the accounts are detailed on page 141. With regard to the next accounting period, the year ending 31 March 2022, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets (see the investment policy on page 102 and the risk management sections of the Strategic Report for more information).

The charity's three-year plan projects a maximum planned deficit of less than £1.0m in 2021–22 and return to a surplus in 2022–23. Reserves are expected to remain above the requirements specified in the revised reserves policy over the next three years (see page 99).

The Stroke Association has well-diversified funding streams, with no individual funder or donor exceeding 4% of total income. Contracts with these funders generate a contribution towards the central costs of managing the Stroke Association secretariat, which delivers management, HR, IT and finance systems to support its programme globally.

Recognising that the Stroke Association's continued ability to deliver its programme of work will depend on continued forward secured funding going into its new Business Plan period (2021–2024), the trustees have considered several factors in concluding that the adoption of the going concern basis in the preparation of these financial statements is appropriate. These have included:

- Existing reserves and investment holdings.
- The forward pipeline of secured and prospective contract and grant awards.
- The growth of the legacy notifications and pipeline.
- The rigour of pipeline monitoring and cost controls that are in place to ensure a managed deficit in 2021–22 and a balanced budget in subsequent financial years, while still maintaining delivery of the Stroke Association's programme.
- Cash management and working capital controls in place to manage the potential risks of late payments by funders and ensure restricted and unrestricted assets and reserves are appropriately managed.

After making this assessment, the trustees are confident the organisation has adequate resources to operate for the foreseeable future and can adopt the going concern basis in preparing its financial statements.

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (Trading) Limited Company Reg No 00898941. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

Income

Income, including investment income, is recognised in the period in which the charity is entitled to receipt and the amount can be measured reliably with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Income comprises donations, legacies, commissioned services income, trading income, investment income and other income.

In accordance with the Charities SORP FRS 102, volunteer time is not recognised, as the value of their contribution cannot be reliably measured.

Donations and grants, including those in respect of participation events, are recognised when the charity has confirmation of both the amount and the settlement date. In the event of donations and grants pledged but not received, the amount is accrued for where the receipt is probable.

Grants and donations from the

Government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these amount to a contract for services.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity. Entitlement to a legacy is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor 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.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having being transferred to the charity.

Commissioned services income and trading income is recognised to the extent that it is probable that the economic benefits will flow to the charity and the revenue can be measured reliably. It is measured at fair value, being the amount invoiced and considered receivable, excluding any discounts or rebates.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds includes the salaries, direct costs and support costs associated with generating donated income, together with the fees paid to investment managers in connection with the management of the charity's listed investments, and the costs incurred by the trading subsidiary.

- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants payable, direct and support costs including governance costs.

Grants are included in full in the statement of financial activities when the award has been approved and when the intended recipient has either received the funds or been informed of the decision to make the donation and has satisfied all related conditions. Grants approved, but not paid at the end of the financial year, are accrued for.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with the constitutional statutory requirements.

Support costs and governance costs are apportioned on a basis consistent with the use of resources, primarily head count and expenditure ratios.

Donated services and facilities (gifts in kind)

Services and facilities donated to the charity for its own use are included in income at their worth to the charity as at the time of the gift with an equivalent amount included in expenditure.

Donated services with an open market value of £300,000 were received from David Lloyd Clubs during the year for promotional services but have not been reflected in the accounts as they did not meet the criteria for recognition as a gift-in-kind, on the basis that the charity would not have purchased these services on the open market.

Taxation

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

Research grants and awards

The Stroke Association awards research grants and Fellowships / Lectureships each year, which run for periods of up to five years. Such research grants and awards are accrued in full at the time of their award.

Tangible fixed assets

All assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. They are stated at cost, which includes the original purchase price of the assets plus costs attributable to bringing the asset to its intended use. Depreciation is calculated on a straight-line basis over its expected useful life.

Freehold properties used for the direct charitable work of the charity are included in these financial statements at cost at the date of acquisition together with the cost of additions and improvements to date. Only functional freehold properties are depreciated at a rate of 2% per annum on a straight-line basis in order to write them off over their estimated useful lives. Those under construction are not depreciated until they are brought into use. An impairment review in respect to a particular class of assets is carried out if events, or changes in circumstances, indicate that the carrying amount of any tangible fixed asset may not be recoverable.

Short leasehold premises consist of the costs of entering into the leases for offices, together with associated fitting-out costs. These costs are written off over the life of the lease, reflecting the useful life of the underlying asset to the charity.

Office fixtures, fittings and equipment are depreciated over five years based on the estimated useful life on a straight-line basis.

Intangible fixed assets

Intangible fixed assets comprise software, the charity's website, and other internally developed online tools. Intangible assets are valued at the cost to the charity of acquiring these assets.

Intangible assets are recognised only if all the following conditions are met:

- An asset is created that can be separately identified.
- It is probable that the asset created will generate future economic benefits.
- Development costs of the asset can be measured reliably.

Amortisation of intangible fixed assets is calculated using the straight-line method to allocate the cost of the assets over their estimated useful lives. All intangible assets are assumed to have useful lives of five years and are amortised accordingly at an annual rate of 20%. An annual impairment review is carried out for each asset after it has been brought into use to reassess its remaining useful life and that it still meets the definition of an intangible asset.

Fixed assets research joint venture

The charity accounts for its share of joint ventures using the equity method. Under this method, the joint venture is initially recognised at cost. The carrying amount is adjusted for post-acquisition changes in the charity's share of net assets in the joint venture entity through the statement of financial activities.

Fixed asset investments

Fixed asset investments listed on a recognised stock exchange are initially recognised at their transactional value and subsequently measured at their fair value as at the balance sheet date using the quoted market price.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value if acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

The main form of financial risk faced by the charity is that of volatility in equity and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

The investment in the charity's trading subsidiary is valued at the cost of £7.

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid and have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short-term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Where the charity identifies onerous leases, it makes an immediate provision for the unavoidable loss. The liability is recognised when there is a published or implemented decision that the leases are no longer needed.

Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund accounting

Restricted funds comprise monies raised for, or where their use is restricted to, a specific purpose, or contributions subject to donor-imposed conditions.

Unrestricted general funds represent those monies which are available for application towards achieving any charitable purpose that falls within the charity's charitable objectives.

Designated funds comprise unrestricted funds that have been set aside by the trustees and designated for particular purposes.

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves.

Significant accounting estimates and areas of judgement

Preparation of the financial statements requires the trustees and management to make significant judgements and estimates that affect the reported values of assets, liabilities, income and expenses.

Significant areas of estimation and judgement include:

- Assessing the possibility of receiving legacies of which the charity has been notified.
- The split between current and non-current liabilities for grant awards that mainly extend over three or more years.
- Determining the basis for allocating support costs.
- The useful economic life of tangible and intangible fixed assets.
- Provisions for dilapidations on all leasehold properties, based on the cost per square foot for each property derived from a Royal Institute of Chartered Surveyors (RICS) industry average report.
- The provision for bad and doubtful debts.
- Estimating the onerous lease provisions on mothballed properties.
- Assessment of the charity's ability to continue as a going concern.

Operating leases

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the statement of financial activities on a straight-line basis over the lease term.

Pension costs

Contributions are paid to a group money purchase personal pension plan for employees. Contributions payable during the year are charged to the statement of financial activities.

Notes to the financial statements

1. Donations and legacies

	Unrestricted £'000	Restricted £'000	**Total funds 2021 £'000**	Unrestricted £'000	Restricted £'000	Total funds 2020 £'000
General donations	1,127	89	**1,216**	1,431	83	1,514
In memoriam	1,030	18	**1,048**	1,234	19	1,253
National raffle	282	—	**282**	309	—	309
Direct mail	1,445	—	**1,445**	1,493	—	1,493
Committed giving	883	470	**1,353**	1,055	512	1,567
Corporate income and trusts	781	837	**1,618**	946	517	1,463
Events	886	3	**889**	1,347	—	1,347
Regional fundraising	55	—	**55**	1,139	115	1,254
Gift Aid	668	1	**669**	889	5	894
Legacies	11,413	651	**12,064**	12,307	367	12,674
Grants	46	360	**406**	27	469	496
Covid-19 related grants	—	1,253	**1,253**	—	—	—
Miscellaneous income	—	—	—	11	—	11
Total	**18,616**	**3,682**	**22,298**	**22,188**	**2,087**	**24,275**

2. Charitable activities

Community services income, which mainly comes from Stroke Recovery and Communication Support services, was £10,265,000 (2019–20: £10,205,000). All income from community services in the prior accounting period was restricted.

3. Other trading income

The Stroke Association owns seven ordinary shares of £1 each (100%) of Stroke Association (Trading) Limited, (Company Number 00898941), a company incorporated in England and Wales. The company sells Christmas cards and raises corporate sponsorship monies to fund the activities of the charity. All income is therefore unrestricted.

The trading company Gift Aids its taxable profits to the charity to the extent that it has distributable reserves with which to do so.

	2021 Total funds £'000	2020 Total funds £'000
Turnover	**123**	103
Cost of sales	**(99)**	(110)
Gross profit/(loss)	**24**	(7)
Other income – corporate sponsorship	**89**	291
	113	**284**
Selling, distribution and administration expenses	**(73)**	(81)
Net profit paid to the Stroke Association under Gift Aid	**40**	203
Additional profits from prior year paid to the Stroke Association under Gift Aid	**—**	50
Net assets at 31 March	**14**	**14**

4. Investment income

	2021 Total funds £'000	2020 Total funds £'000
Investment income receivable	**533**	542
Interest receivable	**—**	12
	553	554

5. Other income

	Unrestricted £'000	Restricted £'000	Total funds 2021 £'000	Unrestricted £'000	Restricted £'000	Total funds 2020 £'000
Covid-19 Job Retention Scheme income	—	1,152	**1,152**	—	—	**—**
Delegate fees	84	—	**84**	341	—	**341**
Affiliation fees	5	—	**5**	14	—	**14**
Training income	9	—	**9**	3	—	**3**
Publication sales	7	—	**7**	18	—	**18**
Sundry income	97	—	**97**	101	4	**105**
	202	**1,152**	**1,354**	**477**	**4**	**481**

6. Cost of raising funds

	Unrestricted £'000	Restricted £'000	Total funds 2021 £'000	Unrestricted £'000	Restricted £'000	Total funds 2020 £'000
Staff costs	3,098	449	**3,547**	4,072	—	**4,072**
Brochures, materials and other costs	2,743	—	**2,743**	3,106	—	**3,106**
Property and other related facility costs	—	—	**—**	438	—	**438**
Fundraising trading	21	—	**21**	92	—	**92**
Support (note 12)	1,264	67	**1,331**	1,188	—	**1,188**
	7,126	**516**	**7,642**	**8,896**	**—**	**8,896**

6. Cost of raising funds (continued)

In 2019–20 we were able to treat some property-related costs as being directly attributable to fundraising. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

7. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	2021 Total funds £'000	2020 Total funds £'000
Total – 2020–21	764	1,037	**1,801**	1,236
Total – 2019–20	681	555	**1,236**	—

Included within research grants and awards are the direct and support costs of running the research department. These are broken down as follows:

	Unrestricted £'000	Restricted £'000	Total funds 2021 £'000	Unrestricted £'000	Restricted £'000	Total funds 2020 £'000
Grants	263	1,013	**1,276**	99	555	**654**
Direct support costs	382	18	**400**	486	—	**486**
Indirect support costs (see note 12)	119	6	**125**	96	—	**96**
	764	**1,037**	**1,801**	**681**	**555**	**1,236**

A full list of the grants is available at **stroke.org.uk/research**.

7. **Research grants and awards** (continued)

Research grant commitments

	2021 Total funds £'000	2020 Total funds £'000
Commitments at 1 April	**8,003**	11,070
Written back during the year	**(181)**	(357)
Paid during the year	**(1,241)**	(3,819)
Approved during the year (see below note)	**1,454**	1,109
Commitments at 31 March	**8,035**	**8,003**
Payable as follows:		
Within one year (note 23)	**2,904**	4,378
After more than one year (note 24)	**5,131**	3,625
	8,035	**8,003**

Unfortunately, due to the continued financial uncertainty caused by Covid-19, we've had to delay some funding for new research projects and partnerships. We know this is an uncertain time for researchers, but we're working with them to introduce flexibility into project budgets and timelines, and to explore ways to secure more funding.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

Postdoctoral Fellowships
Graham McClelland for £213,859 at Newcastle University with Dr Chris Price (Research Awards Pool), Dr Julie Morris (funding panel member) who are members of the same institution.

Lisa Tedesco-Triccas for £215,000 at University College London with Professor David Werring (Research Awards Pool), Professor Alex Leff (Research Awards Pool) who are members of the same institution.

Postgraduate Fellowship
Katie Monnelly for £57,500 at City, University of London with Professor Katerina Hilari who is a member of the same institution.

7. **Research grants and awards** (continued)

Lectureships
Gargi Banerjee for £159,690 at University College London with Prof David Werring (Research Awards Pool), Professor Alex Leff (Research Awards Pool) who are members of the same institution.

Christine Hazelton for £198,884 at Glasgow Caledonian University with Professor Frederike van Wijck (Research Awards Pool) and Professor Marian Brady (Research Awards Pool) who are members of the same institution.

Project Grants
Professor Bruno Frenguelli for £248,984 at University of Warwick.

Dr Adrian Parry-Jones for £199,957 at University of Manchester with Professor Andy Vail (Research Awards Pool), Professor Audrey Bowen (Research Awards Pool), Mr Hiren Patel (Research Awards Pool), Professor Stuart Allan (Research Awards Pool), Dr Adrian Parry-Jones (Research Awards Pool) who are members of the same institution.

Covid-19 and Stroke Grants
Dr William Whiteley for £59,305 at University of Edinburgh with Dr Fergus Doubal (Research Awards Pool), Professor Rustam Al Shahi-Salman (Research Awards Pool), Professor Gillian Mead (Research Awards Pool), Professor Jesse Dawson (Research Awards Pool) who are members of the same institution.

Dr Richard Perry for £60,000 at University College London with Professor David Werring (Research Awards Pool), Professor Alex Leff (Research Awards Pool) who are members of the same institution.

None of the above-mentioned research awards pool members took part in the review or adjudication of their research applications, and were excluded from the entire review, adjudication and awards panel process for the respective award rounds. Committee members from the same institutions but not named on the applications are also excluded from the entire adjudication process for all of the aforementioned awards.

8. Stroke support services

	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Commissioned services	—	7,234	**7,234**
Regional and management support	3,246	471	**3,717**
Universal services including Helpline	213	1,116	**1,329**
Property and other related facility costs	—	—	**—**
Support costs (note 12)	5,501	292	**5,793**
Total – 2020–21	**8,960**	**9,113**	**18,073**

	Unrestricted £'000	Restricted £'000	2020 Total funds £'000
Commissioned services	—	7,865	7,865
Regional and management support	1,777	2,812	4,589
Universal services including Helpline	859	263	1,122
Property and other related facility costs	819	—	819
Support costs (note 12)	5,184	—	5,184
Total – 2019-20	**8,639**	**10,940**	**19,579**

In 2019–20 we were able to treat some property-related costs as being directly attributable to stroke support services. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

9. Community development and volunteering

	Unrestricted £'000	Restricted £'000	2021 Total funds
Community development	260	318	**578**
Volunteering	733	66	**799**
Property and other related facility costs	—	—	**—**
Support costs (note 12)	583	31	**614**
Total – 2020–21	**1,576**	**415**	**1,991**

	Unrestricted £'000	Restricted £'000	2020 Total funds
Community development	95	577	672
Volunteering	1,548	—	1,548
Property and other related facility costs	142	—	142
Support costs (note 12)	603	—	603
Total – 2019–20	**2,388**	**577**	2,965

In 2019–20 we were able to treat some property-related costs as being directly attributable to community development and volunteering. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

10. Systems influencing

	Unrestricted £'000	Restricted £'000	2021 Total funds
Staff costs	509	54	**563**
Other direct costs	70	—	**70**
Support costs (note 12)	176	—	**176**
Total – 2020–21	**755**	**54**	**809**

	Unrestricted £'000	Restricted £'000	2020 Total funds
Staff costs	606	—	606
Other direct costs	111	—	111
Property and other related facility costs	59	—	59
Support costs (note 12)	165	—	165
Total – 2019–20	**941**	—	941

In 2019–20, we were able to treat some property-related costs as being directly attributable to systems influencing. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

11. Awareness and engagement with stroke

	Unrestricted £'000	Restricted £'000	2021 Total funds
Staff costs	1,185	757	**1,943**
Advertising and marketing	867	—	**867**
Other direct costs	264	—	**264**
Support costs (note 12)	736	—	**736**
Total – 2020–21	**3,052**	**757**	**3,809**

	Unrestricted £'000	Restricted £'000	2020 Total funds
Staff costs	2,000	—	2,000
Advertising and marketing	1,534	—	1,534
Other direct costs	517	—	517
Property	216	—	216
Support costs (note 12)	611	—	611
Total – 2019–20	**4,878**	—	4,878

In 2019–20 we were able to treat some property-related costs as being directly attributable to awareness and engagement with stroke. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

12. Allocation of support costs

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	**2021 Total £'000**
Direct costs	12,280	1,377	1,676	633	3,073	6,311	**25,350**
Support costs:							
- Management	640	68	14	19	81	147	**969**
- Property	1,718	182	37	52	219	395	**2,603**
- HR	1,220	129	26	37	155	281	**1,848**
- Finance	829	88	18	25	105	190	**1,255**
- IT	913	97	20	28	116	209	**1,383**
- Governance costs (note 13)	473	50	10	15	60	109	**717**
	5,793	614	125	176	736	1331	**8775**
Total – 2020–21	**18,073**	**1,991**	**1,801**	**809**	**3,809**	**7,642**	**34,125**

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	**2020 Total £'000**
Direct costs	14,393	2,362	1,140	776	4,267	7,708	**30,646**
Support costs:							
- Management	957	112	17	30	112	219	**1,447**
- Property	683	79	13	22	80	157	**1,034**
- HR	1,195	139	22	38	141	274	**1,809**
- Finance	904	105	17	29	107	207	**1,369**
- IT	972	113	18	31	115	223	**1,472**
- Governance costs (note 11)	473	55	9	15	56	108	**716**
	5,184	603	96	165	611	1,188	**7,847**
Total – 2019–20	**19,577**	**2,965**	**1,236**	**941**	**4,878**	**8,896**	**38,493**

12. Allocation of support costs (continued)

Head count, locations and activities forms the basis of allocation for the functions listed above excluding Finance, which is based on expenditure ratios.

In the previous year we were able to treat certain property as direct, however due to the impact of Covid-19 and costs the move to working from home this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

13. Governance costs

	2021 Total funds £'000	2020 Total funds £'000
Chief Executive Office	**228**	226
Internal audit	**48**	49
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance)	**441**	440
	717	**715**

14. Net movement in funds

This is stated after charging:

	2021 Total funds £'000	2020 Total funds £'000
Current year auditor's remuneration including irrecoverable VAT	**35**	28
Prior year auditor's remuneration including irrecoverable VAT	**5**	—
Tax compliance and advice from auditors including irrecoverable VAT	**19**	14
Assurance services other than statutory from auditors including irrecoverable VAT	**4**	—
Other financial services from auditors including irrecoverable VAT	**—**	1
Depreciation (note 17)	**330**	277
Impairment (see notes 17 and 18)	**81**	—
Amortisation (note 18)	**250**	260
Operating lease rentals	**1,361**	1,151

15. Employee and key management remuneration

Staff costs during the year were as follows:

	2021 £'000	2020 £'000
Wages and salaries	**20,433**	20,766
Social security costs	**1,843**	1,854
Pension costs	**1,282**	1,159
Redundancy and termination costs	**322**	148
	23,880	23,927
Payments to agency staff	**15**	294
	23,895	24,221

Redundancy costs are recognised when a constructive obligation arises. At March 31 2021 an accrual for £47,000 (2020: £NIL) was made and represents the costs for those staff members who had received confirmation of redundancy prior to the year end. Non-taxable statutory redundancy payments totalled £165,000 (2019–20: £68,000).

The average number of employees during the year, analysed by function and including support staff, was as follows:

	2021 Full time equivalent	2020 Full time equivalent	**2021 Head count**	2020 Head count
Charitable activities				
- Stroke support services	**425**	447	**521**	564
- Community development and volunteering	**45**	52	**56**	61
- Research grants and awards	**9**	8	**10**	9
- Systems influencing	**13**	14	**14**	15
- Awareness and engagement with stroke	**54**	53	**60**	59
- Raising funds	**98**	103	**102**	119
	644	677	**763**	827

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by volunteers throughout the year.

15. Employee and key management remuneration (continued)

The number of employees who earned between the amounts stated below (including taxable benefits but excluding employer pension and National Insurance contributions) during the year were:

	2021 number	2020 number
£60,001 - £70,000	**13**	7
£70,001 - £80,000	**4**	2
£80,001 - £90,000	**1**	3
£90,001 - £100,000	**1**	3
£100,001 - £110,000	**3**	—
£110,001 - £120,000	**1**	1
£140,001 - £150,000	**1**	1

Key management personnel are the members of the Executive Team. In 2021, there were seven full time equivalent (FTE) members of this team (2019–20: seven). See page 111 for further details.

The total remuneration (including taxable benefits and employer's pension and National Insurance contributions) paid to the key management personnel of the charity in the year was £1,087,000 (2019–20: £910,000).

16. Trustees' remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £391 (2019–20: £16,000) were reimbursed to four trustees (2019–20: 19).

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £16,000 (2019–20: £12,000) and provides cover of up to a maximum of £5 million in any one year.

Due to their expertise within the field of medicine and research, trustees may complete projects funded by the Stroke Association. These are monitored by management and require approval of the Research Awards Committee and the Board. Research grants awarded to trustees during the year are detailed in note 7.

17. Tangible fixed assets

Group and charity

	Freehold premises £'000	Short leasehold premises £'000	Fixtures, furniture and fittings £'000	**2021 Total £'000**
Cost:				
At 1 April 2020	1,947	2,850	314	**5,111**
At 31 March 2021	1,947	2,850	314	**5,111**
Depreciation				
At 1 April 2020	345	1,378	263	**1,986**
Impairment	—	36	—	**36**
Charge for year	39	240	51	**330**
At 31 March 2021	384	1,654	314	**2,352**
Net book values				
At 31 March 2021	1,563	1,196	—	**2,759**
At 1 April 2020	1,602	1,472	51	**3,125**

18. Intangible fixed assets

Group and charity

	2021 Total £'000
Cost	
At 1 April 2020	**2,177**
At 31 March 2021	**2,177**
Amortisation	
At 1 April 2020	**1,348**
Impairment	**45**
Charge for year	**250**
At 31 March 2021	**1,643**
Net book values	
At 31 March 2021	**534**
At 1 April 2020	**829**

19. Programme-related investment

Group and charity

	2021 £'000	2020 £'000
Joint venture acquisition of shares in DHA Limited	**60**	60

During 2019–20, Stroke Association Limited invested in Digital Health Assistant Limited (Co No 121824590) acquiring 17% of the share equity.

This was part of a joint venture with the MS Society UK, Muscular Dystrophy UK, Parkinson's UK and Reason Digital.

20. Fixed asset investments

These comprise investments at market value and cash held for reinvestment.

Group and charity

	2021 £'000	2020 £'000
Market value at 1 April	**18,211**	23,119
Acquisitions	**6,183**	4,559
Sales proceeds	**(6,404)**	(9,220)
Net movement in market values (see below)	**2,209**	(247)
Market value at 31 March	**20,199**	**18,211**
Cash held by investment managers for reinvestment	**404**	**1,212**
Market value at 31 March	**20,603**	**19,423**
Cost of investments at 31 March	**16,508**	**16,303**

Net movement in market values in year:	2021 £'000	2020 £'000
Realised gains	**117**	237
Unrealised gains/(losses)	**2,092**	(484)
	2,209	**(247)**

20. Fixed asset investments (continued)

All investments, except those in the property funds, the funds of hedge funds and the multi asset holdings, were listed and dealt in on recognised stock exchanges and comprised the following:

	2021 £'000	2020 £'000
Equities	**12,115**	8,868
Government stock	**1,995**	3,384
Non-government bonds	**2,040**	1,812
UK property funds	**854**	833
Multi asset holdings	**3,195**	3,314
	20,199	18,211
UK stock exchange	**6,725**	6,666
Non-UK stock exchanges	**9,425**	7,398
UK property funds	**854**	833
Multi asset holdings	**3,195**	3,314
	20,199	18,211

20. Fixed asset investments (continued)

At 31 March 2021, the following investments had a market value in excess of 3% of the portfolio:

	2021 market value of holding £'000	2021 % of listed portfolio	2020 market value of holding £'000	2020 % of listed portfolio
(Invesco)Source Physical Gold	840	4%	886	5%
Intuit Inc Com US$0.01	555	3%	—	—
KDDI Corporation	512	3%	643	4%
Microsoft Corporation Com	564	3%	712	4%
Noro Nordisk AS	—	—	631	4%
Prudential plc Ord 5p	532	3%	—	—
Royal Dutch Shell PLC "B" (UK List)	508	3%	—	—
Salesforce.com Inc Com US$0.001	—	—	581	3%
Samsung Electronic	575	3%	—	—
Syncona Ltd (formerly BACIT Nov16)	696	3%	569	3%
The Charity Properties Fund	526	3%	540	3%
UK Treasury 2%	—	—	851	5%
UK Treasury Stock 2.5% IL 17.7.24	534	3%	540	3%
US Treasury 2.75%	558	3%	764	4%
Waverton Global Strategic Bond Fund A £	558	3%	—	—
WavertonUK Fund 'A' £	514	3%	—	—

21. Debtors

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Trade debtors	**938**	754	**914**	728
Amounts owed by trading subsidiary	**—**	—	**124**	27
Other debtors	**28**	52	**28**	38
Prepayments and accrued income	**2,236**	3,424	**2,233**	3,424
	3,202	**4,230**	**3,299**	**4,217**

22. Cash at bank and short term deposits

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Cash at bank and in hand	**6,467**	2,600	**6,373**	2,601

23. Creditors: amounts falling due within one year

Group and charity

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Trade creditors	**382**	745	**382**	745
Research grants (note 7)	**2,904**	4,378	**2,904**	4,378
Taxation and social security	**491**	**510**	**511**	522
Other creditors	**291**	231	**291**	231
Accruals and deferred income	**2,078**	1,472	**2,073**	1,460
	6,146	**7,336**	**6,161**	**7,336**

24. Creditors: amounts falling due in more than one year

Group and charity

	Group 2021 £'000	Group 2020 £'000	**Charity 2021 £'000**	Charity 2020 £'000
Research grants (note 7)	**5,131**	3,625	**5,131**	3,625
Provisions for liabilities (note 23)	**183**	289	**183**	289
	5,314	3,914	**5,314**	3,914

25. Provisions for liabilities

Group and charity

	Less than one year £'000	More than one year £'000	**2021 Total provision £'000**	Less than one year £'000	More than one year £'000	2020 Total provision £'000
Onerous lease provision	232	79	**311**	—	—	—
Property dilapidations	522	104	**626**	263	289	552
	754	183	**937**	263	289	552

An onerous lease provision has been made this year for all those properties that are not in use and will not be put into use before the end of their lease. The provision is based on all contractual costs from the balance sheet date to the end of the lease.

26. Designated funds

Certain unrestricted funds have been set aside as designated by the trustees for future activities.

Group and charity

	2021 £000	2020 £000
Future cost of operating model over next three years	**1,158**	1,205
Northampton Resource Centre location costs	**321**	321
Funds voluntary support groups	**669**	516
UK Stroke Forum	**114**	576
	2,262	2,618

27. Fixed asset fund

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves.

Group and charity

	2021 £'000	2020 £'000
Fixed asset fund	**3,293**	4,014

28. Restricted funds

Group and charity

	At 1 April 2020 £'000	Fund transfers £'000	Income £'000	Expenditure £'000	At 31 March 2021 £'000
Medical research					
Donations and legacies	563	—	1,237	(734)	**1,066**
Princess Margaret Fund	95	—	—	(95)	**—**
	658	—	1,237	(829)	**1,066**
Other restricted funds					
Commissioned services	—	—	7,234	(7,231)	**3**
Covid-19 grant support including furlough	—	—	2,440	(2,405)	**35**
ICAP	—	—	—	—	**—**
NESTA ii	175	—	168	(95)	**248**
Royal Mail Group	601	(252)	—	(263)	**86**
W G P McGowan	17	—	—	—	**17**
Programme-related investments	—	60	—	—	**60**
Other donations and legacies	1,873	50	989	(1,069)	**1,843**
	2,666	**(142)**	**10,831**	**(11,063)**	**2,292**
Total 2020–21	**3,324**	**(142)**	**12,068**	**(11,892)**	**3,358**

Group and charity

	At 1 April 2019 £'000	Fund transfers £'000	Income £'000	Expenditure £'000	At 31 March 2020 £'000
Medical research					
Donations and legacies	424	—	614	(475)	**563**
Princess Margaret Fund	95	—	3	(3)	**95**
	519	—	617	(478)	**658**
Other restricted funds					
Commissioned services	—	—	9,890	(9,890)	**—**
ICAP	26	—	17	(43)	**—**
NESTA ii	98	—	183	(106)	**175**
Royal Mail Group	651	—	—	(50)	**601**
W G P McGowan	17	—	—	—	**17**
Other donations and legacies	2,104	—	1,274	(1,505)	**1,873**
	2,896	**—**	**11,364**	**(11,594)**	**2,666**
Total 2019–20	**3,415**	**—**	**11,981**	**(12,072)**	**3,324**

28. Restricted funds (continued)

Other restricted donations were received for the following projects:

- Commissioned services contracts – for operating communication and family support services.
- ICAP – towards our Child Stroke Project.
- NESTA ii – towards the Hand in Hand Programme.
- Royal Mail – funding Life After Stroke Grants to support 10,000 stroke survivors and their families.
- W G P McGowan – for work locally at Queen's Park Hospital, Blackburn.
- Other donations and legacies – received for commissioned services, education and training, support, information and awareness.

29. Analysis of net assets between funds

Group

	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2021 Total £'000
Tangible fixed assets	—	—	2,759	—	**2,759**
Intangible fixed assets	—	—	534	—	**534**
Joint venture investment	—	—	—	60	**60**
Fixed asset investments	18,341	2,262	—	—	**20,603**
Current assets	6,371	—	—	3,298	**9,669**
Creditors: amounts falling due within one year	(6,146)	—	—	—	**(6,146)**
Provisions for liabilities	(937)	—	—	—	**(937)**
Creditors: amounts falling due after one year	(5,131)	—	—	—	**(5,131)**
	12,498	**2,262**	**3,293**	**3,358**	**21,411**

Group

	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2020 Total £'000
Tangible fixed assets	—	—	3,125	—	3,125
Intangible fixed assets	—	—	829	—	829
Joint venture investment	—	—	60	—	60
Fixed asset investments	16,805	2,618	—	—	19,423
Current assets	3,506	—	—	3,324	6,830
Creditors: amounts falling due within one year	(7,336)	—	—	—	(7,336)
Provisions for liabilities	(552)	—	—	—	(552)
Creditors: amounts falling due after one year	(3,625)	—	—	—	(3,625)
	8,798	2,618	4,014	3,324	18,754

29. Analysis of net assets between funds (continued)

Charity	General funds £'000	Designated funds £'000	Fixed asset funds £''000	Restricted funds £'000	2021 Total £'000
Tangible fixed assets	—	—	2,759	—	**2,759**
Intangible fixed assets	—	—	534	—	**534**
Joint venture investment	—	—	—	60	**60**
Fixed asset investments	18,341	2,262	—	—	**20,603**
Current assets	6,374	—	—	3,298	**9,672**
Creditors: amounts falling due within one year	(6,161)	—	—	—	**(6,161)**
Provisions for liabilities	(937)	—	—	—	**(937)**
Creditors: amounts falling due after one year	(5,131)	—	—	—	**(5,131)**
	12,486	**2,262**	**3,293**	**3,358**	**21,399**

Charity	General funds £'000	Designated funds £'000	Fixed asset funds £''000	Restricted funds £'000	2021 Total £'000
Tangible fixed assets	—	—	3,125	—	**3,125**
Intangible fixed assets	—	—	829	—	**829**
Joint venture investment	—	—	60	—	**60**
Fixed asset investments	16,805	2,618	—	—	**19,423**
Current assets	3,494	—	—	3,324	**6,818**
Creditors: amounts falling due within one year	(7,336)	—	—	—	**(7,336)**
Provisions for liabilities	(552)	—	—	—	**(552)**
Creditors: amounts falling due after one year	(3,625)	—	—	—	**(3,625)**
	8,786	**2,618**	**4,014**	**3,324**	**18,742**

30. Tax

The charity is unable to reclaim all VAT incurred on expenditure. Irrecoverable VAT incurred during the year amounted to £678,000 (2019–20: £1,154,000).

31. Leasing commitments

At 31 March 2021, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	**Property 2021 £'000**	Property 2020 £'000	**Cars 2021 £'000**	Cars 2020 £'000	**Office equipment 2021 £'000**	Office equipment 2020 £'000
Operating leases which expire:						
Within one year	**470**	709	**32**	49	**170**	149
Within two to five years	**1,555**	1,624	**15**	61	**505**	349
After five years	**688**	1,088	**—**	—	**—**	—
	2,713	3,421	**47**	110	**675**	498

32. Reconciliation of movements on unrealised gains

	2021 £'000	2020 £'000
Unrealised gains at 1 April	**1,893**	3,557
Less: in respect to disposals in year	**(314)**	(1,180)
Add: net gains/(losses) on revaluations in year	**2,092**	(484)
Total unrealised gains at 31 March	**3,671**	1,893

33. Pension commitments

The charity operates a group personal pension scheme, which incorporates employees joining through auto-enrolment.

34. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up, members are required to contribute an amount not exceeding 5p.

35. Dormant subsidiary companies

The Stroke Association owns 100% of The Chest Heart and Stroke Association (company number 02100497), The British Stroke Foundation (company number 02642339) and Stroke UK Limited (company number 05741880), dormant companies incorporated in England and Wales and 100% of Speechmatters Limited (company number NI049026), a dormant company incorporated in Northern Ireland.

36. Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 7 and 16 respectively. During the year the charity received £48,000 community services income (2019-20: £48,000) from West Essex Clinical Commissioning group, of which Stephen King (Stroke Association Chair) is a governor. This contract was entered into before he became a trustee.

37. Agency arrangements

During the year, the Stroke Association received £908,000 (2019–20: £254,000) from the British Heart Foundation (BHF) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including BHF. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these BHF receipts to grantees amounted to £300,000 in the year (2019–20: £567,000), and cash held by the Stroke Association on behalf of BHF at the year-end amounted to £827,000 (2020: £331,000).

During the year, the Stroke Association also received £211,000 (2019–20: £45,000) from the Alzheimer's Society (AS) as part of an agency relationship.

Cash payments from these AS receipts to grantees amounted to £211,000 in the year (2019–20: £62,000), and cash held by the Stroke Association on behalf of AS at the year-end amounted to £248,000 (2020: £122,000).

38. Contract and grant income

The Stroke Association was awarded several grants and contracts during the year including the following that have requested a formal acknowledgement in these accounts:

Wakefield Council
Hull County Council – Hull Stroke Prevention
Bedfordshire and Luton Community Foundation

39. Movement in funds

Group	Opening balance 1 April 2020 £'000	Income £000	Expenditure £000	Fund transfers £'000	**Closing balance 31 March 2021 £'000**
Unrestricted funds					
– Designated funds	2,618	153	(406)	(103)	**2,262**
– Fixed asset fund	4,014	—	(661)	(60)	**3,293**
– General funds (free reserves)	8,784	24,349	(20,954)	305	**12,484**
	15,416	**24,502**	**(22,021)**	142	**18,039**
Restricted income funds	3,324	12,068	(11,892)	(142)	**3,358**
	18,740	**36,570**	**(33,913)**	—	**21,397**
Funds retained within a non-charitable subsidiary	14	212	(212)	—	**14**
	18,754	**36,782**	**(34,125)**	—	**21,411**

Group	Opening balance 1 April 2019 £'000	Income £000	Expenditure £000	Fund transfers £'000	**Closing balance 31 March 2020 £'000**
Unrestricted funds					
Designated funds	6,222	548	(562)	(3,590)	**2,618**
Fixed asset fund	—	—	—	4,014	**4,014**
General funds (free reserves)	12,225	22,695	(25,712)	(424)	**8,784**
	18,447	**23,243**	**(26,274)**	—	**15,416**
Restricted income funds	3,415	11,981	(12,072)	—	**3,324**
	21,862	**35,224**	**(38,346)**	—	**18,740**
Funds retained within a non-charitable subsidiary	14	394	(394)	—	14
	21,876	**35,618**	**(38,740)**	—	**18,754**

39. Movement in funds (continued)

Charity	Opening balance 1 April 2020 £'000	Income £000	Expenditure £000	Fund transfers £'000	**Closing balance 31 March 2021 £'000**
Unrestricted funds					
– Designated funds	2,618	153	(406)	(103)	**2,262**
– Fixed asset fund	4,014	—	(661)	(60)	**3,293**
– General funds (free reserves)	8,786	24,394	(20,999)	305	**12,486**
	15,418	**24,547**	**(22,066)**	142	**18,041**
Restricted income funds	3,324	12,068	(11,892)	(142)	**3,558**
	18,742	36,615	(33,958)	—	**21,399**

Charity	Opening balance 1 April 2019 £'000	Income £000	Expenditure £000	Fund transfers £'000	**Closing balance 31 March 2020 £'000**
Unrestricted funds					
Designated funds	6,222	548	(562)	(3,590)	**2,618**
Fixed asset fund	—	—	—	4,014	**4,014**
General funds (free reserves)	12,175	22,971	(25,936)	(424)	**8,786**
	18,397	**23,519**	**(26,498)**	—	**15,418**
Restricted income funds	3,415	11,981	(12,072)	—	**3,324**
	21,812	**35,500**	**(38,570)**	—	18,742

When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at stroke.org.uk.

We're here for you.

Stroke Helpline: 0303 3033 100
From a textphone: 18001 0303 3033 100
Email: helpline@stroke.org.uk

Rebuilding lives after stroke

Stroke Association

JN 2021-044

© Stroke Association, 7 October 2021 3:14 PM

Item code: A08C05 © Stroke Association 2021
Stroke Association is a Company Limited by Guarantee, registered in England and Wales (No 61274).
Registered office: Stroke Association House, 240 City Road, London EC1V 2PR. Registered as a Charity in England and Wales (No 211015) and in Scotland (SC037789). Also registered in the Isle of Man (No 945) and Jersey (NPO 221) and operating as a charity in Northern Ireland.