

Annual Report and Financial Statements

Year ending 31 March 2021

Stroke
Association





Every five minutes,
stroke destroys lives.
We help to rebuild them.

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Chair and Chief Executive's welcome

2020–21 was a tough year for stroke survivors

The Covid-19 pandemic affected every step of people's stroke experience – from making people afraid to seek medical help if they have had a stroke, to restricting access to rehabilitation to help their recovery. Lockdowns and an extended period of stress and uncertainty have also had a devastating impact on people's mental health.

It's been an incredibly challenging year for our charity too. We're proud of the resilience that our staff, volunteers and supporters have shown. As a result, we have been able to continue providing support that stroke survivors and their families need. We remain determined that everyone affected by stroke should get the help they need to rebuild their lives.

The immediate impact of Covid-19

In April 2020, the number of people going to hospital emergency departments and being admitted to stroke units dropped dramatically. We responded quickly by running a

public awareness campaign to spread the word that stroke is still a medical emergency. Stroke unit admission numbers were back to near-normal levels by the summer.

But stroke survivors were still not getting the support they needed. We surveyed 2,000 stroke survivors and carers. They said they were finding it difficult to access community stroke rehabilitation, and they were experiencing significant effects on their mental health. This dire situation meant that existing health inequalities, where some people already struggled to access the support they need, got even worse. We highlighted our findings in our 'Stroke Recoveries at Risk' report, which we sent to governments and system decision-makers across the UK. Our message was clear: don't overlook stroke.

Keeping stroke a priority

Our NHS colleagues showed amazing commitment and creativity in adapting stroke services, and most stroke delivery standards were maintained. However, rates for mechanical thrombectomy,

a clot retrieval procedure, slowed in England, thrombolysis rates started to decline in early 2021, and ambulance response rates were noticeably slower, particularly in Wales.

We remain concerned that progress in modernising stroke services across all four nations of the UK is still frustratingly slow. We were pleased that funding was given to Integrated Stroke Delivery Networks (ISDNs) and three rehabilitation pilots in England, but disappointed that the publication of the National Stroke Service Model was delayed until May 2021. And in Scotland, Wales and Northern Ireland, the governments' good intentions have not yet been translated into action on stroke service transformation.

We will continue to fight for these desperately needed changes to reduce the number of preventable deaths and life-changing disabilities after stroke. Thank you to everyone who has helped us to call for stroke to be made a priority.

Directly supporting people when they need help

We renewed our ambition to offer personalised support to all stroke survivors and carers by focusing on a smaller range of high-quality face-to-face, telephone and digital offers. We supported a total of 70,736 stroke survivors and carers in 2020–21, 7% up on the previous year.

As lockdown struck, our 305 Stroke Coordinators quickly adapted to support people with telephone and online calls. We quickly designed and launched two brand-new services to help stroke survivors continue with their recoveries. Stroke Association Connect, funded by NHS England and NHS Improvement (NHSE/I), provides telephone support and signposting to newly discharged stroke survivors and families in areas where the NHS does not commission our local services. Here for You is a volunteer-led telephone support service for stroke survivors and carers to help combat loneliness. Both these services have been very well received, and we will continue to offer these to stroke survivors.

Our Stroke Association support groups and communities across the UK also adapted brilliantly. Two thirds of our groups continued to provide invaluable peer support by telephone, Zoom, WhatsApp or other digital channels. Understandably, some of our volunteers chose to pause their volunteering, but many continued. Here for You also enabled us to recruit 500 new volunteers, including those from more diverse backgrounds and speaking over 20 different languages, making the service more accessible.

Research under threat

The pandemic has hit vital stroke research hard, as governments

diverted funds and people to Covid-19 research. We had to cut our planned new research funding grants by nearly half this year and last year to address the pandemic's impact on our fundraising. But we've worked hard with our world-class network of stroke researchers to protect their research as much as possible and make plans to rebuild quickly as funding is restored.

We supported the Association of Medical Research Charities' call for matched government funding for charity medical research. We maintained our commitment to building research capacity, funding three new Research Fellows and two Lecturers to help grow the next generation of stroke research leaders. We also made good progress with the Stroke Priority Setting Partnership. This gathered insight from 1,400 stroke survivors, carers and healthcare professionals about their priorities for future stroke research, which will stimulate more partnerships and funding into stroke research.

A challenging year for our finances

Many of the events planned by our amazing fundraisers could not take place, and support from businesses dried up as they diverted their efforts to survival or helping with the immediate crisis. In March 2020 our financial position looked very bleak, and we had to take swift action to reduce costs. We made use of the UK Government's furlough scheme and cut or scaled back many of our activities.

However, our supporters did not abandon us. They responded to our urgent appeals, found ingenious new ways to raise money, and many loyal regular donors increased their gifts. We are grateful to the UK Government for its £1.3m grant to support awareness and delivery of our services. Despite delays in the probate system, our legacy income ended up close to last year's figure at £12.1m.

All of this meant that our income fared better than early forecasts, and we managed to cut our expenditure. We withdrew £1.4m from our investment portfolio in April to cover the immediate drop in income at the start of the pandemic. Thanks to the amazing support we received, we ended the year with an operating surplus of £448,000. The stock market bounce-back also meant that our reserves have recovered most of the ground they lost in 2019–20.

Adjusting to a new normal

Our staff and volunteers demonstrated remarkable resilience, agility and commitment to our cause during the year. We prioritised support for flexible working and mental health to help our people cope with the impact of Covid-19. Following consultation with staff, we became a remote working organisation, and we're now accelerating our plan to close offices and end leases. Our IT systems held up well and we took the opportunity to prioritise IT system security and stability. Staff turnover and sickness

levels reduced dramatically. Our overall staff engagement score increased from 80% to 85% and all areas showed improvement, including staff feeling able to give genuine feedback and that their voice is heard. We do, however, still have work to do to improve our systems and processes, with plans in place to upgrade our fundraising and learning IT systems.

We continued redesigning our ways of working to increase our impact on people affected by stroke in a financially sustainable way. We streamlined our Executive Directors Team in the summer, confirmed our senior leaders in the autumn, and started consultation with 320 staff about proposed new structures in April 2021. We expect to reduce our overall staff costs by 13%.

Looking forward

There's no doubt that it's been a tough year for everyone, not least stroke survivors and their families. But we feel confident that the Stroke Association remains strong and fit for the future, and reassured that our amazing supporters are still with us. We've proven ourselves to be agile, resilient and bold, features that should serve us well in uncertain future times.

Rebuilding lives is a team effort and our work is only possible thanks to the determination and generosity of the stroke community. Our thanks in particular to our trustees, including Bob

Empson, Stuart Fletcher and Michael Lynagh who stood down during the year. Thank you to all our supporters, staff, volunteers and partners for your commitment and loyalty to our cause. We're proud of our collective efforts towards our shared vision of fewer strokes and where people affected by stroke get the help they need to lead the best life they can.



Signed:

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

Stephen King,
Chair of Trustees

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

Juliet Bouverie,
Chief Executive



Our vision

Our vision is for there to be fewer strokes, and for people affected by stroke to get the help they need to live the best life they can.

Our purpose

We want to be the trusted voice of stroke survivors and their families.

We want to drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke.

Rebuilding lives after stroke

We want:

- There to be fewer strokes.
- People affected by stroke to get the help they need to live the best life they can.
- To be the trusted voice of stroke survivors and their families.
- To drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke.

What we do

We're here to support people to rebuild their lives after stroke. We believe everyone deserves to live the best life they can after stroke, so we work with the stroke community to make sure people affected by stroke get the very best care and support.



Practical and emotional support

Our person-centred emotional, communication and rehabilitation services, including our local Stroke Recovery Services and our new Here For You and Stroke Association Connect services, help people to move forward after one of the most frightening experiences of their lives.



Life-changing research

Our research helps to improve treatments, care and rehabilitation, saving thousands of lives and helping stroke survivors make the best recovery they can.



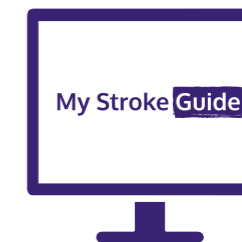
Making your voices heard

We are the force for change. By listening to and working with people affected by stroke, we drive improvements in stroke care locally and nationally.



Building and connecting stroke communities

Our UK-wide network of stroke support groups play a vital role in the recovery of stroke survivors. We also connect stroke professionals and leaders with stroke communities to ensure their work is informed by lived experience.



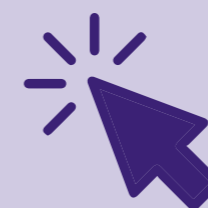
Advice and information

Our Stroke Helpline, website, My Stroke Guide and publications, including our health guides and Stroke News magazine, offer information and support to everyone affected by stroke.



Inspiring action

Our amazing volunteers and fundraisers work locally and nationally to raise awareness of stroke and much-needed funds to support stroke survivors.



Find out more about who we are and what we do on stroke.org.uk.

How and why we do it

A stroke happens in the brain, the control centre for who we are and what we can do. It can strike anyone – young, old and everyone in between – at any time, changing lives in an instant.

Stroke is one of the leading causes of death and adult disability in the UK. It can also have a huge impact on the carers, family and friends of stroke survivors. But the brain can adapt and, with the right support, it's possible to make a recovery and find ways to adjust to life after stroke.

There are over 1.3 million people living with the effects of stroke in the UK. As the population ages, the number of strokes is projected to double over the next 20 years. It's vital that we act to ensure that stroke is better understood and stroke survivors and carers get the support they need, both now and in the future.

In April 2019, we embarked on our new strategic plan, with three clear goals:

Goal A:
Make stroke the priority it needs to be.

Goal B:
Ensure that everyone affected by stroke has access to the rehabilitation and lifelong support they need.

Goal C:
Partner with people and communities to help them take action on stroke.

Throughout all the upheaval of the last year, our staff, volunteers and supporters have gone above and beyond to strive towards the three goals in our strategic plan.

By adapting our ways of working and finding new ways to support people, we've made significant achievements in all three areas, which you can read about from page 20. We are proud of how our community has come together in the face of a global crisis to help us rebuild lives after stroke. Thank you.



In 2020–21 we directly supported **70,736 stroke survivors and carers** through our local services, volunteer groups, and digital and telephone support services – an increase of 7% from last year (66,306 in 2019–20).



93% (94% in 2019–20) were satisfied with the support we gave them.

What we've achieved

It's been a tough year for us all, but there's still plenty to celebrate...



April 2020

We launched our Here For You telephone support service. 530 volunteers made 9,300 calls by the end of the year – that's over 4,500 hours of listening and peer support.



We reached 9m people with our radio and social media activities to make sure that stroke survivors were not forgotten during the pandemic.

July

Our online UK Stroke Assembly, with 40 webinars and 24 guest speakers, was viewed over 5,000 times.

Stride for Stroke was our most successful virtual event ever, raising £120,352 with 1,168 participants walking an incredible 609,696 miles.



September

Our 'Stroke Recoveries at Risk' report, sharing the devastating impact of the pandemic on stroke care, generated over 200 pieces of media coverage and helped persuade Public Health England to run a new Act FAST public awareness campaign.

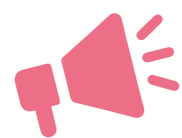
30 November – 2 December

Over 1,800 delegates attended our first virtual UK Stroke Forum (UKSF), the UK's largest multidisciplinary conference for stroke care professionals.



February

We announced funding for a research study to investigate whether Covid-19 causes life-threatening strokes.



Our emergency campaign 'Stroke remains a medical emergency' was name-checked by Professor Stephen Powis, National Medical Director for NHSE/I, in the Prime Minister's daily briefing.



June

In Aphasia Awareness Month we launched our 'Getting online for people with aphasia' guide – it's been viewed on our website 6,500 times.

We launched our Stroke Association Connect service and received 4,377 referrals by the end of March 2021.



August

We collected nearly 4,000 questions for research to improve stroke care from 1,400 people affected and professionals in stroke.



29 October

On World Stroke Day we delivered an open letter signed by over 8,000 people to the Health Secretaries of England, Scotland, Wales and Northern Ireland, urging them to read and act on our 'Stroke Recoveries at Risk' report.

14 January

Our Stroke Prevention Day encouraged people to pledge to make a change in their diet or lifestyle to reduce their risk of stroke.



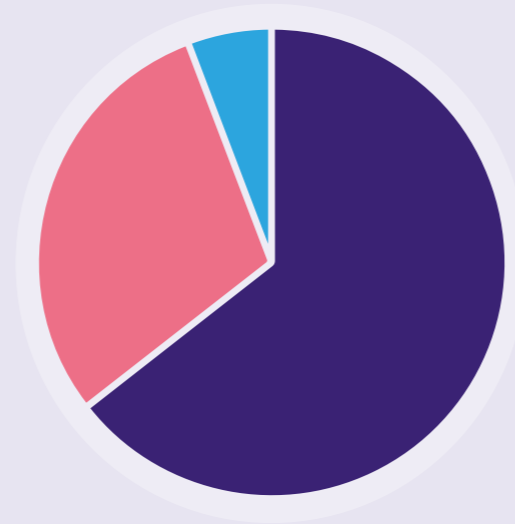
March 2021

Our Stroke Helpline team reached a grand total of 18,055 enquiries handled over the year – one of our busiest ever years.

Funding our work

Where the money came from (£ million)

- Donations and legacies: **£22.3**
- Community service contracts: **£10.3**
- Other income (including trading, investments and the UK Government's furlough grant): **£2.0**



Total income: £34.6

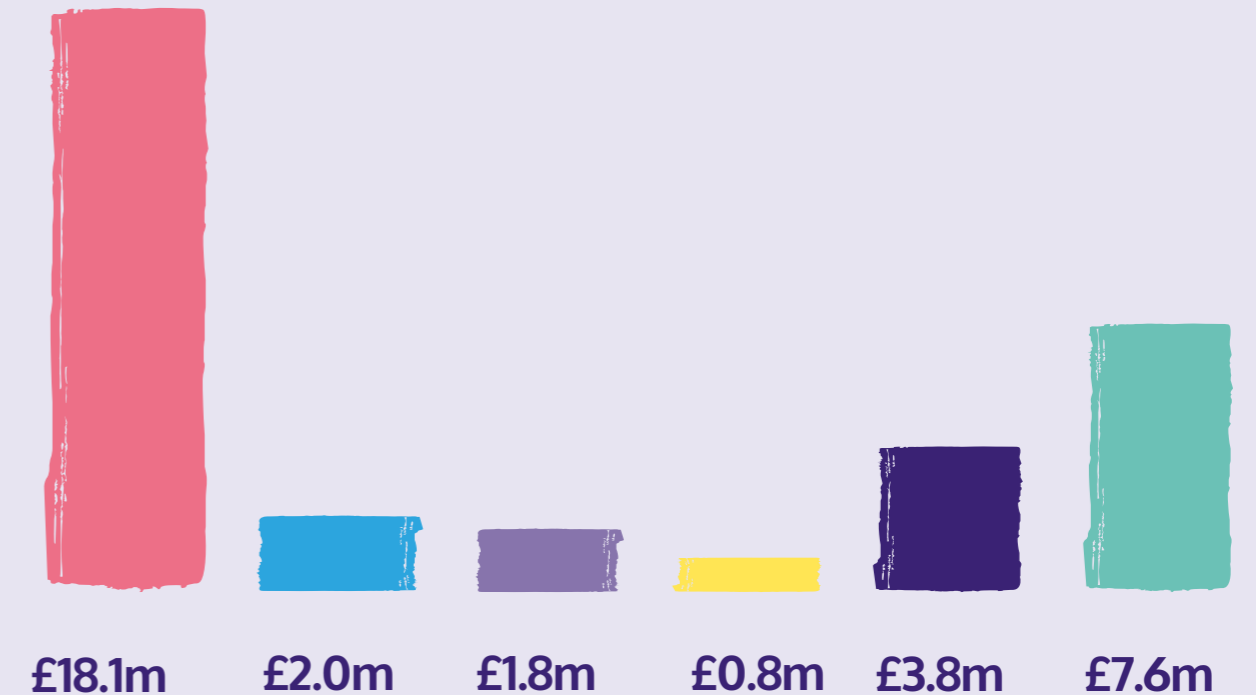


For every £1 we receive we spend 78p on our charitable work (2019–20: 77p).

How we spent it (£ million)

- Stroke Support Services: **£18.1**
- Community development and volunteering: **£2.0**
- Research grants and awards: **£1.8**
- Systems influencing: **£0.8**
- Awareness and engagement with stroke: **£3.8**
- Raising funds: **£7.6**

Total expenditure: £34.1



Goal A – Make stroke the **priority** it needs to be

In a year when Covid-19 has overshadowed everything else, we've worked tirelessly to keep a spotlight on stroke. We've urged governments and decision-makers to prioritise stroke, improve access to life-changing therapies and protect vital funds for stroke research.

Stroke is one of the leading causes of death and disability in the UK, but health inequalities and under-resourcing lead to a huge variation in how it's treated across the nations. The pandemic has meant too many stroke survivors going without the vital rehabilitation and post-stroke support they need to rebuild their lives. And stroke research has been dealt a devastating blow by funding cuts and laboratory closures.

We are calling for a focus on stroke to be at the forefront of the UK's pandemic recovery so that everyone affected by stroke gets the support they need to rebuild their lives.



In 2020–21:



We spoke out about the devastating impact of the Covid-19 pandemic on stroke services, research and recoveries.

We surveyed almost 2,000 stroke survivors and their carers, and found that the pandemic has affected every aspect of the stroke services they receive. It's also had a profound effect on stroke research funding and capability.

We published these findings in our 'Stroke Recoveries at Risk' report, along with our nation-specific recommendations to the four UK governments and health decision-makers to ensure that stroke survivors and carers get the help they need.

The report found that:

- **Nearly one third (30%)** of those who had a stroke during the pandemic delayed seeking emergency medical attention due to the pandemic.
- **Around half** of all stroke survivors had therapy appointments cancelled or postponed.
- **Two thirds (68%)** of stroke survivors have felt more anxious and depressed.
- **Three quarters** of Stroke Association funded researchers had their research paused.

Report highlights

Our message for stroke to be a priority was shared widely across the UK, with coverage in national and local print media, radio and TV that raised awareness and encouraged people to support our cause.

We had positive feedback from local stroke teams, saying the report directly supported and informed stroke service improvements regionally. For example, health services in north west England have used our insights to better understand how to support people to access digital services and address digital exclusion.

Our report helped persuade Public Health England to run a new Act FAST public health awareness campaign, which ran in spring 2021.

We fed the results into the National Stroke Programme which we co-chair with NHSE/I, raising awareness of the impact of Covid-19 on rehabilitation and long-term support.



Susan Fraser

"I really struggle with the lack of routine. Before lockdown, I went to the gym three times a week and had joined a walking group. However, my walking is hampered by drop foot, caused by my stroke. I'm waiting for an operation but it was cancelled due to Covid-19. I'm embarrassed about the way I walk."



Peter Kemp

"The pandemic affected me massively. I lost staff at my business which meant I had to work more hours myself, leading to extreme fatigue. This made everything worse. Even though I was busy with work I felt very isolated. My mental health suffered immensely and the stress related to Covid-19 made it worse."



Willie McLean

"Since my stroke, I've been determined that I will get better. I just need time and the access to the experts who can work with me to make it happen. I'm very proud of the achievements I've made. I just wish all stroke survivors were able to get the appropriate physical and emotional support they need to rebuild their lives no matter where they live or what their circumstances are."

We worked with governments and decision-makers, pushing for better outcomes for stroke around the UK

England: We have continued to work closely with NHSE/I on the development of Integrated Stroke Delivery Networks (ISDNs), which bring together the services involved in stroke care from emergency treatment through to community services. This joined-up approach aims to improve care at every step of the way, saving lives and leading to better outcomes for stroke survivors. We've worked with our NHSE/I colleagues to define roles and responsibilities for each ISDN, and develop a new National Stroke Service Model setting out the care all stroke survivors should receive.

We've supported people with lived experience of stroke to work with NHSE/I's National Stroke Programme, setting a nationwide approach to patient involvement to give people affected by stroke a voice in decision-making within the ISDNs. We've developed a toolkit to influence the establishment of effective involvement in ISDNs, and have also supported involvement at a local level so that stroke care focuses on the priorities that matter most to people affected by stroke.

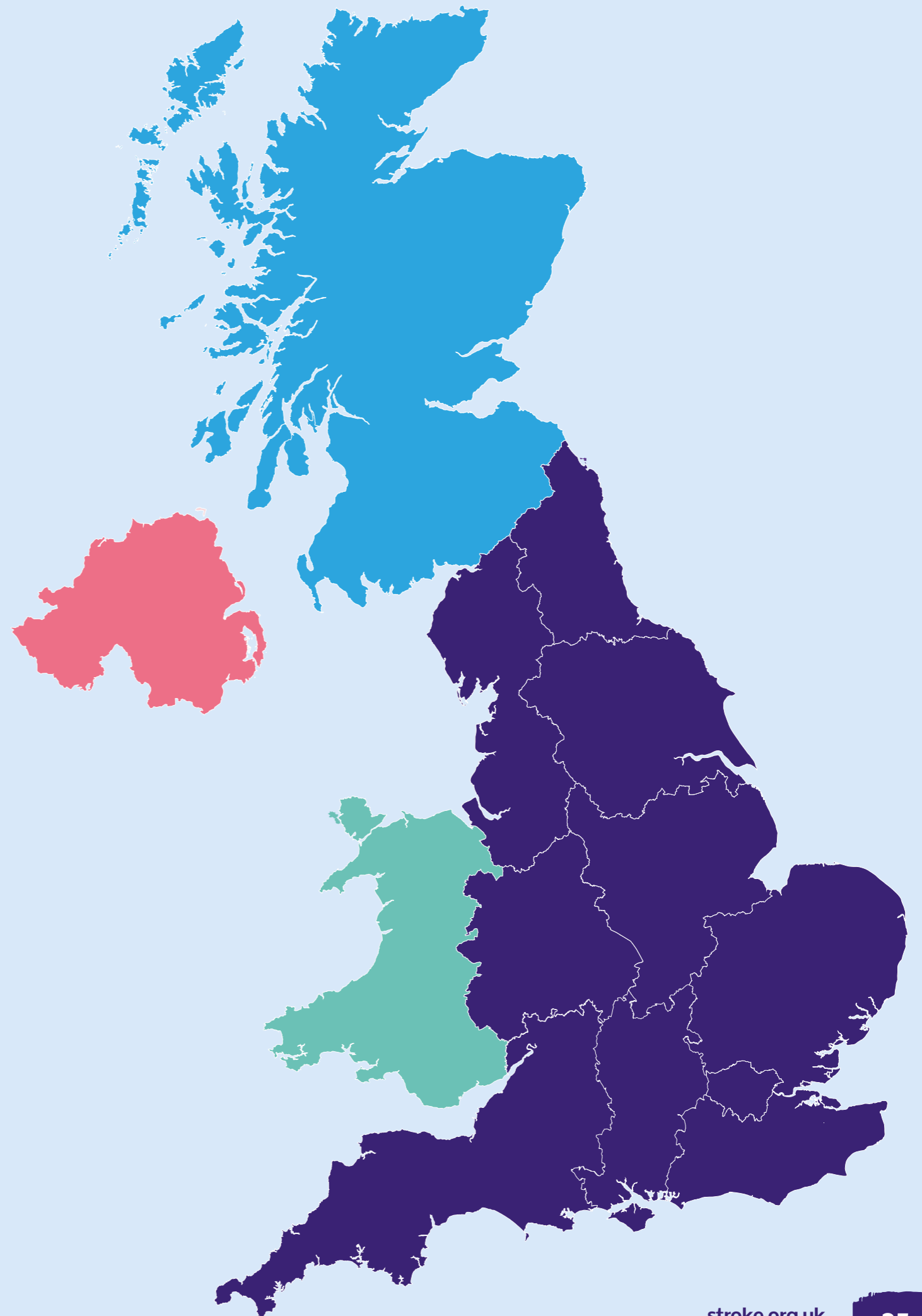
In December 2020, NHSE/I introduced a new system called 111 First, encouraging people to contact 111 for

an urgent but not life-threatening health problem before going to A&E. We worked with British Heart Foundation and NHSE/I to ensure that the 111 First campaign didn't put people off calling 999 for stroke symptoms and heart attacks.



Jean Sherrington, Patient and Public Voice Representative in Lancashire and South Cumbria's ISDN

"It has been wonderful to see the emphasis given to the patient voice and be able to work with our own Stroke Unit, supporting patients and importantly staff. Earlier this year, a new Patient and Carers Assurance group was formed. This is an exciting and powerful group that is able to highlight what improvements are needed and follow through to implementation."



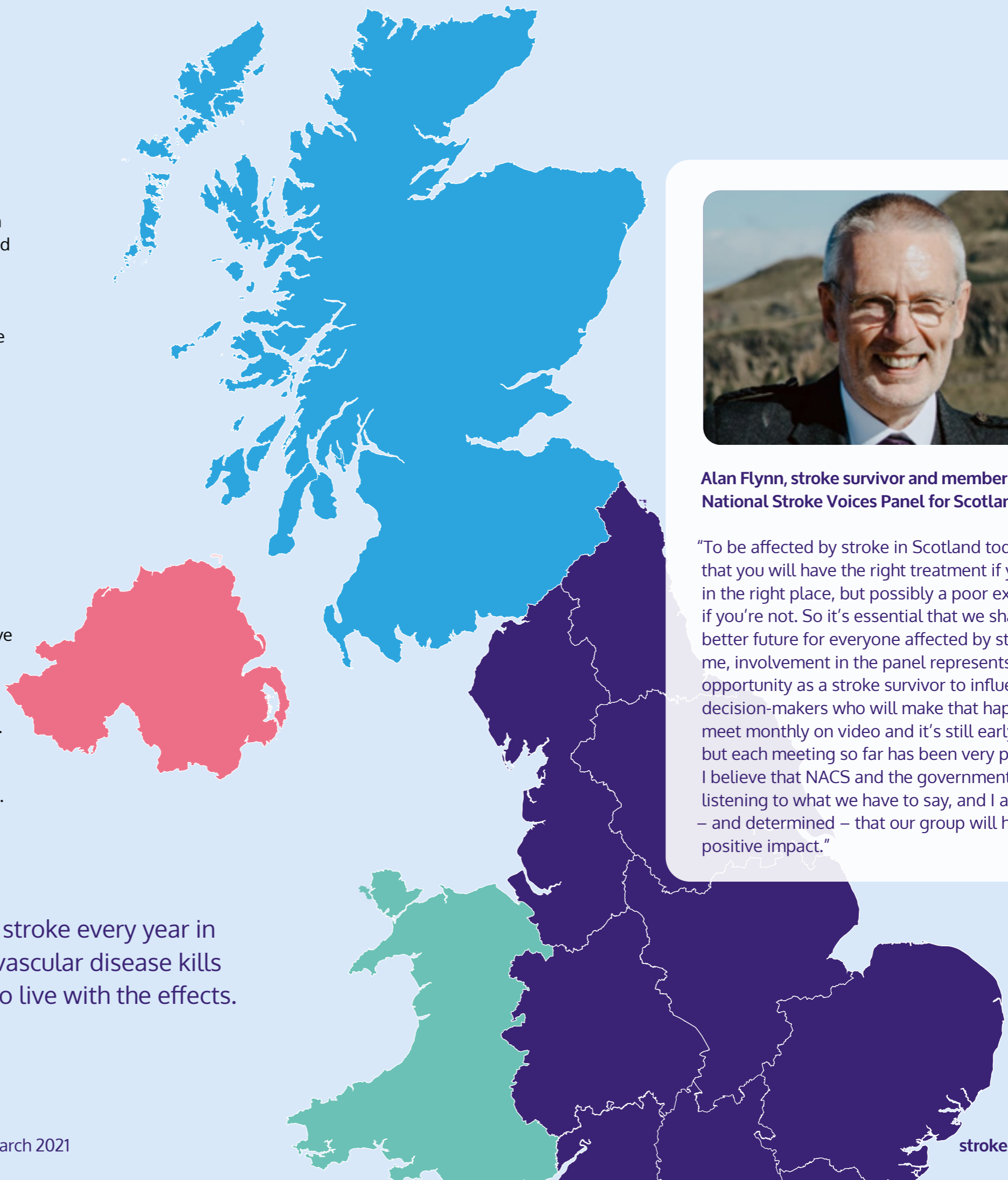
Scotland: We launched our manifesto 'Make stroke the priority it needs to be in Scotland' ahead of the Scottish parliamentary election in May 2021. The manifesto called for the next Scottish Government to push on with the current stroke improvement programme and quickly establish a new, progressive stroke service so that all patients receive timely access to evidence-based, stroke specialist treatment, rehabilitation and support.

We continued to support the establishment of a thrombectomy service in Scotland, both in internal discussions as the details of the service are developed, and in the media as a champion for this progressive development.

We worked with Chest Heart & Stroke Scotland (CHSS) to set up and support a Scottish Government National Stroke Voices panel of stroke survivors and carers as part of the National Advisory Committee on Strokes. The panel will ensure that people affected by stroke have a say in decisions about stroke on a national level. We also supported NHS Tayside to set up their own Stroke Voices group, enabling people with lived experience to influence local stroke treatment and care. As part of the Tayside work, we've worked with CHSS, Headway, allied health professionals and other third sector partners to identify gaps in the support available.



Around **10,000 people** have a stroke every year in Scotland. Stroke and cerebrovascular disease kills over 3,750. Many more have to live with the effects.



Alan Flynn, stroke survivor and member of the National Stroke Voices Panel for Scotland

"To be affected by stroke in Scotland today means that you will have the right treatment if you are in the right place, but possibly a poor experience if you're not. So it's essential that we shape a better future for everyone affected by stroke. For me, involvement in the panel represents a unique opportunity as a stroke survivor to influence the decision-makers who will make that happen. We meet monthly on video and it's still early days yet, but each meeting so far has been very productive. I believe that NACS and the government are listening to what we have to say, and I am hopeful – and determined – that our group will have a positive impact."

Wales: We have continued to work with the Welsh Government and parliament members to highlight the need for a new national plan for stroke as the current Stroke Delivery Plan expires in 2022. We worked with the Cross-Party Group on Stroke and other Senedd members to hold a debate which resulted in the passing of a motion in support of a new national plan for stroke.

We called on political parties to include a new national plan for stroke in their manifestos for the Welsh parliamentary election in 2021. In our document 'The next Welsh Government: A new plan for stroke in Wales' we urged the next administration to develop a new national plan for stroke, to save and transform the lives of the 7,400 people who experience a stroke each year in Wales.

Dr Shakeel Ahmad, the new National Clinical Lead on stroke in Wales, joined us to launch the manifesto with a virtual event for Members of the Senedd on World Stroke Day, 29 October.

We launched a new Community of Stroke Best Practice in Wales, encouraging people working in stroke to come together to share information and concerns and facilitate best practice.

The first meeting took place in June 2020 and was attended by clinicians, health professionals and people working in stroke services across Wales. The community has gone on to explore themes including post-Covid rehabilitation, mental health support for stroke survivors and support for stroke carers.

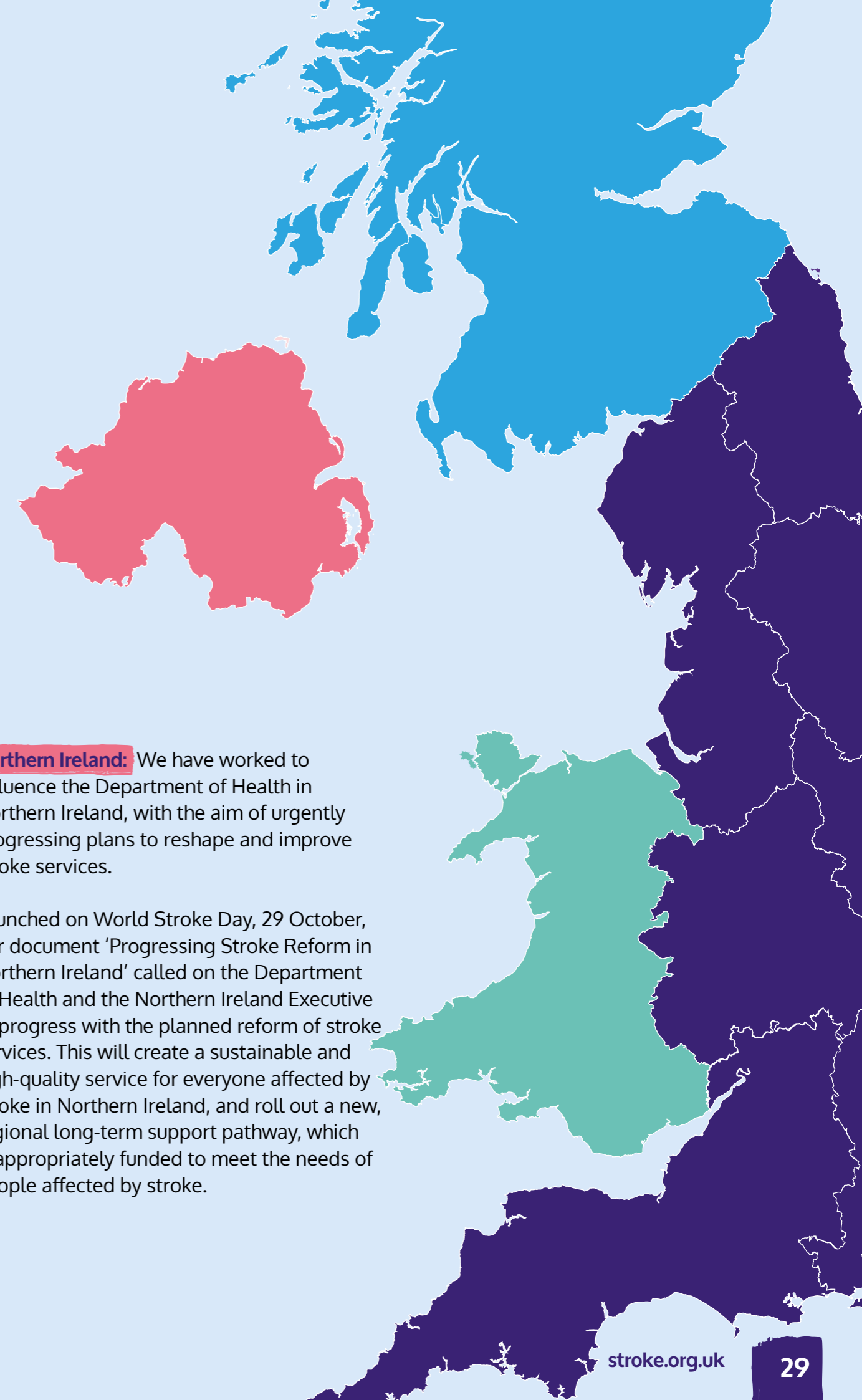


"The Community of Best Practice in Wales has been a hugely valuable initiative in linking areas of good practice and innovation. It has also been good at doing the difficult task of highlighting challenges and things that could be further improved. Working in a community team that has included highlighting the needs of people living life after stroke. There is a real risk that the voice of these people gets quieter the further they move from the hospital back door. I have really valued the role of the Community of Best Practice in amplifying their voice, particularly during the pandemic."

Daryl Harris - Consultant Clinical Psychologist, Aneurin Bevan UHB - Community Neurological Rehabilitation Service

Northern Ireland: We have worked to influence the Department of Health in Northern Ireland, with the aim of urgently progressing plans to reshape and improve stroke services.

Launched on World Stroke Day, 29 October, our document 'Progressing Stroke Reform in Northern Ireland' called on the Department of Health and the Northern Ireland Executive to progress with the planned reform of stroke services. This will create a sustainable and high-quality service for everyone affected by stroke in Northern Ireland, and roll out a new, regional long-term support pathway, which is appropriately funded to meet the needs of people affected by stroke.





We used our influence to get stroke survivors access to vaccinations

After stroke survivors in England told us they were denied a group 6 priority appointment to receive the Covid-19 vaccine, we took action to ensure all stroke survivors were able to receive their vaccine as part of this priority group.

This included:

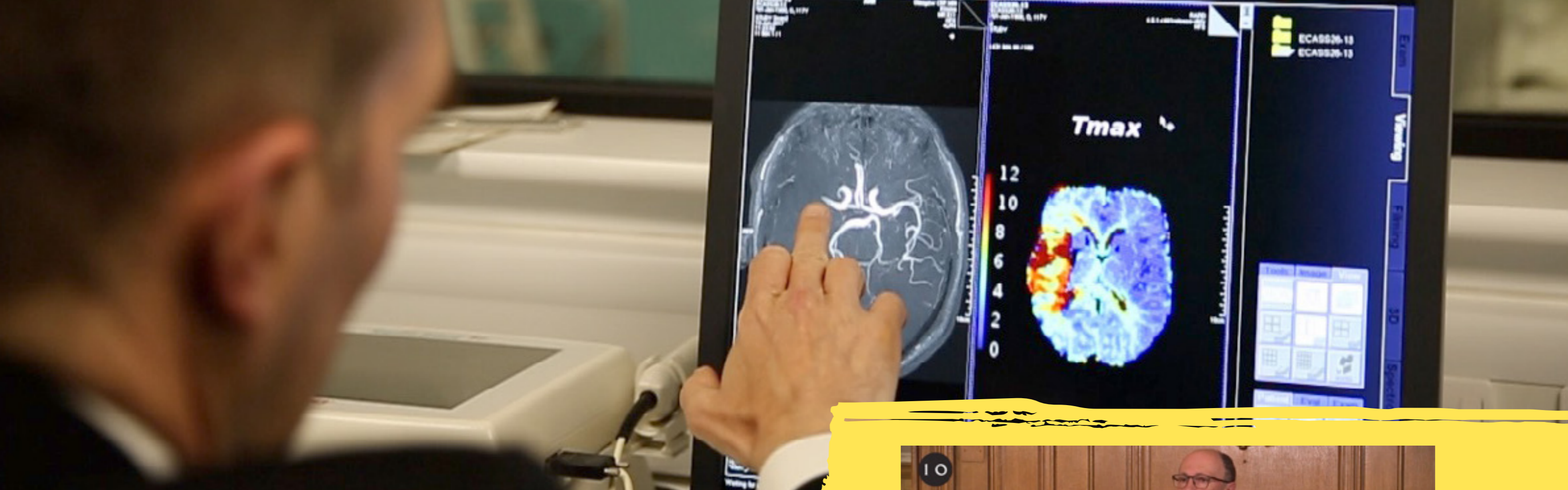
- Co-writing a letter with the British Association of Stroke Physicians to all GPs reminding them of their vaccine obligation to stroke survivors. This letter appeared in a national newspaper to raise awareness of this issue.
- Engaging with the DHSC and NHSE/I communications teams to include messages about vaccine obligations to stroke survivors in their newsletters and Health and Care Leaders bulletin.
- Participating in a DHSC-backed social media campaign alongside other leading health charities, to share the benefits of vaccination and encourage our beneficiaries to take up their doses when offered. The campaign reached 2.5m people.
- Ensuring stroke was clearly named as a priority condition for group 6 in our communications to stroke survivors.

We shared our knowledge to shape health and social care policy and guidelines

Our Policy and Influencing team responded to a variety of external consultations to help shape policy and guidelines and improve care and support for stroke survivors, with positive outcomes.

Consultations included the National Institute for Health and Care Excellence (NICE)'s stroke rehabilitation, atrial fibrillation and hypertension guidelines, the British Association of Stroke Physicians' future strategy, and NHSE/I's urgent and emergency care access standards.

We are developing a paper-based My Stroke Record so that all newly diagnosed stroke survivors leave hospital with core personalised information related to their stroke. This will help stroke survivors to be better informed about their stroke, understand the next steps for their care and support, and feel more engaged and involved in their care.



We spread the word: stroke remains a medical emergency

When someone has a stroke, getting medical help immediately will give them the best chance of survival and recovery.

But as the first wave of the pandemic swept across the UK, research from the NHS showed that hospital admissions for strokes and heart attacks declined by 50%, as people who were worried about coronavirus or being a burden on the NHS stayed away from hospitals.

We ran a public relations campaign encouraging those who suffered stroke-like symptoms to call 999. The story was covered by the BBC, Daily Mail, Daily Telegraph, Sky News and Metro. This vital message was amplified when the NHS released an announcement stating that those suffering serious symptoms should still attend a hospital emergency department, crediting major charities, including the Stroke Association, for drawing attention to the issue.



**Professor Stephen Powis, National Medical Director for NHSE/I,
Prime Minister's daily briefing, 8 April 2020**

"Two charities I work very closely with, the British Heart Foundation and the Stroke Association – and I know they would want me to remind everybody that the NHS has worked night and day to surge capacity to manage coronavirus, but it is also there for you if you have symptoms of a stroke, symptoms of a heart attack... You should be seeking emergency services just as you always have done. They are there for you, and although we are focusing on coronavirus, it's important we also continue to focus on other emergency conditions."

We set priorities for future research to improve stroke care



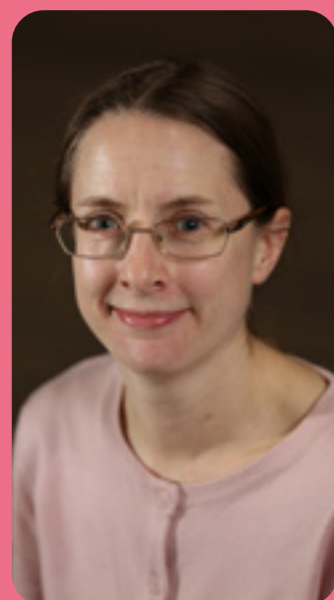
4,000 questions submitted

93 priority areas that couldn't be answered by existing stroke research

The PSP will go on to identify the **top 10** priorities for future research

The people most affected by stroke – survivors and their carers, health and social care professionals – rarely get the opportunity to set the strategic research agenda. We set out to change this by leading the Stroke Priority Setting Partnership (PSP) to ask them what questions future research needs to answer to improve stroke treatment and care.

We worked with the James Lind Alliance, a not-for-profit initiative which brings patients, carers and clinicians together in PSPs on an equal footing. A Steering Group of people affected by stroke and representatives from UK stroke healthcare professional bodies and charities helped shape decisions.



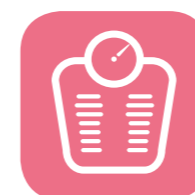
"The Stroke PSP provides robust guidance to researchers and funders on the areas of greatest need. It's vital to direct funds to these areas so researchers can continue to work with people affected and professionals in stroke and generate research evidence. This research can inform improvements in treatment and care that will bring the most benefit to people affected by stroke. I look forward to using the Stroke PSP results in my research to increase evidence in these areas."

**Dr Shirley Thomas, Associate Professor,
University of Nottingham School of Medicine**

We raised awareness of stroke prevention

Our Stroke Prevention Day campaign was held on 14 January 2021 with the theme of "one small change". We encouraged people to make a small change to their lifestyle to reduce their risk of stroke for three months, with the aim of developing long-term healthy habits.

With stroke prevention forming a vital aspect of our work, this test event gave us valuable learnings which will feed into our future plans for reducing strokes.



92% of pledgers kept up their pledge for the full three months

2/3 carried it out on a daily basis

100% of respondents said they would keep up their behaviour change in the future



We continued to fund the future of stroke research

The pandemic put huge pressure on our funds, causing us to halve our planned new research grant awards. But stroke research is still absolutely vital, and we have carried on supporting stroke research leaders of the future so they can improve the lives of people affected by stroke for years to come.

We provided vital funds for three Fellows. These early career researchers will establish skills and networks to become leaders that can drive improvements in stroke treatment and care through their work:



Katie Monnelly, City University of London

"I want to improve treatment for stroke survivors with aphasia, a communication problem which impacts on relationships, social life, and mental health."



Dr Graham McClelland, Newcastle University

"My research looks to improve treatment of stroke patients by paramedics, often the first medical professionals to see a stroke patient. The right actions in the crucial early minutes and hours following stroke are vital to reduce the amount of damage to the brain."



Dr Lisa Tedesco-Triccas, University College London

"I'm looking to improve treatment for stroke survivors with hand and arm weakness. We need better treatments so these people can regain independence and get back to doing the things they enjoy."



We funded two Lecturers. These are experienced researchers who will establish their leadership of independent research teams to study stroke causes and therapies:



Dr Gargi Banerjee, University College London

"I hope to understand the cause of bleeding strokes (intracerebral haemorrhage) in younger people that had brain surgery as children."



Dr Christine Hazelton, Glasgow Caledonian University

"My research hopes to improve treatment for stroke survivors with vision problems, which affect around two thirds of stroke survivors."

We funded research to improve stroke treatments

Last year we planned to fund research on the impact of stroke on carers and fatigue in stroke survivors. However, after the applications underwent peer review and panel discussion with independent research experts, it was decided that the highest quality and most impactful applications were for research to improve emergency stroke treatments, so we awarded two Project Grants in this area:



Dr Adrian Parry-Jones at the University of Manchester will investigate whether a new treatment package can improve survival and life after a stroke caused by intracerebral haemorrhage (bleeding in the brain).

"Around 1 in 10 stroke patients in the UK have this type of stroke, and they are more likely to die or have a severe disability compared to those that have a stroke caused by a blood clot. We hope that combining treatments will help improve outcomes."



Professor Bruno Frenguelli at the University of Warwick will test a new medication, already used to treat other medical conditions, to see if it can be used as an emergency stroke treatment.

"This medication could dramatically improve treatment for stroke in an emergency to save the brain, and reduce the likelihood of death and disability caused by stroke."

We partnered with sight loss charity Fight for Sight to offer a joint Project Grant Award over £250,000 for research into visual impairment associated with stroke.



Professor Fiona Rowe at the University of Liverpool will examine whether a treatment called visual scanning training could help stroke survivors who are left with loss of vision on one side of their visual field.

"This research hopes to show whether visual scanning training can help the many stroke survivors affected by visual problems to live more independently."





We funded research to investigate Covid-19 and stroke



Dr William Whiteley at the University of Edinburgh will use health information from almost all adults living in the UK (around 60m) to investigate if the virus increases the likelihood of stroke

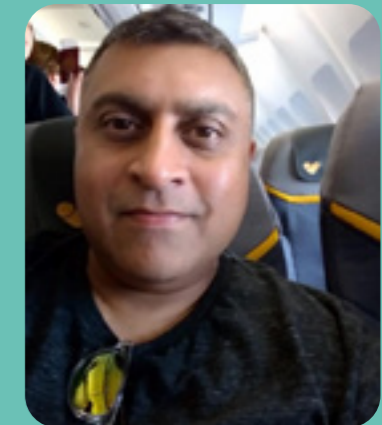
"By making the most of existing health information from such a large number of people, this research can establish urgent and important information about the risk of stroke in Covid-19 patients and lead to improved treatments."



Dr Richard Perry at University College London Hospitals NHS Foundation Trust will follow 2,000 stroke survivors for up to a year after their stroke, to better understand the links between Covid-19 and stroke.

"This research will allow us to answer important questions that could change treatment for people with stroke and Covid-19, such as whether the virus changes the risk of someone having a stroke caused by intracerebral haemorrhage (bleeding in the brain)."

Baz Singh, 48 from Solihull, experienced a stroke in October after contracting Covid-19



"Doctors said that Covid-19 had thickened up my blood and pushed my blood pressure through the roof and that I had no other markers or risk of stroke.

"I actually felt lucky in a way as the blood vessel burst was at the back of my head, otherwise the damage could have been much worse. I spent a week in hospital and then a few weeks in bed. I still get bad headaches and dizzy spells, I also have weakness in my left arm and hand.

"Research is vitally important. Without pioneering techniques there will be a lot more people with stroke and a lot more deaths – I wouldn't be alive without it.

"If the research into stroke isn't there that we can benefit from then I think the amount of strokes will just go up, especially with coronavirus, which isn't going away any time soon."

We let stroke survivors know we're still here for them

As the first lockdown struck, we had to rapidly rethink our communications to our beneficiaries and supporters. In April 2020, we sent an emergency mailing to nearly 200,000 stroke survivors and supporters to outline the support that was available to them during lockdown. We followed this in May with an awareness campaign created in just four weeks and filmed by stroke survivors in their own homes. The campaign explained how we were responding to the coronavirus crisis, how stroke survivors were being affected by lockdown, and why it was more important than ever to support people to rebuild their lives after stroke.

Campaign highlights



- Our partnership with Smooth Radio reached **3.9m listeners**, with celebrities Samantha Morton, Myleene Klass and Andrea McLean getting involved to share our stories and engage listeners.



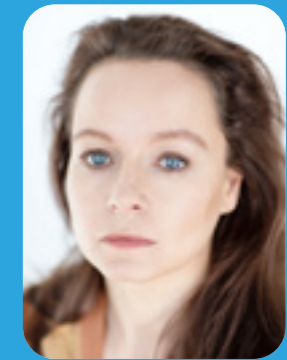
- Our social media ad campaign reached **3.2m people**, prompting **65,000 people** to find out more on our website, and our organic social posts were seen nearly **250,000 times**.



- The campaign raised over **£385,000** and increased awareness of the Stroke Association among our target audience by **5%** in May.

Samantha Morton, actress and stroke survivor

"Somebody has a stroke every five minutes in the UK. With time, though... courage... and the right support, lives can be rebuilt. Mine was."



The effectiveness of our communications was recognised with further industry awards for our 2019 Rebuilding Lives campaign, which aimed to change the way people think about stroke, increasing awareness of stroke and the Stroke Association. Following last year's Marketing Society and Charity Film Awards plaudits we were shortlisted in the Charity category at the 2020 Marketing Week Masters, and won the Charity Times Award campaign of the year.



We helped share a message of hope for people affected by stroke

From October to December 2020, our Hope After Stroke campaign focused on the ways in which, by being there for survivors and their families, we can help people to find hope.

We help stroke survivors find the support they need to rebuild their lives, whether that's through a conversation with one of our Stroke Association Connectors, practical support from a Stroke Association Support Coordinator, sharing experiences with a fellow stroke survivor at one of our support groups, or joining our online community, My Stroke Guide.

We shared the stories of some inspirational stroke survivors who have rebuilt their lives and demonstrated that recovery is possible after stroke.



The campaign raised over **£360,000** which will help us continue to provide these much-needed services and give hope to people affected by stroke.

Karen and her son Joey, who had a stroke at the age of 10, shared their story in our Hope After Stroke campaign

"We were so relieved to see Joey open his eyes, but he could hardly move or say a word. But around three weeks later, Nick and I were by Joey's bed. We were communicating with him using a printed-out keyboard and I said, 'You will get better, Joey. You know that, don't you?' He started pointing to letters: D E T E R M... I was so excited and I said, 'Are you determined you'll get better?' The sparkle in his eyes told me all I needed to know."

Goal B: Ensure everyone affected by stroke has access to the **rehabilitation** and lifelong support they need

Covid-19 has affected every aspect of stroke recovery. It's had a huge impact on access to rehabilitation and ongoing support, causing significant challenges for stroke survivors trying to rebuild their lives. This threatens to undermine stroke recoveries and have a damaging effect on long-term health outcomes.

We want to ensure that all stroke survivors get the physical and emotional support they need, and ensure that new ways of working after the pandemic meet the needs of everyone affected by stroke.

We believe everyone deserves to rebuild their lives after stroke. That's why we are committed to supporting people through our stroke support services, through the pandemic and beyond.





In 2020-21:

We launched a new service to give people immediate support after they leave hospital

With stroke survivors being discharged from hospital earlier during the pandemic, they needed our support more than ever. We created and launched a brand new service, Stroke Association Connect, for newly discharged stroke survivors. Supported by NHSE/I, it offers outreach telephone calls providing reassurance, support with immediate worries and concerns, and signposting to ongoing support that people can access at the right time for them.



We have **107** different NHS teams registered to refer into the service



We have had referrals for **4,377** stroke survivors

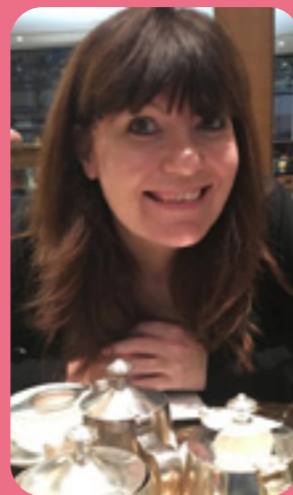
We've secured ongoing funding so this invaluable support can continue in future years.

Stroke Association Connect has given us the opportunity to develop and test a new service that has the potential to help us counter health inequalities across the UK and ensure that every newly discharged stroke survivor has support to rebuild their life.

We are now looking at how we can further develop and embed the service in our service delivery model and the wider stroke care pathway.

Suzanne Luddon was referred to Stroke Association Connect after she had a stroke in October 2020

"My Stroke Association Connector was lovely and really reassuring. She made me feel like I wasn't on my own and what I was experiencing as a result of my stroke was normal. She's been there when no one else has been around and comforted me. She gave me that extra level of support I really needed after leaving the hospital. I think everyone should be able to benefit from Stroke Association Connect."





"Even though we can't see people in person, it's really important the Stroke Association is there to offer support for people practically and emotionally. I've said to people, 'Just ring me. You've got my number. If you just want to chat to me because you're on your own, just give me a ring. I'll be happy to talk to you.' I'd rather somebody ring me – and it might be something I can't help them with or it might be nothing to do with the stroke, but I'd rather they ring me than sit on their own and be worrying or crying or upset, and they don't know who to turn to. We understand stroke, we understand the effects and the toll it takes."

Claire Upton, Stroke Association Support Coordinator

We found new ways to keep our local support services going

Local support services like our Stroke Recovery Service and Communication Support Service ensure that stroke survivors get specialist care and support when they need it most. As lockdown hit and our teams switched to home working, we moved to remote support, working closely with our NHS colleagues to ensure continuity of care. Where people still needed face-to-face support and government guidelines permitted, we ensured that our team members were properly trained and given protective equipment to work in a Covid-safe way.

Video call technology and online platforms offered us new opportunities to support and connect people regardless of geographical boundaries. For example, our Northern Ireland aphasia support service teamed up with the Adler Aphasia Center in New Jersey, USA for a continent-crossing series of online groups. Supported by speech pathologists from the US and our own speech and language therapists, the groups enabled people living with aphasia on both sides of the Atlantic to share their experiences of rebuilding their lives after stroke, as well as life during the pandemic.

With care homes among the hardest hit by lockdown restrictions, we ran a pilot delivering virtual education sessions to three care homes owned by Barchester Healthcare in Lincolnshire. We delivered a presentation over Zoom to 40 staff and residents explaining the signs of stroke, the importance of FAST, key messages for prevention and hope for recovery. This was extremely well received and has enabled us to look at how we can use the technology to support care homes and the wider health system after the pandemic.



41,017 people directly supported by our local coordinators during the year (42,126 in 2019–20)



93% said that they'd recommend our services to friends and family (94% in 2019–20)

We expanded our phone and online support in other ways

With face-to-face services on hold, our digital and telephone services became more important than ever in providing high-quality support to people who need us.

My Stroke Guide

Our online stroke support tool, My Stroke Guide, gives people access to trusted information about different types of stroke, risk factors and secondary conditions, as well as information on prevention and improving their own health, practical tools and videos, and friendly online forums. My Stroke Guide reached more people affected by stroke than ever, with a 53% increase in active users compared to 2019–20.



Fitzroy Connor followed our 12-week physical activity programme on My Stroke Guide, produced in partnership with charity A Stroke Of Luck

"I did each video three times a week in addition to my normal exercise routines. The coordination and balance videos helped me the most recovery-wise. I still do them regularly, especially the exercises where you practise walking, lifting your knees and swinging your arms, because that's where I feel I need the most help. There's also an exercise where you put an elastic band around your thumb and fingers, then try to open and close your fingers. I did that every other day and I can now hold a knife in and cut with my right hand much better."



Our 12-week video programme in partnership with the charity A Stroke Of Luck helped stroke survivors stay active at home. The videos were watched over 14,000 times by March 2021.



Our Helpline supported **12,143 people** (13,408 in 2019–20) and answered **18,055 enquiries** (18,771 in 2019–20).

Stroke Helpline

Our Stroke Helpline is here for everyone affected by stroke. Our dedicated team provide practical information and emotional support to people across the UK over the telephone, via email, letter and social media.

As the first lockdown hit, our Helpline moved to remote working with no gap in our service provision. In April, 40% of calls to our Helpline were Covid-19 related and as demand increased, calls got longer.

We provided information, support and reassurance to people worried about whether they should be shielding, which vaccine priority group they were in, and whether they should be concerned about vaccine links to blood clots. Worried stroke survivors and family members talked to us about their concerns about being discharged early from hospital or not being followed up after discharge, and their anxiety about not being able to see and support loved ones in care homes.

Digital Health Assistant

We have continued to develop our Digital Health Assistant (DHA), a tool driven by machine learning which will support people living with long-term health conditions. The DHA is a partnership project between the Stroke Association, Parkinson's UK, Muscular Dystrophy UK, the MS Society and Reason Digital. We're expecting to pilot the scheme in summer 2021 ahead of a full launch later in the year.

'Getting online with aphasia' guide

One in three stroke survivors will have aphasia after their stroke, making it difficult for them to understand, speak, read, write and use numbers. With the pandemic making us more reliant than ever on technology, we wanted to ensure people living with aphasia have the necessary skills and guidance to get online and access the support they need.

The guide contains step-by-step instructions for getting online in an aphasia-friendly format. It can be accessed for free as a printed guide, PDF download or series of YouTube videos.



Since we launched the guide in June, Aphasia Awareness Month, it's been viewed on our website **6,500 times**.

Stroke survivor Tess Lancashire was a member of our 'Getting online with aphasia' Working Group

"People with aphasia are capable and intelligent. Aphasia should not limit you, but sometimes you need help. I'm pleased with 'Getting online for people with aphasia'. I think it is important to have a guide that people can use to practise and get support."

Website and stroke information guides

In 2020, the pandemic made it more difficult for people to access support after a stroke. People came to our website in increasing numbers, looking for information and practical advice about stroke causes, treatment and rehabilitation. They were able to access this support from a telephone, mobile device or laptop, anywhere in the UK.

Through our information we help people understand their stroke, and how to find help and support from us and other organisations. People know they can turn to us for trustworthy and accessible information to help them with recovery and caring.

We worked with NHSE/I to update our website with the latest information about Covid-19, including staying safe during the pandemic, what to do if you have coronavirus and start having stroke symptoms, and what help is available for those shielding or self-isolating at home. These pages on our website received over 200,000 views.

We ensured that those without access to the internet were also kept informed through Stroke News magazine and our information guides. Over the year we posted out over 210,000 print publications.



Over a million users accessed our web pages about stroke and recovery in 2020–21, an increase of nearly 50% over the previous year.



Our social media community grew by **over 13,500** (5.6%) from the previous year.

We helped stroke survivors in financial hardship

Thanks to our Charity of the Year Partnership with Royal Mail from 2014–16, and an emergency Covid-19 grant from the Wales Council for Voluntary Action (WCVA), we awarded more than £300,000 in Hardship Grants and Life After Stroke Grants to support people affected by stroke in financial difficulties and to help them on their recovery journey.

We saw an increase in grants for equipment to help get people online, enabling them to attend video appointments, maintain essential contact with family and friends, and access remote support from us and others. Through our partnership with British Red Cross, we were also able to support more people to access funds in emergency situations.

Goal C: Partner with people and communities to help them take **action** on stroke

Compassionate communities can offer a regular and reassuring presence, a helping hand and companionship. During a year of lockdowns, staying home and being separated from our loved ones, this support has been more important than ever to help people through loneliness, grief, lack of confidence, stigma, or caregiver fatigue.

We want to inspire more people to give their time, money or voice to raising money and awareness. To encourage stroke survivors to share their lived experience to benefit others and themselves. And to build connected stroke communities where organisations, groups, professionals and stroke survivors can come together to take action on stroke.



In 2020–21:

We developed brand-new peer support services

Our brand-new Here For You telephone service connects stroke survivors and carers to trained volunteers, to offer support following a stroke and to help combat feelings of isolation. There are two types of telephone support available:

Lived experience telephone support

Our volunteers have experienced stroke first hand. They understand the practical and emotional challenges faced by someone affected by stroke, and can share experiences and strategies to help others rebuild their lives after stroke.

Connect and chat telephone support

Someone affected by stroke may feel more alone and isolated, unable to take part in the usual activities they enjoy. Our volunteers provide support and offer someone to talk to about their interests to help them feel connected with other people.

Here for You has trained 530 volunteers and received over 1,500 referrals.

Support is available in an additional 21 languages and video calls are also available using British Sign Language.

Here for You has enabled us to offer volunteer-led support to stroke survivors and carers across the UK. We've been able to recruit and support volunteers to give time and offer support from their own home, in their own time.

With such positive evaluation and experiences for volunteers and callers, we are now looking at how we can further develop the service.



Alaire Fridd, Here For You volunteer

"I've been volunteering with Here For You for over a year now and have been matched with a few people affected by stroke. I'm always thinking about what I can give people during the call. Sometimes sharing my experience of stroke is helpful because it lets them know that they aren't the only person feeling like that. At other times, it's about giving someone a bit of encouragement or just listening."



We helped stroke survivors stay connected

Across the UK, passionate and dedicated group leaders at 600 stroke support groups bring people affected by stroke together to share experiences and help rebuild their lives after stroke. We remain committed to supporting the incredible work they do. This year we've been working with group leaders to understand how our charity can best do this.

Together, we've been developing the Stroke Group Network, a community of stroke support groups across the UK. Through the network we are working with over 200 independently run stroke support groups, providing information and support and building community connections.

Our 216 volunteer-led Stroke Association support groups across the UK, run by 1,200 hard-working volunteers, are also part of the Stroke Group Network. These groups support 4,802 stroke survivors as well as carers, family and friends.

Our groups were incredible in how they adapted to continue to support their members, by sending out newsletters, setting up telephone trees, WhatsApp groups and running online sessions, with activities from social groups to arts, exercise, and singing groups.



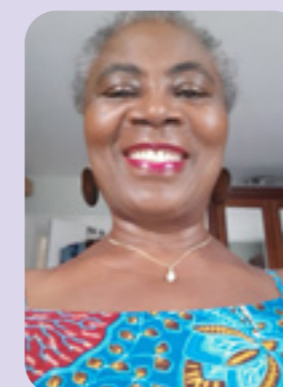
Phil Thomas, Neath Port Talbot Stroke Support Group

"We've really come together and are like a family. We speak via Zoom daily with different challenges and games organised. If you have a bad day, there's always someone to chat to and help."

New technology helped our groups across the UK to support wellbeing and reduce isolation. In north east England, the Community Integration Service took its Wellbeing Through Creativity group online, using a mixture of digital platforms including Facebook Messenger and Zoom. Weekly activities like quizzes, photography challenges and mindfulness sessions helped support mental health and reduce isolation among its members.

We hosted and facilitated new online peer support groups for younger stroke survivors to connect and talk with people their own age, often for the first time since their stroke.

In October, our Black History Month online event explored a range of themes from black history. Two volunteers shared their personal stories, including a poem written for the event. Its success led to the creation of a peer support online group for people who identify as part of a minority ethnic group, and their allies, for the south of England.



Mary Sagoe, stroke survivor

"Being from a minority myself, it is good to know what others are experiencing and to share knowledge. The peer support group is an opportunity to socialise, to be educated and to educate each other. It lifts me up and keeps my brain going. I am happy to see everybody and I look forward to it."

UK Stroke Club Conference

In September, we hosted our first online UK Stroke Club Conference for stroke support groups across the UK. Over 550 group leaders, volunteer and staff joined us for the event.

Running the event online enabled twice as many people to attend, 55% of whom had not attended before. The programme was co-designed and delivered with group leaders, sharing how we've adapted due to the pandemic, championing how leaders and volunteers have stayed connected with their members, and looking ahead to our "road to recovery", working together to deliver a fusion of remote and face-to-face support.



Steven Jacques, chair of North Birmingham Stroke Support Group and member of the UK Stroke Club Conference planning group

"We knew our audience may be thinking: 'The weather isn't bad: do I really want to sit in front of a screen? How can sitting on my own, match the camaraderie of the real thing?' But as the conference started, the chat box lit up: greetings exchanged and old friendships revived. The audience was engaged and interested, and being online gave us advantages – more people could contribute via the chat box, and nobody was limited by not being able to travel.

"What a tremendous example of how unforeseen events can be overcome. We managed to stage a conference which many said was better than ever. And reflecting on the experience and hearing people's thoughts means that next year's can be better still – whatever the circumstances."

UK Stroke Assembly

The UK Stroke Assembly is one of the UK's largest gatherings of people affected by stroke and aphasia, giving them an opportunity to share experiences, build friendships, hear the latest developments in stroke care and research, have their say and take action on stroke.

This year we took the UK Stroke Assembly online for the first time. We had over 40 speakers and 24 webinars covering topics including:

- Staying active at home.
- Joining our community of campaigners.
- The latest research on rewiring the brain and vision loss after stroke.
- Intimacy and relationships after stroke.
- The impact of Covid-19 on stroke services.

We also enjoyed a live, low-sodium cook-along with celebrity chef Sally Bee, a quiz evening with stroke survivor and Who Wants To Be A Millionaire? quizmaster Chris Tarrant, and fun and games at the UK Stroke Assembly and UK Stroke Club Conference social evening.

The success of the UK Stroke Assembly was recognised with an award in the People's Choice category at the Charity Event Awards.



We partnered with local groups and organisations

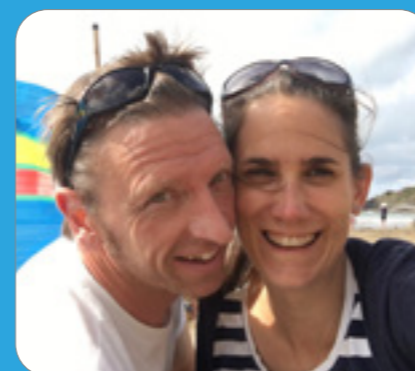
In Worcestershire, we forged new community connections by partnering with local organisations including Pilates and yoga organisations, Age UK, Worcestershire County Council, library services and leisure centres. We worked with these organisations to run taster sessions for stroke survivors, enabling them to try new activities and develop their skills and confidence.

Our partnership with the Sunderland Bangladeshi International Centre adapted in light of the pandemic. We delivered online refresher training to community members at the centre, sent materials such as factsheets, and took part in holistic health webinars alongside other health organisations. Together, we've translated stroke awareness videos into Sylheti to be used at the centre and across its social media platforms. We've awarded a grant to the centre too, so it can run activities bringing people back together and highlighting what stroke support is available. Activities include a women's celebration event and African and Middle Eastern events.

In Wales, 19 partner organisations supported us with the delivery of online sessions. Our Community Steps project introduced virtual sessions for stroke survivors and their carers, including a Welsh language social group, Movement to Music sessions in partnership with Art Care Carmarthen, and InterAct sessions where actors read to the group, bringing poetry and books to life. For those with limited or no internet access, Community Steps officers kept in regular contact with them over the telephone, and introduced them to our Here For You telephone support service.

In Cornwall, our legacy-funded community project worked with stroke survivors and community partners to develop virtual activities. These included art workshops in partnership with Falmouth Art Gallery, talks from a range of speakers and a needlework course led by a local craftsperson.

We worked closely with the NHS and other organisations in Cornwall to develop a temporary community stroke pathway in response to the pandemic. This ensured stroke survivors needing help with food and prescription deliveries were able to access local support through Volunteer Cornwall.



Stroke survivor Danny Teare is one of our Cornwall volunteers

"During my recovery, one important thing has stood out to me, and that is the power of sharing with other stroke survivors. Once I returned home from my first stroke I felt completely lost and found my new world confusing and tiring. From the first phone call with the Stroke Association and then attending a group, I have found the genuine warmth, support and understanding from all involved to be incredible and uplifting."

We partnered with professionals and other health and social care organisations

Richmond Group

We're part of the Richmond Group of Charities, a coalition of 13 leading health and social care charities that represent more than 15 million people living with long-term conditions. Together we have:

- Made sure the UK Government and NHS understood the challenges facing the people we support during the pandemic and took their views into account in shaping plans for long-term changes to health and social care.
- Worked with Sport England to encourage more people with long-term conditions to get physically active through our Movement For All programme. This included stepping up the We Are Undefeatable campaign, ensuring it supported people who were shielding or affected by the lockdowns and that it reached people in the most deprived communities or from minority ethnic backgrounds.
- Partnered with Impact on Urban Health in the Taskforce on Multiple Conditions. We published 'The Multiple Conditions Guidebook – One Year On' to help frontline professionals understand how a range of good practice case studies, including the Stroke Association's work with Total Wellbeing Luton's integrated health and wellbeing service, had coped and developed during the pandemic, focusing on health inequalities.

Remote events for stroke professionals

With face-to-face events on hold, we kept the professional stroke community connected with a series of online events. In January 'Stroke Research: Hope for the Future' highlighted how our charity is making a difference through funding vital stroke research.

Our Amazing Brains event in May showcased research in emergency stroke treatment and care, with videos from Stroke Association funded researchers, stroke survivors, our charity's Research Engagement Officer, and Chief Executive Juliet Bouverie.

In December we hosted our first virtual UK Stroke Forum (UKSF), the UK's largest multidisciplinary conference for stroke care professionals. The three-day virtual event was attended by over 1,800 delegates – 500 more than last year – and covered a wide range of topics from stroke care and research.

We held a virtual meeting with researchers in March 2021, updating them on our operating model and outlining the implications for our research funding and services.



Dr Lauren Hepworth, Research Orthoptist, University of Liverpool

"Attending the UK Stroke Forum is one of my favourite events of the year. It provides a fantastic opportunity to network with other stroke researchers and clinicians, and these conversations have the potential to lead to future collaborations. It also provides a space away from my research to hear what is happening in other areas and allow me to think about new ideas. One of the benefits of the conference being online is that you're able to catch up on sessions that are running at the same time, without having to be in two places at once."



We supported our volunteers – and they supported us

Volunteers played an essential role in our pandemic response. With many stroke survivors and carers feeling even more isolated than before, Stroke Association volunteers at our local stroke groups and with our Here For You telephone support service helped them feel less alone. Our Stroke Ambassadors adapted to deliver digital awareness sessions so they could continue to share their experiences to support and inspire others.

We've adapted our volunteer support to meet the challenges of new ways of working, for example by delivering remote training. We want to continue to offer flexible roles, a mixture of face-to-face and digital training, increase the diversity of our volunteers and continue to work closely with our corporate partners to have the biggest impact.

One thing that did not change this year is that our volunteers were there when we needed them the most.

**To all our volunteers and Ambassadors,
we'd like to say a huge thank you.**

We amplified the voice and influence of people affected by stroke

We are continuing to develop our strategic plan for involvement:

- The expertise of people affected by stroke shapes decisions at the Stroke Association.
- As systems leaders, we ensure that people with lived experience drive the wider stroke agenda.

As described on page 34, our Stroke Priority Setting Partnership (PSP) asks the people most affected by stroke – survivors and their carers, health and social care professionals – what questions future research needs to answer to improve stroke treatment and care. The PSP Steering Group, made up of representatives of stroke survivors, carers and professionals in stroke, monitored and made decisions throughout the year. These included how to communicate about the PSP, how to structure and word the surveys and workshops that gathered questions about research, and which ones are most important.

Stroke survivors played a key role in the development of our 'Stroke Recoveries at Risk' report. People affected by stroke helped to create the survey, together with insight from the Helpline and service delivery teams. And our work with NHSE/I on Patient and Public Involvement, and the Scottish Government on its National Stroke Voices panel, amplified the voice of stroke survivors within the wider health system.

Following a consultation with 100 people with aphasia, we co-created our guide 'Getting online for people with aphasia', with people with aphasia and their families involved at every stage of development to shape the design and content of the guides.

Our staff stroke survivors' group (SASSS) was originally formed to provide peer support to colleagues who have been affected by stroke, but we soon realised that the group could offer valuable knowledge and experience to colleagues across the organisation. To date, the group has contributed to more than 20 projects and initiatives across our charity. This year the group was heavily involved in the development of the Digital Health Assistant, advising on wording, layout and accessibility, and helping with testing.



We grew our network of campaigners

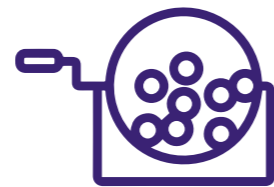
Campaigning is an important way that people can give their voice to keep stroke high on the political agenda and drive improvements in stroke care. We currently have 2,099 campaigners in our network and in 2020–21 our supporters engaged with our campaigns online over 9,000 times, for example by emailing their MPs to call for stroke to remain a priority during the pandemic. We are continuing to work with online platform Engaging Networks to increase the number of campaigners taking action on stroke.

Our supporters raised around **£23 million** to rebuild lives after stroke



£63,480

raised for Skipped for Stroke by 903 people



2,149

new Lottery players



£46,525

raised in the 2.6 Challenge



149

Tribute Funds to remember a loved one

609,696

miles walked to Stride for Stroke by 1,168 people raising

£120,352



Sharon Watson won the £8,000 first prize in our Lottery, She has supported the Stroke Association since her mum passed away after a massive stroke. "We had a lovely day planned, very special, and Mum was really excited. We were going to the races, had a box booked and everything – but when we came back from the hairdressers to pick Mum up, the ambulance was outside the house. They said Mum had had a stroke. It was a complete shock. "Now I raise money for the Stroke Association in Mum's memory, through playing the Lottery and doing charity runs."

Thank you to: Our fantastic donors and fundraisers

It's been an incredibly tough year for fundraising, as like all charities we were hit hard by the cancellation of almost all of our usual fundraising activities during lockdown, such as events in the community or major events like the London Marathon. Without these sources of income, we had to work extremely hard to find ways for people to support us, moving towards digital events or activities that supporters can do in Covid-safe ways when it's convenient for them. Many came up with their own innovative ideas to keep supporting us.

We're so grateful to our supporters for sticking with us during these difficult times, giving to appeals and raising funds in their own communities. There's no escaping the fact that times are tough for us, and our income from fundraising was £1.4m down on the previous year. But the fact we have still raised this much to help stroke survivors to rebuild lives is a testament to the passion and commitment of our fundraising community.

Stephen Kinnaird and his friends took on #JustinesMiles in August in memory of his partner Justine. Collectively they covered over 10,000 miles, running, walking and cycling, the distance between Glasgow and Brisbane, Australia. They raised nearly £7,000 for the challenge, bringing their overall fundraising total to over £25,000.

"Justine had a very generous, caring side to her, so I felt the best thing to do in her memory was to raise money. We wanted to make people aware that stroke doesn't just happen to elderly people, it happens to young people too. We're proud that we've managed to raise so much money. I can't think of a better way to keep Justine's memory alive."

Everyone who has left a gift in their Will

Our legacy team faced an extremely challenging year, with lockdown causing delays and disruption for the solicitors we work with to secure these vital funds. We received 423 legacies from our extremely generous supporters, resulting in legacy income of £12.1 million, a £0.6 million drop from last year but appreciated more than ever given the circumstances. A further 265 supporters kindly pledged to leave us a gift in their Will, which will protect and grow our income for years to come.

We moved our popular legacy events programme online so that our supporters could continue to hear from world-leading stroke clinicians about their groundbreaking research and the vital role legacies play in funding their work.

We were conscious that some of our supporters may be feeling isolated and vulnerable. We stayed in regular contact by telephone or email to check in and lend a listening ear.



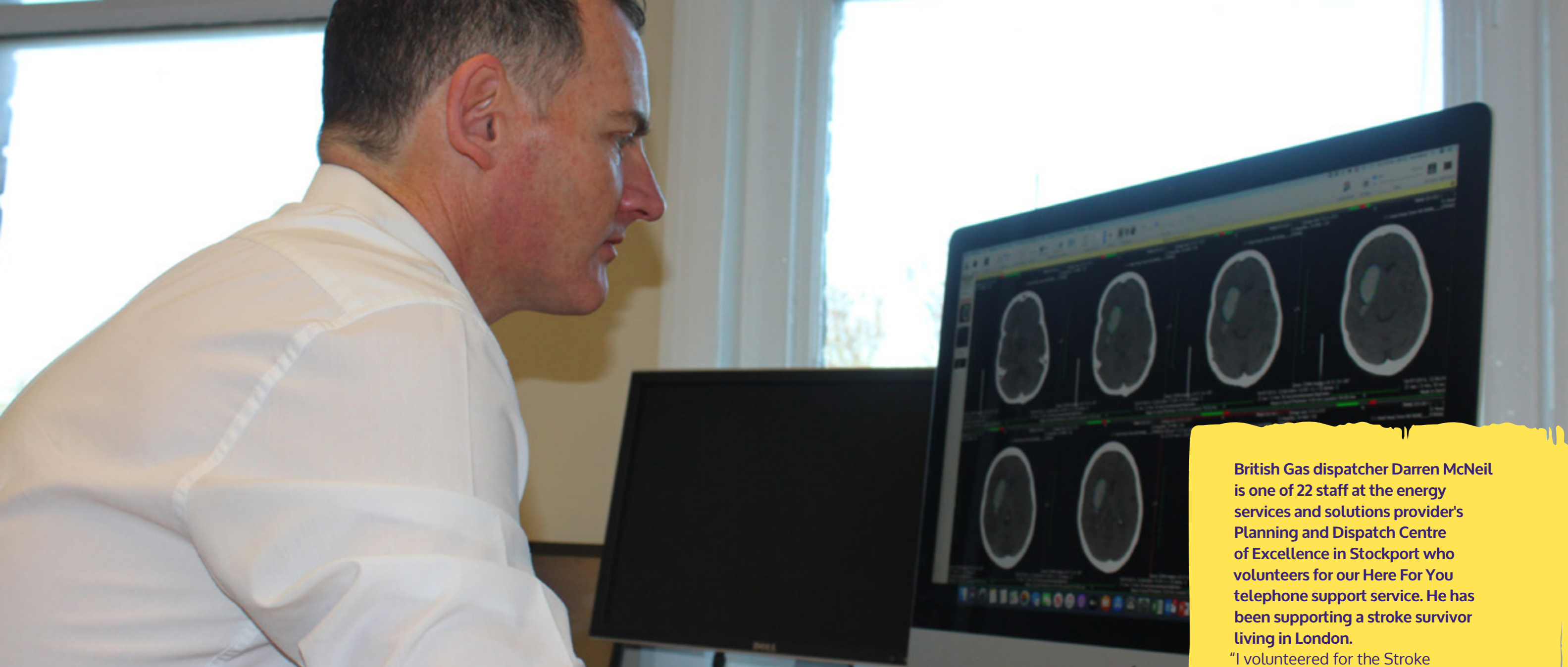
£12.1 million

from our extremely generous
legacy supporters



265 supporters

kindly pledged to leave us
a gift in their Will



Thank you to our trusts, foundations, major donors and corporate partners

We are extremely grateful to our charitable trusts, philanthropists and corporate supporters, many of whom have made additional or extraordinary gifts to support us during the pandemic. The £1.3 million grant received from the UK Government to support awareness and delivery of our services, and other generous grants from foundations including the Garfield Weston

Foundation, were vitally important at a time when other income sources were badly impacted by the pandemic. Our corporate supporters including British Gas and facility management services company ISS also stepped forward as volunteers to talk to stroke survivors.

This year our partnership with LoSalt hit supermarkets across the UK with 20p from each tub sold being donated to the charity. LoSalt also supported our first Stroke Prevention Day in January along with our long-term supporter, OMRON. The partnership with LoSalt raised £60,000 in total.

With gyms closed, David Lloyd provided home workout videos for us to share with more than 20,000 users on My Stroke Guide. We also started to grow a strategic partnership with Dobbies garden centres to increase awareness about the benefits of gardening for stroke survivors' physical recovery and mental wellbeing. We were delighted that over four million people saw our campaign activity with them. We look forward to continuing these partnerships over the coming year.

British Gas dispatcher Darren McNeil is one of 22 staff at the energy services and solutions provider's Planning and Dispatch Centre of Excellence in Stockport who volunteers for our Here For You telephone support service. He has been supporting a stroke survivor living in London.

"I volunteered for the Stroke Association's Here for You scheme because I thought it would be nice to give something back to the community, especially for people who have been through isolation during the lockdown.

"We talk once a week. It tends to be on a Tuesday lunchtime. The calls can last anything from 30 minutes to an hour and we discuss absolutely everything from political issues to things that have been on the telly.

"I get an awful lot out of these conversations and really look forward to speaking to him every week, hearing about his life and finding out how he's been getting on."

Our aims for **2021-22** for our three strategic goals

In the year ahead, we want to:

Drive improvements in stroke prevention, treatment and care through influencing policy and practice.

We will:

- Strengthen our relationships with decision-makers and funders in different areas of the UK, using our local knowledge and insight to better address local issues and gaps.
- Ensure we have the greatest impact by integrating our research and policy influencing teams.
- Start to close the gap in research funding for stroke compared to other conditions by using the findings of the Stroke Priority Setting Partnership (PSP) to influence organisations to direct funding where it's most needed.

Reach more people and improve the experience we give to everyone we have a relationship with.

We will:

- Offer better and more personalised support to stroke survivors and their carers by streamlining and integrating the way we deliver our services.
- Use insight to better understand the people we support and what they need from us.
- Build long-term engagement with our supporters by developing strong relationships with individual fundraisers, organisations and trusts.

Enable communities to take action on stroke that is purposeful and meaningful to them.

We will:

- Build a new strategy for participatory community development based on learnings from our current community work.
- Work with community-focused organisations to support sustainable local activities that benefit stroke survivors.

How we work

Our guiding principles



We are stroke to the core



We unleash potential



We are in the conversation



We care for ourselves as for others



We know how to make an impact

We changed the way we work to increase our impact

In 2019 we began designing a new way of working that would enable us to have greater reach and impact on the lives of people affected by stroke, while making sure that we remain financially stable. By being more agile and joined-up internally, we can make the best use of our resources, support our beneficiaries more effectively and have greater engagement with our supporters and other stakeholders. When the pandemic struck, we updated the design of our new operating model and started to change our structures, processes and culture so we can extend our reach and impact for stroke survivors, be more agile and collaborative, and become more financially sustainable. The transition to this new way of working will continue into 2021–22.

We have taken great care to put controls in place to ensure that this transition doesn't disrupt the delivery of our charitable activities, and we will measure and evaluate our new ways of working to ensure they are delivering the intended benefits.



We moved from office-based to more flexible working

As one of the consequences of our new operating model, in summer 2020 we made a decision to permanently close most of our offices.

Our staff and volunteers live in all areas of the UK. Occupancy rates of our offices pre-Covid were extremely low, as they were not necessarily in the right locations for our staff and volunteers, and the costs were unsustainable. In just over 12 months, we have successfully disposed of 56 properties and saved £500,000 which we can reinvest in supporting more people.

We have seen over the past year how technology can enable us to work remotely and level the playing field for all our people. But we have also seen that lack of opportunity for face-to-face exchanges may impact on our overall sense of belonging, connection, and innovation. We know from staff surveys that while there is little desire to return to permanent office working, our people do want informal, regular collaboration opportunities. For this reason, we aim to replace our leased offices with a strategy of hiring one-off and quality collaboration spaces in locations across the UK where people can come together.

We shaped the culture we want to see

While our new ways of working have been designed to help us be more effective in achieving good outcomes for people affected by stroke, we know that our internal culture also plays a critical role. We are committed to nurturing a positive, collaborative workplace culture that enables us to bring out the best in our people, strive for equality, diversity and inclusion, and build productive relationships with people affected by stroke, and health and care decision-makers. By role-modelling desired behaviours, inviting people to try new ways of working, and celebrating evidence of positive change, we will move our culture closer to our vision.

Our Ethical Policy commits us to behaving and making decisions in an ethical and socially responsible manner that protects our beneficiaries, demonstrates our integrity and values, and inspires public trust and confidence. It is consistent with the 'Charity Ethical Principles' from the National Council for Voluntary Organisations (NCVO).



**56 properties
disposed and
saved £0.5m**





We championed equality, diversity and inclusion

We continue to monitor diversity through our self-reporting mechanisms and engagement survey. We have improved our diversity reporting and now collect more meaningful data through our staff engagement survey. 83% of our employees feel we are an inclusive organisation, but only 8.1% of our employees self-report as being from a minority ethnic background, in the context of the UK population of 13%. We do not fully reflect the diverse communities we serve, so we still have work to do.

During the past year, we have introduced unconscious bias training. We have strengthened our staff consultation group LINK with a greater range of diversity representatives, and we have agreed a policy and action plan to become more inclusive for stroke survivors working for us. We are working on the final stages of an application to become an accredited disability confident employer. We continue to encourage participation in an online staff forum to facilitate diversity discussions across the organisation and use webinars and blogs to highlight the importance of an inclusive culture.

We adopted a Welsh language policy to ensure we are delivering the right level of service to our Welsh-speaking supporters and stroke survivors. This included a sample Welsh lesson for staff, and was welcomed by the Welsh Government's Welsh Language Minister Eluned Morgan. We are in the process of identifying how we can implement this policy over the next few years and provide a positive experience for all those who wish to communicate with us in Welsh.

By improving diversity and inclusion in our staff and volunteers, we will be in a stronger position to support people and communities facing health inequalities. Examples of inequalities in stroke include regional variations in access to stroke treatment and care, or differences in outcomes for those from more socio-economically deprived communities. We are investing in a new Diversity and Inclusion role and a Health Inequalities Specialist to help us develop a strategic approach to these areas. This work will start in 2021, using an evidence-led approach to understand the issues and how we can tackle them with the most impact.

We engaged with our people

We want our charity to be a great place to work, volunteer and grow. Our new ways of working will help shape and develop a more integrated experience for our staff and volunteers before, during, and after their time with us.

We regularly survey our volunteers and staff to understand what really matters, and to monitor engagement across the charity. This includes an annual engagement survey, and deep dives that focus on specific areas of work. Last year's survey responses were very positive, showing an increase for every question in the survey despite the ongoing operating model changes. We scored particularly well on welcoming change, as well as setting important and motivating goals.

We adjusted well to becoming a remote working organisation, responding to a desire from staff wanting more flexibility and blended approach to working. Our staff have said they feel more connected than ever before and working virtually has brought a sense of inclusion.

Our main focus has been supporting our people during the pandemic. Our May 2020 survey of staff and volunteers told us our charity is coping well, with high scores for feeling enabled, connected and supported.

Looking ahead, our people will continue to experience change as we embed new teams and ways of working. We'll continue to respond to the pandemic, focusing on engaging and supporting our people through a difficult time.

We nurtured leadership and learning

We have continued with our leadership development programme, an 18-month Chartered Management Institute Diploma course. Our first cohort of 15 middle and lower-level managers completed the course with 12 Distinctions and three Merits, an achievement we celebrated with a virtual graduation. Our second cohort are now halfway through the course and we are hoping to offer a third cohort once the operating model restructure has concluded.

We continue to make sure our staff are well trained with mandatory and compliance courses, including health and safety, running online.



We made mental health and wellbeing a priority

During the last 12 months, we've seen a dramatic impact on people's mental health and wellbeing from the pandemic, and the restrictions and social isolation it's brought.

The Learning and Development (L&D) team have prioritised our people's mental health and wellbeing by creating a support network of accredited Mental Health First Aiders (MHFAs), with 56 trained so far. Our MHFAs have supported others by blogging around mental health, creating an online staff wellbeing forum and dedicated wellbeing intranet page where people can find resources and ask questions, and supporting our programme of wellbeing training.

Every week, L&D offer mental health and wellbeing sessions that people can join remotely, themed around topics like mindfulness, building resilience, gratitude, self-awareness and kindness. We've also provided peer support, buddies and one-to-one conversations where needed. And we've put together a calendar of national events which we support at work, like Mental Health Awareness Week.

Feedback has been overwhelmingly positive about how well-supported people feel, and mental health and wellbeing now has a dedicated role in the new People Development team.

Jennifer Smith, People Development Officer

"I chose to become a workplace Mental Health First Aider (MHFA) because when my dad experienced depression, his work didn't quite know how to react to it and failed to support him effectively. It ignited my passion for promoting wellbeing in the workplace and normalising the full spectrum of mental health.

"As an MHFA, I'm proactive in reaching out and checking how people are doing. Most people really appreciate knowing there's someone at work looking out for them."



We enhanced our IT and data handling

We brought all of our analytical specialists together in one team, increasing our ability to understand all of the data assets we have and need, as well as how best to use these assets. We've got to the root of some data quality issues, increased self-managed access to data visualisations, and automated more of our reporting. We also replaced our 'State of the Nation' document with dashboards of key stroke statistics on our website.

We improved the IT services we deliver, offering new ways to support our customers and our people while operating remotely. This has included implementing remote desktop technology and web-based telephones for all staff and underpinning new customer products with enhancements to our customer relationship management (CRM) systems and digital solutions. We also enhanced the security of our IT systems, through multi-factor authentication, new web filtering, spam filtering, helpdesk and asset management tools to ensure our systems can effectively manage our data and protect us from external risks.



Our aims for **2021-22** for how we work

In the year ahead, we want to:

Improve our collection and use of data to increase the value we offer.

We will:

- Improve the function and integration of our CRM systems so we can provide the best experience for our beneficiaries, supporters and other stakeholders.
- Strengthen our data capture processes, and build our capabilities to use data and evidence to inform decision-making.
- Use more accessible tools and systems to make it easier for our people to find and use data and insights.

Encourage positive shifts in how we work.

We will:

- Focus on areas like diversity and inclusion that can improve how we work together and make the most of our potential.
- Try different ways of working within teams and with people with lived experience of stroke.
- Measure and celebrate positive cultural change through perception surveys and by collecting evidence of changes in attitudes and behaviours.

Get the best out of our new ways of working.

We will:

- Support our new teams as they embed and adapt to new ways of working.
- Improve processes and resolve blockages so we can work more effectively towards our goals.
- Establish effective remote working arrangements that support teams to come together and collaborate.

Financial review for the year

Overall, the value of our reserves increased by £2.7 million (2019–20: decrease of £3.1 million) during the year to £21.4 million (2019–20: £18.8 million). This was due to an operating surplus of £0.4 million (2019–20: £2.9 million deficit) and a gain on investments of £2.2 million (2019–20: £0.2 million loss). The surplus was £6.2 million better than the worst-case scenario we planned for at the start of the pandemic. This was due to cost-saving measures including a recruitment freeze, furloughing staff and sadly, staff redundancies. Our income was better than originally anticipated because of the £1.3 million Government grant to support pandemic-related stroke services (see note 1 – Donations and legacies) and £1.2 million of Government furlough funding (see note 5 – Other income). Our cashflow benefitted from the slowdown of research activity due to the pandemic.

Income

Our principal sources of revenue are legacies, fundraising activities and community services contracts. Our total income for the year was £34.6 million (2019–20: £35.6 million). The pandemic caused falls in all income areas except trusts. Legacy income this year was £12.1 million (2019–20: £12.7 million – see note 1); while the legacy pipeline continues to strengthen in line with the record number of pledgers and deaths, lockdown restrictions have delayed the processing of legacies. Other fundraising activities

contributed £10.2 million (2019–20: £11.6 million – see note 1) of gross income, which primarily reflects the income lost from the cancellation of our Resolution Runs and mass participation events such as the London Marathon. We received significant governmental support including £1.3 million to maintain services to stroke survivors during the pandemic (see note 1), and £1.2 million in UK Government furlough scheme grants (see note 5).

Our community services contracts are a direct help to stroke survivors, their families and carers and a major source of

income and expenditure. Community services contract income achieved £10.3 million (2019–20: £10.2 million).

The net effect of realised and unrealised movements on our charity's investments was a gain of £2.2 million (2019–20: net loss of £0.2 million), and £1.4 million was drawn down to fund the immediate cash shortage at the start of the pandemic. The unrealised gain on investments was principally due to the increase in global share prices during the second half of 2020.

Expenditure

Total expenditure was £34.1 million (2019–20: £38.5 million), including £26.5 million (2019–20: £29.6 million) on charitable activities supporting the key objectives of the charity, and £7.6 million (2019–20: £8.9 million) on raising funds. The commercial trading operations carried out through the Stroke Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £40,000 (2019–20: £203,000) to net income as detailed in note 3. We paid out £1.2 million to support research projects (2019–20: £3.8 million) as detailed in note 7; the fall was due to the impact of the pandemic on university research activities. New research grants approved were £1.5 million (2019–20: £1.1 million), which was a 50% cut compared to our original plans and long-term research commitments as a result of the

necessity to cut expenditure in light of the immediate financial crisis, caused by the pandemic. Our decision to move to remote working will reduce property costs in future years. In 2020–21, property costs included the costs of early termination of leases, charges for onerous leases and for the impairment of leasehold improvements. Despite these extra charges, property costs fell to £2.6 million (2019–20: £2.7 million).

Outlook

We allowed for a deficit of up to £5.8 million should a fall in income of £7.0 million materialise as a result of the pandemic. With the support we received, income fell by £1.0 million and cost-saving measures significantly reduced staffing and travel costs. The overall result showed an improvement of £6.2 million compared to our revised plan and we achieved a £0.4 million surplus.

For 2021–22, we are planning for a deficit of £1.0 million, of which £0.7 million is for transition costs as we deliver a new operating model, which we can fund from existing reserves. These include the costs associated with new IT projects and redundancies. In addition, we have allowed for three months' operation under the existing structure. The new structure will allow us to break even on operating income and expenditure in future years, which is reflected in our three-year financial plan.

Balance sheet

The consolidated balance sheet shows total group funds of £21.4 million (2020: £18.8 million). Included in total funds are £3.4 million (2020: £3.3 million) of restricted funds. These monies have either been raised for, and their use restricted to, specific purposes, or they comprise donations subject to donor-imposed conditions. Full details of these restricted funds are in note 28 to the financial statements, together with an analysis of movements in the year. Unrestricted funds of the charity at 31 March 2021 amounted to £18.0 million (2020: £15.4 million) of which £2.3 million (2020: £2.6 million) has been designated for transition projects and other activities, and £3.3 million (2020: £4.0 million) that represents our fixed assets. Our free reserves have increased by £3.7 million (2020: £3.4 million decrease) from £8.8 million (2020) to £12.5 million.

Impact of Covid-19

The main impact of Covid-19 in the 2020–21 financial statements is the reduction in events and regional fundraising income due to the cancellation of our Resolution Runs series and mass participation of public events resulting in a fall of £1.7 million to £0.9 million (2019–20: £2.6 million). Our investment portfolio recovered from the pandemic-related crash of stock markets that occurred in March 2020, gaining £2.2 million (2019–20: £0.2 million loss). In addition, legacy income was delayed from both

2019–20 and 2020–21 into 2021–22 due to capacity constraints at HMRC, the Probate Office and solicitors' firms.

In response to Covid-19 and the subsequent pandemic, we furloughed staff members, applied successfully for UK Government grants totalling £2.4 million of which £1.2 million related to the UK Government furlough scheme, and made redundancies in our regional fundraising teams. We also received £0.2 million from NHSE/I and £27,000 from Public Health Wales to run the Here For You service.

We also pressed ahead with our operating model changes and instigated a recruitment freeze in order to keep costs under control and to ensure that we could minimise future compulsory redundancies.

Going concern

The trustees are of the view that the Stroke Association is a going concern as there are adequate resources available to fund the charity's activities for the foreseeable future. Ensuring the long-term financial viability of the charity and its status as a going concern throughout the pandemic has been a significant undertaking for trustees and management. This has involved continued analysis of the emerging context, regular monitoring of the situation and adjusting plans, forecasts and budgets as the situation evolved. Our strong opening reserves served their purpose as they allowed the charity to make decisions that protected our support to stroke survivors in the short-term, while maintaining our status as a going concern and ensuring the long-term viability of the charity.

The trustees considered the effects of the Covid-19 pandemic on the charity's operations and, due to the financial support we received and actions taken to reduce costs, have concluded that the financial impact is likely to be limited, and this is evidenced by the small surplus for the year. Following the advice issued by the UK governments in March 2020 regarding employees working from home and other social distancing measures, we implemented a detailed plan that enabled effective operations to continue while employees were not physically present in the charity's offices. Subsequent to that decision, trustees approved a plan to permanently move to

remote working, with the large majority of staff working from home, except for those who cannot do so.

Trustees acknowledge and recognise the continuing impact of the Covid-19 pandemic on the future operations of the charity, its beneficiaries, partners and stakeholders and on wider society, and have taken steps to ensure continued resilience. As well as the personal risk to the health of its staff, the charity is rebuilding its offerings to supporters and beneficiaries to take account of the new circumstances. Currently, however, we do not anticipate that the overall financial position of the charity envisaged before the pandemic will be adversely affected or its financial solvency threatened.

Reserves policy

The Stroke Association has no endowment funding, being largely dependent for income upon donor funding, including legacies. These income streams are subject to fluctuation from year to year. As a result, the trustees believe our charity should hold reserves to provide protection against such fluctuations and enable us to continue operating in all circumstances and following all eventualities including, inter alia, any significant unexpected fall in income. In addition, we face risks (such as the impact of a future pandemic). We need reserves to ensure that we can respond to unforeseen events, without jeopardising our ability to continue to support people affected by stroke and

meet our obligations as they fall due.

The trustees reviewed the existing reserves policy in March 2021 and concluded that a risk-based reserves policy was the most appropriate way of managing reserves. The policy states that the Stroke Association should keep sufficient reserves to cover:

- Restricted reserves.
- Any major designated funds to support the future development of the Association, to ensure continuity of the UK Stroke Forum and to ensure the financial independence of stroke groups across the country.
- Fixed assets reserves.
- Free reserves to cover:
 - o Working capital needs.
 - o Weighted risk requirements.

The weighted risk reserve requirement is based upon the expected cost should a risk arise. This is weighted by the likelihood of the risk occurring. These risks are considered as part of the risk register, as explained below under Principal Risks and Uncertainties.

The calculation of this cover under the reserves policy at 31 March 2021 is as follows:

	£'000	£'000
	At 31 March 2021	At 31 March 2020
Total reserves (charity only)	21,399	18,742
Restricted funds	3,358	3,324
Designated funds	2,262	2,618
Fixed asset funds	3,293	4,014
Free reserves	12,486	8,786
Reserves Requirement		n/a
Working capital	2,000	
Risks	7,000	
Total reserves required	9,000	
Excess or deficit (-0) against policy	3,486	

The excess of reserves over the risk requirement will be partly used to fund the planned operating deficit of £1.0m in 2021–22.



Investment policy

The charity has a portfolio of investments with a market value at 31 March 2021 of £20.6 million (2020: £19.4 million). £1.4 million (2020: £5.0 million) was drawn down from investments during the year to maintain liquidity at the onset of the pandemic.

The investment strategy is set by the trustees and takes into account income requirements, the risk profile and the investment managers' view of market prospects in the medium term. This was reviewed in 2019–20 in light of the reserves policy and three-year plan, and the existing long-term investment objective to achieve total returns of RPI +3% through a diversified portfolio of assets, while maintaining a prudent and balanced investment strategy, was retained.

In addition, the portfolio holds around £1.0 million in cash or highly liquid assets to cover short-term cash demands. In addition, we have negotiated a £1.0 million overdraft facility with Barclays to prevent the sale of long-term investments for short-term cash demands.

A committee of trustees meets regularly with the investment managers to review the performance of the portfolio and the investment strategy.

Post year end, trustees approved an ethical and responsible investment policy to ensure that our investment decisions reflect our values as a stroke charity and a socially responsible investor.

Principal risks and uncertainties

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

We take a balanced approach to considering risk, taking steps to minimise the likelihood and impact of risk wherever possible and providing reserves to cover risks, while acknowledging that exposure to risk is inevitable and should not prevent our charity from pursuing new opportunities. The trustees believe that by monitoring reserve levels, ensuring controls exist over key financial systems and processes, and examining the organisational risks the charity faces on a regular basis as documented in the charity's Risk Register, risks can be mitigated and effectively managed. The Risk Register is regularly reviewed by the Executive Team and monitored by the Audit and Risk Committee and the Board. Risks are ranked on a score allocated by assessing the level of impact and likelihood.

Every risk on the register has been assessed in the light of Covid-19 and a number of risk ratings and controls have been adjusted. The top ranked risks at the end of 2020–21 were:

- A successful security breach due to a cyber-attack. Cyber-attacks are increasing in frequency and sophistication and could potentially disable the charity's IT systems.

To mitigate the risk, we have a continuous improvement program to keep our technology defences against cyber security risks under review. We have implemented new ways of controlling spam, web access and administrative access control using Multi-Factor Authentication. We have been removing vulnerable services and have concluded annual penetration testing. Our charity achieved Cyber Essentials accreditation, and will be moving toward Cyber Essentials Plus accreditation and incorporating principles from the ISO27001 Information Security Management System framework. We have also recently employed a dedicated resource for managing our cyber security risk.

- Failure of the investment in fundraising to deliver the required returns and the charity continues to run at a deficit. Mitigation comes from regular scenario-based financial modelling, and improvements we are making to better understand the needs of different customer groups, monitor the performance of our fundraising activities and be more responsive to new opportunities.
- Breach of our duty of care to our volunteers and beneficiaries. Mitigation comes from effective HR policies, health and safety policies and safeguarding procedures, as well as appropriate management systems and an effective compliance framework to ensure that we comply with all legal and

regulatory requirements and good practice.

- Fraud: we have seen several external attempts to defraud the Association through phishing, vishing and other sophisticated scams. We counter this threat through fraud prevention training provided by our bankers for all finance staff who handle payments; online fraud awareness training for all staff; internal controls that are reviewed by internal audit; and by having a fraud response plan that advises staff how to act if they detect or suspect a fraud.

Structure, governance and management

The 'Trustees' report' has been prepared in accordance with Part 8 of the Charities Act 2011 and the requirements of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102. It also meets the requirements for a directors' report set out in the Companies Act 2006. Sections on 'Financial review for the year' and 'Principal risks and uncertainties' included within the 'Trustees' report' meet the requirements for a strategic report as outlined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013. The financial statements have been prepared in accordance with the accounting policies set out from page 133 of the attached financial statements.

Status

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

Governing document

The charity is governed in accordance with its Articles of Association (last amended 18 November 2019).

Objects of the charity

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

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

Trustees and governance

The trustees govern our charity. They are responsible for:

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

Collectively our trustees constitute the Board of the Stroke Association. The Board meets at least four times a year and delegates certain matters to committees. We have the following committees:

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

governance of the charity (including the composition of the Board and the recruitment and induction of trustees) and the pay, benefits and conditions of service for our employees.

Our charity complies with the Charity Governance Code for Large Charities in relation to its governance arrangements. The charity reviews its governance arrangements against that code on an annual basis. During the year 2020–21, we complied fully with the code except that the size of our Board is larger than recommended in the code in order to reflect the breadth of our activities and geographical spread. However, the charity is committed to reducing the size of the Board over time, while maintaining an appropriate mix of skills and diversity. During the year three trustees stood down, bringing the total number to 15, close to our intended target.

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

The Companies (Miscellaneous Reporting) Regulations 2018

1. The role of directors and trustees

Members of our Board of Trustees are the charity's trustees and also act as company directors. They are responsible for overall governance in accordance with the provisions of the Companies Act 2006 and Charities Act 2011. Each member has a duty to act in a way to promote the charity's purposes.

2. Communicating with staff

The charity ensures ongoing information sharing and dialogue, by internal electronic communications as well as regular all-staff virtual meetings.

All managers are expected to hold regular one-to-ones with their staff and open communication is encouraged.

Management and staff negotiate and consult via LINK, our staff consultation forum.

Additional details of how the charity communicates with its staff is provided later in this report.

3. Statement of public benefit

The trustees confirm that they have complied with their duty in Section 4 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit, 'Charities and Public Benefit'. That guidance addresses the need for all charities' aims to be, demonstrably, for the public benefit. For the charity that

is reflected in the objects of the charity, as well as by its activities as illustrated in the Strategic Report. Wherever appropriate, the views and opinions of beneficiaries are sought in the design and implementation of programmes, with the aim of ensuring that these are targeted to people in need, also taking into account an assessment of their needs and evaluating and assessing the beneficial changes.

Further detail of how the charity complies with these duties and how it engages with other stakeholders, including funders and the wider community, can be found elsewhere in this report.

Recruitment and appointment of trustees

The charity maintains and regularly reviews the skills and diversity of its trustee Board and uses this to guide our recruitment for trustees and members of our committees. This helps us ensure that our Board and committees have a strong and diverse mix of people, skills and expertise, and supports our succession planning.

Trustees are recruited using a rigorous and competitive process set out in our Trustee Recruitment Policy. This generally includes public advertising, and may include the use of executive search specialists to identify suitable candidates. Selected candidates attend interviews.

In 2020–21, the Board appointed one new trustee in accordance with Article 60 of our Articles of Association. Three trustees resigned or retired during the year.

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

Trustee induction and development

New trustees receive induction training to inform them about the charity and our work, and to ensure an appropriate level of understanding of charity governance and the legal duties of charity trustees.

Our Board development programme ensures that all trustees have access to ongoing training, using internal and external resources to support them in the discharge of their duties and responsibilities.

Trustees and non-trustee independent advisors

The following trustees were in office at **31 March 2021** and served throughout the year, except where stated.

Trustee	Trustee officers	Appointed/ resigned/ retired	Committee membership at the year end
Dr David Buckle MBBS DRCOG MRCP	Vice Chair (Medical)		GRC, ARC, IC, FPC
Professor Avril Drummond PhD MSc Dip COT FCOT			ARC
Robert J Empson MBA		Retired 5 October 2020	ARC
Stuart Fletcher OBE MA AMIHM		Retired 15 December 2020	FPC
Ed Garcez			FPC
Katherine Gillespie MA MSc			FPC
Ceri Jackson		Appointed 5 October 2020	FPC
Professor Martin James BM MRCP MD CCST FRCP			
Stephen King MBA FCMI	Chair		GRC (Chair), FPC
Ian Lee BA (Hons) CA			ARC (Chair), GRC
Michael Lynagh AM D.Uni Griff		Resigned July 2020	IC
Harvinder Rattan ACCA			FPC
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO			
Helen Sanders MSc			FPC (Chair), GRC, IC
Niraj Shah MA (Cantab) CFA			IC (Chair)
Mark Smith Grad. Dip. Phys MPhil MCSP			
Stephen Torrans			GRC
Peter Troy MBE	Vice Chair (Lay)		GRC, ARC, IC, FPC

The following non-trustee independent advisors (committee members) were in office at 31 March 2021 and served throughout the year.

Trustee	Appointed/ resigned/ retired	Committee membership at the year end
Liz Stanley		ARC
Charles Maisey		IC
Victoria Hoskins		IC

Committee membership key

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

- ARC – Audit and Risk Committee
- FPC – Financial Performance Committee
- IC – Investment Committee
- GRC – Governance and Remuneration Committee

Statement of responsibilities of the trustees

The trustees are responsible for preparing the 'Trustees' report' and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and the group and of the income and expenditure of the group for that period.

In preparing financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities, preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102).
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy the financial position of the charity and which enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and the Charities Accounts (Scotland) Regulations 2006. The trustees are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Each of the trustees confirms that:

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

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

This information is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

Management team

The following members of the Executive Directors Team were in office at **31 March 2020**:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Bridget Bergin BA (Hons) MBA	Executive Director of Stroke Support (until 30 September 2020)
Dominic Brand BSc (Hons)	Executive Director of Marketing and External Affairs
Andrew Cook BSc (Hons) MSc (Cantab)	Executive Director of Income Generation
Christopher Fyfe BSc MSc CPFA	Interim Chief Financial Officer (until 18 May 2020) Executive Director of Finance and Procurement (from 18 May 2020)
Christopher Rennison CIPD FCMI	Executive Director of People and Organisational Development
Hilary Reynolds CBE BA (Hons) MBA	Executive Director of Strategy and Research (until 20 November 2020)

As part of our new operating model, the composition and responsibilities of our Executive Directors Team changed in August 2020 and the team now comprises:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Dominic Brand BSc (Hons)	Executive Director, Strategy, Insight and Technology
Andrew Cook BSc (Hons) MSc (Cantab)	Executive Director, Customer Experience
Christopher Fyfe BSc MSc CPFA	Executive Director, Finance
Alexis Kolodziej BA	Executive Director, Locality Impact (with effect from 28 September 2020)
Rubina Ahmed BSc MSc PhD	Executive Director, Locality Impact (maternity cover from 25 January 2021)
Barry Macaulay BEM BSc (Hons) Dip SW MSW	Executive Director, Locality Impact (maternity cover from 25 January 2021)
Christopher Rennison CIPD FCMI	Executive Director, People

(See stroke.org.uk/our-people for more information about our management team.)

Our people

We're pleased that our staff and volunteer turnover remains low.

Voluntary turnover for the 12 months up to March 2021 was 8.25% (2019–20: 16%). Our sickness absence also remained low – 1.3% for the 12 months up to March 2021 (2019–20: 2.25%). We have recruitment controls in place while we review our operating model, to ensure we manage our overall establishment costs and to protect our people as we prepare for organisational changes.

We regularly consult employees via LINK, our staff consultation forum. LINK consists of 15 representatives from around the organisation, covering all levels and localities. It also includes protected chairs for stroke survivors and people affected by disability, to ensure everyone has their voice heard. We have also strengthened LINK with a greater range of diversity representatives.

The LINK Chairs lead the group, and standing membership includes the Executive Director of People, with regular attendance by the Chief Executive and other Executive Directors. We usually hold LINK meetings four times a year, but at times of significant change, meetings are more frequent to allow time for true collective consultation, policy development and impact discussion.

LINK reviews remuneration, and changes affecting all employees are discussed in

depth. There is LINK representation on our Pension Governance Board that includes the Chair of Trustees, Safeguarding Governance Board and other groups to ensure our people are at the heart of our organisational decisions.

We also hold regular 'Ask Juliet' webinars for the whole organisation. Led by our Chief Executive Juliet, and co-delivered with other directors, these webinars enable all of our staff to hear about the progress of the organisation, proposed changes and challenges we face, and give everyone the opportunity to question the top team. We hold similar sessions for volunteers, so they can get updates and can feed back experiences and suggestions.

Our approach to pay

Over the past four years, we've made significant improvements to our pay and benefits to bring them in line with the wider charity sector, helping us to attract and retain the best people and keep colleagues engaged throughout their employment.

We're committed to being open and transparent about the work that we do and about the money that we raise and how we spend it. We have 726 staff and over 2,500 volunteers across the UK, including Jersey and the Isle of Man.

We believe the charity sector should not and cannot compete with the commercial sector on pay. However, we believe our pay structures should ensure we attract and retain the right skills and experience needed to operate as a cost-effective and professional charity delivering on our ambitions.

We ensure our roles are paid at a similar level to other roles in the sector and that we use relevant benchmarking information from charity sector pay and benefit surveys when we set pay. In April 2020 we addressed the disparity across the organisation on pension contributions and now have the same terms and conditions and pay grading principles for all of our people, including our Executive Directors and Chief Executive.

Executive pay

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

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

Performance of our Chief Executive and Executive Directors is assessed against the same criteria as all other employees as part of our annual performance and development reviews and pay award process.

For the reason of transparency and openness, we believe it is important to publish the details of our executive roles as follows:

- Chief Executive Officer £141,051, which falls within the median salary range for the sector.
- The salaries of our Executive Directors fall within a range of £83,787 and £107,861 depending on their experience and market benchmark.

We did not award a pay increase in 2020–21 due to the financial uncertainty caused by the pandemic. However, for the small number of staff who are our lowest earners, we continued to meet our commitment to the real Living Wage.

Gender pay gap

Across all our paid colleagues, we are 83.8% female and 16.2% male. Our mean gender pay gap is 16.5%. This is similar to the UK average of 16.2%. Our median gender pay gap is 13.7%, lower than the UK average of 17.3%.

To improve our gender pay gap, we need to have a more even distribution of men across all levels of our organisation and have more women in roles whose standard hourly rate is above the median. Our gender pay gap quartile information shows us that we have proportionately more men in higher paid roles, and more women in lower paid roles, such as Stroke Coordinators and administrators.

This reflects wider societal employment trends, such as a higher proportion of women working in the care sector in lower-paid roles. This data can also be explained by an over-representation of men in some technical, and traditionally higher-paid, roles.

We've been working hard to develop and implement different ways of working that should help us to reduce our pay gap over time:

- Our strategic principles commit us to harnessing the value and diversity that everyone brings to help deliver our goals. And to fostering a culture of mutual respect and empowerment.
- Our values commit us to recognising and promoting everyone's

individuality with kindness.

- We are reviewing the experience that our people have, from attraction to recruitment and development throughout their time with us. We're determined to remove any obstacle to inclusion.
- In addition to the enhanced maternity and paternity pay we introduced last year, we've introduced a parental peer support programme to help new parents in the workplace.
- We've also committed to ensuring that there is a female panel member on any interview for a senior role within the organisation, with the aim of increasing female representation within senior roles or teams where there is low female representation.

Our full report is available at stroke.org.uk/genderpay20.

Equal pay

Equal pay is a contractual right, which means that people have a right to be paid equal pay for doing equal work.

We've completed an equal pay review to identify any equal pay issues. Our latest audit carried out in 2020 concluded that, with the exception of two minor cases which we've addressed, there are no equal pay issues. Audits are carried out every two years.

Energy and carbon reporting

UK energy use and associated greenhouse gas emissions

We are pleased to report our current UK-based annual energy usage and associated annual greenhouse gas ("GHG") emissions pursuant to the Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018 ("the 2018 Regulations") that came into force on 1 April 2019.

Organisational boundary

In accordance with the 2018 Regulations, the energy use and associated greenhouse gas emissions are for those within the UK only that come under the operational control boundary. Therefore, energy use and emissions are aligned with financial reporting for the Stroke Association. There are no non-UK based subsidiaries that would not qualify under the 2018 Regulations in their own right.

Reporting period

The annual reporting period is 1 April to 31 March each year. Due to the differences in reporting boundaries between the Energy Savings Opportunity Scheme (ESOS) and the 2018 Regulations, we have opted not to voluntarily report on energy

consumption and emissions back to 1 April 2018.

Quantification and reporting methodology

The 2019 UK Government Environmental Reporting Guidelines and the GHG Protocol Corporate Accounting and Reporting Standard (revised edition) were followed. The UK Government GHG Conversion Factors for Company Reporting were used in emission calculations for each respective reporting year. This report has been reviewed independently by Briar Consulting Engineers Limited.

The energy data was collated via existing mechanisms where related to transport. Building energy data, where directly metered by a supplier, has largely made use of the supplier's invoices, however the majority of our buildings are not supplied in this way with energy being included within the rental or service charge which necessitates the use of benchmark data.

The emissions are divided into mandatory and voluntary emissions according to the 2018 Regulations, then further divided into the direct combustion of fuels and the operation of facilities (scope 1), indirect emissions from purchased electricity (scope 2) and further indirect emissions that occur as a consequence of company activities (scope 3).

Estimations

Estimates of energy consumption, based on published benchmarks, have been used where energy consumption data is not available from either suppliers or landlords. In some cases, data has been pro-rated to match the reporting period.

Base year

The year April 2019 to March 2020 is chosen as the base year. The base year has been recalculated following significant changes within the charity, as well as changes in methodology and improvements in the accuracy of data.

Breakdown of energy consumption used to calculate emissions (kWh):	2020–21 March 2020	2019–20 (base year)
Natural gas	405,507	1,095,882
Purchased electricity	746,780	866,427
Transport fuels	40,358	1,241,305
Total energy (mandatory)	1,192,645	3,203,614

Breakdown of emissions associated with the reported energy use (tCO ₂ e)	2020–21	2019–20 (base year)
Scope 1		
Natural gas	74.6	201.5
Transport – Company-owned vehicles	0.2	22.8
Scope 2		
Electricity (location based)	174.1	221.5
Scope 3		
Transport – Employee-owned vehicles	9.8	327.7
Total gross emissions	258.7	773.5
Intensity ratio (mandatory emissions only)		
Tonnes of CO₂e per employee	0.4	0.97

Intensity ratio

The intensity ratio is total gross emissions in metric tonnes CO₂e (mandatory emissions) per employee. This metric is considered the most relevant to the charity's energy-consuming activities and provides a good comparison of performance over time.

Energy efficiency action during current financial year

The management of resources is an important issue for the charity. In the period 1 April 2020 to 31 March 2021, the charity has undertaken the following actions to improve energy efficiency:

- In light of the Covid-19 pandemic we have taken the opportunity to evaluate our use of commercial office space and have rationalised our portfolio which has led to a significant reduction in energy use and associated emissions (circa 175 tCO₂e for the period).
- A further consequence of the pandemic has been a very significant reduction in business travel, with video conferencing being used instead in line with the business travel policy implemented in the previous reporting period.

Compliance information

Governance and compliance

Each year in June/July the Board receives an annual compliance report, a consolidated report covering all compliance issues affecting the charity, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements,

complaints, health and safety, and GDPR readiness. The latest report in June 2021 showed strong overall compliance. Improvements made in the last year include changes to our policies and procedures, including in relation to Whistleblowing, Complaints Resolution, Vulnerability in Fundraising, and Gambling Social Responsibility. We also implemented a new and stronger programme of compliance reviews in relation to fundraising.

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

This year we reviewed and amended the role and remit of the Advisory Groups in Scotland, Wales and Northern Ireland. Their terms of reference set these as advisory bodies, which will provide a channel for supporters (both stroke survivors and professionals) to support and advise the Associate Director for the country, and enhance our relationship building and support from other individuals and organisations within the country.

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

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

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

In response to a regulatory alert from the Charity Commission, issued to the sector in relation to governance surrounding safeguarding, we did an internal audit of our safeguarding and whistleblowing activities and this provides us with significant assurance that our policies and procedures are robust and fit for purpose. As part of this we strengthened our whistleblowing policy. The Charity Commission checked our safeguarding and whistleblowing arrangements and confirmed that no further changes needed to be made.

We recorded 100 reported safeguarding cases in 2020–21. None of these cases relate to our employees or volunteers; rather, these are safeguarding issues that we identify in the lives of beneficiaries that we support. An overview of cases is discussed at our Safeguarding Governance meeting every quarter, where organisational learning is shared and also reported to the Board through the annual governance report.

We had no whistleblowing cases in 2020–21.

Serious incidents and fraud

In this financial year we had one serious incident that we needed to report to the Charity Commission. It related to an attempt to defraud our charity and/or one of our suppliers. The Charity Commission confirmed

that we were dealing with the matter appropriately and responsibly, and that no enforcement action would be undertaken.

Data protection

In line with ICO recommendations, we have established an Information Governance Board. Our Chief Executive chairs the Information Governance Board, and data protection is discussed regularly at Executive Director Team and Board meetings. Our Associate Director of Legal and Governance is the charity's Data Protection Officer.

In this financial year, we have reviewed all our legitimate interest assessments and have refined our approach to consent for the purposes of receiving fundraising communications and for offers of support to beneficiaries. We also removed significant amounts of redundant personal data from our systems following improvements to our data retention processes. In the next financial year, we will ensure 'privacy by design' in relation to our proposed major investments in technology and will also review our privacy policy to ensure it properly covers all our proposed activities going forward.

Fundraising

We employ a range of fundraising approaches to raise money, for example by working with corporate

supporters, philanthropists, trusts and many generous individuals who donate through our appeals and take part in fundraising events. Our fundraising teams lead on this work and engage professional fundraising agencies to support their work, for example in door-to-door and telephone fundraising.

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to undertake fundraising on our behalf, such as face-to-face, door-to-door and telephone activities, we are continually monitoring and reviewing our activities to make them as effective as possible. In line with the Fundraising Regulator's recommendations, we also monitor our agencies through a combination of training fundraisers around our standards and high expectations, regular meetings and 'mystery shopping'. During this financial year, we fully adhered to all guidance issued by the Fundraising Regulator and the Chartered Institute of Fundraising in relation to Covid-secure public fundraising.

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

Our supporter promise

We communicate with our supporters in many ways, including appeal letters,

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

Fundraising regulation

We're registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have a dedicated monitoring programme in place to ensure compliance with the Code and with best practice in fundraising generally. We strive for best practice in fundraising and comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 2018, UK GDPR and the Privacy and Electronic Communications Regulations 2003. We also screen against the Telephone Preference Service, the Mail Preference Service and the Fundraising Preference Service. We have set up an annual programme of compliance reviews of all our segments of fundraising activities.

Complaints and feedback

We are keen to hear from our beneficiaries and stakeholders if they believe there is something we did not get right, so we can learn where we can improve. Our complaints policy and procedures make it easy for people to raise concerns with us and help us to resolve complaints quickly and efficiently. We also undertake regular 'lessons learned' meetings to better understand where we can develop in the future.

During the year, we received a total of 132 complaints. This is again less than in previous years. Of these, 91 complaints related to our fundraising activities (2019–20: 78). None of these complaints related to breaches of the law or regulatory obligations. The highest number of complaints was around direct marketing (27 complaints) and door-to-door fundraising activity (34 complaints) being unwanted by the complainants.

In relation to our support services, we received 37 complaints, down four from last year. Common themes include a breakdown in communications or a lack of clear expectations provided to beneficiaries. We also received complaints from beneficiaries about technologies, such as accessing Zoom, email communications and online surveys. We also received four complaints about our policy position on Covid vaccinations.

We have learned from these complaints, working with managers and staff to ensure we are giving clear messages and that our literature says with certainty what our service users can expect from us. Learnings are also used in guidance and training for our staff.

This report constitutes the statutory reports described on page 104.



Stephen King
Chair of the Board
Approved on 7 October 2021.

Legal and administrative details

Patron	Her Majesty The Queen
President	HRH The Duke of Kent KG GCMG GCVO
Vice Presidents	Professor Tony Rudd CBE MA (Cantab) MB BChir FRCP Professor Sir Charles George MB ChB MD Professor Averil Mansfield CBE MB ChB ChM Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP Jon Barrick MBA DPRP (h.c.) FCMI Professor Pippa Tyrrell MBE MD FRCP
Chair	Stephen King MBA FCMI
Trustees	As listed on page 108
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the management team	As listed on page 111
Company Secretary	Jan-Willem Jonker

Registered office

Stroke Association House
240 City Road
London
EC1V 2PR
Telephone: 020 7566 0300
Website: stroke.org.uk
Email: info@stroke.org.uk

Company registration number

61274 (England and Wales)

Charity registration numbers

211015 (England and Wales)
SC037789 (Scotland)
945 (Isle of Man)
221 (Jersey)

Auditor

Buzzacott LLP
130 Wood Street
London
EC2V 6DL

Bankers

Barclays Bank PLC
1 Churchill Place
London
E14 5HP

Investment managers

Waverton Investment Management
16 Babmaes Street
London
SW1Y 6AH

Independent auditor's report

Opinion

We have audited the financial statements of Stroke Association (the 'charitable parent company') and its subsidiary (the 'group') for the year ended 31 March 2021 which comprise the group statement of financial activities, group and charitable parent company balance sheets, group statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the charitable parent company's affairs as at 31 March 2021 and of the group's income and expenditure for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting

- Practice.
- Have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and charitable parent company's ability to continue as a going concern for a period of at least 12 months from when the financial statements are

authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report and financial statements, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other

information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' report, which is also the directors' report for the purposes of company law and includes the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The trustees' report, which is also the directors' report for the purposes of company law and includes the strategic report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the charitable parent company and its environment obtained in the course of

the audit, we have not identified material misstatements in the trustees' report including the strategic report.

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

- Proper and adequate accounting records have not been kept by the charitable parent company, or returns adequate for our audit have not been received from branches not visited by us; or
- The charitable parent company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a

true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and the charitable parent company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the charitable parent company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate,

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

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

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- The engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations.
- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and charitable parent company and determined that the most significant frameworks which are directly relevant to specific assertions in the financial statements are those that relate to the reporting framework (Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in

- the United Kingdom and Republic of Ireland (FRS 102), the Companies Act 2006 and the Charities Act 2011) and those that relate to data protection (General Data Protection Regulation).
- Identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the group and charity's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- Making enquiries of key management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud.
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- Performed analytical procedures to identify any unusual or unexpected relationships.
- Tested and reviewed journal entries to identify unusual transactions.
- Tested the authorisation of expenditure, ensuring expenditure was approved in line with the group and charitable parent company's financial procedures.

- Assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias.
- Investigated the rationale behind significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- Agreeing financial statement disclosures to underlying supporting documentation.
- Reviewing the minutes of meetings of those charged with governance.
- Enquiring of management as to actual and potential litigation and claims.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

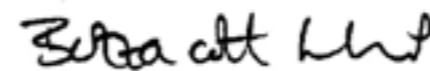
Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the

Financial Reporting Council's website at [frc.org.uk/auditorsresponsibilities](https://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charity's trustees as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Katharine Patel (Senior Statutory Auditor)

For and on behalf of Buzzacott LLP, Statutory Auditor
130 Wood Street
London
EC2V 6DL

Date: 11 October 2021

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Consolidated statement of financial activities (including an income and expenditure account) for the year ended 31 March 2021

	Notes	Un-restricted funds £'000	Restricted funds £'000	2021 Total funds £'000	Un-restricted funds £'000	Restricted funds £'000	2020 Total funds £'000
Income from:							
Donations and legacies	1	18,616	3,682	22,298	22,188	2,087	24,275
Charitable activities - community services	2	3,031	7,234	10,265	315	9,890	10,205
Other trading activities	3	123	—	123	103	—	103
Investments	4	533	—	533	554	—	554
Other	5	202	1,152	1,354	477	4	481
Total income		22,505	12,068	34,573	23,637	11,981	35,618
Expenditure on:							
Charitable activities							
– Stroke support services	8	8,960	9,113	18,073	8,637	10,940	19,577
– Community development and volunteering	9	1,576	415	1,991	2,388	577	2,965
– Research grants and awards	7	764	1,037	1,801	681	555	1,236
– Systems influencing	10	755	54	809	941	—	941
– Awareness and engaging with stroke	11	3,052	757	3,809	4,878	—	4,878
Raising funds	6	7,126	516	7,642	8,896	—	8,896
Total expenditure	12	22,233	11,892	34,125	26,421	12,072	38,493
Net income/(expenditure) before gains on investments		272	176	448	(2,784)	(91)	(2,875)
Net gains/(losses) on investments	20	2,209	—	2,209	(247)	—	(247)
Net income/(expenditure) and net movement in funds	10-16	2,481	176	2,657	(3,031)	(91)	(3,122)
Reconciliation of funds:							
Funds brought forward at 1 April		15,430	3,324	18,754	18,461	3,415	21,876
Funds transferred in the year		142	(142)	—	—	—	—
Net movement in funds in year		2,481	176	2,657	(3,031)	(91)	(3,122)
Total funds carried forward at 31 March		18,053	3,358	21,411	15,430	3,324	18,754

All of the group's activities derived from continuing operations during the above two financial periods.


All recognised gains and losses are included in the statement of financial activities.

All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise.

Consolidated balance sheet as at 31 March 2021

	Notes	2021 £'000	2020 £'000
Fixed assets			
Tangible assets	17	2,759	3,125
Intangible fixed assets	18	534	829
Programme-related investments	19	60	60
Investments	20	20,603	19,423
Total fixed assets		23,956	23,437
Current assets			
Debtors	21	3,202	4,230
Cash at bank and short term deposits	22	6,467	2,600
Total current assets		9,669	6,830
Liabilities			
Creditors: amounts falling due within one year	23	(6,146)	(7,336)
Provisions for liabilities	25	(754)	(263)
Total current liabilities		(6,900)	(7,599)
Net current assets/(liabilities)		2,769	(769)
Total assets less current liabilities		26,725	22,668
Creditors: amounts falling due in more than one year			
Research grants payable	24,7	(5,131)	(3,625)
Provisions for liabilities	24,25	(183)	(289)
Total creditors due after one year		(5,314)	(3,914)
Total net assets		21,411	18,754
The funds of the charity:			
Unrestricted funds			
– Designated funds	26	2,262	2,618
– Fixed asset fund	27	3,293	4,014
– General funds (free reserves)		12,484	8,784
		18,039	15,416
Restricted income funds			
	28	3,358	3,324
		21,397	18,740
Funds retained within a non-charitable subsidiary	3	14	14
	39	21,411	18,754

The notes on pages 142 to 171 form part of the financial statements.

Approved by the trustees on 7 October 2021 and signed on their behalf by: 

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

Charity balance sheet at 31 March 2021

	Notes	2021 £'000	2020 £'000
Fixed assets			
Tangible assets	17	2,759	3,125
Intangible fixed assets	18	534	829
Programme-related investment	19	60	60
Investments	20	20,603	19,423
Total fixed assets		23,956	23,437
Current assets			
Debtors	21	3,299	4,217
Cash at bank and short term deposits	22	6,373	2,601
Total current assets		9,672	6,818
Liabilities			
Creditors: amounts falling due within one year	23	(6,161)	(7,336)
Provisions for liabilities	25	(754)	(263)
Total current liabilities		(6,915)	(7,599)
Net current assets/(liabilities)		2,757	(781)
Total assets less current liabilities		26,713	22,656
Creditors: amounts falling due in more than one year			
Research grants payable	7,24	(5,131)	(3,625)
Provisions for liabilities	24,25	(183)	(289)
Total creditors due after one year		(5,314)	(3,914)
Total net assets		21,399	18,742
The funds of the charity:			
Unrestricted funds			
– Designated funds	26	2,262	2,618
– Fixed asset fund	27	3,293	4,014
– General funds (free reserves)		12,486	8,786
		18,041	15,418
Restricted income funds	28	3,358	3,324
	39	21,399	18,742

The notes on pages 142 to 171 form part of the financial statements.

Approved by the trustees on 7 October 2021 and signed on their behalf by:



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

Consolidated statement of cash flows

	Notes	2021 £'000	2020 £'000
Cash flows from operating activities			
Net cash provided by/(used in) operating activities	A	2,305	(5,648)
Cash flows from investing activities			
Investment income		533	554
Purchase of tangible fixed assets		—	(41)
Purchase of intangible fixed assets		—	(64)
Purchase of equity in research joint venture		—	(60)
Proceeds from the disposal of tangible fixed assets		—	—
Proceeds from the disposal of investments		6,404	9,220
Purchase of investments		(6,183)	(4,559)
Net cash provided by investing activities		754	5,050
Change in cash and cash equivalents in year		3,059	(598)
Cash and cash equivalents at 1 April 2020	B	3,812	4,410
Cash and cash equivalents at 31 March 2021	B	6,871	3,812

A. Reconciliation of net cash flow from operating activities

	2021 £'000	2020 £'000
Net income/(expenditure) in year (as per the statement of financial activities)	2,657	(3,122)
Adjustment for:		
Net (gains)/losses on investments	(2,209)	247
Depreciation charge	330	277
Amortisation charge	250	260
Impairment of fixed assets	81	—
Dividends and interest from investments	(533)	(554)
Decrease in debtors	1,028	656
Increase/(decrease) in creditors	284	(458)
Increase/(decrease) in research grant commitments	32	(3,067)
Increase in provisions	385	113
Net cash provided by/(used in) operating activities	2,305	(5,648)

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

	2021 £'000	Cash flows £'000	2020 £'000
Cash at bank and short term deposits	6,467	3,867	2,600
Cash held by investment managers	404	(808)	1,212
	6,871	3,059	3,812

Principal accounting policies

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

Basis of preparation

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

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102) (Charities SORP FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102), the Charities Act 2011 and the Companies Act 2006.

The charity constitutes a public benefit entity as defined by FRS 102.

The financial statements are presented in sterling and are rounded to the nearest thousand pounds.

Comparative figures

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

Events after the balance sheet date

We are required to consider conditions that have arisen between the balance sheet date (31 March 2021) and the date the accounts are signed (7 October 2021). No events have arisen that require adjustment to the financial statements, impact our assessment of the charity as a going concern, or indicate a material change that has arisen since the balance sheet date.

Assessment of going concern

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

Trustees acknowledge and recognise the continuing impact of the Covid-19 pandemic on the future operations of the charity, its beneficiaries, partners and stakeholders and on wider society. As well as the personal risk to health of its staff, the charity continues to lose planned income primarily as the result of the cancellation of events, although there have been some expenditure savings. As these results show, we were able to quickly reduce costs and take advantage of government support so that we were able to deliver a surplus in this difficult year. This surplus has contributed significantly to the financial health of the charity and thus our assessment that the charity remains a going concern. We do not anticipate that the overall financial position of the charity will be adversely affected or its financial solvency threatened by the pandemic or other factors.

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

meet its liabilities as they fall due.

The most significant areas of judgement that affect items in the accounts are detailed on page 141. With regard to the next accounting period, the year ending 31 March 2022, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets (see the investment policy on page 102 and the risk management sections of the Strategic Report for more information).

The charity's three-year plan projects a maximum planned deficit of less than £1.0m in 2021–22 and return to a surplus in 2022–23. Reserves are expected to remain above the requirements specified in the revised reserves policy over the next three years (see page 99).

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

Recognising that the Stroke Association's continued ability to deliver its programme of work will depend on continued forward secured funding going into its new Business Plan period (2021–2024), the trustees have considered several factors in concluding

that the adoption of the going concern basis in the preparation of these financial statements is appropriate. These have included:

- Existing reserves and investment holdings.
- The forward pipeline of secured and prospective contract and grant awards.
- The growth of the legacy notifications and pipeline.
- The rigour of pipeline monitoring and cost controls that are in place to ensure a managed deficit in 2021–22 and a balanced budget in subsequent financial years, while still maintaining delivery of the Stroke Association's programme.
- Cash management and working capital controls in place to manage the potential risks of late payments by funders and ensure restricted and unrestricted assets and reserves are appropriately managed.

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

Basis of consolidation

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

and Income and Expenditure Account for the charity has not been presented because the charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

Income

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

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

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

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

Grants and donations from the

Government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these amount to a contract for services.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity. Entitlement to a legacy is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution.

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

being transferred to the charity.

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

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

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

Expenditure

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

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the

applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds includes the salaries, direct costs and support costs associated with generating donated income, together with the fees paid to investment managers in connection with the management of the charity's listed investments, and the costs incurred by the trading subsidiary.
- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants payable, direct and support costs including governance costs.

Grants are included in full in the statement of financial activities when the award has been approved and when the intended recipient has either received the funds or been informed of the decision to make the donation and has satisfied all related conditions. Grants approved, but not paid at the end of the financial year, are accrued for.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity

it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

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

Support costs and governance costs are apportioned on a basis consistent with the use of resources, primarily head count and expenditure ratios.

Donated services and facilities (gifts in kind)

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

Donated services with an open market value of £300,000 were received from David Lloyd Clubs during the year for promotional services but have not been reflected in the accounts as they did not meet the criteria for recognition as a gift-in-kind, on the basis that the charity would not have purchased these services on the open market.

Taxation

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

Research grants and awards

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

Tangible fixed assets

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

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

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

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

Intangible fixed assets

Intangible fixed assets comprise software, the charity's website, and other internally developed online tools. Intangible assets are valued at the cost to the charity of acquiring these assets.

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

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

Amortisation of intangible fixed assets is calculated using the straight-line method to allocate the cost of the assets over their estimated useful lives. All intangible assets are assumed to have useful lives of five years and are amortised accordingly at an annual rate of 20%. An annual impairment review is carried out for each asset after it has been brought into use to reassess its remaining useful life and that it still meets the definition of an intangible asset.

Fixed assets research joint venture

The charity accounts for its share of joint ventures using the equity method. Under this method, the joint venture is initially recognised at cost. The carrying amount is adjusted for post-acquisition changes in the charity's share of net assets in the joint venture entity through the statement of financial activities.

Fixed asset investments

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

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

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

The investment in the charity's trading subsidiary is valued at the cost of £7.

Debtors

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

Cash at bank and in hand

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

Creditors and provisions

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Where the charity identifies onerous leases, it makes an immediate provision for the unavoidable loss. The liability is recognised when there is a published or

implemented decision that the leases are no longer needed.

Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund accounting

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

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

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

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

Significant accounting estimates and areas of judgement

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

Significant areas of estimation and judgement include:

- Assessing the possibility of receiving legacies of which the charity has been notified.
- The split between current and non-current liabilities for grant awards that mainly extend over three or more years.
- Determining the basis for allocating support costs.
- The useful economic life of tangible and intangible fixed assets.
- Provisions for dilapidations on all leasehold properties, based on the cost per square foot for each property derived from a Royal Institute of Chartered Surveyors (RICS) industry average report.
- The provision for bad and doubtful debts.
- Estimating the onerous lease provisions on mothballed properties.
- Assessment of the charity's ability to continue as a going concern.

Operating leases

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

Pension costs

Contributions are paid to a group money purchase personal pension plan for employees. Contributions payable during the year are charged to the statement of financial activities.

Notes to the financial statements

1. Donations and legacies

	Unrestricted £'000	Restricted £'000	Total funds 2021 £'000	Unrestricted £'000	Restricted £'000	Total funds 2020 £'000
General donations	1,127	89	1,216	1,431	83	1,514
In memoriam	1,030	18	1,048	1,234	19	1,253
National raffle	282	—	282	309	—	309
Direct mail	1,445	—	1,445	1,493	—	1,493
Committed giving	883	470	1,353	1,055	512	1,567
Corporate income and trusts	781	837	1,618	946	517	1,463
Events	886	3	889	1,347	—	1,347
Regional fundraising	55	—	55	1,139	115	1,254
Gift Aid	668	1	669	889	5	894
Legacies	11,413	651	12,064	12,307	367	12,674
Grants	46	360	406	27	469	496
Covid-19 related grants	—	1,253	1,253	—	—	—
Miscellaneous income	—	—	—	11	—	11
Total	18,616	3,682	22,298	22,188	2,087	24,275

2. Charitable activities

Community services income, which mainly comes from Stroke Recovery and Communication Support services, was £10,265,000 (2019–20: £10,205,000). All income from community services in the prior accounting period was restricted.

3. Other trading income

The Stroke Association owns seven ordinary shares of £1 each (100%) of Stroke Association (Trading) Limited, (Company Number 00898941), a company incorporated in England and Wales. The company sells Christmas cards and raises corporate sponsorship monies to fund the activities of the charity. All income is therefore unrestricted.

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

	2021 Total funds £'000	2020 Total funds £'000
Turnover	123	103
Cost of sales	(99)	(110)
Gross profit/(loss)	24	(7)
Other income – corporate sponsorship	89	291
	113	284
Selling, distribution and administration expenses	(73)	(81)
Net profit paid to the Stroke Association under Gift Aid	40	203
Additional profits from prior year paid to the Stroke Association under Gift Aid	—	50
Net assets at 31 March	14	14

4. Investment income

	2021 Total funds £'000	2020 Total funds £'000
Investment income receivable	533	542
Interest receivable	—	12
	553	554

5. Other income

	Unrestricted £'000	Restricted £'000	Total funds 2021 £'000	Unrestricted £'000	Restricted £'000	Total funds 2020 £'000
Covid-19 Job Retention Scheme income	—	1,152	1,152	—	—	—
Delegate fees	84	—	84	341	—	341
Affiliation fees	5	—	5	14	—	14
Training income	9	—	9	3	—	3
Publication sales	7	—	7	18	—	18
Sundry income	97	—	97	101	4	105
	202	1,152	1,354	477	4	481

6. Cost of raising funds

	Unrestricted £'000	Restricted £'000	Total funds 2021 £'000	Unrestricted £'000	Restricted £'000	Total funds 2020 £'000
Staff costs	3,098	449	3,547	4,072	—	4,072
Brochures, materials and other costs	2,743	—	2,743	3,106	—	3,106
Property and other related facility costs	—	—	—	438	—	438
Fundraising trading	21	—	21	92	—	92
Support (note 12)	1,264	67	1,331	1,188	—	1,188
	7,126	516	7,642	8,896	—	8,896

6. Cost of raising funds (continued)

In 2019–20 we were able to treat some property-related costs as being directly attributable to fundraising. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

7. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	2021 Total funds £'000	2020 Total funds £'000
Total – 2020–21	764	1,037	1,801	1,236
Total – 2019–20	681	555	1,236	—

Included within research grants and awards are the direct and support costs of running the research department. These are broken down as follows:

	Unrestricted £'000	Restricted £'000	Total funds 2021 £'000	Unrestricted £'000	Restricted £'000	Total funds 2020 £'000
Grants	263	1,013	1,276	99	555	654
Direct support costs	382	18	400	486	—	486
Indirect support costs (see note 12)	119	6	125	96	—	96
	764	1,037	1,801	681	555	1,236

A full list of the grants is available at stroke.org.uk/research.

7. Research grants and awards (continued)

Research grant commitments

	2021 Total funds £'000	2020 Total funds £'000
Commitments at 1 April	8,003	11,070
Written back during the year	(181)	(357)
Paid during the year	(1,241)	(3,819)
Approved during the year (see below note)	1,454	1,109
Commitments at 31 March	8,035	8,003
Payable as follows:		
Within one year (note 23)	2,904	4,378
After more than one year (note 24)	5,131	3,625
	8,035	8,003

Unfortunately, due to the continued financial uncertainty caused by Covid-19, we've had to delay some funding for new research projects and partnerships. We know this is an uncertain time for researchers, but we're working with them to introduce flexibility into project budgets and timelines, and to explore ways to secure more funding.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

Postdoctoral Fellowships

Graham McClelland for £213,859 at Newcastle University with Dr Chris Price (Research Awards Pool), Dr Julie Morris (funding panel member) who are members of the same institution.

Lisa Tedesco-Triccas for £215,000 at University College London with Professor David Werring (Research Awards Pool), Professor Alex Leff (Research Awards Pool) who are members of the same institution.

Postgraduate Fellowship

Katie Monnelly for £57,500 at City, University of London with Professor Katerina Hilari who is a member of the same institution.

7. Research grants and awards (continued)

Lectureships

Gargi Banerjee for £159,690 at University College London with Prof David Werring (Research Awards Pool), Professor Alex Leff (Research Awards Pool) who are members of the same institution.

Christine Hazelton for £198,884 at Glasgow Caledonian University with Professor Frederike van Wijck (Research Awards Pool) and Professor Marian Brady (Research Awards Pool) who are members of the same institution.

Project Grants

Professor Bruno Frenguelli for £248,984 at University of Warwick.

Dr Adrian Parry-Jones for £199,957 at University of Manchester with Professor Andy Vail (Research Awards Pool), Professor Audrey Bowen (Research Awards Pool), Mr Hiren Patel (Research Awards Pool), Professor Stuart Allan (Research Awards Pool), Dr Adrian Parry-Jones (Research Awards Pool) who are members of the same institution.

Covid-19 and Stroke Grants

Dr William Whiteley for £59,305 at University of Edinburgh with Dr Fergus Doubal (Research Awards Pool), Professor Rustam Al Shahi-Salman (Research Awards Pool), Professor Gillian Mead (Research Awards Pool), Professor Jesse Dawson (Research Awards Pool) who are members of the same institution.

Dr Richard Perry for £60,000 at University College London with Professor David Werring (Research Awards Pool), Professor Alex Leff (Research Awards Pool) who are members of the same institution.

None of the above-mentioned research awards pool members took part in the review or adjudication of their research applications, and were excluded from the entire review, adjudication and awards panel process for the respective award rounds. Committee members from the same institutions but not named on the applications are also excluded from the entire adjudication process for all of the aforementioned awards.

8. Stroke support services

	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Commissioned services	—	7,234	7,234
Regional and management support	3,246	471	3,717
Universal services including Helpline	213	1,116	1,329
Property and other related facility costs	—	—	—
Support costs (note 12)	5,501	292	5,793
Total – 2020–21	8,960	9,113	18,073

	Unrestricted £'000	Restricted £'000	2020 Total funds £'000
Commissioned services	—	7,865	7,865
Regional and management support	1,777	2,812	4,589
Universal services including Helpline	859	263	1,122
Property and other related facility costs	819	—	819
Support costs (note 12)	5,184	—	5,184
Total – 2019–20	8,639	10,940	19,579

In 2019–20 we were able to treat some property-related costs as being directly attributable to stroke support services. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

9. Community development and volunteering

	Unrestricted £'000	Restricted £'000	2021 Total funds
Community development	260	318	578
Volunteering	733	66	799
Property and other related facility costs	—	—	—
Support costs (note 12)	583	31	614
Total – 2020–21	1,576	415	1,991

	Unrestricted £'000	Restricted £'000	2020 Total funds
Community development	95	577	672
Volunteering	1,548	—	1,548
Property and other related facility costs	142	—	142
Support costs (note 12)	603	—	603
Total – 2019–20	2,388	577	2,965

In 2019–20 we were able to treat some property-related costs as being directly attributable to community development and volunteering. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

10. Systems influencing

	Unrestricted £'000	Restricted £'000	2021 Total funds
Staff costs	509	54	563
Other direct costs	70	—	70
Support costs (note 12)	176	—	176
Total – 2020–21	755	54	809

	Unrestricted £'000	Restricted £'000	2020 Total funds
Staff costs	606	—	606
Other direct costs	111	—	111
Property and other related facility costs	59	—	59
Support costs (note 12)	165	—	165
Total – 2019–20	941	—	941

In 2019–20, we were able to treat some property-related costs as being directly attributable to systems influencing. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

11. Awareness and engagement with stroke

	Unrestricted £'000	Restricted £'000	2021 Total funds
Staff costs	1,185	757	1,943
Advertising and marketing	867	—	867
Other direct costs	264	—	264
Support costs (note 12)	736	—	736
Total – 2020–21	3,052	757	3,809

	Unrestricted £'000	Restricted £'000	2020 Total funds
Staff costs	2,000	—	2,000
Advertising and marketing	1,534	—	1,534
Other direct costs	517	—	517
Property	216	—	216
Support costs (note 12)	611	—	611
Total – 2019–20	4,878	—	4,878

In 2019–20 we were able to treat some property-related costs as being directly attributable to awareness and engagement with stroke. Due to the impact of Covid-19 and the move to home working this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

The comparative expenditure for the 2019–20 financial year has been reallocated across expenditure categories in order to more accurately reflect the activities of the group.

12. Allocation of support costs

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	2021 Total £'000
Direct costs	12,280	1,377	1,676	633	3,073	6,311	25,350
Support costs:							
- Management	640	68	14	19	81	147	969
- Property	1,718	182	37	52	219	395	2,603
- HR	1,220	129	26	37	155	281	1,848
- Finance	829	88	18	25	105	190	1,255
- IT	913	97	20	28	116	209	1,383
- Governance costs (note 13)	473	50	10	15	60	109	717
	5,793	614	125	176	736	1,331	8,775
Total – 2020–21	18,073	1,991	1,801	809	3,809	7,642	34,125

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	2020 Total £'000
Direct costs	14,393	2,362	1,140	776	4,267	7,708	30,646
Support costs:							
- Management	957	112	17	30	112	219	1,447
- Property	683	79	13	22	80	157	1,034
- HR	1,195	139	22	38	141	274	1,809
- Finance	904	105	17	29	107	207	1,369
- IT	972	113	18	31	115	223	1,472
- Governance costs (note 11)	473	55	9	15	56	108	716
	5,184	603	96	165	611	1,188	7,847
Total – 2019–20	19,577	2,965	1,236	941	4,878	8,896	38,493

12. Allocation of support costs (continued)

Head count, locations and activities forms the basis of allocation for the functions listed above excluding Finance, which is based on expenditure ratios.

In the previous year we were able to treat certain property as direct, however due to the impact of Covid-19 and costs the move to working from home this was not possible in 2020–21 so all property costs have been included within support costs and allocated across expenditure categories.

13. Governance costs

	2021 Total funds £'000	2020 Total funds £'000
Chief Executive Office	228	226
Internal audit	48	49
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance)	441	440
	717	715

14. Net movement in funds

This is stated after charging:

	2021 Total funds £'000	2020 Total funds £'000
Current year auditor's remuneration including irrecoverable VAT	35	28
Prior year auditor's remuneration including irrecoverable VAT	5	—
Tax compliance and advice from auditors including irrecoverable VAT	19	14
Assurance services other than statutory from auditors including irrecoverable VAT	4	—
Other financial services from auditors including irrecoverable VAT	—	1
Depreciation (note 17)	330	277
Impairment (see notes 17 and 18)	81	—
Amortisation (note 18)	250	260
Operating lease rentals	1,361	1,151

15. Employee and key management remuneration

Staff costs during the year were as follows:

	2021 £'000	2020 £'000
Wages and salaries	20,433	20,766
Social security costs	1,843	1,854
Pension costs	1,282	1,159
Redundancy and termination costs	322	148
	23,880	23,927
Payments to agency staff	15	294
	23,895	24,221

Redundancy costs are recognised when a constructive obligation arises. At March 31 2021 an accrual for £47,000 (2020: £NIL) was made and represents the costs for those staff members who had received confirmation of redundancy prior to the year end. Non-taxable statutory redundancy payments totalled £165,000 (2019–20: £68,000).

The average number of employees during the year, analysed by function and including support staff, was as follows:

	2021 Full time equivalent	2020 Full time equivalent	2021 Head count	2020 Head count
Charitable activities				
- Stroke support services	425	447	521	564
- Community development and volunteering	45	52	56	61
- Research grants and awards	9	8	10	9
- Systems influencing	13	14	14	15
- Awareness and engagement with stroke	54	53	60	59
- Raising funds	98	103	102	119
	644	677	763	827

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by volunteers throughout the year.

15. Employee and key management remuneration (continued)

The number of employees who earned between the amounts stated below (including taxable benefits but excluding employer pension and National Insurance contributions) during the year were:

	2021 number	2020 number
£60,001 - £70,000	13	7
£70,001 - £80,000	4	2
£80,001 - £90,000	1	3
£90,001 - £100,000	1	3
£100,001 - £110,000	3	—
£110,001 - £120,000	1	1
£140,001 - £150,000	1	1

Key management personnel are the members of the Executive Team. In 2021, there were seven full time equivalent (FTE) members of this team (2019–20: seven). See page 111 for further details.

The total remuneration (including taxable benefits and employer's pension and National Insurance contributions) paid to the key management personnel of the charity in the year was £1,087,000 (2019–20: £910,000).

16. Trustees' remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £391 (2019–20: £16,000) were reimbursed to four trustees (2019–20: 19).

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £16,000 (2019–20: £12,000) and provides cover of up to a maximum of £5 million in any one year.

Due to their expertise within the field of medicine and research, trustees may complete projects funded by the Stroke Association. These are monitored by management and require approval of the Research Awards Committee and the Board. Research grants awarded to trustees during the year are detailed in note 7.

17. Tangible fixed assets

Group and charity

	Freehold premises £'000	Short leasehold premises £'000	Fixtures, furniture and fittings £'000	2021 Total £'000
Cost:				
At 1 April 2020	1,947	2,850	314	5,111
At 31 March 2021	1,947	2,850	314	5,111
Depreciation				
At 1 April 2020	345	1,378	263	1,986
Impairment	—	36	—	36
Charge for year	39	240	51	330
At 31 March 2021	384	1,654	314	2,352
Net book values				
At 31 March 2021	1,563	1,196	—	2,759
At 1 April 2020	1,602	1,472	51	3,125

18. Intangible fixed assets

Group and charity

	2021 Total £'000
Cost	
At 1 April 2020	2,177
At 31 March 2021	2,177
Amortisation	
At 1 April 2020	1,348
Impairment	45
Charge for year	250
At 31 March 2021	1,643
Net book values	
At 31 March 2021	534
At 1 April 2020	829

19. Programme-related investment

Group and charity

	2021 £'000	2020 £'000
Joint venture acquisition of shares in DHA Limited	60	60

During 2019–20, Stroke Association Limited invested in Digital Health Assistant Limited (Co No 121824590) acquiring 17% of the share equity.

This was part of a joint venture with the MS Society UK, Muscular Dystrophy UK, Parkinson's UK and Reason Digital.

20. Fixed asset investments

These comprise investments at market value and cash held for reinvestment.

Group and charity

	2021 £'000	2020 £'000
Market value at 1 April	18,211	23,119
Acquisitions	6,183	4,559
Sales proceeds	(6,404)	(9,220)
Net movement in market values (see below)	2,209	(247)
Market value at 31 March	20,199	18,211
Cash held by investment managers for reinvestment	404	1,212
Market value at 31 March	20,603	19,423
Cost of investments at 31 March	16,508	16,303
Net movement in market values in year:		
	2021 £'000	2020 £'000
Realised gains	117	237
Unrealised gains/(losses)	2,092	(484)
	2,209	(247)

20. Fixed asset investments (continued)

All investments, except those in the property funds, the funds of hedge funds and the multi asset holdings, were listed and dealt in on recognised stock exchanges and comprised the following:

	2021 £'000	2020 £'000
Equities	12,115	8,868
Government stock	1,995	3,384
Non-government bonds	2,040	1,812
UK property funds	854	833
Multi asset holdings	3,195	3,314
	20,199	18,211
UK stock exchange	6,725	6,666
Non-UK stock exchanges	9,425	7,398
UK property funds	854	833
Multi asset holdings	3,195	3,314
	20,199	18,211

20. Fixed asset investments (continued)

At 31 March 2021, the following investments had a market value in excess of 3% of the portfolio:

	2021 market value of holding £'000	2021 % of listed portfolio	2020 market value of holding £'000	2020 % of listed portfolio
(Invesco)Source Physical Gold	840	4%	886	5%
Intuit Inc Com US\$0.01	555	3%	—	—
KDDI Corporation	512	3%	643	4%
Microsoft Corporation Com	564	3%	712	4%
Noro Nordisk AS	—	—	631	4%
Prudential plc Ord 5p	532	3%	—	—
Royal Dutch Shell PLC "B" (UK List)	508	3%	—	—
Salesforce.com Inc Com US\$0.001	—	—	581	3%
Samsung Electronic	575	3%	—	—
Syncona Ltd (formerly BACIT Nov16)	696	3%	569	3%
The Charity Properties Fund	526	3%	540	3%
UK Treasury 2%	—	—	851	5%
UK Treasury Stock 2.5% IL 17.7.24	534	3%	540	3%
US Treasury 2.75%	558	3%	764	4%
Waverton Global Strategic Bond Fund A £	558	3%	—	—
WavertonUK Fund 'A' £	514	3%	—	—

21. Debtors

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Trade debtors	938	754	914	728
Amounts owed by trading subsidiary	—	—	124	27
Other debtors	28	52	28	38
Prepayments and accrued income	2,236	3,424	2,233	3,424
	3,202	4,230	3,299	4,217

22. Cash at bank and short term deposits

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Cash at bank and in hand	6,467	2,600	6,373	2,601

23. Creditors: amounts falling due within one year

Group and charity

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Trade creditors	382	745	382	745
Research grants (note 7)	2,904	4,378	2,904	4,378
Taxation and social security	491	510	511	522
Other creditors	291	231	291	231
Accruals and deferred income	2,078	1,472	2,073	1,460
	6,146	7,336	6,161	7,336

24. Creditors: amounts falling due in more than one year

Group and charity

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Research grants (note 7)	5,131	3,625	5,131	3,625
Provisions for liabilities (note 23)	183	289	183	289
	5,314	3,914	5,314	3,914

25. Provisions for liabilities

Group and charity

	Less than one year £'000	More than one year £'000	2021 Total provision £'000	Less than one year £'000	More than one year £'000	2020 Total provision £'000
Onerous lease provision	232	79	311	—	—	—
Property dilapidations	522	104	626	263	289	552
	754	183	937	263	289	552

An onerous lease provision has been made this year for all those properties that are not in use and will not be put into use before the end of their lease. The provision is based on all contractual costs from the balance sheet date to the end of the lease.

26. Designated funds

Certain unrestricted funds have been set aside as designated by the trustees for future activities.

Group and charity

	2021 £000	2020 £000
Future cost of operating model over next three years	1,158	1,205
Northampton Resource Centre location costs	321	321
Funds voluntary support groups	669	516
UK Stroke Forum	114	576
	2,262	2,618

27. Fixed asset fund

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

Group and charity

	2021 £'000	2020 £'000
Fixed asset fund	3,293	4,014

28. Restricted funds

Group and charity

	At 1 April 2020 £'000	Fund transfers £'000	Income £'000	Expenditure £'000	At 31 March 2021 £'000
Medical research					
Donations and legacies	563	—	1,237	(734)	1,066
Princess Margaret Fund	95	—	—	(95)	—
	658	—	1,237	(829)	1,066
Other restricted funds					
Commissioned services	—	—	7,234	(7,231)	3
Covid-19 grant support including furlough	—	—	2,440	(2,405)	35
ICAP	—	—	—	—	—
NESTA ii	175	—	168	(95)	248
Royal Mail Group	601	(252)	—	(263)	86
W G P McGowan	17	—	—	—	17
Programme-related investments	—	60	—	—	60
Other donations and legacies	1,873	50	989	(1,069)	1,843
	2,666	(142)	10,831	(11,063)	2,292
Total 2020–21	3,324	(142)	12,068	(11,892)	3,358

Group and charity

	At 1 April 2019 £'000	Fund transfers £'000	Income £'000	Expenditure £'000	At 31 March 2020 £'000
Medical research					
Donations and legacies	424	—	614	(475)	563
Princess Margaret Fund	95	—	3	(3)	95
	519	—	617	(478)	658
Other restricted funds					
Commissioned services	—	—	9,890	(9,890)	—
ICAP	26	—	17	(43)	—
NESTA ii	98	—	183	(106)	175
Royal Mail Group	651	—	—	(50)	601
W G P McGowan	17	—	—	—	17
Other donations and legacies	2,104	—	1,274	(1,505)	1,873
	2,896	—	11,364	(11,594)	2,666
Total 2019–20	3,415	—	11,981	(12,072)	3,324

28. Restricted funds (continued)

Other restricted donations were received for the following projects:

- Commissioned services contracts – for operating communication and family support services.
- ICAP – towards our Child Stroke Project.
- NESTA ii – towards the Hand in Hand Programme.
- Royal Mail – funding Life After Stroke Grants to support 10,000 stroke survivors and their families.
- W G P McGowan – for work locally at Queen's Park Hospital, Blackburn.
- Other donations and legacies – received for commissioned services, education and training, support, information and awareness.

29. Analysis of net assets between funds

Group	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2021 Total £'000
Tangible fixed assets	—	—	2,759	—	2,759
Intangible fixed assets	—	—	534	—	534
Joint venture investment	—	—	—	60	60
Fixed asset investments	18,341	2,262	—	—	20,603
Current assets	6,371	—	—	3,298	9,669
Creditors: amounts falling due within one year	(6,146)	—	—	—	(6,146)
Provisions for liabilities	(937)	—	—	—	(937)
Creditors: amounts falling due after one year	(5,131)	—	—	—	(5,131)
	12,498	2,262	3,293	3,358	21,411

Group	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2020 Total £'000
Tangible fixed assets	—	—	3,125	—	3,125
Intangible fixed assets	—	—	829	—	829
Joint venture investment	—	—	60	—	60
Fixed asset investments	16,805	2,618	—	—	19,423
Current assets	3,506	—	—	3,324	6,830
Creditors: amounts falling due within one year	(7,336)	—	—	—	(7,336)
Provisions for liabilities	(552)	—	—	—	(552)
Creditors: amounts falling due after one year	(3,625)	—	—	—	(3,625)
	8,798	2,618	4,014	3,324	18,754

29. Analysis of net assets between funds (continued)

Charity	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2021 Total £'000
Tangible fixed assets	—	—	2,759	—	2,759
Intangible fixed assets	—	—	534	—	534
Joint venture investment	—	—	—	60	60
Fixed asset investments	18,341	2,262	—	—	20,603
Current assets	6,374	—	—	3,298	9,672
Creditors: amounts falling due within one year	(6,161)	—	—	—	(6,161)
Provisions for liabilities	(937)	—	—	—	(937)
Creditors: amounts falling due after one year	(5,131)	—	—	—	(5,131)
	12,486	2,262	3,293	3,358	21,399

Charity	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2021 Total £'000
Tangible fixed assets	—	—	3,125	—	3,125
Intangible fixed assets	—	—	829	—	829
Joint venture investment	—	—	60	—	60
Fixed asset investments	16,805	2,618	—	—	19,423
Current assets	3,494	—	—	3,324	6,818
Creditors: amounts falling due within one year	(7,336)	—	—	—	(7,336)
Provisions for liabilities	(552)	—	—	—	(552)
Creditors: amounts falling due after one year	(3,625)	—	—	—	(3,625)
	8,786	2,618	4,014	3,324	18,742

30. Tax

The charity is unable to reclaim all VAT incurred on expenditure. Irrecoverable VAT incurred during the year amounted to £678,000 (2019–20: £1,154,000).

31. Leasing commitments

At 31 March 2021, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	Property 2021 £'000	Property 2020 £'000	Cars 2021 £'000	Cars 2020 £'000	Office equipment 2021 £'000	Office equipment 2020 £'000
Operating leases which expire:						
Within one year	470	709	32	49	170	149
Within two to five years	1,555	1,624	15	61	505	349
After five years	688	1,088	—	—	—	—
	2,713	3,421	47	110	675	498

32. Reconciliation of movements on unrealised gains

	2021 £'000	2020 £'000
Unrealised gains at 1 April	1,893	3,557
Less: in respect to disposals in year	(314)	(1,180)
Add: net gains/(losses) on revaluations in year	2,092	(484)
Total unrealised gains at 31 March	3,671	1,893

33. Pension commitments

The charity operates a group personal pension scheme, which incorporates employees joining through auto-enrolment.

34. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up, members are required to contribute an amount not exceeding 5p.

35. Dormant subsidiary companies

The Stroke Association owns 100% of The Chest Heart and Stroke Association (company number 02100497), The British Stroke Foundation (company number 02642339) and Stroke UK Limited (company number 05741880), dormant companies incorporated in England and Wales and 100% of Speechmatters Limited (company number NI049026), a dormant company incorporated in Northern Ireland.

36. Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 7 and 16 respectively. During the year the charity received £48,000 community services income (2019-20: £48,000) from West Essex Clinical Commissioning group, of which Stephen King (Stroke Association Chair) is a governor. This contract was entered into before he became a trustee.

37. Agency arrangements

During the year, the Stroke Association received £908,000 (2019–20: £254,000) from the British Heart Foundation (BHF) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including BHF. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these BHF receipts to grantees amounted to £300,000 in the year (2019–20: £567,000), and cash held by the Stroke Association on behalf of BHF at the year-end amounted to £827,000 (2020: £331,000).

During the year, the Stroke Association also received £211,000 (2019–20: £45,000) from the Alzheimer's Society (AS) as part of an agency relationship.

Cash payments from these AS receipts to grantees amounted to £211,000 in the year (2019–20: £62,000), and cash held by the Stroke Association on behalf of AS at the year-end amounted to £248,000 (2020: £122,000).

38. Contract and grant income

The Stroke Association was awarded several grants and contracts during the year including the following that have requested a formal acknowledgement in these accounts:

Wakefield Council
Hull County Council – Hull Stroke Prevention
Bedfordshire and Luton Community Foundation

39. Movement in funds

Group	Opening balance 1 April 2020 £'000	Income £000	Expenditure £000	Fund transfers £'000	Closing balance 31 March 2021 £'000
Unrestricted funds					
– Designated funds	2,618	153	(406)	(103)	2,262
– Fixed asset fund	4,014	—	(661)	(60)	3,293
– General funds (free reserves)	8,784	24,349	(20,954)	305	12,484
	15,416	24,502	(22,021)	142	18,039
Restricted income funds	3,324	12,068	(11,892)	(142)	3,358
	18,740	36,570	(33,913)	—	21,397
Funds retained within a non-charitable subsidiary	14	212	(212)	—	14
	18,754	36,782	(34,125)	—	21,411

Group	Opening balance 1 April 2019 £'000	Income £000	Expenditure £000	Fund transfers £'000	Closing balance 31 March 2020 £'000
Unrestricted funds					
Designated funds	6,222	548	(562)	(3,590)	2,618
Fixed asset fund	—	—	—	4,014	4,014
General funds (free reserves)	12,225	22,695	(25,712)	(424)	8,784
	18,447	23,243	(26,274)	—	15,416
Restricted income funds	3,415	11,981	(12,072)	—	3,324
	21,862	35,224	(38,346)	—	18,740
Funds retained within a non-charitable subsidiary	14	394	(394)	—	14
	21,876	35,618	(38,740)	—	18,754

39. Movement in funds (continued)

Charity	Opening balance 1 April 2020 £'000	Income £000	Expenditure £000	Fund transfers £'000	Closing balance 31 March 2021 £'000
Unrestricted funds					
– Designated funds	2,618	153	(406)	(103)	2,262
– Fixed asset fund	4,014	—	(661)	(60)	3,293
– General funds (free reserves)	8,786	24,394	(20,999)	305	12,486
	15,418	24,547	(22,066)	142	18,041
Restricted income funds	3,324	12,068	(11,892)	(142)	3,558
	18,742	36,615	(33,958)	—	21,399

Charity	Opening balance 1 April 2019 £'000	Income £000	Expenditure £000	Fund transfers £'000	Closing balance 31 March 2020 £'000
Unrestricted funds					
Designated funds	6,222	548	(562)	(3,590)	2,618
Fixed asset fund	—	—	—	4,014	4,014
General funds (free reserves)	12,175	22,971	(25,936)	(424)	8,786
	18,397	23,519	(26,498)	—	15,418
Restricted income funds	3,415	11,981	(12,072)	—	3,324
	21,812	35,500	(38,570)	—	18,742

When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at stroke.org.uk.

We're here for you.

Stroke Helpline: 0303 3033 100

From a textphone: 18001 0303 3033 100

Email: helpline@stroke.org.uk

Rebuilding lives after stroke

Stroke
Association

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