



Annual Report and Financial Statements

Year ending 31 March 2024

Stroke
Association

Finding **strength** through **support**

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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.



A handwritten signature in blue ink, appearing to read 'Juliet Bouverie'.

Juliet Bouverie OBE
Chief Executive



A handwritten signature in blue ink, appearing to read 'Stephen King'.

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.



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.



3. More stroke connected adults have stroke front of mind, and more see the value of the Stroke Association.



2. Thrombectomy is available 24/7 across the UK for all patients who could benefit.



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.



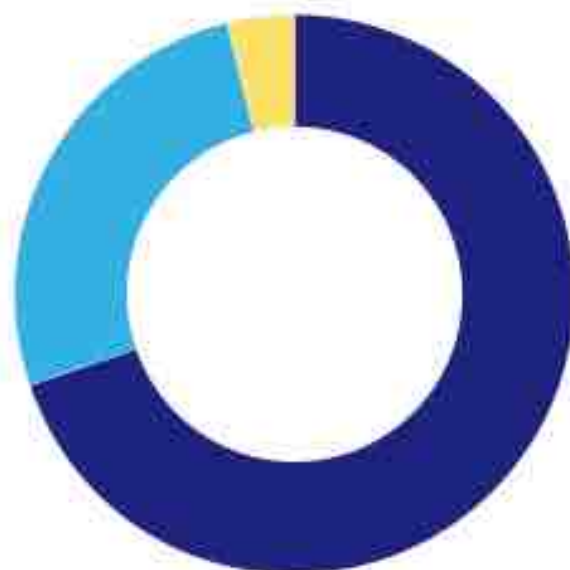
Thanks to the generosity of our supporters,
we raised **£28.9 million**
(compared to £28.4 million in 2022-23).

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



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 (SQulRe) programme seeks to improve the quality of community-based stroke care. In 2023-24, we secured 12 SQulRe 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 SQulRe 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'

- 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.

'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'

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.





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.



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.

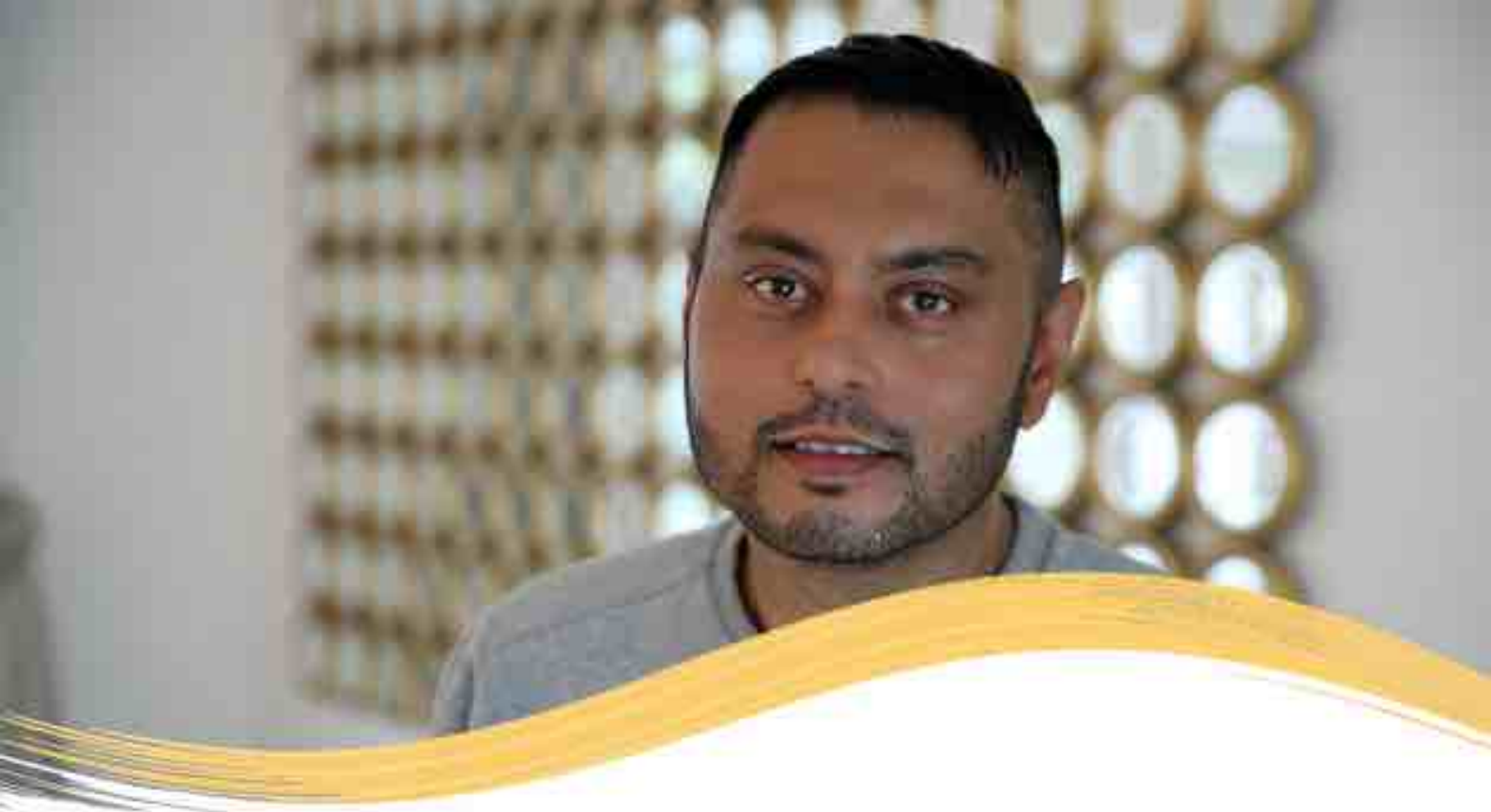
We launched our 'Thriving After Stroke' report at a parliamentary reception in Westminster marking World Stroke Day and promoted it with our campaigners. As a result, over 500 people asked their local MPs to enquire about life after stroke provisions.

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 Ojakaär	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.

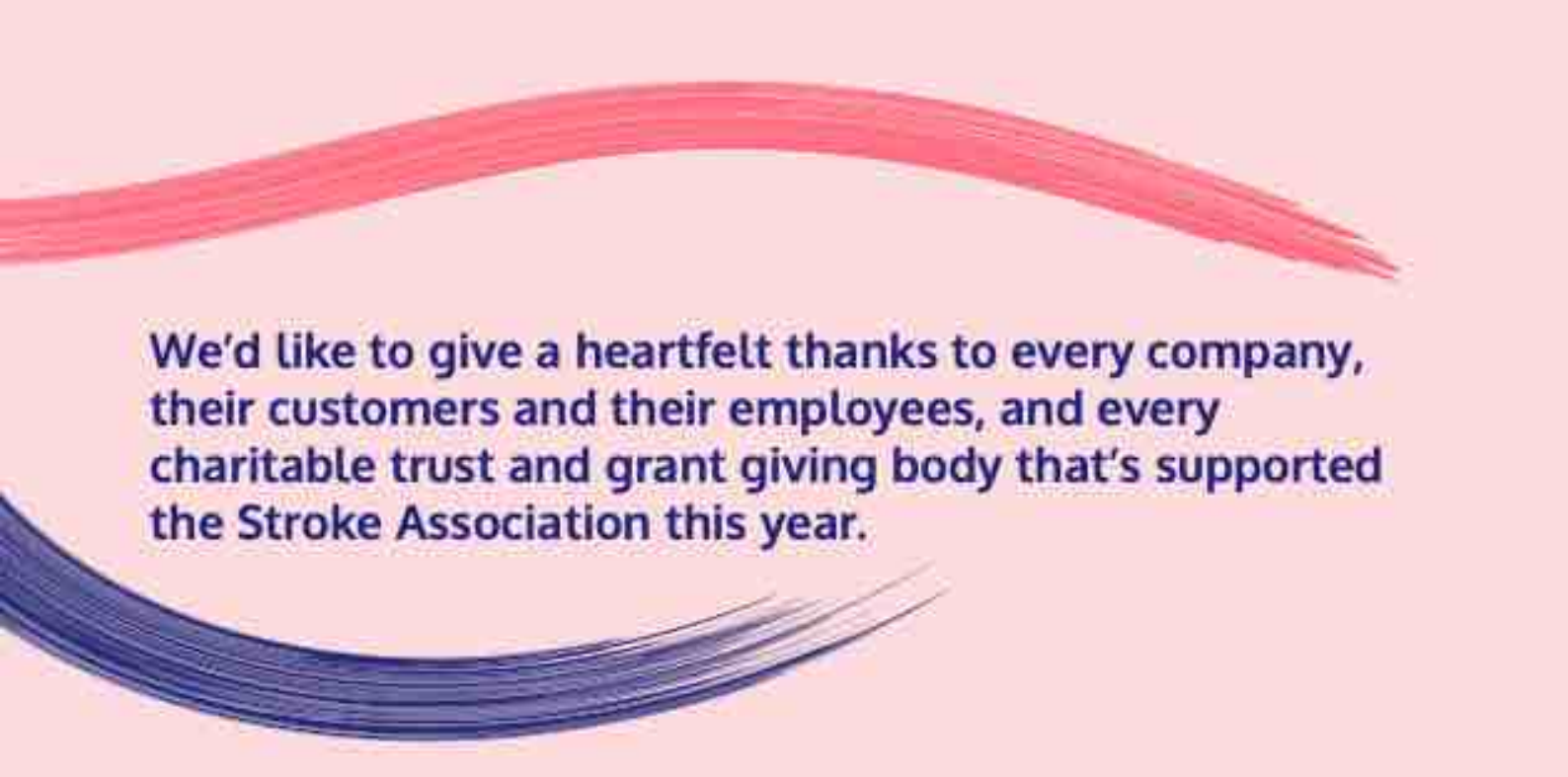
To mark her father's birthday in March 2023, Elizabeth decided to walk 77,000 steps – 1,000 for every year of Daniel's life – and raise money for others affected by stroke.

'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. 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).



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

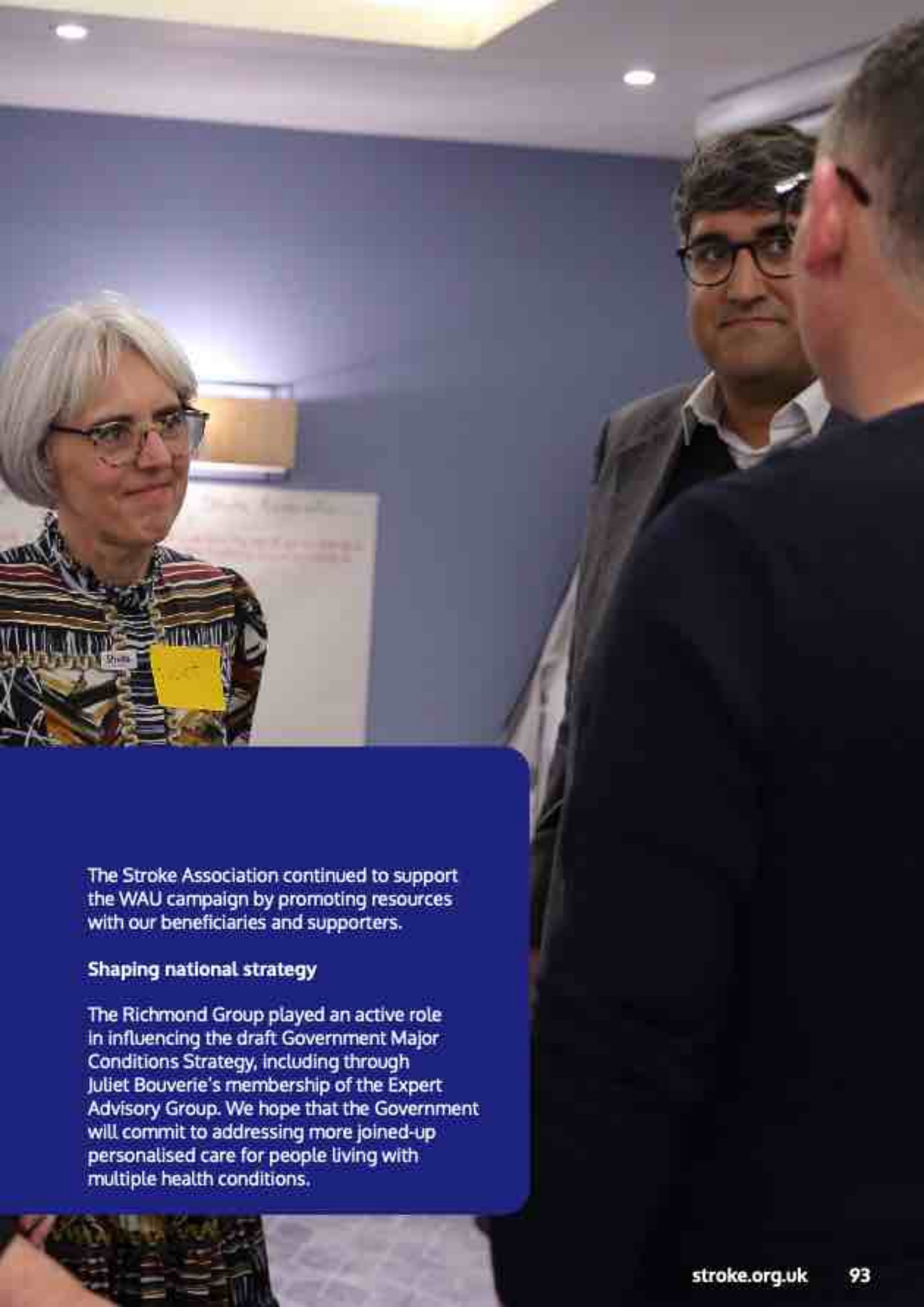
We know that 1 in 4 of us live with at least two health conditions. The Richmond Group called for Government to:

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	<p>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.</p> <p>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.</p> <p>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.</p>
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 MRCP	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 BSc 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	<ul style="list-style-type: none"> Commercial Director, MDU
Avril Drummond	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Non-Executive Director to the Welsh Ambulance Services NHS Trust (WAST) Interim Vice Chair – Welsh Ambulance (01.12.2023)
David Buckle	<ul style="list-style-type: none"> Chair of the Society for Assistance of Medical Families (SAMP) Non-exec Hertfordshire Hospitals NHS Trust Non-exec Salisbury NHS Foundation Trust Trustee - Crohn's and Colitis (UK) Sept 2023
Ed Garcez	<ul style="list-style-type: none"> Director (Interim, Essex County Council) Due to commence as an Associate / advisor - 31ten Consulting
George Spentzos	<ul style="list-style-type: none"> Trustee, The Tapscott Learning Trust Chair of Audit and Risk Committee, The Tapscott Learning Trust Chief Investment Officer, Future 30 Funds
Hannah Catchpool	<ul style="list-style-type: none"> Partner at RSM UK
Harvinder Rattan	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Trustee – The Endrick Trust (Glasgow) Director – Stroke Association (Trading) Ltd
Katherine Gillespie	<ul style="list-style-type: none"> Employment: Goldman Sachs
Martin James	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Ulster University
Rustam Al-Shahi Salman	<ul style="list-style-type: none"> None
Stephen King	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> None
Andrew Cook	<ul style="list-style-type: none"> Director of Stroke Association (Trading) Limited Trustee at Age International Trustee at HelpAge International
Christopher Fyfe	<ul style="list-style-type: none"> None
Christopher Rennison	<ul style="list-style-type: none"> Non-Executive Director Lincolnshire Rural Housing Association
Dominic Brand	<ul style="list-style-type: none"> None
Juliet Bouverie	<ul style="list-style-type: none"> 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 ₂ e):			
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 CO ₂ e 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 CO ₂ e per employees	0.26	0.35	0.35
Intensity ratio (total, market-based emissions)			
Tonnes of CO ₂ e 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



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.

A handwritten signature in black ink that reads "Moore Kingston Smith LLP". The signature is written in a cursive, flowing style.

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, 26	(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 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 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	140	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	2,807	13,910	(13,461)	(963)	2,293
	34,949	45,355	(43,469)	-	36,835
Funds retained within a non-charitable subsidiary	14	415	(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**