



**Annual Report  
and Financial Statements**  
31 March 2014

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

Charity Registration Numbers  
211015 (England and Wales)  
SC037789 (Scotland)  
XT 33805 (Northern Ireland)  
NPO 0369 (Jersey)  
945 (Isle of Man)

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## Reference and administrative details of the charity, its trustees and advisors

<b>Patron</b>	Her Majesty The Queen
<b>President</b>	HRH The Duke of Kent KG GCMG GCVO
<b>Chairman</b>	Sir David Varney Kt BSc MBA Hon.LLD FIPD FRSM
<b>Trustees</b>	As listed on page 30
<b>Chief Executive</b>	Jon Barrick (BSc, MBA, FCMI)
<b>Members of the management team</b>	As listed on page 32
<b>Company Secretary</b>	Holly Bowden
<b>Registered office</b>	Stroke Association House 240 City Road London EC1V 2PR
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<b>Company registration number</b>	61274 (England and Wales)
<b>Charity registration numbers</b>	211015 (England and Wales) SC037789 (Scotland) XT 33805 (Northern Ireland) NPO 0369 (Jersey) 945 (Isle of Man)
<b>Auditor</b>	Buzzacott LLP 130 Wood Street London EC2V 6DL
<b>Bankers</b>	Barclays Bank PLC 1 Churchill Place London E14 5HP
<b>Investment managers</b>	Waverton Investment Management 21 St James's Square London SW1Y 4HB

## Foreword and executive summary Year ended 31 March 2014

The recession of the last years has had an impact on the Stroke Association, slowing the forward momentum for our strategic goals of helping more stroke survivors and encouraging more stroke research. However, we are very pleased to report that this year saw an increase in all our major indicators of positive impact. We are cautiously optimistic that we are pulling out of the recessionary environment and getting back to delivering more for our beneficiaries. The number of stroke survivors and their families we helped rose to nearly 90,000 (direct services and helpline), our Action on Stroke month reached more people and led to greater awareness of stroke than ever before, our research funding continued to produce excellent results and our information products distributed amounted to nearly two and a half million items.

We raised over £20 million through fundraising for the first time ever, and achieved a record gross income of over £33.5 million. The details supporting these figures are shown elsewhere in this Trustees Report. This is all especially encouraging as we are now back on track for growth, as has been achieved in all but one of the last nine years. Our goal remains to significantly increase our income over the next few years; this will enable us to direct more resource into research in stroke, which is so woefully under-resourced, given it is the world's number one cause of severe disability and the second biggest killer.

Despite the difficult circumstances within the health economy, the positive impact and demonstrable value-for-money of our services have meant that the vast majority of our statutory-funded services have been renewed, and we have also implemented some new services. Community services contract income, however, was put under pressure by commissioners attempting to or actually reducing contributions to us whilst asking for similar quality of service, a trend which, if it continues, may mean we have to consider the viability of these services. Contract income, therefore, at £11.2 million was static despite new services. We have also had to struggle with commissioners agreeing extensions for shorter timescales, undermining the security of service for stroke survivors and the ability to plan local developments. Nonetheless, we continue to develop our services and to innovate new products and services, introducing a new pilot scheme for preventing readmissions to stroke units and conducting the six month reviews of stroke survivors as suggested in national stroke strategies. We now have a service in around 75% of health authority areas, up from 25% ten years ago.

41,588 people who had a stroke were referred into our contract services network. With the help provided to people already within those services, we saw over 68,500 people throughout the year. The services to these people and their families again achieved high satisfaction and positive impact scores.

In Scotland we published and distributed widely a booklet on advocacy and self-directed support to enable stroke survivors and their families to prepare for the Self-directed Support Act which came into force in April 2014. Pleasingly, in Northern Ireland our 23 support groups now cover 100% of the geographical spread.

Nearly 20,000 more people called our helpline and over a million used our website with 4.2 million views in total. We built a multimedia centre with funding from the Edith Murphy Trust. This will enable us to co-produce, with stroke survivors and their families, film and audio digital content for My Stroke Guide, training, fundraising, informational activity, social media and our website.

## Foreword and executive summary Year ended 31 March 2014

We launched a new service for families where a child has had a stroke. Although the funding is time-limited, it already looks to be so essential. We will seek further help from donors to keep this vital work going, and hopefully expand beyond its current base in London.

Another new service involved supporting stroke survivors and their families to make a successful transition to home after hospital and avoid return readmission into hospital. This successfully identified savings of up to £190,000 to health and social care budgets and is being promoted across the UK now.

With so many people using our services we continue to find ways to enable people to move on into Stroke Clubs (autonomous local stroke charities that deliver long term social support to people affected by stroke) and our own network of Stroke Association Voluntary Groups. Our own groups continue to grow and now total 109. Stroke Clubs however fell in number from 490 to 462 due to the pressures on the volunteers trying to maintain such initiatives in difficult times. Of these clubs in the UK, 302 are part of our Stroke Club Affiliation Scheme.

We hosted our third UK Stroke Assembly, in partnership with other charities and organisations. The Assembly provides a place for stroke survivors and their families to discuss issues that affect them, exchange information and organise themselves to be better able to influence decision-makers and other professionals working in the stroke world.

In May 2013 during our Action on Stroke month, we published our widely acclaimed report “Feeling overwhelmed” based on the reports from 2,500 stroke survivors and carers. The campaign bolstered the arguments for better psychological support, and raised awareness of the prevalence of the “hidden” aspects of stroke, such as cognitive problems, depression, anxiety, stress and memory failings.

We have reorganised our welfare grants distribution scheme and located decision making closer to people’s localities enabling swifter distribution of help within 24 hours to stroke survivors and their families who are in dire need.

Autumn 2013 saw us targeting health workers with a campaign to raise their knowledge of aphasia in order to enable better support for people with communication difficulties. This work was recognised through nomination for a Chartered Institute of Public Relations (CIPR) award. Our training team continued its splendid work with care professionals, being one of the first teams to achieve the Skills for Health quality mark, and also achieving Skills for Care recognition. On behalf of government we developed certificates in stroke care management for care home staff, and stroke and acquired brain injury qualifications for domiciliary care staff. In Scotland we developed the Vascular Health and Stroke Awareness Leads project within health and social care organisations.

It is essential that people can identify the symptoms of stroke and react accordingly, so further collaborative work with Public Health England led to the FAST advertising campaign going live again in late February 2014 with, for the first time, our website details included. This led to an 82% uplift in visits to our website, largely due to enquirers wanting more information.

## Foreword and executive summary Year ended 31 March 2014

We worked with 712 pharmacies in Wales to provide advice on stroke prevention lifestyle measures and medicine use reviews to reduce the risk of having stroke. We held over 1,000 events UK wide with Rotary and other colleague organisations to raise awareness of blood pressure and the connection to stroke risk.

In December 2013 we hosted the 8th UK Stroke Forum (UKSF) Conference (a coalition of 34 organisations committed to improving stroke care in the UK) which was attended by 1,000 mainly stroke care professionals. We also held a second event in Northern Ireland.

Our new brand is helping to progress our cause and has been receiving many accolades, including an award from the Design Business Association at their prestigious Design Effectiveness Awards ceremony, which looks across commercial and public sectors as well as the voluntary sector.

We have developed a new and ambitious research strategy, with aims to double our investment into research and to develop the research community by funding 15 lectureships alongside continued support for postgraduate and postdoctoral fellowships and project grants. We are also committed to engage effectively with policy makers to ensure our research evidence influences practical measures around stroke. This work has begun with joint agreement to fund research and a lectureship in Scotland with the Scotland Chief Scientist Office.

A massive thank you to all our thousands of volunteers, supporters and donors without whom we couldn't run our services, would not have expanded our number of events to yet again our highest ever in one year and would not have driven the boundaries of innovation. Also, thanks to our Board of Trustees who dedicate so much of their time and effort to our cause.

Finally of course, thank you to all our passionate, professional and dedicated work colleagues who have delivered a strong financial performance in what was another difficult year.

Jon Barrick CEO

## **INTRODUCTION**

The trustees present their statutory report together with the consolidated financial statements of the Stroke Association for the year ended 31 March 2014.

The trustees' report has been prepared in accordance with Part 8 of the Charities Act 2011 and the statement of recommended practice (SORP). It also meets the requirements for a directors' report set out in the Companies Act 2006. Sections on "Achievements and Performance", "Financial Review", "Future Plans" and "Risk Management", included within the trustees' report, meet the requirements for a strategic report as outlined in 'The Companies Act 2006 (Strategic Report and Director's Report) Regulations' 2013. The financial statements have been prepared in accordance with the accounting policies set out on pages 43 to 45 of the attached financial statements and comply with the requirements of the Statement of Recommended Practice on "Accounting and Reporting by Charities" issued in March 2005.

All figures in brackets in the trustees' report refer to the year ended 31 March 2013.

## **STRATEGIC REPORT**

### **Summary of objectives and achievements over the five year strategy period**

In December 2009 the trustees approved a strategy for the Stroke Association covering the five years from 2010/11 to 2014/15. In 2012, trustees and officers held a mid-term strategy review, to consider whether any objectives or key performance indicators (KPIs) needed amending. The main thrust of the strategy was confirmed and where relevant, amendments were incorporated.

This strategy contains nine objectives in relation to the following areas:

- 1 Prevention
- 2 Services
- 3 Campaigning and influencing
- 4 Education, information and training
- 5 Research
- 6 Partnerships
- 7 Awareness
- 8 Resources and income generation and management
- 9 Infrastructure and our workforce

## **STRATEGIC REPORT** (continued)

### **Summary of objectives and achievements over the five year strategy period** (continued)

We have a business plan for each objective with KPIs to measure progress towards achievement of the objectives. Progress towards objectives and their achievement is not expected to be made evenly over the five year period. The detailed objectives and our performance against them are set out in the "Achievements and Performance" section on page 12.

### **Financial review for the year**

The net surplus for the year, before foreign exchange gains and investment gains, was £1.6 million compared to a deficit of £0.4 million in the previous year. This was significantly better than budgeted.

### ***Incoming resources***

Total incoming resources for the year were £33.5 million compared with £31.1 million last year.

The principal sources of revenue are legacies, fundraising activities and community services contracts.

Legacy income this year was £8.9 million (£6.8 million), a significant improvement on last year and ahead of budget.

Other fundraising activities contributed £11.2 million (£11.0 million) of gross income, 2% up on the previous year, in a difficult external environment.

See "Objective 8" below for further details on fundraising.

Our community services contracts, mainly communication and family support services, are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Community services contract income remained stable at £11.2 million the same as 2013. See "Objective 2" below for further details on services.

The net movement in market values of the Association's investments was £531,000. Also see "Investment policy" note below.

Overall therefore, the funds position increased by £2.1 million (£1.4 million) at the end of the year.



## **STRATEGIC REPORT** (continued)

### **Financial review for the year** (continued)

#### ***Resources expended***

Expenditure on charitable activities was £31.9 million (£31.5 million), supporting the key objectives of the charity.

The new ways of working introduced in 2011/12 benefited the financial management across the Association leading to further savings against budget. In total net expenditure was almost £256,000 under budget, and this included salary enhancements which were awarded during the year.

The costs of generating voluntary income in relation to the income generated were 36% (40%). This improvement was primarily a result of the increase in legacy income during the year. The costs of generating voluntary income include items that will show benefit to us in future years.

The commercial trading operations carried out through the Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £395,000 (£238,000) net income as detailed in note 2 to the financial statements. The trustees have authorised research expenditure at an average level of £2.5 million per year, over a rolling three year period (although, an additional £400,000 was approved for spending in 2013/14 funded by our Princess Margaret Fund). As the actual expenditure in each year will vary from this figure there will be a consequential effect on the net surplus or deficit for each year. This year there was a research under-spend against budget of £398,000 (2012/13 of £157,000). A £526,000 (£876,000) under-spend can be carried forward to next year and beyond to be utilised against suitable new projects should they arise and the general economic climate makes such expenditure prudent.

#### ***Financial position***

The consolidated balance sheet shows total group funds of £17 million (£14.9 million).

Included in total funds is an amount of £2.1 million (£1.6 million) which is restricted. 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 can be found in the restricted funds note to the financial statements together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2014 amounted to £15 million (£13.3 million). These funds are represented by tangible fixed assets with a net book value of £2.7 million (£2.6 million) and other assets of £12.3 million (£10.7 million).

## **STRATEGIC REPORT** (continued)

### **Future plans**

Despite the continuing unsettled external environment, we have continued to invest in stroke research, awareness, education, information and service provision and we have continued to make substantial progress towards many of our key objectives. We entered the new strategy period with a firm basis for further expansion and progress, confident that our strategic objectives while ambitious are achievable. There are, however, continuing uncertainties and external factors which pose significant challenges for us. The need to engage with the UK and devolved country governments and their varying policies and priorities remains as critical as ever; general financial uncertainties could adversely affect our ability to fundraise; and cuts to health and social care budgets across the UK could impact on our contracted services.

Nevertheless, we are confident in our objectives: to expand and improve the quality of our service provision; to campaign and use our influence to improve outcomes for everyone who has a stroke in the UK; to expand on stroke prevention work; and to further raise awareness of stroke and the Stroke Association and in doing so to significantly increase our income.

Uncertainties will undoubtedly continue into the next financial year and beyond, especially as we lead up to the next general election in May 2015. We will continue to closely monitor our financial position, to keep a close eye on our cash flow forecasting in particular and put in place measures to limit any potentially adverse impacts, to try and improve income and cash receipts where possible and to find ways of making cost savings. Colleagues across the organisation deserve credit in continuing to find and implement cost savings and income generating ideas to ensure we continue to strive to be lean and efficient. An organisational development review is also underway which will link in with our strategic review for 2015-2018, which we have also begun developing in liaison with stakeholders.

### ***Life After Stroke Centre***

The Stroke Association's Life After Stroke Centre in Bromsgrove, Worcestershire, the only such bespoke centre in the UK, has been open since 2011. The Centre was created to provide a location from which we could seek to improve life after stroke for thousands of stroke survivors, their families and carers, through services, activities, training and information. While many of our services supporting stroke survivors continue to operate across the region and in the local communities, the Life After Stroke Centre has really come to life and now offers an additional focus and facility from which we offer support groups, workshops, training, Life After Stroke Activities Programmes and a purpose built venue for stroke groups. Carers and professionals are benefiting from our specialist knowledge and training expertise, while stroke survivors and their families are accessing information and support and experiencing new opportunities through engagement with the Life After Stroke Activities Programmes. Our own staff and volunteers are also able to make good use of the facilities provided and the training we are able to offer at the centre.

## **STRATEGIC REPORT** (continued)

### **Future plans** (continued)

#### ***Edith Murphy House***

In March 2014, a separate building at the Life After Stroke Centre was renovated, re-designed and developed into a much needed Multimedia Centre and social space. It will create a whole host of opportunities that will directly benefit people affected by stroke, helping us to reach an even wider community of stroke survivors in need of information, advice and support. After the foundation that very generously financed it, the building has been named "Edith Murphy House".

The ground floor has been developed into a relaxing social space for stroke survivors, their carers and families. It incorporates an arts and crafts room, quiet room, social room, a large meeting room and a kitchen space. We are now able to provide some really beneficial health and wellbeing activities like Tai Chi and fitness, one-to-one support and therapy sessions along with activities like group art therapy programmes.

The first floor of the building has also been transformed into a multimedia centre with a state-of-the-art recording and editing studio capable of producing films and multimedia productions. The videos, podcasts, blogs and images made there will help to show the experiences of stroke survivors and the support the Stroke Association can provide for people across the country. All of our booklets and factsheets will ultimately be made available in audio format on our website. Bringing the filming and editing in-house will also generate significant cost savings. Our multimedia centre will enable us to create additional and updated information providing more support to people with everyday challenges following a stroke.

#### ***Research grant governance***

Grant applications are assessed for quality by the Research Awards Committee (RAC). The RAC is made up of external experts and chaired by a trustee, who does not score the applications. The RAC all have specific clinical and scientific expertise relevant to the applications we receive. This has become broader over the last year to reflect the increasing complexity of applications which require expertise in such areas as health economics, biostatistics and qualitative research. These are specific knowledge and skill sets that many stroke researchers will not necessarily have.

## **STRATEGIC REPORT** (continued)

### **Future plans** (continued)

#### ***Research grant governance*** (continued)

Project grant applications are submitted to the RAC, which meets twice a year. Initially, external peer review is administered by the Research Team and adheres to the Association of Medical Research Charities guidelines. Each member of the RAC will review a batch of up to 10 applications, such that each application is reviewed by two RAC members. The RAC will also recommend peer reviewers to the Research Team and the two RAC members allocated to each application will lead the discussion on that application during a final adjudication meeting. Short-listed applicants for Fellowships are also interviewed by a panel of experts, including members of the RAC. The RAC operates by a system of point scoring each application. Only those applications which reach a certain minimum level of points are considered fundable. When more applications meet the quality threshold than we can afford to fund, the RAC and our Service Users Review Panel prioritise which applications should be funded. If a member of the RAC is connected with a particular application he/she takes no part in that decision, will not be able to see peer review scores and comments and will leave the meeting room while any applications they are involved in are discussed.

Grants can be awarded for a project covering a number of years (up to a maximum of five) or for a Postgraduate or Postdoctoral Training Fellowship. The Research Department also allocates a small proportion of its budget to internal flexible funding grants. We have used this to commission research to help guide our strategy, such as the report by Dr Ramon Luengo-Fernandez at the University of Oxford. We have funded the Chair in stroke medicine at the University of Nottingham since 1993. With the development of the new strategy, we reviewed the continuing support of the Chair and decided that it is timely for us to withdraw this funding arrangement, such that the latest contract terminates in March 2015. Once awarded, all grants are monitored for progress via annual reports. Queries arising from on-going awards are addressed by the Research Team in the first instance and may also involve the Chairman of the RAC or the full committee as appropriate.

#### **Reserves policy**

The 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 the Association should hold reserves to provide protection against such fluctuations and enable the Association to continue operating in all circumstances and following all eventualities including, inter alia, any significant unexpected fall in income.

## **STRATEGIC REPORT** (continued)

### **Reserves policy** (continued)

As at 31 March 2014, the balance of the Unrestricted Income Funds, including designated funds, and after adjusting for budgeted community service direct contract salary costs and adjusting for the mortgageable value of properties, represents 6.6 months (2013 - 5.7 months) of the budgeted operating expenditure, excluding community services direct contract salary costs. It should be noted that the level of 6.6 months compares with our guideline policy of six months referred to above (also see "Financial position").

The Reserves Policy is reviewed annually by the Audit Committee and Council. At each five year strategy review, a report is made to Council to confirm the appropriateness of the policy over the next strategy period. The total value of our reserves in the year under consideration is considered to be in line with this policy and with previous years and is considered adequate to cover our commitments towards research grants, service contracts and general administrative matters against any reasonably foreseeable downturn in income.

### **Investment policy**

The charity has a portfolio of investments with a market value at 31 March 2014 of £19.4 million (£18.5 million), up 4.9% on the previous year. There are no restrictions on the charity's power to invest. However, we have made a policy decision not to invest in tobacco-related stocks. 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. The long term investment objective is to achieve total returns of CPI +3.5% through a diversified portfolio of assets, whilst maintaining a prudent and balanced investment strategy.

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

### **Risk management**

The trustees have assessed the major risks to which the charity is exposed, in particular those relating to the specific operational areas of the charity, its investments and its finances. Running risks is unavoidable. The trustees believe that by monitoring reserve levels, ensuring controls exist over key financial systems, by examining the operational and business risks faced by the charity on a regular basis, and by maintaining an up-to-date risk register, they have established effective systems to mitigate those risks.

## STRATEGIC REPORT (continued)

### Risk management (continued)

The Association's risk register is a live document that will change over time as different risks are identified and other risks are downgraded or removed. The risks at any one time are graded depending on their perceived likelihood and impact. Assessments are also made as to whether the risks are increasing, decreasing or remaining stable. Apart from the generic risks of running any charitable or business undertaking, other key risks currently identified relate to:

- reputation (adverse publicity, legal/regulatory compliance, scandal);
- financial losses from donor attrition, investment portfolio performance, large scale loss of contracts, significant fall in legacy/fundraising income, workforce fraud;
- health and safety management failure;
- insurance cover adequacy;
- loss of key staff; and
- stakeholder relationship issues

## ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR

### **Objective 1 – Prevention: We will campaign and provide services in support of more effective primary and secondary prevention.**

In 2013/14 our Know Your Blood Pressure activity continued to grow: we checked the blood pressure of over 55,000 people (an increase of over 20,000) at 1,200 community events (compared to 500 last year), the majority of which were run in conjunction with Rotary Clubs and other partners around the UK. These events plus the data from them have created opportunities for national and regional media coverage. The story helped the Stroke Association to reach 72% of adults in the UK through mainstream and social media with the message *“High blood pressure affects 16 million people in the UK, yet it has no symptoms, so unfortunately many people are completely unaware that they have it. From the readings collected at our Know Your Blood Pressure events, we know that many parts of the UK have high blood pressure or are bordering on high which is extremely concerning”*.

## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 1 – Prevention** (continued)

The *Ask First Atrial Fibrillation (AF)* campaign in England has been on hold while we have negotiated with various pharmaceutical companies for funding for the next wave of the campaign, which will launch in September 2014. In the meantime we have continued to gain media coverage and to work with various pharmaceutical companies and other charities to raise awareness of AF and its link to stroke.

We continued to focus a lot of our media work on prevention and achieved over 3000 media hits about stroke prevention during the year.

We worked with Public Health England in the development of the next stage of the FAST advertising campaign which went live in late February 2014. For the first time, our website address was included in all iterations of the advertisement.

Work was carried out in preparation for our campaign on Transient Ischaemic Attack (TIA), which will launch during Action on Stroke Month in May 2014. We carried out a survey of over 800 people who have had a TIA and have prepared a campaign report, "Not Just A Funny Turn", which will highlight the high proportion of people who ignored their TIA symptoms because they did not know that TIA should be treated as an emergency.

In Wales we delivered another successful Community Pharmacy campaign in partnership with Community Pharmacy Wales, Local Health Boards and Public Health Wales. Launched by the Health Minister, Mark Drakeford, it promoted the importance of the use of medicines to reduce the risk of having a stroke. 712 community pharmacies in Wales provided advice on lifestyle measures to reduce the risk of having a stroke and 10,059 Medicines Use Reviews (MUR) were carried out with people taking antihypertensive or oral anticoagulant medication.

### **Objective 2 - Services: We want to support as full a life after stroke as possible for all stroke survivors and their families in the UK through our services. To do this we will improve the number of, and access to, a range of quality and innovative services, meeting the goals and needs of people affected by stroke.**

The Stroke Association provides vital support for stroke survivors, their families and carers supporting them from hospital back into the community. We deliver a range of communication, information, advice and support services.

These support services are contracted directly with NHS commissioning organisations such as Clinical Commissioning Groups, Health Boards and Local Authorities. Our network of contracted services covers England, Wales and Northern Ireland. We are the main provider of specialised long-term support for people affected by stroke and our staff work closely with health and social care professionals and other local organisations.

## ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

### Objective 2 - Services (continued)

The Stroke Association provides trained specialist staff specifically for each contract or batch of contracts. The 546 staff in our regions and the devolved nations work alongside about 3,000 volunteers assisting in our commissioned life after stroke services, many of whom have direct experience of stroke either as survivors of a stroke or being the carer of someone who has had a stroke. During the year a total of 121,000 hours were provided by our volunteers.

Despite the continuing challenging external environment, statutory income from contracted services has remained constant at £11.2 million across the last two financial years. Our services have continued to be commissioned with any contract losses being balanced by new contracts secured with minimal losses during the year. This is largely due to the legacy of proven quality service provision and the expertise developed and applied in the commissioning environment by our regional and country staff. As we move into the new financial year we are actively working to review our services and position the Stroke Association so that we can respond to the rapidly changing financial and commissioning landscape and continue to deliver a full range of services to stroke survivors, their families and carers.

The Performance & Development Team has played an important role in providing assistance for tender applications. This has meant that seven tenders have been won, with a value of just over £2 million. Three of these tenders were for a three-year period instead of the usual one year contract model. A new Information Advice and Support Service in Wandsworth was secured. Similarly, in Thurrock in the East of England, another new three year service was launched to provide a community hub with several activity groups offering peer support, activities, hobbies and exercise.

Alongside the consolidation of current services there have been a number of new developments and initiatives during the year in regions and countries.

In Scotland, we published a booklet on advocacy and Self-Directed Support for stroke survivors and carers. This has been widely distributed across Scotland, including all Stroke Units and to advocacy organisations in preparation for the Social Care (Self Directed Support) (Scotland) Act 2013 which comes into force in April 2014.

In Northern Ireland, we now have Information Advice and Support Coordinators (IASC) in each Health and Social Care Trust and 23 groups across Northern Ireland with services having a 100% geographic spread. The number of services through our *Experts in Aphasia* and graduate programmes in partnership with the University of Ulster has increased. Our service offer was also enhanced through the bereavement support programme '*Beyond Words*' delivered in partnership with Cruse Bereavement Care and funded for five years by the Big Lottery Fund.

In Wales the integrated Life After Stroke model was introduced across a number of localities. We have also secured a three year funding commitment from one Local Health Board.



## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 2 - Services** (continued)

The London based *Back To Work* project began in February this year with the appointment of a full time Project Manager. Funded by donations over three years, the project will establish best practice in supporting London stroke survivors of working age back into meaningful employment or to access volunteering or training opportunities. The service works with employers to raise awareness of stroke and of the often minor adjustments they can make to support stroke survivors in the workplace.

A completely new service for children who have had a stroke and their parents: the *Child Stroke Project* began in August 2013 as a collaboration between Evelina London Children's Hospital and the Stroke Association. The project has been funded by a three year grant from ICAP to deliver a qualitative research project identifying the needs of families following a stroke in childhood. It needs to develop a support service to meet these needs and resources and awareness on stroke information provision for children and young people. From August to December 2013, 30 children were referred to the Child Stroke Support Service. In addition six parents sought advice about their children.

The Early Integration Service (EIS) was successfully piloted at County Durham and Darlington Foundation Trust. This service facilitates earlier discharge from hospital, improves integration into the community and prevents readmissions by providing early and intensive support up to 30 days following discharge. The EIS was developed to enhance the on-going support offered by the current Information, Advice and Support Service, providing more intensive support within the first 30 days post discharge which is needed by some stroke survivors. Crisis support is a vital part of preventing readmissions and the service will therefore offer support 8am - 8pm seven days per week.

The pilot successfully reduced readmissions for people who received the service from 12% to 7% with potential savings identified of £196,000 a year to health and social care. The Early Integrated Support Service has now been commissioned in the Durham and Darlington Trust and has been launched as a new service development for all regions and countries to introduce to commissioners for potential new contracts.

A review of third sector contracts conducted by the Local Health Board in North Wales resulted in the decommissioning of our Communication Support Service across the region. The service has been repatriated into direct provision by the NHS, thus losing the wider benefits of added value brought by the Stroke Association. The Stroke Survivors and Carers Reference Group has been established in North Wales and is also being developed in South Wales with a view to forming an all Wales network to participate in campaigning, service and strategic planning.

**ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

We have continued our support for local stroke clubs and complemented their activities by the development of Stroke Association Voluntary Groups, building capacity in communities to support the long-term recovery of people affected by stroke. By March 2014 the number of Stroke Association Voluntary Groups reached 107 with more on the way. We have also established a number of new stage 3 voluntary groups in Northern Ireland out of their Life After Stroke services. We currently have 309 independent stroke clubs affiliated to us across the UK. This growth is anticipated to continue for the next year and we will be supporting regions and countries with lower numbers to expand their club and group networks.

As of 1 April 2014 we are able to report the activity relating to our Life After Stroke grants via our CRM database. This follows on from the successful review and changes to the grant awarding and administration process that we undertook last year. We had revised the types of grants we offer from one to three (hardship, recovery and activity) and devolved the management of the grants out to countries and regions. This approach has proved its worth and now means that we can provide a "hardship grant" to someone in critical need within 24 hours, and turnaround the time and to process and provide the goods for a normal "recovery grant" within a week. This is a significant improvement in the time taken to respond. Better utilisation of our CRM contact database means that the grant applications are now directly linked to a client receiving services from us through their case management but it also gives us records of connection and impact on individuals where we don't have services. We are now able to track the offering and impacts we have which could aid promotion of the need for services, or make connection with the population where our links may be limited such as in Scotland or in counties where we do not have services.

Our network of around 350 services continued to deliver excellent care and support to our clients, achieving external recognition by again winning the externally validated award for Customer Service Excellence. Our services were recognised by national policy makers and managers were invited to a number of conferences and events to speak about our services and their impact on stroke survivors and their carers.

During 2013/14 we had a total of 68,506 service users. From this total 41,588 people were referred to our Life after Stroke Services during the year. This exceeds our target to reach 40,000 referrals a year by 2015. Over 30,643 people accessed our Information Advice and Support (IAS)/Family & Carer Support (FCS) services.

We undertook further work to improve the quality of support we offer to our clients, further refining how we measure quality and assure ourselves that our services meet the needs of clients and are of the highest possible quality. In addition to the formal measurements, unsolicited testimonials were received by our services staff. In June 2013, East Midlands was successfully assessed in retaining Life After Stroke Service's accreditation under the Customer Services Excellence quality mark. In July 2013, our Life After Stroke Services were published in a new leaflet 'What you can expect from us', which sets out our service standards. A new satisfaction survey was introduced at the same time which tracks performance against these standards.

## ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

**Objective 3 - Campaigning and influencing: We will campaign to achieve full implementation and resourcing of the stroke strategies and plans in the four countries of the UK. We will influence improvement in stroke services to make sure that everyone touched by stroke in the UK gets equal chances of survival and independent life after stroke.**

In May 2013 we launched our campaign to highlight the emotional impact of stroke, another stage of our long running Life After Stroke campaign, with the publication of the "Feeling Overwhelmed" report. The report was based upon a very large survey of 2,500 stroke survivors and carers and highlighted the huge emotional toll that stroke can have on individuals and their loved ones.

A number of stakeholder organisations and professionals endorsed the report and pledged their support, including: Royal College of General Practitioners (RCGP), Chartered Society of Physiotherapy, Royal College of Nursing, Royal College of Psychiatry, Royal College of Speech and Language Therapists, Geraldine Strathdee - Clinical Director of Mental Health NHS England, and Mike Richards - NHS Commissioning Board.

The campaign achieved mass media coverage with 68 pieces of national, trade and consumer coverage including The Guardian, Daily Express, BBC News and Health Service Journal, 550 regional articles and 350 pieces of broadcast coverage. Overall the media coverage achieved an advertising value equivalent of £1.8 million.

The campaign helped to bolster the national arguments for more psychological support to be provided on stroke units and in the community and also helped us to market the aspects of our service provision that help people with their emotional difficulties after stroke.

Autumn 2013 saw the launch of our aphasia campaign which aimed to raise awareness of the communication issues facing stroke survivors and was targeted primarily at GPs. An innovative video animation was used and has now been taken up by sister organisations in Canada and elsewhere internationally. Third Sector magazine described the campaign thus: *"It's a nice, clear animation that shows the communication challenges that people with aphasia face and includes lots of practical tips that health professionals should find useful."*

We produced a briefing document highlighting how far stroke care in England has come since the launch of the National Stroke Strategy and what areas need more, urgent improvement. We have taken this document to the Inter-Collegiate Stroke Working Party in order to get more detail from stroke professionals but we are already using it to make sure the momentum on improving stroke care does not slacken.

Throughout the year we continued to work closely with the All Party Parliamentary Groups on stroke, with meetings covering the emotional impact of stroke and stroke in children being particular highlights. We worked in a variety of coalitions concerned with disability benefits: care and support; cardiovascular issues; and, through the Richmond Group, influencing health policy in England.

## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 3 - Campaigning and influencing** (continued)

Our children and stroke work continued, supporting and contributing to a very useful conference held in February 2013 for parents of children who had had a stroke. We have also won support from the Royal College of Paediatrics and Child Health (RCPCH) for the creation of a new set of childhood stroke guidelines. We are now actively seeking the funds so that work can start on developing the guidelines which will be jointly badged from the RCPCH and the Stroke Association.

In Wales we started our *Speak Out for Stroke* Gwent pilot funded by the Big Lottery Fund (BLF) and Gwent Association of Voluntary Organisations (GAVO) to enable stroke survivors and their carers to become organised as a unified voice to influence services, improve policy and provision and uphold their rights.

We also provided evidence to the inquiry on the effectiveness of the Stroke Risk Reduction Action Plan. Our evidence provided a critical view whilst acknowledging some areas of progress.

### **Objective 4 - Education, information and training: We aim to be the leading UK provider and facilitator of quality stroke information and training to both the public and caring professions. We will increase the volume and range of quality stroke information, education and training opportunities so that the public and stroke survivors have access to stroke-related knowledge and are cared for by individuals with the appropriate knowledge and skills.**

Over the year we have reviewed our approach to education and training and made important improvements:

- we redefined our core purpose to emphasise our concerns with standards for stroke training in health and social care, and our desire to drive those standards up;
- we diversified our product line, moving from 'low dosage' single-day training courses to the development of 'high dosage' accredited training for Qualification and Credit Framework (QCF) Level 2 and 3 and developed a proposal for a programme to accredit care homes;
- we improved our delivery mechanisms, introducing Associate Trainers to work with our Stroke Trainers in order to allow us to flex our capacity at local level;
- we put in place improvements to strengthen our position in the marketplace through the creation of a business development and marketing function; and
- in relation to our role in the UK Stroke Forum, we set new corporate objectives. These are to: shape the debate; promote our strategic objectives; set our work in context and act in partnership; extend our relationships; and strengthen the forum as an important part of stroke education and training.

## ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

### Objective 4 - Education, information and training (continued)

In addition we secured grants worth a total of £143,000 from Skills for Care. The first funded the development and delivery of a bespoke Level 3 QCF Certificate in Stroke Care Management for 90 care home staff across two regional areas. The second enabled us to develop and deliver two Level 2 qualifications in Stroke and Acquired Brain Injury for 60 domiciliary care workers. Both projects were evaluated excellently and have had a huge impact on the quality of life of the stroke survivors in the students' care. This pilot project has paved the way for us to roll out these qualifications across England and utilise the Workforce Development Fund which provides funding for social care qualifications.

Both projects also received commendation for their excellent standard of organisation and education from the awarding body, Northern Advisory Council for Further Education (NCFE).

We were one of the first organisations to be awarded the Skills for Health Quality Mark. We also achieved Skills for Care Recognition. We were asked to complete a case study report to be shared as best practice and support to other organisations to drive up care standards. This was publicised nationally.

In Scotland we developed the *Vascular health and stroke awareness lead* project to create stroke awareness leads within health and social care organisations across Scotland. The training will equip them to deliver awareness sessions within their organisations with the aim of driving up knowledge and understanding of stroke prevention and how to act in an emergency. Already, we have trained staff at key organisations such as the Royal Voluntary Service who are now equipped to deliver the awareness sessions to over 9,000 volunteers.

During the last financial year we exceeded our budgeted targets. Stroke training is now in a strong position for the next financial year with sound business and marketing plans in place to achieve the ambitious target of driving up stroke care standards whilst achieving a break even budget.

In the UK we hosted the 8<sup>th</sup> UK Stroke Forum Conference at Harrogate International Centre. It achieved an attendance of 1,005 delegates from across the UK, which although around 8% less than in 2012, can still be considered a success in the current financial climate with the challenges around education and training budgets. We organised and chaired two of the fifteen scientific sessions, co-hosted a session on research careers and held fringe sessions on our services and research strategies. Our sessions generated huge interest and set our work in context and our knowledge capture and improved use of social media helped shape the debate with professional audiences.

The UK Stroke Forum also held the second Northern Ireland Stroke Conference. Delegate numbers remained stable at around 180 and we saw a significant increase in the number of exhibitors and a successful pre-event dinner.

## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 4 - Education, information and training** (continued)

We have commissioned work to strengthen the evidence base for the Stroke Specific Education Framework (SSEF), including case studies for commissioners and an evidence review focusing on the links between education and training and improved patient outcomes.

This year we made changes to the structure of the Stroke Information Service (SIS) to enable us to create a new Knowledge and Information Services (KIS) team consisting of a Knowledge and Information Manager, Stroke Data Analyst, Writer/Editor and Research Communications Manager. This development supports our plan to make the Research and Information Directorate the knowledge hub of the organisation to support a robust evidence base for all of our work.

The KIS team will ensure that our stroke information is driven by and responsive to the needs of people affected by stroke; that we have a comprehensive understanding of the epidemiology of stroke; that we communicate the findings of Stroke Association funded research effectively and use it to influence policy and practice and that we embed collaborative knowledge sharing mechanisms across the Stroke Association.

This year the Stroke Information Service and helpline answered 19,674 enquiries, an increase of 5% on the previous year. Two-thirds of enquiries came by telephone and the remaining third by email or other means. This year saw the introduction of a series of live Q&A sessions via Facebook which have been very well received. SIS and the website once again achieved the UK Government's Customer Service Excellence quality award; we also retained the Information Standard accreditation for our information publications.

### **Objective 5 - Research: We will advance stroke care and prevention through research and innovation. We will continue to fund high quality research providing maximum benefit to people affected by stroke and encourage other funders to do the same.**

During 2013/14, we have undertaken a large scale review of our strategic priorities and in collaboration with key stakeholders developed a new research strategy. This outlines ambitious plans to double our investment into research and includes publishing our research priorities and launching themed calls for research into these priority areas. These calls will sit alongside our existing response-mode funding.

We aim to develop a vibrant and diverse stroke research community by developing a clinical lectureship programme in the first instance. Our themed calls and lectureship programme will form a significant part of funding over the coming years, alongside a continued commitment to support postgraduate and postdoctoral fellowships and project grants in response-mode.

## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 5 – Research** (continued)

A further key area of focus in the new strategy is the engagement of policy makers, clinicians, other funders and stroke survivors so as to use research evidence to influence health and social care policy and practice. We will continue to improve our processes to embed evaluation and impact measurement into all of our activities so that evidence of what is effective underpins all of our work. The new research strategy was launched at the UK Stroke Forum in December 2013 and was received very positively.

Changes to the research team have been made to increase capacity to deliver our ambitious new plans, including newly created posts of Research Awards Officer, European Research Manager and Evaluation Manager.

Research grants approved during the year have decreased slightly to £2.2 million (£2.8 million). This is due in part to a lack of suitable candidates for the postdoctoral fellowships (also see underspend carried forward in 'Financial review for the year' in the 'Strategic Report' above). We will be reviewing this programme as we begin to deliver the new strategy and related programmes.

We were able to continue collaborative funding agreements with the Medical Research Council (MRC) and the British Heart Foundation (BHF); partnership funding this year from BHF was £974,000. Unfortunately, we did not make any successful awards via the MRC partnership, nor were we able to appoint a joint Fellow with the Wellcome Trust, again due to the lack of a suitable candidate.

In Scotland we have recently agreed joint funding of both our themed research calls and a clinical lectureship in Scotland with the Chief Scientist Office; this will generate £325,000 towards our funding for the next year.

The Thomas Pocklington Trust collaborated with us to jointly commission work at the University of Liverpool by Dr Fiona Rowe on the level of unmet need in post-stroke vision services. The report relating to this research was launched at the UK Stroke Forum in December 2013. The report received considerable media coverage and we now plan to share the main outcomes of this work with service users, via Stroke News and our website.

We have also commissioned a report to update our understanding of whether the levels of research funding in the UK are proportionate with the disease burden of stroke. This work was last undertaken in 2007-08 and has now been updated by Dr Ramon Luengo-Fernandez and his colleagues at the Health Economics Research Centre at the University of Oxford. The report produced for the Stroke Association entitled 'Research funding in the United Kingdom for cancer, coronary heart disease, dementia and stroke' has given us some interesting insights which we will now use to help shape our strategy going forward.

## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 5 – Research** (continued)

After a two year sabbatical, the Stroke Association's flagship research event, the Keynote Lecture, took place at HM Tower of London on 23 January 2014. Previously named the Royal Lecture, this event was last held in 2011. It has been reconfigured to maximise its appeal to the research community and rebranded with the key aim of focusing on advancements in stroke research. The lecture, 'Seeing inside the head: Imaging the complexity of stroke', was hosted by Professor Tony Rudd CBE and delivered by Keith Muir, Professor of Clinical Imaging and Consultant Neurologist at the University of Glasgow. It brought together leading figures in stroke research, alongside our donors, trusts and corporate supporters, and was a well-managed, enjoyable and successful evening. Exclusive use of the Tower of London's New Armouries and Jewel House has been secured for 2014.

Our research operation was also successfully re-accredited with the Customer Service Excellence (CSE) Government standard following our annual assessment.

### **Objective 6 - Partnerships: We will develop or extend partnerships that will lead to improving the quality of life after stroke or will enhance prevention.**

We work with many organisations in pursuit of our charitable objectives. Some of those with which we work and some of our key activities are listed here whilst many are described elsewhere in this report.

We hosted the third UK Stroke Assembly in partnership with Speakability, Stroke Clubs from across the UK through their central consultative committee, the UK Stroke Research Network and representatives from Scotland and Northern Ireland. The event was the largest so far and welcomed speakers on a wide range of subjects including stroke research, healthy eating, memory loss, aphasia, relationships, support for carers and practical activities such as Tai Chi.

Key issues raised by delegates were: access to rehabilitation services post stroke, in particular physiotherapy and speech and language therapy, and a continuing sense that assessments and professional decisions are not adequately underpinned by an understanding of the hidden effects of stroke.

We are delighted to welcome InterAct Reading Service to the steering group.

For the first time this year, the subject for a session at the UK Stroke Forum was chosen at the UK Stroke Assembly. It focused on assessments and ensuring that practitioners understand the full impact of stroke in order to inform their decision making. The session was popular and successful and we will be working to continue to increase links between the Assembly and the Forum.



## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 6 – Partnerships** (continued)

The Stroke Alliance for Europe (SAFE) is a group of 26 European patient organisations from 21 countries, dealing with stroke prevention, awareness raising and care. Its mission includes helping the European Union (EU) and its governments to combat stroke. We currently hold the role of Secretary and run the secretariat. SAFE is currently seeking funding to establish lobbying capacity at the European Parliament level and to establish stroke patient organisations in all European countries. SAFE organises an annual European Stroke Awareness day in May each year with which we engage and actively promote.

We continue to support EU funded research projects on behalf of SAFE to ensure the service user perspective is considered throughout the project and the results disseminated throughout the SAFE network. Two on-going projects, WAKE-UP, looking at new analyses of stroke imagery, and EuroHYP-1, looking at the use of hypothermic cooling in acute stroke treatment, are progressing well. The newly created role of European Research Manager has helped enable the participation of SAFE in four new proposals under the new EU funding framework, Horizon 2020.

The World Stroke Organisation (WSO) organises a biennial world stroke congress, produces the International Journal of Stroke and is committed to developing and being influenced by stroke support organisations from across the world. Through our engagement we deliberately set out to discover and share good practice across the world. Our CEO is a member of the Board of the WSO. In addition to the above, we work at many levels with a number of organisations, the prerequisite being that such activity must support the pursuit of our purpose. These include the members of the Richmond Group and other charities, both nationally and locally, where, working together, we can improve services and local conditions for stroke survivors, their families and carers. For example, in the North East of England we are working with Thrive on a life after stroke gardening project and are also members of the third sector coalition group with NHS England. In London, we have contributed to work done by the Alzheimer's Society and NHS England on improving the link between primary care and the third sector. This kind of partnership working takes place across the UK, focussing particularly on working with organisations that concentrate on stroke care, multidisciplinary approaches and long term conditions.

In Wales we have been the third sector partner in the development of the Public Health Wales, 1000Lives+ Life After Stroke collaborative. This has been implemented in partnership with Service Users and Local Health Boards across Wales. We contributed to the learning seminars aimed at local collaborative working across statutory and third sector agencies and facilitated the input of stroke survivors and their carers who informed the initiative from a patient's perspective and experience of NHS services. This work helped to inform the Life After Stroke component of local Stroke Delivery Plans. It also supported the piloting and implementation of the all Wales Stroke Passport as a tool to aid patient-centred service provision.

## ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

### **Objective 7 - Awareness: We will raise awareness of stroke, research, prevention, treatment and its consequences, and of the vital role the Stroke Association has in combating strokes in all countries of the UK.**

Our second Action on Stroke Month took place in May 2013. 650 people and organisations signed up – an increase of over 70%. This included 150 health bodies. 175 awareness events and community fairs took place across the country. We launched the “*Feeling overwhelmed*” report, as discussed under objective 3 above. We recruited a number of new high profile supporters and campaigners; developed new corporate partnerships with First Capital Connect and National Grid; and saw calls to the Helpline increase by 11% with the website receiving over 123,500 extra hits.

In addition The Times ran a stroke supplement covering stroke prevention, treatment and life after stroke. 78% of all UK adults reached by Action on Stroke Month coverage had the opportunity to see the message eight times during May. 82% of health/medical charity givers were exposed to Action on Stroke Month messages an average of nine times. The Stroke Association went up 12 places in the media volume chart from 40 to 28 and new journalist contacts were established with several prestigious media outlets.

Partly as a result of Action on Stroke Month and also due to particularly successful and targeted media work throughout the calendar year, we increased our overall media coverage and moved up a place in the top 100 charities for mainstream media to position 39. We also moved up two places in the social media table for top 100 Charities to position 46. In the mainstream media we achieved more coverage than Action for Children, RNIB, Breakthrough Breast Cancer, Alzheimer’s Research UK and Parkinson’s UK.

### **Objective 8 - Resources and income generation and management: We will generate the resources to sustain the Stroke Association, fund more research, prevent strokes, raise awareness, do more campaigning, and enable and supply more services to stroke survivors and their carers.**

This objective relates to a number of different areas discussed throughout this report. Fundraising continued to build on the strong performance achieved in 2012/13 with another year of growth in 2013/14. Overall voluntary income grew by 13% to stand at £20.6 million at the year end – our best year ever.

There was growth across the board and we saw some generous contributions to enable new work, like the effort of former Australian rugby captain Michael Lynagh, who ran the London Marathon just a year after surviving his own stroke, to raise funding for a new project to support stroke survivors get back into employment. His fundraising effort was matched by the City Bridge Fund to enable the project to become a reality. We also secured a grant from the Edith Murphy Trust to fund our new multi-media centre at the Life After Stroke Centre in Bromsgrove. The centre is up and running and we held the official opening of the centre in March 2014 (see “Edith Murphy House” section above).

## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 8 - Resources and income generation and management** (continued)

Legacy income was boosted by a large single bequest of £635,000 and this helped to produce a record total of £8.9 million for the year which was 31% up on the previous year.

Our legacy marketing campaign continued successfully and at the year-end, the number of legacy pledgers had grown to 2,851, a rise of 24% from the same time last year.

Despite realising income from several high value bequests, our legacy pipeline has held up strongly and stood at £4.3 million at the year-end – a very encouraging sign. Other fundraising activities (excluding legacies) raised a net total of £4.2 million. The Major Gifts and Trusts team were successful in securing £200,000 funding for our Senior Lectureship Programme and £140,000 for the Princess Margaret Fund (for research). Once again, we ran a successful events programme aimed at our major supporters for example collaborating with DIVA Opera for a performance of Rigoletto at Drapers Hall.

Corporate partnerships generated income of £832,000 which is 5% up on the previous year. Our corporate partnership work progressed with a successful charity of the year partnership with law firm Herbert Smith Freehills, which raised over £100,000. We were also supported by Sainsbury's, Toni and Guy, Balhousie Care Group and CO-OP Pharmacies in addition to some excellent support from sponsors of the UK Stroke Forum, the Life After Stroke Awards and DIVA.

Overall total income raised by Community and Events was £3.6 million, an increase of 4%. The busy programme of Stroke Association managed events included the Thames Bridges Bike Ride, Resolution Runs, abseils and zip slides. In addition, we expanded the 'Step Out For Stroke' sponsored walk which provides an accessible opportunity for stroke survivors to participate and support the Association.

We were also very successful with our supporters who took part in third party events such as the London Marathon and the Great North Run, and income from supporters at grass roots increased significantly.

Once again our appeals programme to warm supporters performed successfully and overall, Appeals income for the year rose to £5.3 million, an increase of 7%. We began a more tailored approach to mid-range donors which is showing some early signs of promise.

Within Appeals, committed giving income rose to £1.2 million from a total of £1.0 million the previous year.

In Memoriam giving income reached £989,000, an increase of 4.2% from the previous year.

Raffle income at £756,000 was down by 8% on the previous year.

## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 8 - Resources and income generation and management** (continued)

Corporate sponsorship and Christmas card sales also produced a net surplus of £395,000 compared with £238,000 the previous year, an increase of 66%.

Our growth in fundraised income overall (13%) is welcome in the context of recent reports on the state of charitable giving: one report - UK Giving (from the Charities Aid Foundation and NCVO) indicated that giving was down by 20%, in the year 2011/12, whilst a separate report from NCVO showed that charitable income from individuals grew by 3% in 2011/12.

### **Objective 9 - Infrastructure and our workforce: We will ensure maximum use of resources for achieving our charitable purposes by maintaining excellent staff and volunteer relations, internal effectiveness and efficiency.**

Our key systems and databases are now integrated and this will enable us to drive cost and efficiency savings across the whole organisation and to maximise cross-selling opportunities. Utilising technology for remote and mobile working and the use of video conferencing and web cams particularly for meetings is the norm and continues to save us accommodation and travel costs as well as travel time.

Our use of business intelligence software has been further developed and extended to enhance our ability to access, analyse and drill down into various information sources to create personalised real-time dashboards and to improve the quality and timeliness of decision making. We should ultimately be better able to understand who our customers and donors are, and how we might segment that information against our strategic performance objectives.

Our Performance and Development and Insight and Strategy Teams, sitting within the CEO Office, together with the "Improvement Board" and "Planning Board" continues to drive our change, growth and innovation in order to deliver our corporate strategic objectives. The focus of the CEO Office is: (a) Strategy Support; (b) Market Analysis and Insight; (c) Business Improvement and Quality; and (d) Business Development and Innovation.

In Learning & Development, we have continued to ensure that the right selection of quality programmes is available to support our people. A comprehensive selection of over 30 face-to-face programmes are offered which is complemented with almost 500 online courses which can be accessed through our online learning platform, ilearn.

## **ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR** (continued)

### **Objective 9 - Infrastructure and our workforce** (continued)

A key project for Learning & Development in 2013/14 has been the relaunch of ilearn. The new platform simplifies the booking process for staff and managers, simplifies our reporting processes and extends access from just 500 volunteers to all of our volunteers with internet access (over 3,000). Our Learning & Development Team are working to further enhance the site so that managers can access and amend their own reports and set learning goals for their teams through ilearn itself. Engagement with the new ilearn site has increased from our old ilearn site with more people visiting and spending more time online.

During 2013/14, 548 members of staff accessed 177 courses facilitated through Learning & Development. This amounted to over 1,400 spaces on learning events in 2013/14. Meanwhile, 644 members of staff accessed over 200 different online courses through ilearn accounting for a total of 2,849 online courses being completed.

Throughout the last year, Learning & Development have been focusing on improving how they work to support our organisational objectives and identify the next steps to best equip both our staff and volunteers for our next strategy period.

## **GOVERNANCE, STRUCTURE AND MANAGEMENT**

### **Structure**

The Stroke Association is a charitable company limited by guarantee, incorporated on 25 March 1899 and registered as a charity on 14 January 1963. The company was established under a Memorandum of Association, which set out the objects and powers of the charitable company and is governed under its Articles of Association.

### **Principal aims**

#### ***Public Benefit***

The objects for which the Association is established are the relief of sickness and distress and the advancement of health by:-

- (a) working for the prevention of stroke;
- (b) educating the public in all matters concerning stroke;
- (c) carrying out, promoting or sponsoring research into the prevention or treatment of stroke or other conditions where the effects are similar to stroke, the rehabilitation and long-term care of stroke survivors and publishing the useful results of such research; and
- (d) responding to the needs caused by the effects of stroke or other conditions where the effects are similar to stroke, by providing advice and support to those affected, their families and carers.

## **GOVERNANCE, STRUCTURE AND MANAGEMENT** (continued)

### **Principal aims** (continued)

#### ***Public Benefit*** (continued)

The trustees consider that all of the aims and objectives detailed in this report are there in order to benefit the public. The trustees believe that they have complied with the duty in section 4 of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission.

#### ***Our vision***

Our vision is for a world where there are fewer strokes and all those touched by stroke get the help they need.

#### ***Our mission***

Our mission is to prevent strokes and achieve life after stroke through providing services, campaigning, education and research.

#### ***Our Values***

- Professionalism
- Passion
- Innovation
- Respect and Openness
- Working Together

### **Governance and management**

Ultimate control of the charity is vested in the trustees who collectively constitute the Stroke Association Council. Council meets four times a year and delegates some of its powers to seven sub-committees. These are the Finance and General Purposes, Audit Investment, Nominations, Remuneration, Research and Development Strategy and Research Awards Committees.

The Finance and General Purposes Committee meets prior to each meeting of the Council (four times a year) and acts on behalf of the Council in governing the Association. The main purpose of the Committee is to scrutinise and oversee the Executive.

The Audit Committee is an advisory committee without executive powers. It is required to meet a minimum of twice a year but normally meets more frequently and is responsible for advising Council on the annual report & accounts, internal control matters, risk management, internal audit, the relationship with the external auditors and any other matters referred to it by Council.

## **GOVERNANCE, STRUCTURE AND MANAGEMENT** (continued)

### **Governance and management** (continued)

The Investment Committee is required to meet a minimum of twice a year but may meet more frequently. It is responsible for the charity's investments and the relationship with the external investment managers.

The Nominations Committee meets as necessary to consider the governance of the Association and makes recommendations to Council with regard to changes in governance arrangements, the appointment of trustees and succession, in particular, for the trustee office-holders and the Chief Executive.

The Remuneration Committee meets twice a year to review the Association's policy with regard to the pay and conditions of service of employees.

The Research Strategy Committee meets twice a year to develop and implement a research promotion strategy in relation to stroke illness and to advise Council on research and development matters which relate to the Association's activities.

The Research Awards Committee is required to meet a minimum of twice a year but usually meets three times a year and carries out research application reviews as referred to above. Members also provide advice on stroke related issues.

We also have advisory committees operating in Jersey, Northern Ireland, Scotland and Wales, which support our activities in those areas, and are represented at Council.

The day-to-day affairs of the charity are run by the Chief Executive assisted by five directors each heading up a directorate.

Trustees set overall strategy. Objectives within that strategy each have a business plan. Progress in these various areas is reviewed on a regular basis, as are unexpected risks or opportunities when they arise. Officers will gather appropriate information and present this along with recommendations to trustees, who debate the issues and generally seek to reach consensus on recommendations and proposals for the next steps.

### **Recruitment and appointment of trustees**

The trustees are directors of the charity for the purposes of the Companies Act 2006.

New trustees are appointed by the members of Council. Under the Articles of Association, one third of the trustees retires each year by rotation and may be eligible to stand for re-election. Trustees serve a maximum of three three-year terms, with office-holders having a three-year term of office, renewable for one further term of three years. No trustee should normally serve for more than nine years. In order to ensure that the Council has the necessary broad spread of skills, trustees will take account of any gaps in skills when appointing new trustees.

## GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

### Trustee induction and training

All new trustees are sent a series of “core” documents containing the governing documents and policies of the Association, the terms of reference of the Council and the various committees, the latest statutory and management accounts, the current corporate strategy and related business plans and a list of other documentation that is available. These documents are also available within a dedicated area for trustees on the Association’s intranet.

Trustees will have varying knowledge of the charity prior to their appointment. Some may be familiar with the Association’s work through their professional capacities or having served as external members of the Research Awards Committee whereas others may only know what is publically available and as such the induction programme is tailored to the needs of each new trustee.

An induction may include:

- attending an induction training day;
- briefings from the Chief Executive and members of the management team on the work of the Association and individual departments;
- visiting offices in London, centres outside London and country headquarters in Northern Ireland, Wales and Scotland; and
- visiting communication support groups.

In addition, details of seminars and other training covering such areas as charity law and governance are forwarded to trustees and booked for them.

### Trustees

The following trustees were in office at 31 March 2014 and served throughout the year, except where stated.

<b>Trustee</b>	<b>Appointed/Resigned</b>
John M Bamford MD FRCP	
Ian Black BSc CIPFA	
Michael A Cornbleet BSc MD FRCP	
Andrew M B Daws LLB Solicitor (Hons)	
Susan M A Duncan MA BSc Hon DSc	
Robert J Empson MBA BSc FCIM FIC	
Stuart Fletcher OBE MA AMIHM	
Jacqueline A Fowler BA MInstF (Cert)	
E Anne Freeman OBE MB ChB FRCP	
Anne Gordon MSc PhD	Appointed 11 March 2014
Vivien M Gould	
Damian F Jenkinson BSc MB BS PhD FRCP	



## GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

### Trustees (continued)

Trustee	Appointed/Resigned
Professor Keith W Muir MB ChB MSc MD FRCP	
Sue Nyfield BA MBA	Resigned 1 April 2014
Peter Rawlinson PhD BSc CEng FRSA FIET	
Professor Anthony G Rudd MA MB Bchir FRCP	Resigned 15 March 2014
Professor Robert W Stout MD DSc FRCP FMedSci	
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO	Appointed 11 March 2014
Eric F Tracey M Com FCA ACIS	
Peter Troy MBE	Appointed 11 March 2014
Professor Phillipa J Tyrrell MA MB BS MD FRCP	
Sir David Varney ( <b>Chairman</b> ) Kt BSc MBA Hon.LLD FIPD FRSM	
Professor Marion F Walker MBE PhD MPhil FCOT	
Michael J C Watts MA FCA	

(See <http://www.stroke.org.uk/about-us/board-trustees> for further trustee details)

### Statement of trustees' responsibilities

The trustees (who are also directors of Stroke Association for the purposes of company law) 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 which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company and the group for that period.

In preparing financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Statement of Recommended Practice (Accounting and Reporting by Charities, the Charities SORP);
- 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; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

## GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

### Statement of trustees' responsibilities (continued)

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time 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, the Charities Accounts (Scotland) Regulations 2006. The trustees are also responsible for safeguarding the assets of the charitable company and the group 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 the trustees are aware, there is no relevant audit information of which Stroke Association Group's auditor is unaware; and
- the trustees have taken all the steps that they ought to have taken as a trustee 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 charitable company'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 management team were in office at 31 March 2014 and served throughout the year, except as stated below.

Jon Barrick BSc MBA FCMI	Chief Executive
Bridget Bergin BA MBA*	Director of Life After Stroke Services
Christopher R Clark*	Director of Life After Stroke Services
Joe Korner BA	Director of External Affairs
Roy Quiddington BA FCA	Director of Finance and Resources
James Swindells MInstF	Director of Fundraising
Dale Webb BA MSc PhD	Director of Research and Information

\* Bridget Bergin joined the Association on 3 March 2014, replacing Christopher R Clark who left the Association on 25 April 2014.

(See <http://www.stroke.org.uk/about-us/our-people> for further management team details)

## **GOVERNANCE, STRUCTURE AND MANAGEMENT** (continued)

### **Employees**

The charity provides information to its staff by briefings through the management structure, reports, newsletters and its intranet. Key matters arising from Directors team meetings and other key meetings, and updates and blogs from the CEO and other senior managers, are communicated to all staff via the intranet or email. Management papers, minutes and agendas are also available to all staff via the intranet. A staff consultative group has been running since 2001 with members elected from agreed constituencies and is compliant with the Employer Information and Consultation Regulations.

The charity is an equal opportunities employer and applies wholly objective criteria to assess merit. It aims to ensure that no job applicant or employee receives less favoured treatment on any grounds whatsoever. A Diversity and Equality Working Party has met regularly to ensure we meet the ideals and requirements of the Equality Act 2010 (which came into force on 1 October 2010, with some additional provisions in April 2011) and any subsequent updates to the Act.

Selection criteria and procedures are reviewed regularly to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities in line with legislation and best practice. All employees are given equal opportunity and where appropriate and practical, training to enable them to progress both within and outside the organisation. The charity has informed all employees of its policies.

We hold the prestigious Investors in People Bronze Award which reflects people and leadership excellence in an organisation and demonstrates our on-going commitment to quality, staff and volunteers, whose passion, commitment and enthusiasm make the Stroke Association such an outstanding organisation. Becoming an 'Investor in People' is the goal that thousands of employers hope to achieve every year. We aim to achieve even higher standards in people and leadership excellence over the next few years.

### **Volunteers**

Volunteers continue to be crucial in helping us to meet our objectives. In 2013, a total of 4,828 volunteers UK wide gave their time supporting our activities. Volunteers work across the organisation including within Life After Stroke services, awareness raising, fundraising, informing our information provision and supporting our media activities.

This report constitutes the statutory reports described in the introduction (on page 5). It was approved by the board on 22 July 2014 and signed on its behalf by Sir David Varney.

Chairman of Council

Approved on 22 July 2014

**Independent auditor's report to the trustees and members of the Stroke Association**

We have audited the financial statements of the Stroke Association for the year ended 31 March 2014 which comprise the consolidated statement of financial activities, the consolidated and parent charity balance sheets, the consolidated cash flow statement, the principal accounting policies and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity'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 charity's members and trustees 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 charity, the charity's members as a body and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

**Respective responsibilities of trustees and auditor**

The trustees are also the directors of the charitable company for the purposes of company law. As explained more fully in the trustees' responsibilities statement set out in the trustees' report, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

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

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

**Scope of the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the groups and the parent charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the trustees' annual report, including the Strategic Report, to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

**Opinion**

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2014 and of the group's and the parent charitable company's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

**Opinion on other matter prescribed by the Companies Act 2006**

In our opinion the information given in the trustees' report, including the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements.

## **Independent auditor's report** Year ended 31 March 2014

### **Matters on which we are required to report by exception**

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

- the parent charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's financial statements are not in agreement with the accounting records or 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.

Avnish Savjani, Senior Statutory Auditor  
for and on behalf of Buzzacott LLP, Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

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

## Consolidated statement of financial activities Year ended 31 March 2014

	Notes	Un-restricted funds £000	Restricted funds £000	2014 Total funds £000	2013 Total funds £000
<b>Income and expenditure</b>					
<b>Incoming resources</b>					
Incoming resources from generated funds					
Voluntary income					
- Donations and appeals	1	8,670	2,535	<b>11,205</b>	11,016
- Legacies		8,005	931	<b>8,936</b>	6,814
- Grants		-	501	<b>501</b>	438
Total voluntary income		16,675	3,967	<b>20,642</b>	18,268
Activities for generating funds					
- Trading operations	2	206	-	<b>206</b>	208
Investment income and interest receivable	3	554	-	<b>554</b>	494
Total incoming resources from generated funds		17,435	3,967	<b>21,402</b>	18,970
Incoming resources from charitable activities					
- Community services contracts		-	11,187	<b>11,187</b>	11,177
Other incoming resources		957	-	<b>957</b>	904
<b>Total incoming resources</b>		<b>18,392</b>	<b>15,154</b>	<b>33,546</b>	31,051
<b>Resources expended</b>					
Costs of generating funds					
- Costs of generating voluntary income	4	(7,495)	-	<b>(7,495)</b>	(7,260)
- Fundraising trading: costs of goods sold and other costs	2	(154)	-	<b>(154)</b>	(145)
- Investment management costs		(86)	-	<b>(86)</b>	(76)
		(7,735)	-	<b>(7,735)</b>	(7,481)
Charitable activities					
- Research, grants etc.	6,7	(1,841)	(1,846)	<b>(3,687)</b>	(4,097)
- Community services	6,7	(5,623)	(12,439)	<b>(18,062)</b>	(17,009)
- Information and awareness	7	(2,249)	(81)	<b>(2,330)</b>	(2,759)
Governance costs	8	(116)	-	<b>(116)</b>	(104)
<b>Total resources expended</b>		<b>(17,564)</b>	<b>(14,366)</b>	<b>(31,930)</b>	(31,450)
<b>Net income/ (expenditure) for the year</b>	9	828	788	<b>1,616</b>	(399)
<b>Transfer between reserves</b>	17	322	(322)	-	-
<b>Other recognised gains</b>					
- Foreign exchange (losses)/gains		(8)	-	<b>(8)</b>	51
- Realised and unrealised gains on investment assets	13	531	-	<b>531</b>	1,755
<b>Net movement in funds</b>		<b>1,673</b>	<b>466</b>	<b>2,139</b>	1,407
<b>Reconciliation of funds</b>					
Funds at 1 April 2013		13,314	1,588	<b>14,902</b>	13,495
Funds at 31 March 2014		<b>14,987</b>	<b>2,054</b>	<b>17,041</b>	14,902

**Consolidated statement of financial activities** Year ended 31 March 2014

	<b>2014</b>	2013
	<b>£000</b>	£000
<b>Historical cost net movement in funds</b>		
Net income for the year	<b>1,616</b>	(399)
Add: Realised losses on sales of investment assets based on historical cost	<b>(58)</b>	(41)
<b>Historical cost net movement in funds</b>	<b>1,558</b>	(440)

This schedule shows the net movement in funds after charging the realised gains on sales of investment assets based on historical cost.



## Consolidated balance sheet 31 March 2014

	Notes	<b>2014</b> <b>£000</b>	2013 £000
<b>Fixed assets</b>			
Tangible assets	12	<b>2,700</b>	2,600
Investments:			
- General fund		<b>10,866</b>	10,550
- Research fund		<b>8,487</b>	7,907
	13	<b>19,353</b>	18,457
<b>Current assets</b>			
Debtors	14	<b>1,539</b>	1,318
Cash at bank & short term deposits	15	<b>5,974</b>	4,059
		<b>7,513</b>	5,377
<b>Creditors:</b> amounts falling due within one year	16	<b>(6,577)</b>	(6,071)
<b>Net current assets / (liabilities)</b>		<b>936</b>	(694)
<b>Total assets less current liabilities</b>		<b>22,989</b>	20,363
<b>Creditors:</b> amounts falling due after one year:			
- Research grants	5	<b>(5,948)</b>	(5,461)
<b>Total net assets</b>		<b>17,041</b>	14,902
<b>Represented by:</b>			
Income funds:			
- Restricted funds	17	<b>2,054</b>	1,588
- Unrestricted funds			
- General funds		<b>14,973</b>	13,300
		<b>17,027</b>	14,888
- Funds retained within a non-charitable subsidiary		<b>14</b>	14
		<b>17,041</b>	14,902

Approved by the trustees on 22 July 2014 and signed on their behalf by:

## Charity Balance sheet 31 March 2014

	Notes	<b>2014</b> <b>£000</b>	2013 £000
<b>Fixed assets</b>			
Tangible assets	12	<b>2,700</b>	2,600
Investments:			
- General fund		<b>10,866</b>	10,550
- Research fund		<b>8,487</b>	7,907
	13	<b>19,353</b>	18,457
<b>Current assets</b>			
Debtors	14	<b>1,497</b>	1,278
Cash at bank and short term deposits	15	<b>5,974</b>	4,059
		<b>7,471</b>	5,337
<b>Creditors:</b> amounts falling due within one year	16	<b>(6,549)</b>	(6,045)
<b>Net current assets / (liabilities)</b>		<b>922</b>	(708)
<b>Total assets less current liabilities</b>		<b>22,975</b>	20,349
<b>Creditors:</b> amounts falling due after one year:			
- Research grants	5	<b>(5,948)</b>	(5,461)
<b>Total net assets</b>		<b>17,027</b>	14,888
<b>Represented by:</b>			
Income funds:			
- Restricted funds	17	<b>2,054</b>	1,588
- Unrestricted funds			
- General funds		<b>14,973</b>	13,300
		<b>17,027</b>	14,888

Approved by the trustees on 22 July 2014 and signed on their behalf by:

## Consolidated cash flow statement Year ended 31 March 2014

	Notes	2014 £000	2013 £000
<b>Net cash inflow from operating activities</b>	A	<b>2,000</b>	52
<b>Returns on investments</b>	B	<b>554</b>	494
<b>Capital expenditure and financial investment</b>	B	<b>(595)</b>	(1,755)
<b>Increase in net funds</b>	C	<b>1,959</b>	(1,209)

### Notes to the consolidated cash flow statement for the year ended 31 March 2014

#### A Adjustment of net income to net cash inflow from operating activities

	2014 £000	2013 £000
Net income (expenditure) for the year	<b>1,616</b>	(399)
Depreciation charge	<b>174</b>	168
Interest receivable	<b>(65)</b>	(66)
Investment income receivable	<b>(489)</b>	(428)
Foreign exchange gains	<b>(8)</b>	51
(Increase) / decrease in debtors	<b>(221)</b>	223
Increase in research grant commitments	<b>580</b>	610
Increase / (decrease) in creditors	<b>413</b>	(107)
<b>Net cash inflow from operating activities</b>	<b>2,000</b>	52

#### B Gross cash flows

	2014 £000	2013 £000
<b>Returns on investments</b>		
Interest received	<b>65</b>	66
Investment income received	<b>489</b>	428
	<b>554</b>	494
<b>Capital expenditure and financial investment</b>		
Payments to acquire tangible fixed assets	<b>(274)</b>	(6)
Payments to acquire listed investments	<b>(3,195)</b>	(8,001)
Receipts from the disposal of listed investments	<b>2,874</b>	6,252
	<b>(595)</b>	(1,755)

## Consolidated cash flow statement Year ended 31 March 2014

### C Analysis of changes in net funds

	At 1 April 2013 £'000	Cash flows £'000	At 31 March 2014 £'000
Short term deposits	615	(63)	552
Cash at bank and in hand	3,444	1,978	5,422
Cash held by investment managers	771	44	815
	<u>4,830</u>	<u>1,959</u>	<u>6,789</u>

### D Reconciliation of net cash flow to movement in net funds

	2014 £000
Change in net funds	1,959
Net funds at 1 April 2013	4,830
Net funds at 31 March 2014	<u>6,879</u>

## **Principal accounting policies** Year ended 31 March 2014

### **Basis of accounting**

The financial statements have been prepared under the historical cost convention, as modified by the inclusion of investments at market value and in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the regulations thereunder. Applicable United Kingdom Accounting Standards (Generally Accepted Accounting Practice) and the Statement of Recommended Practice on "Accounting and Reporting by Charities" issued in March 2005 have been followed in these financial statements.

### **Basis of consolidation**

The statement of financial activities and the balance sheet consolidate the financial statements of the Association and its subsidiary undertaking made up to the balance sheet date. No separate statement of financial activities has been prepared for the charity as the results of the subsidiary are clearly shown in the consolidated statement of financial activities and supporting notes.

### **Incoming resources**

Incoming resources are recognised in the period in which the charity is entitled to their receipt and the amount can be measured 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.

Grants from government and other agencies have been 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 advised by the personal representative of an estate that payment will be made or property transferred and the amount involved can be quantified.

Donations in kind in the form of volunteers' time are not evaluated or included in the financial statements due to the difficulty and time involved in obtaining a meaningful figure.

### **Resources expended and basis of apportioning costs**

Expenditure is included in the statement of financial activities when incurred and includes VAT which cannot be recovered.

Resources expended comprise the following:

- (a) The cost of generating funds includes the salaries, direct costs and overheads associated with generating donated income and the costs incurred by the trading subsidiary.

## Principal accounting policies Year ended 31 March 2014

### Resources expended and basis of apportioning costs (continued)

- (b) Charitable activities comprise expenditure on the charity's primary charitable purposes as described in the trustees' report. Such costs include grants payable which are included in the statement of financial activities when approved, salaries, direct costs and overheads.
- (c) 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 include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources, primarily head count and expenditure ratios.

The majority of costs are directly attributable to specific activities. Certain shared costs are apportioned to charitable activities. Staff related costs are allocated in the same proportion as directly attributable staff costs.

### Research grants etc.

The Association awards research grants and Fellowships each year, which run for periods of up to five years. Such grants etc. are accrued in full at the time of their award and by this action the funds required for the full term of the grants etc. are set aside from the Unrestricted Income Funds of the Association.

### Tangible fixed assets

All assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised.

Short leasehold premises consist of the costs of entering into the leases of the head office in London and country and regional centres together with associated fitting-out costs. These costs are written off over eight years reflecting the useful life of the underlying asset to the business.

Assets under the course of construction are not depreciated until they are brought into use.

Other tangible fixed assets are capitalised and depreciated at the following rates in order to write them off over their estimated useful lives:

- Freehold premises 2% per annum based on cost
- All Fixtures, Furniture & Fittings 12.5% per annum based on cost

### Fixed asset investments

Fixed asset investments listed on a recognised stock exchange are included in the financial statements at their market value as at the balance sheet date. Realised and unrealised losses and gains on investment assets are shown net in the statement of financial activities. The investment in the charity's trading subsidiary is valued at the cost of £7.

## **Principal accounting policies** Year ended 31 March 2014

### **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.

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 for particular purposes.

### **Leased assets**

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 Year ended 31 March 2014

### 1 Donations and appeals

	<b>2014</b>	2013
	<b>£000</b>	£000
General	<b>836</b>	982
In memoriam	<b>989</b>	949
National raffle	<b>756</b>	824
Direct mail	<b>1,489</b>	1,417
Committed giving	<b>1,175</b>	1,036
Companies and trusts	<b>1,772</b>	1,646
Events	<b>1,592</b>	1,691
Regional fundraising	<b>1,667</b>	1,645
Gift Aid	<b>866</b>	743
Community services miscellaneous income	<b>63</b>	83
	<b>11,205</b>	11,016

Donated services by 4,828 volunteers have not been evaluated and are excluded from these financial statements.

### 2 Trading operations

The Association owns 7 ordinary shares of £1 each (100%) of Stroke Association (Trading) Limited, a company incorporated in England and Wales. The company sells Christmas cards and raises corporate sponsorship monies to fund the activities of the charity. The trading company gift aids its taxable profits to the charity. A summary of its trading results is shown below.

	<b>2014</b>	2013
	<b>£000</b>	£000
Sales of Christmas cards	<b>206</b>	208
Cost of sales	<b>(127)</b>	(118)
Gross profit	<b>79</b>	90
Other income – corporate sponsorship	<b>343</b>	175
	<b>422</b>	265
Selling, distribution and administration expenses	<b>(27)</b>	(27)
Net profit paid to The Stroke Association under Gift Aid	<b>395</b>	238
Net assets	<b>14</b>	14

### 3 Investment income and interest receivable

	<b>2014</b>	2013
	<b>£000</b>	£000
Investment income receivable	<b>489</b>	428
Interest receivable	<b>65</b>	66
	<b>554</b>	494



#### 4 Costs of generating voluntary income

	<b>2014</b>	2013
	<b>£000</b>	£000
Fundraising costs:		
- Staff costs	<b>(2,770)</b>	(2,653)
- Brochures, materials and other costs	<b>(4,312)</b>	(4,221)
- Support	<b>(413)</b>	(386)
	<b><u>(7,495)</u></b>	<u>(7,260)</u>

#### 5 Research grants and awards

A full list of the grants is contained within the Annual Review (Changing Lives), which is available on-line (<http://www.stroke.org.uk/Our-impact>) or on request from the charity's registered office.

	<b>2014</b>	2013
	<b>£000</b>	£000
Commitments at 1 April	<b>(7,907)</b>	(7,297)
Written back during the year	<b>86</b>	118
Paid during the year	<b>1,523</b>	2,097
Approved during the year	<b>(2,189)</b>	(2,825)
Commitments at 31 March	<b><u>(8,487)</u></b>	<u>(7,907)</u>
Payable as follows:		
Within one year	<b>(2,539)</b>	(2,446)
After more than one year	<b>(5,948)</b>	(5,461)
	<b><u>(8,487)</u></b>	<u>(7,907)</u>

(a) It is the Association's policy that the total of undrawn grants be covered by investments and short term deposits.

(b) Related party transactions

During the year ended 31 March 2014 the Stroke Association approved the following project grants:

At a contracted cost of £171,000 with the MRC Cognition and Brain Sciences Unit, University of Cambridge, with which Tom Manly (member of Research Awards Committee) is named on the application.

At a contracted cost of £162,000 with Glasgow Caledonian University, with which Caroline Watkins (member of the Research Awards Committee) is named on the application.

## 5 Research grants and awards (continued)

Professor Keith Muir, who is a trustee of the charity, was awarded a grant to the value of £73,000 payable over three years. This was to fund research into 'Characterising the vascular pathophysiology in CADASIL by analysis of gluteal biopsy vessels'. He was not involved in the decision to recommend this grant to the board of trustees.

The Association also approved the following Fellowship:

At a contracted cost of £105,000 with the University of Sheffield, with which Rebecca Palmer (member of the Research Awards Committee) was named on the application as supervisor of the Fellow.

None of the above mentioned research committee members took part in the review or adjudication of their project or fellowship applications, and were not present whilst the applications were discussed. Committee members from the same institutions but not named on the applications were also required to leave the room during the discussions.

## 6 Community services costs

	Un- restricted £000	Restricted £000	2014 Total £000	2013 Total £000
Contracts	2,379	11,187	13,566	13,064
Education and training	401	-	401	380
Regional and management support	2,843	1,252	4,095	3,565
	<u>5,623</u>	<u>12,439</u>	<u>18,062</u>	<u>17,009</u>

## 7 Allocation of support costs

	Cost of generating funds £000	Research grants and awards £000	Community services £000	Information and awareness £000
Direct costs	7,082	3,546	16,180	2,182
Support costs:				
- Management	143	37	812	55
- IT	83	22	470	32
- HR	50	13	287	19
- Finance	137	69	313	42
	<u>7,495</u>	<u>3,687</u>	<u>18,062</u>	<u>2,330</u>
2013	<u>7,260</u>	<u>4,097</u>	<u>17,009</u>	<u>2,759</u>

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

## Notes to the financial statements Year ended 31 March 2014

### 8 Governance costs

	2014 £000	2013 £000
Auditor's remuneration:		
- Statutory audit services	(24)	(24)
- Non statutory audit services	-	-
- Other services	(3)	(3)
General costs incurred servicing the Association's committees and statutory affairs of the charity	(89)	(77)
	<b>(116)</b>	<b>(104)</b>

### 9 Net income for the year

This is stated after charging:

	2014 £000	2013 £000
Auditor's remuneration	(27)	(27)
Depreciation	(174)	(168)
Operating lease rentals	<b>(1,103)</b>	<b>(1,071)</b>

### 10 Employees and staff costs

Staff costs during the year were as follows:

	2014 £000	2013 £000
Wages and salaries	(15,536)	(15,307)
Social security costs	(1,394)	(1,343)
Pension costs	(1,246)	(716)
Redundancy costs	(107)	(71)
	<b>(18,283)</b>	<b>(17,437)</b>
Payments to agency staff	(166)	(186)
	<b>(18,449)</b>	<b>(17,623)</b>

## 10 Employees and staff costs (continued)

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

	<b>2014</b>	2013	<b>2014</b>	2013
	<b>Full time</b>	Full time	<b>Headcount</b>	Headcount
	<b>equivalent</b>	equivalent		
Research	<b>28</b>	19	<b>27</b>	11
Community Services	<b>472</b>	464	<b>594</b>	591
Information and awareness	<b>39</b>	42	<b>40</b>	49
Fundraising	<b>96</b>	94	<b>104</b>	104
	<b>635</b>	619	<b>765</b>	755

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by 4,828 (2013 – 5,388) volunteers throughout the year.

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

	<b>2014</b>	2013
	<b>Number</b>	Number
£60,001 - £70,000	<b>3</b>	3
£70,001 - £80,000	<b>2</b>	1
£90,001 - £100,000	<b>-</b>	1

Employer contributions of £99,000 (2013 – £78,000) were made to a money purchase personal pension plan in respect of these employees of which £54,005 was for the highest paid employee under a salary sacrifice scheme (2013 - £34,857).

## 11 Trustees' remuneration

None of the trustees received any remuneration in respect of their services during the year. Travelling expenses amounting to £3,000 (£5,000) were reimbursed to five (six) trustees.

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the year totalled £8,000 (£8,000) and provides cover of up to a maximum of £5m 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 Council. In the year to 31 March 2014, research grants awarded to trustees totalled £73,000 (see note 5).

## 12 Tangible fixed assets

<b>Group and charity</b>	Freehold premises £000	Short leasehold premises £000	Fixtures, furniture and fittings £000	<b>Total £000</b>
Cost				
At 1 April 2013	2,007	1,109	941	<b>4,057</b>
Additions	105	24	145	<b>274</b>
At 31 March 2014	<b>2,112</b>	<b>1,133</b>	<b>1,086</b>	<b>4,331</b>
Depreciation				
At 1 April 2013	(80)	(956)	(421)	<b>(1,457)</b>
Charge for year	(40)	(43)	(91)	<b>(174)</b>
At 31 March 2014	<b>(120)</b>	<b>(999)</b>	<b>(512)</b>	<b>(1,631)</b>
Net book values				
At 31 March 2014	<b>1,992</b>	<b>134</b>	<b>574</b>	<b>2,700</b>
At 1 April 2013	1,927	153	520	2,600

## 13 Fixed asset investments

These comprise investments at market value and cash held for re-investment.

	<b>2014 £000</b>	2013 £000
Market value at 1 April	<b>17,686</b>	14,182
Acquisitions	<b>3,195</b>	8,001
Sales proceeds	<b>(2,874)</b>	(6,252)
Net movement in market values	<b>531</b>	1,755
Market value at 31 March	<b>18,538</b>	17,686
Cash held by investment managers for re-investment	<b>815</b>	771
	<b>19,353</b>	18,457
Cost of investments at 31 March	<b>16,195</b>	15,327

The net movement in market values is made up of £50,000 of realised losses (2013 – £92,000) and £581,000 of unrealised gains (2013 – £1,847,000).

## Notes to the financial statements Year ended 31 March 2014

### 13 Fixed asset investments (continued)

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

	<b>2014</b>	2013
	<b>£000</b>	£000
Equities	<b>12,736</b>	11,367
Government stock	<b>278</b>	290
Non-government bonds	<b>2,733</b>	3,094
UK Property funds	<b>800</b>	768
Funds of hedge funds	<b>423</b>	820
Multi asset holding	<b>1,568</b>	1,347
	<b>18,538</b>	17,686
UK stock exchange	<b>7,644</b>	6,980
Non-UK stock exchanges	<b>8,103</b>	7,771
UK Property funds	<b>800</b>	768
Funds of hedge funds	<b>423</b>	820
Multi asset holdings	<b>1,568</b>	1,347
	<b>18,538</b>	17,686

At 31 March 2014 the following investments had a market value in excess of 3% of the portfolio:

	<b>Market value of holding £000</b>	% of listed portfolio
Helmerich & Payne Inc Com	<b>645</b>	3.3

### 14 Debtors

	<b>Group 2014 £000</b>	Group 2013 £000	<b>Charity 2014 £000</b>	Charity 2013 £000
Community services contract purchasers	<b>430</b>	287	<b>430</b>	287
Amount owed by trading subsidiary	<b>-</b>	-	<b>165</b>	9
Other debtors	<b>98</b>	80	<b>37</b>	44
Prepayments and accrued income	<b>1,011</b>	951	<b>865</b>	938
	<b>1,539</b>	1,318	<b>1,497</b>	1,278

## Notes to the financial statements Year ended 31 March 2014

### 15 Cash at bank & short term deposits

	<b>Group 2014 £000</b>	Group 2013 £000	<b>Charity 2014 £000</b>	Charity 2013 £000
Cash at bank and in hand	<b>5,422</b>	3,444	<b>5,422</b>	3,444
Short term deposits	<b>552</b>	615	<b>552</b>	615
	<b>5,974</b>	4,059	<b>5,974</b>	4,059

### 16 Creditors: amounts falling due within one year

	<b>Group 2014 £000</b>	Group 2013 £000	<b>Charity 2014 £000</b>	Charity 2013 £000
Trade creditors	<b>(1,319)</b>	(798)	<b>(1,319)</b>	(798)
Research grants	<b>(2,539)</b>	(2,446)	<b>(2,539)</b>	(2,446)
Other creditors	<b>(589)</b>	(477)	<b>(561)</b>	(451)
Accruals and deferred income	<b>(2,130)</b>	(2,350)	<b>(2,130)</b>	(2,350)
	<b>(6,577)</b>	(6,071)	<b>(6,549)</b>	(6,045)

### 17 Restricted funds

	At 1 April 2013 £000	Incoming resources £000	Resources expended and transferred £000	<b>At 31 March 2014 £000</b>
<b>Life after stroke centre</b>				
- Valerie Sill	50	-	(50)	-
- The Edith Murphy Foundation	50	85	(135)	-
	100	85	(185)	-
<b>Medical research</b>				
- The Bryan Guinness Charitable Trust	5	-	(5)	-
- Eranda Foundation	70	-	(70)	-
- The Eveson Charitable Trust	15	15	(30)	-
- The Frances & Augustus Newman Foundation	25	26	(51)	-
- George, John & Sheilah Livanos Charitable Trust	-	12	(12)	-
- The Blagrove Trust	35	23	(58)	-
- The Inman Charity	4	-	(4)	-
- The Kirby Laing Foundation	50	-	(50)	-
- Manx Stroke Foundation	-	10	(10)	-
- Mothercare Group Foundation	13	-	(13)	-
- Next plc	-	20	(20)	-
Carried forward	217	106	(323)	-

## Notes to the financial statements Year ended 31 March 2014

### 17 Restricted funds (continued)

	At 1 April 2013 £000	Incoming resources £000	Resources expended and transferred £000	At 31 March 2014 £000
<b>Medical research (continued)</b>				
Brought forward	217	106	(323)	-
- Private Physiotherapy Educational Foundation	22	22	(44)	-
- Other donations & legacies	4	1,654	(1,653)	5
- Rosetrees Trust	16	44	(60)	-
- Sir Samuel Scott of Yews Trust	5	-	(5)	-
- The Margaret Giffen Charitable Trust	-	15	(15)	-
- Violet M Richards Charity	58	10	(68)	-
	<b>322</b>	<b>1,851</b>	<b>(2,168)</b>	<b>5</b>
<b>Princess Margaret Fund</b>				
- Professor Sir Charles George FRCP, FFPM	20	-	-	20
- The Hinduja Foundation	6	-	-	6
- Lord & Lady Harris of Peckham	15	-	-	15
- The Lord Leonard and Lady Estelle Wolfson Foundation	-	100	-	100
- Mr Michael Spencer	80	-	-	80
- Other donations & legacies	156	32	-	188
- PMFound	15	-	-	15
- Residential Land	85	-	-	85
- Rightlane Limited	19	-	-	19
- Scottish Government	-	225	-	225
- Tangent Charitable Trust	15	-	-	15
- Thompson Family Charitable Trust	84	200	(84)	200
	<b>495</b>	<b>557</b>	<b>(84)</b>	<b>968</b>
<b>Other restricted funds</b>				
- The Alice Ellen Cooper Dean Charitable Foundation	5	-	-	5
- Bank of Scotland Foundation	12	-	(12)	-
- Big Lottery Fund	25	6	(31)	-
- The Childwick Trust	8	-	(8)	-
- Community services contracts	-	11,187	(11,187)	-
- Department of Health Section 64 grant (6)	19	55	(52)	22
- ED Ellis	23	-	(18)	5
- Scottish Government	145	-	(44)	101
- Hywel Dda Charitable fund	-	3	-	3
Carried forward	237	11,251	(11,352)	136



## Notes to the financial statements Year ended 31 March 2014

### 17 Restricted funds (continued)

	At 1 April 2013 £000	Incoming resources £000	Resources expended and transferred £000	At 31 March 2014 £000
<b>Other restricted funds</b> (continued)	237	11,251	(11,352)	<b>136</b>
Brought forward				
- ICAP	165	-	(29)	<b>136</b>
- Ipsen	-	20	(20)	-
- John Ellerman Foundation	-	30	(30)	-
- Legacy	29	-	-	<b>29</b>
- Legal & General plc	-	40	-	<b>40</b>
- Maysel E Radcliff	83	-	(37)	<b>46</b>
- Other donations & legacies	80	1,126	(605)	<b>601</b>
- Millennium Stadium Trust	-	5	-	<b>5</b>
- Nominet Trust	-	93	(63)	<b>30</b>
- Per Pro Limited	-	20	-	<b>20</b>
- Sainsburys	-	32	(32)	-
- Scottish Government	1	30	(31)	-
- The Scottish Council on Visual Impairment	1	3	(3)	<b>1</b>
- S Beer	4	-	(4)	-
- Summary Limited	12	-	(12)	-
- W G P McGowan	34	-	(11)	<b>23</b>
- William Avery Legacy	16	-	(5)	<b>11</b>
- Wimbledon District Nursing and Midwifery Benevolent Society	3	-	(3)	-
- Wales Council for Voluntary Action	6	11	(14)	<b>3</b>
	<u>671</u>	<u>12,661</u>	<u>(12,251)</u>	<b><u>1,081</u></b>
<b>Total</b>	<u>1,588</u>	<u>15,154</u>	<u>(14,688)</u>	<b><u>2,054</u></b>

Other restricted donations were received for the following projects:

- Alice Ellen Cooper-Dean Charitable Foundation – Towards our work in West Dorset.
- Bank of Scotland Foundation – For the Speak out for Stroke project.
- Big Lottery Fund – For our Stroke Health Improvement Programme in Ceredigion. The exact amount received was £6,123.
- The Childwick Trust – Towards supporting people with aphasia.
- Community services contracts – For operating communication and family support services.
- Department of Health Section 64 grant (6) – Towards our work in Communities, Volunteering and Localism.

**17 Restricted funds** (continued)

- ED Ellis – Towards our work in Cambridgeshire.
- Hywel Dda Charitable Fund – To support a new Stroke Awareness Volunteer Co-ordinator.
- ICAP – Towards our Childhood Stroke Project.
- Ipsen – Towards our Life After Stroke campaign.
- Legacy – For services in Sussex.
- Maysel E Radcliff – For our work in Sheffield.
- Millennium Stadium Trust – To support a new Stroke Awareness Volunteer Co-ordinator.
- Nominet Trust – The development of a digital self-management tool to support people in their recovery following stroke.
- Other donations and legacies - Received for community services, education and training, support, information and awareness.
- Per Pro Limited – Towards our work on childhood stroke guidelines.
- Sainsburys – Towards our Life After Stroke grants.
- Scottish Government – Stroke Advocacy and Self-Directed Support Project.
- Scottish Government – Vascular Health and Stroke Training Project in Scotland.
- Scottish Council on Visual Impairment – To fund the Scottish Vision and Stroke Network.
- S Beer – For our work in Cornwall.
- Summary Ltd – For our Hertsmere Communications Support Group.
- W G P McGowan – For our work locally at Queens Park Hospital, Blackburn.
- William Avery legacy - For stroke services in Croydon.
- Wimbledon District Nursing and Midwifery Benevolent Society – For our Art Therapy Group in Merton.
- Wales Council for Voluntary Action – Towards our Volunteer Coordinator in Wales.

During the year, £406,000 was transferred to unrestricted funds being a reimbursement of expenditure incurred for restricted fund purposes but met out of the unrestricted fund balances in the first instance.

## 18 Analysis of net assets between funds

	Restricted funds £000	Un- restricted funds £000	Total 2014 £000
Tangible fixed assets	-	2,700	<b>2,700</b>
Fixed asset investments	-	19,353	<b>19,353</b>
Current assets	2,634	4,879	<b>7,513</b>
Creditors: amounts falling due within one year	(580)	(5,997)	<b>(6,577)</b>
Creditors: amounts falling due after one year	-	(5,948)	<b>(5,948)</b>
	<u>2,054</u>	<u>14,987</u>	<u><b>17,041</b></u>

## 19 Tax

The charity is unable to reclaim all VAT suffered on expenditure. Irrecoverable VAT suffered during the year amounted to £1,046,000 (2013 – £885,000).

## 20 Leasing commitments

At 31 March 2014 the charity had annual commitments under non-cancellable operating leases as follows:

	Property 2014 £000	Property 2013 £000	Cars 2014 £000	Cars 2013 £000
Operating leases which expire:				
Within one year	<b>(211)</b>	(234)	<b>(35)</b>	(11)
Within two to five years	<b>(529)</b>	(437)	<b>(165)</b>	(244)
After five years	<b>(192)</b>	(227)	-	-
	<u><b>(932)</b></u>	<u>(898)</u>	<u><b>(200)</b></u>	<u>(255)</u>

## 21 Pension commitments

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

## 22 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.

## 23 Dormant subsidiary companies

The Association owns 100% of The Chest Heart and Stroke Association, British Stroke Foundation and Stroke UK Limited, dormant companies incorporated in England and Wales and 100% of Speechmatters Limited, a dormant company incorporated in Northern Ireland.