

Annual Report and Financial Statements

Year ending 31 March 2020

Stroke
Association





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

Contents

Introduction

Chair and Chief Executive's welcome	<u>6</u>
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Rebuilding lives after stroke

What we want	<u>10</u>
What we do	<u>11</u>
How and why we do it	<u>12</u>
What we've achieved	<u>14</u>
Funding our work	<u>16</u>

Strategic report

Goal A – Make stroke the priority it needs to be	<u>18</u>
Goal B – Ensure that everyone affected by stroke has access to the rehabilitation and lifelong support they need	<u>38</u>
Goal C – Partner with people and communities to help them take action on stroke	<u>52</u>
How we work	<u>72</u>
Financial review of the year	<u>82</u>

Governance

Structure, governance and management	<u>88</u>
--------------------------------------	-----------

Financial statements

Independent auditor's report	<u>107</u>
Consolidated statement of financial activities	<u>112</u>
Consolidated balance sheet	<u>113</u>
Charity balance sheet	<u>114</u>
Consolidated statement of cash flows	<u>115</u>
Principal accounting policies	<u>117</u>
Notes to the financial statements	<u>126</u>



Chair and Chief Executive's welcome



2019–20 was an exciting year for the Stroke Association as we began implementing our new strategy.

We started with a bang, launching our new TV and social media campaign, 'Rebuilding Lives'. Our powerful film features stroke survivors describing, in their own words, the devastating scale and impact of stroke but also how, with the right support, it's possible to rebuild your life again. Early data indicates that the campaign is increasing public awareness and engagement with stroke. We'll need to sustain this investment and keep our message consistent to continue momentum and change people's understanding of stroke.

Improving NHS policy and practice around the UK

Alongside the Rebuilding Lives campaign, we published our 'Lived experience of stroke' report, which used data from our 2018 survey of over 10,000 stroke survivors and their primary carers. The report reveals the significant financial and emotional consequences of stroke, with 78% of stroke survivors reporting mental health challenges, and an urgent need for more long-term support for carers. One in five carers has not accessed any form of help since their loved one had a stroke.

We used this report to strengthen our policy influencing work across the UK, and to show key decision-makers the lasting impact that gaps in stroke services have on people's everyday lives. With our Chief Executive, Juliet, co-chairing the stroke programme board for England alongside the NHS England National Clinical Director for Stroke, Dr Deb Lowe, we promoted the importance of integrated stroke delivery networks, and supported NHS England's commitment to new stroke rehabilitation pilots.

We continued to push for stroke to be an equivalent priority in the devolved countries of the UK. We were pleased that Scotland identified stroke as a priority for the first time in its Annual Programme for Government. In Wales, we provided the secretariat to the cross-party inquiry into stroke services, which published its report, calling for a new national stroke plan and stronger leadership. In Northern Ireland, we gathered evidence from stroke survivors, carers and health professionals and developed a comprehensive response to the Department of Health's public consultation on reshaping stroke care. We continue to lobby the Health Minister to urgently progress with stroke reform.

Directly supporting people when they need help

We expanded our investment in support services and increased our reach through local and universal services by 5% to 66,306 stroke survivors and carers. Our 225 local face-to-face stroke recovery services reached approximately 42,000 individuals, and our telephone and online support services – Stroke Helpline and My Stroke Guide – provided much-needed emotional, practical and social support to around 21,000 people. We also distributed over 500,000 stroke information guides to help people understand, adapt to and prevent stroke. Our stroke clubs and groups provided fun, friendship and peer support to

over 4,000 stroke survivors and carers. We also gave training, resources, benefits and advice to our network of 216 independent volunteer-led stroke clubs to help them offer support to even more people affected by stroke in their communities.

Supporting people through the Covid-19 crisis

We've adapted quickly to ensure we continue to support as many stroke survivors and their families as possible. We responded to worrying data about people not seeking urgent help after a stroke by launching a campaign to highlight that stroke is a medical emergency, and to help them recognise the symptoms using the FAST test (Face, Arms, Speech, Time). We also developed two brand new services – Stroke Connect and Here for You – to support newly discharged stroke survivors and offer volunteer-led peer support and companionship to those feeling socially isolated.

Working in partnership

Partnerships are also at the heart of our strategy, as we know we can't tackle the challenge of stroke on our own. We've developed and strengthened our ongoing partnerships with the Richmond Group and Sport England to help more people get physically active, with the British Heart Foundation and Alzheimer's Society to fund research, and with other stroke bodies to support professional



development and learning through the UK Stroke Forum.

We also increased our investment in community development and volunteering as part of our commitment to putting volunteers at the heart of our work, and listening and responding more effectively to their needs.

Maintaining our commitment to stroke research

We desperately need more stroke research to create breakthroughs in prevention, treatment and care for such a devastating condition, so research remains a key priority for us. We paid out £3.8 million in research grant funding during 2019–20 compared to £2.5 million the previous year. This allowed us to provide exciting new grants to spearhead research in areas including blood pressure, haemorrhagic stroke, vascular dementia, sight loss and fatigue. We remain committed to developing the next generation of stroke research leaders, and continue to fund fellowships and lectureships.

Improving our financial sustainability

We've been drawing on reserves to finance a structural deficit for a number of years. Trustees approved a three-year recovery plan last year, and we reduced our deficit position (excluding the movement in investments) from £3.2 million to £2.9 million and introduced stronger expenditure controls. Although it was a difficult year for some aspects of fundraising, pleasingly our total income grew slightly from £35.0 million to £35.6 million, helped by a strong performance on legacies. We're pleased that income from statutory commissioners remains strong, as they increasingly recognise the value we can bring to stroke survivors in the communities they serve.

Sadly, the Covid-19 pandemic has significantly affected our face-to-face fundraising income from mid-March 2020 onwards. We responded quickly with an extensive re-budgeting process, and trustees approved a further drawdown on reserves to maintain the support and services that our beneficiaries rely on.

With an expected 20% reduction in our income, we made the tough decision at the end of the financial year to slow down new research expenditure. Unfortunately, we anticipate that the virus will have an ongoing negative impact on our income. Given this and our commitment to achieve financial breakeven by March 2022, we began implementing a new operating model

in July 2020. We've designed the operating model to help us increase our reach and value to more people affected by stroke and the wider stroke community, while reducing our costs and improving our efficiency and financial sustainability.

Our operating model changes include reducing the number of directorates and Executive Directors. As we finalise the detail, this will sadly reduce our overall staff costs by between 10 and 20%. We hope to minimise the number of staff adversely affected as we proceed with consultation through to next year.

Improving ourselves

Following our governance review two years ago, we carried on improving the effectiveness of our Board and sub-committees, and implementing our plan to reduce the size of our Board by 2022. Following the safeguarding issues reported by other charities, we reviewed our policies and procedures, and strengthened our compliance with external regulatory frameworks and good practice.

Throughout the year, we've also focused on embedding our values and fostering a culture of mutual respect, empowerment and kindness to ourselves as well as others. We successfully stabilised our Finance Team and new finance system after teething problems in 2018–19, and expanded our development opportunities and wellbeing support for staff and volunteers.

Pleasingly, we're seen as a great place to work, with scores across our people engagement survey increasing, and our staff turnover figures remaining low.

Thank you for your support

Rebuilding lives after stroke is a team effort, and our work is only possible thanks to the determination and generosity of the stroke community. Among them, our dedicated trustees. Our thanks in particular to Eric Tracey, Ian Black, Dr Liz Mear, Sir Charles Cockburn and Professor Marion Walker who departed the Board during 2019–20. Their expertise, guidance and professionalism has had a positive and lasting impact on our charity.

Thank you to all our supporters, staff, volunteers and partners for your amazing commitment and loyalty to our charity and cause. We're proud of our wonderful community and your dedication to driving better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke.

Signed:

Stephen King,
Chair of Trustees

Juliet Bouverie,
Chief Executive

Rebuilding lives after stroke

We want:

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

What we do

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



Practical and emotional support

Our person-centred emotional, communication and rehabilitation services help people to move forward after one of the most frightening experiences of their lives.



Financial aid

We offer Life After Stroke Grants to those most in need, funding vital home or personal equipment, or support to help you become active in your community.



Life-changing research

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



Making your voices heard

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



Building and connecting stroke communities

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



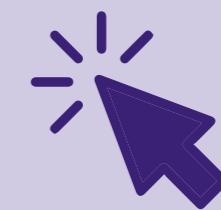
Advice and information

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



Inspiring action

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



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

How and why we do it

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

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

There are over 1.2 million people living with the effects of stroke in the UK. As the population ages, the number of strokes is projected to double over the next 20 years. It's vital that we act to ensure that stroke is better understood and stroke survivors and carers get the support they need, both now and in the future.

In 2018–19, we introduced our new strategic plan, with three clear goals:

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

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

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

We've made significant achievements in all three areas throughout 2019–20 (see page 18 onwards). We've also continued to strengthen our strategy. We've clarified our vision and approach to Goal C in particular, to help us think more specifically about what community engagement means to us, and how we can better coordinate, encourage, develop and support those who give their time, voice and money to help us rebuild lives after stroke.



What we've achieved



We reached over 12 million people aged 55+ with our Rebuilding Lives campaign.

We've invested

£1.2 million

into new stroke research



We raised

£24.3 million

Thank you!

We awarded

£400,000

in Life After Stroke Grants



3,000

excellent volunteers support our work.



We've distributed

over 500,000

pieces of valuable stroke information between January and April 2020 through GP surgeries, pharmacies and hospitals.

We established

three Emotional Support services

across England and one in Northern Ireland.



We delivered

225 services with **125** different

commissioning organisations.

We directly supported

66,306

people affected by stroke through our local services, Stroke Helpline, My Stroke Guide online and voluntary groups.



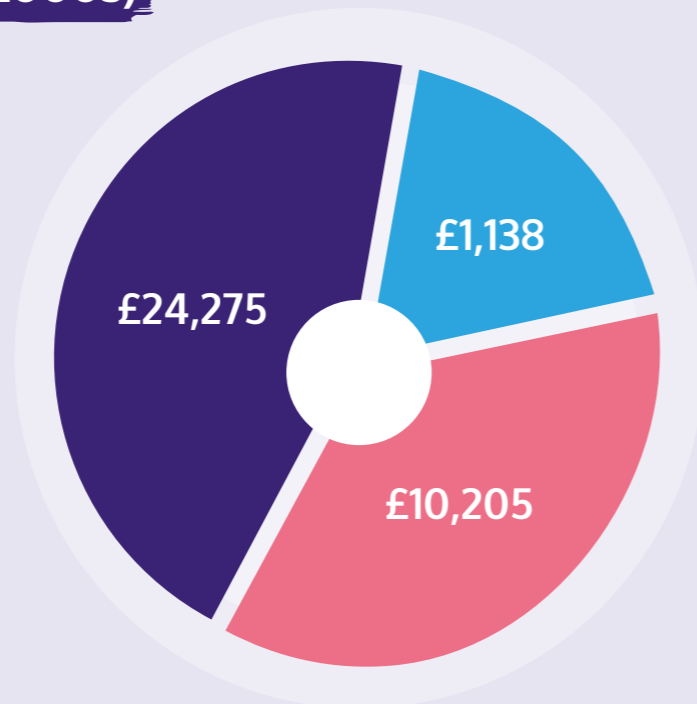
We worked with the governments of **all four nations** to raise the profile of stroke as a condition, and show why it needs to be a priority.

Funding our work

How we raised our income (£000s)

- Donations and legacies: £24,275
- Community service contracts: £10,205
- Other income (including trading and investments): £1,138

Total income: £35,618

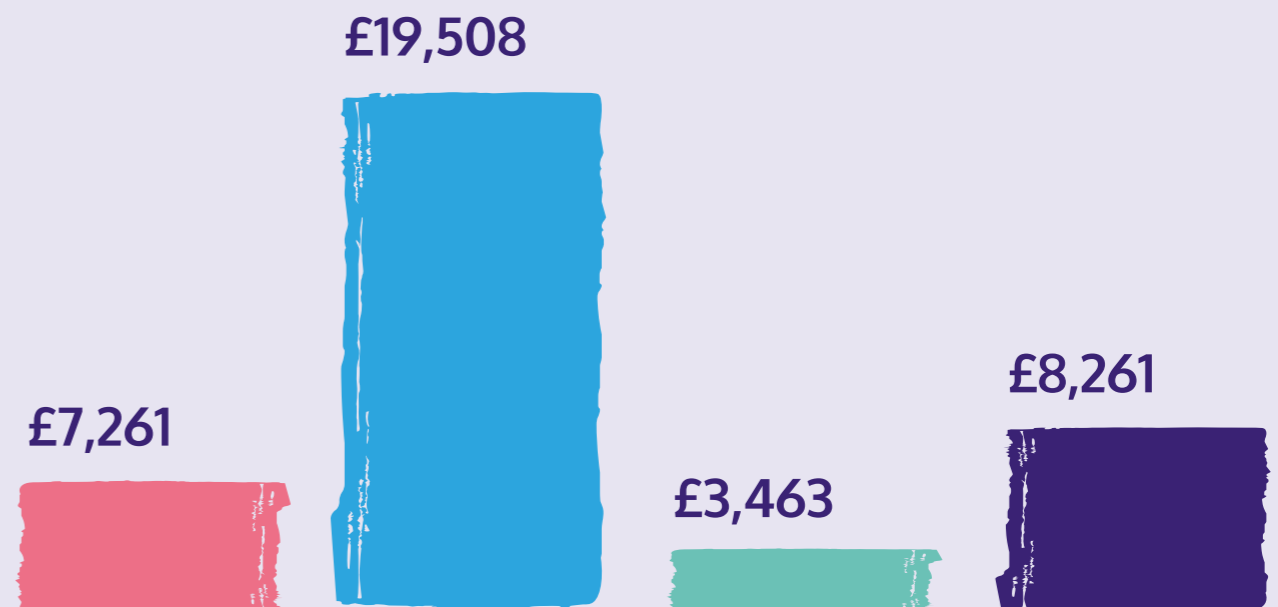


For every £1 we receive we spend 79p on our charitable work (2019: 78p).

How we spent our income (£000s)

- Goal A – Make stroke the priority it needs to be: £7,261
- Goal B – Ensure that everyone affected by stroke has access to the rehabilitation and lifelong support they need: £19,508
- Goal C – Partner with people and communities to help them take action on stroke: £3,463
- Raising funds to enable all of the things above to take place: £8,261

Total expenditure: £38,493



Here we've analysed our expenditure by our strategic goals. See page 112 for our full expenditure split.



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

Stroke is the fourth biggest killer and a leading cause of adult disability in the UK.

However, stroke needs more public and political attention. There's not enough understanding of stroke as a condition. Stroke research is underfunded. There are vast inequalities in the delivery and availability of stroke treatments and services across the UK, affecting people's chances of survival and recovery.

We want everyone – national governments, local communities and individuals – to understand the scale and impact of stroke. To take action to prevent strokes, and to make sure those whose lives are hit by this devastating condition receive the care and support they need.

In 2019-20:

We spread the word: we're rebuilding lives after stroke

In April 2019, we launched our Rebuilding Lives campaign to change the way people think about stroke. We wanted to increase awareness of stroke as a cause and us as a charity.

In our first ever TV campaign, stroke survivors Baz, Alisha, Max, Luna, Erin and Paul shared their stories in their own words. They show how stroke can happen to anyone and change lives in an instant. But with the right support and determination, the brain can adapt. Life after stroke is possible, and we're here to help.

Here's what they have to say...



Baz

"Stroke is awful, I wouldn't wish it on my worst enemy. I think a campaign like this with a wide range of people, from youngsters to old age, is important. People need to understand more about this condition."



Alisha

"Having aphasia is like being in a bubble. You feel trapped in yourself. My life has changed completely. Now I volunteer to help other stroke survivors, and to raise awareness. There is a way you can put your life back together."



Max

"Before my stroke, my favourite subject was PE. But I can't use my hands for lots of things now. I hope I'll get better and hopefully some of these fingers might work again."



Luna

"Despite the stroke, I feel I have a new sense of purpose. I'm determined to shine a light on what having a stroke means. I want to break the stigma that a stroke means death or a lifetime of disability."



Erin

"Being involved in the Rebuilding Lives campaign has helped me to accept my stroke, and its difficulties. It's helped bring to light the progress I've made, reinforcing life after stroke is possible – I'm doing it, along with 1.2 million UK stroke survivors."



Paul

"Stroke for me was a pause, not the end of the story. With the Rebuilding Lives campaign, I want to change other people's stories and help them to see there's happiness and hope on really bad days."

Campaign highlights:

- **We're raising awareness of stroke** - The number of UK adults who said they don't know what causes a stroke – a figure that has been static since we started measuring it – dropped by a third year-on-year, to 13%.
- **We're increasing awareness of our charity** - From May to June 2019, we doubled campaign awareness among 'people connected to stroke' from 6% to 12% and 'past supporters' from 23% to 43%. Our brand awareness also rose from 86% in 2018, to 91% in November 2019 among people connected to stroke.
- **We're helping more people to know that we're here for them** - Since its launch, our 60-second film has been viewed on YouTube over 2.7 million times, and the 30-second version has been viewed 2.5 million times. The film was designed to show people that it is possible to rebuild lives after stroke, and to raise awareness of our information and online support services.

- **We're encouraging more people to support us** - We've seen all-time high levels of people saying they're likely to support us and our fundraising appeals have consistently generated income 15-40% above target. However, we still have a way to go, particularly given that Covid-19 is affecting all of our activities.
- **We've had an overwhelming response from the stroke community** - In May 2019, we reached 1 million social media engagements (likes, shares and comments, retweets, direct messages) for the first time ever. This rose to 1.5 million across all social channels when we ran the campaign again in October 2019.

Rebuilding Lives campaign

Our advert premiered on Channel 4 during Gogglebox at 9pm on 26 April 2019, and our Rebuilding Lives stars were interviewed on Sky News and the BBC in May.

The second wave launched in October and received 500,000 engagements on Facebook in the first week of the campaign - ahead of charities with many more followers and a much larger spend.

Luna and Paul shared practical tips and guidance in their Instagram take-overs, resulting in our most watched Instagram stories ever. High profile supporters, including actor Jared Leto, who shared our campaign with his 4.4 million followers on Twitter, also helped to boost our reach.

The campaign won 'Best Use of Insight' and the 'Judges' Choice' categories at The Marketing Society Brave Awards 2020, as well as the Charity Times 'Campaign of the Year'. We were delighted to win Silver in our turnover category for 'Charity Film of the Year' and Gold in our category for 'People's Choice' at the Charity Film Awards. We were also shortlisted in the 'Best TV Newcomer' category for the Thinkbox TV Planning Awards 2020.



We let people know that we're here to help

On top of our Rebuilding Lives activities, we've been exploring other ways to let stroke survivors know that we can help:

- In November and December 2019, we sent out stroke information and guides on how to access our services to 2,000 people affected by stroke who responded to advertising on Facebook. That's 2,000 people who may not have previously heard of the Stroke Association, who are now able to access the support we offer.
- We've grown the number of survivors and carers receiving regular email support from us to almost 30,000 beneficiaries.
- We've reached stroke survivors and carers via digital screens, leaflets and posters in GP surgeries. Of those who picked up leaflets, 24% reported high blood pressure, 21% reported high cholesterol and 16% reported diabetes – so we know we're reaching people at risk of stroke. Satisfaction rates for these leaflets average over 90%, consistently exceeding sector averages.
- We increased our reach in healthcare settings and distributed over half a million leaflets and posters between January and April 2020 through GP surgeries, pharmacies and hospitals.

We helped people to understand the impact of stroke

We published our 'Lived experience of stroke' report, based on the findings from a survey of over 10,000 stroke survivors (the largest ever survey of stroke survivors and carers) that we commissioned in 2018. Released in four chapters, the report exposes the realities of living with stroke, including the mental health impact, the financial hardship, the challenges faced by carers, and gaps in long-term rehabilitation and support. The startling findings reveal that:

- **More than three quarters (78%)** of people who have survived a stroke have developed at least one mental health problem.
- **Almost half (43%)** of stroke survivors across the UK, aged under 65, are faced with financial hardship after their stroke.
- **One in five (19%)** people caring for stroke survivors have not accessed any form of help after their lives were turned upside down overnight.
- **A quarter of stroke survivors (25%)** said they failed to receive enough support when they needed it most.

The report gained 349 pieces of strong media coverage across print, broadcast and online media, increasing and improving public awareness of how stroke affects people's lives, and helping us to amplify the voices of stroke survivors and carers in conversations with partners, funders and decision makers.

We continued to work with governments and policy-makers across the UK to drive improvements in stroke policy and care

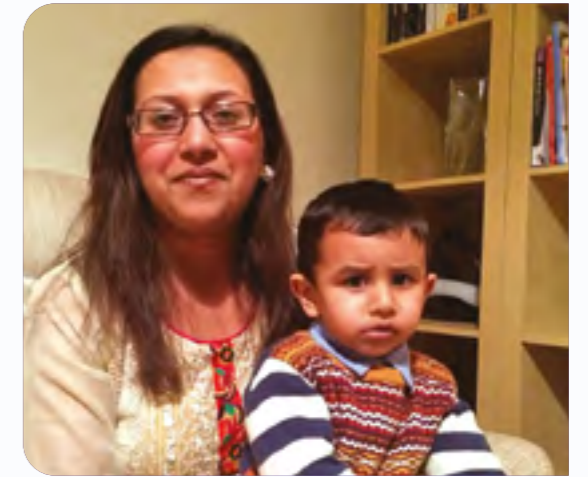
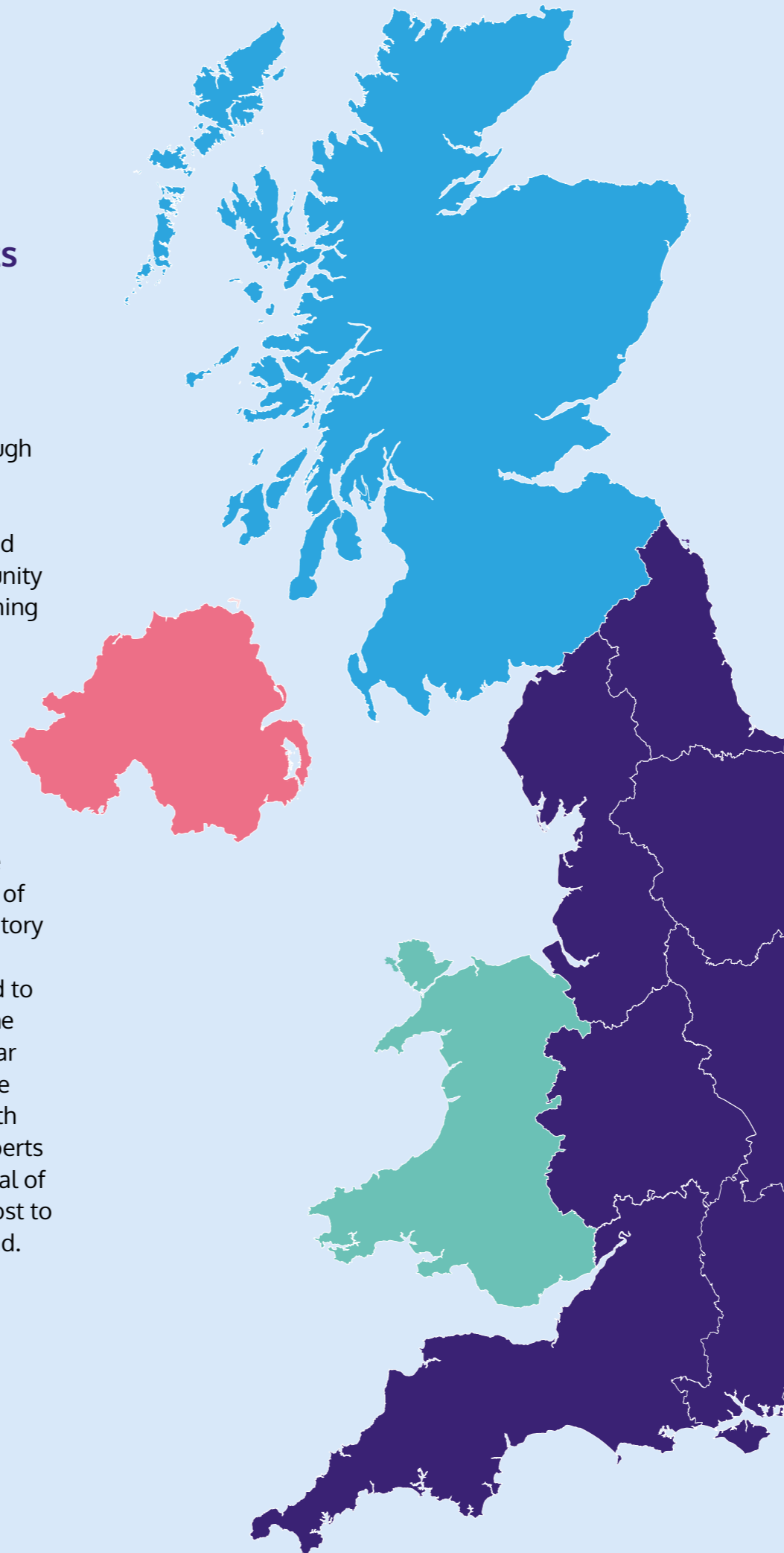
England: Since the launch of NHS England's (NHSE) Long-Term Plan and the National Stroke Programme in January 2019, we've worked with health care leaders and experts to oversee and deliver the promised improvements in stroke care.

We've had a number of successes that have positioned us as a trusted partner of NHSE, enabling us to drive changes in areas we know are a priority for stroke survivors.

With Juliet, our Chief Executive, co-chairing the Stroke Delivery Board, we've gained a commitment from NHSE to prioritise and allocate additional funding to stroke rehabilitation – which is often overlooked and under-resourced. We helped secure commitment to introduce Integrated Stroke Delivery Networks (ISDNs). ISDNs bring together services – from ambulances, to stroke units, to community teams – to bridge the gap between hospital and community services, improve access to treatments, improve the availability of community rehabilitation and life after stroke services, and remove the postcode lottery of care.

We brought key system decision-makers and stroke professionals from across the UK together through webinars, online forum and an extremely well received annual face-to-face event as we continued to expand our nationwide community of best practice. Using our convening power, we continue to bring professionals together to tackle common challenges and explore innovations in stroke.

We worked closely with NHSE, the British Heart Foundation and British Lung Foundation to ensure that people with lived experience of stroke, cardiovascular and respiratory diseases can have their say at a strategic level. We were delighted to appoint two stroke survivors to the Stroke Delivery and Cardiovascular (CVD) and Respiratory Programme Boards. They are now working with senior healthcare leaders and experts to influence the work, with the goal of focusing care on what matters most to patients and carers across England.



Stroke survivors Nisba Ahmed and James Redgate are helping to oversee and deliver the improvements in stroke care set out in NHS England's Long Term Plan.

Nisba says: "As Patient Voice Representatives, James and I use our lived experience of stroke to inform and influence the work of NHS England services in a national context.

"We attend the Stroke Delivery Board meetings, chaired by Juliet, the Stroke Association's Chief Executive, and the Cardiovascular and Respiratory Programme Board meetings. We hear about projects to improve stroke care and services, and have the opportunity to voice our thoughts.

"We've had experience of stroke so we know how debilitating it can be and how it can affect you physically and psychologically. I hope our involvement will help to influence and improve the quality of care for stroke survivors, carers and their families."

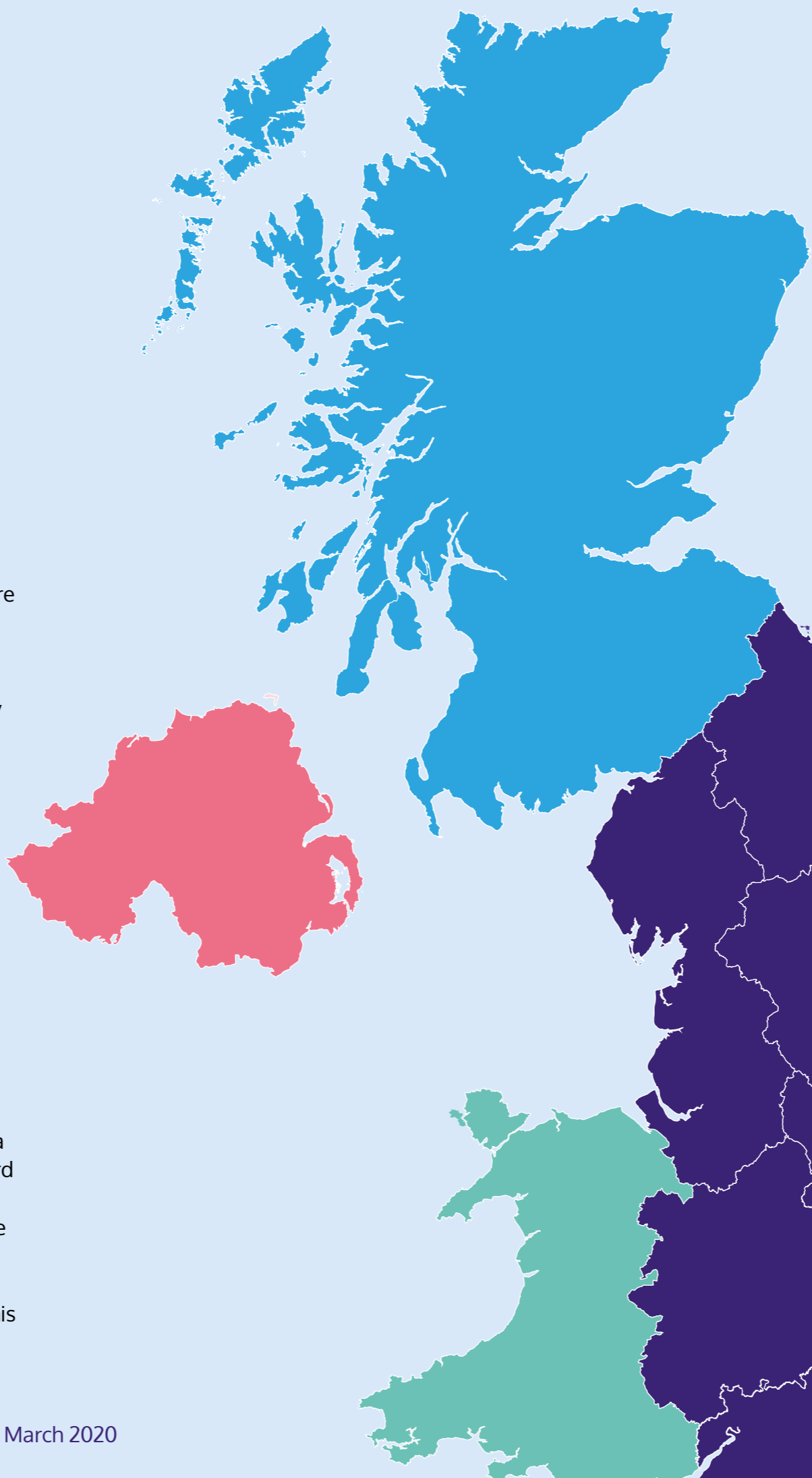
Scotland: We increased our influencing work in Scotland – collaborating with senior clinicians and politicians to highlight the need for better stroke services. As a result, we were delighted when stroke was included in Scotland’s annual Programme for Government for the first time, in September 2019.

The Scottish Government’s commitment to improving stroke treatment and care included plans to:

- Appoint a stroke Specialty Adviser to the Chief Medical Officer.
- Review and improve the current bundle of stroke care measures.
- Scope out and define what a progressive stroke unit looks like.
- Put in place a national framework for thrombectomy services. This is critical as hundreds of people miss out on treatment every year because the procedure isn’t available in Scotland.

We’ve already started to see some progress in establishing a national planning framework to deliver a clinically safe and effective thrombectomy service. Five boards in the north of Scotland signed off on a plan to deliver the treatment to eligible stroke patients in this area, and procedures were due to begin in 2020, although the Covid-19 pandemic has delayed this. The framework will detail plans to establish a service for Edinburgh and Glasgow.

We also supported NHS Tayside’s decision to move to a hyper-acute model of stroke care – the first Health Board in Scotland to do so. The evidence shows that Hyper Acute Stroke Units (HASUs) - large centres of excellence operating 24/7 with the best equipment and clinicians under one roof - save lives, improve recoveries and are more cost-effective. By working with NHS Tayside on this issue, we’ve established a strong foundation for future collaborative working.



Dr Matthew Lambert is the Consultant and Clinical Lead for Acute Stroke at Ninewells Hospital, where the new hyper-acute stroke service for Tayside and north east Fife is based:

“Over the past 12 months, NHS Tayside have been making changes to how we deliver our acute stroke services, which has led to improvements in the quality and consistency of the care we provide to the population of Tayside. This has involved significant changes to pathways of care and to where that care is provided.

“Our acute stroke unit at Ninewells is now seeing patients admitted from across Tayside seven days a week, giving them earlier access to specialist treatment before being discharged home or stepped down to their local stroke unit for ongoing care and rehabilitation.

“Throughout this process, the Stroke Association has been incredibly supportive in offering guidance and sharing learning from other areas that have made similar changes, as well as helping us engage with the public to get the message out about what we are aiming to achieve for people who have a stroke.”

Northern Ireland: Following the publication of our 'Struggling to recover' report in 2019, which highlighted significant gaps in stroke rehabilitation and support, we've continued to advocate for improvements across the stroke pathway to reduce the postcode lottery of stroke care and help all stroke survivors to make the best recovery they can. We led an important exercise to gather information and insight from the stroke community to inform our response to the Department of Health's public consultation on reshaping stroke care in Northern Ireland.

We engaged with people affected by stroke at the Northern Ireland Stroke Assembly, via our Voluntary Groups, the Northern Ireland Reference Group and through social media. We also spoke to stroke consultants, allied health professionals and experts on reconfiguration, to help us develop a strong, evidence-based consultation response.

Our engagement with the stroke community and media, as well as the reference to 'Struggling to recover' in the consultation document, has helped to increase knowledge and awareness of our charity and to establish us as a trusted authority on stroke and reconfiguration. Other charities approached us to help them to brief their networks and to inform their response to the consultation, enabling us to build and strengthen relationships with colleagues in the sector.

Working closely with the Department of Health and helping them to engage with some of our groups also helped strengthen our relationship and communication with them.

"Too many of the nearly 39,000 stroke survivors in Northern Ireland struggle to access appropriate support to rebuild their lives when they leave hospital. We believe everyone affected by stroke should get the best treatment and care possible and that reorganising stroke services will help achieve that. This is an exciting opportunity to create a world class stroke service for the people of Northern Ireland. We'll continue to engage with and lobby the Department of Health to ensure that much-needed stroke reform is urgently progressed."

Brenda Maguire, Stroke Association, Head of Influencing and Communications in Northern Ireland

Wales: We provided the Secretariat and supported the National Assembly's Cross-Party Group on Stroke (CPGS) to lead an inquiry into the implementation of the Welsh Government's current Stroke Delivery Plan, which was due to end in 2020, but has been extended until early 2022 because of the Covid-19 pandemic.

Although we've seen some progress since the plan was released in 2017, particularly in stroke prevention, there are still significant variations in the quality and availability of important acute and rehabilitation services.

The final inquiry report puts forward important recommendations to the government for developing and improving stroke prevention, treatment and care in future in Wales. At the top of the list is the need for a new national stroke plan for Wales and strong leadership. The report also calls for the establishment of HASUs and improvements in how transient ischaemic attacks (TIAs) are treated.

Unfortunately, we had to cancel the planned launch event in March 2020 because of the Covid-19 pandemic. The report was instead published online on the Welsh Assembly's website in April 2020, with recommendations sent directly to the Minister for Health and professionals working in stroke care in Wales.

We'll use the report's findings to continue to influence and advise the government on the next phase of the Stroke Delivery Plan ahead of the Welsh General Election in 2021, to ensure it supports health services to make improvements at all stages of stroke care, from hospital to long-term support at home.



It's estimated that stroke costs Wales **£1 billion** every year.

We partnered with researchers and funders to raise the profile of stroke research

We are committed to working with researchers and funders to help grow the stroke research experts of the future, encourage people from different research backgrounds to work in stroke, and to increase overall funding for stroke research.

Throughout 2019-20, we worked with the stroke community, including those affected by stroke, to identify some exciting new research opportunities.

We established new co-funding partnerships with other organisations, including charities, MedCity and the Public Health Authority in Northern Ireland, to raise the profile of stroke research.

"We're delighted to work in partnership with the Stroke Association on a bespoke version of MedCity's 'Collaborate to Innovate' funding programme, supporting small and medium enterprises (SMEs), and researchers to work together to develop technologies to help people to rebuild their lives after stroke."

"Following a rigorous review by our expert panel, three transformative projects have been progressed, covering conventional as well as digital therapies. We'll continue to closely support the projects and ensure that these ground-breaking collaborations between SMEs and academia deliver a positive impact for stroke survivors."

Elias Zapantis, MedCity Programme Manager

We made good progress setting up the James Lind Alliance Priority Setting Partnership. This project aims to identify the key questions for future research to answer, based on what really matters to stroke survivors, carers and stroke professionals. We also want to use its findings to influence and leverage more money into stroke research in the future.



We established a Steering Committee, who've been key in helping us to define the scope of the project, and develop and launch a survey for stroke survivors and clinicians to be completed during 2020.

Dr Ade Adebajo is involved in the Priority Setting Partnership.



"Since my stroke, I've been involved in stroke research focusing on increasing diversity and inclusion. This can help ensure research addresses problems for all stroke survivors, regardless of things like their age, ethnicity or income."

I wanted to be involved with the Priority Setting Partnership Steering Committee to bring insight and my perspective as a stroke survivor. I like that it really is a true partnership of various people identifying where the gaps are in stroke research and service provision.

Stroke is such a major condition and we all need to do everything we possibly can to try and fight the problem. I would encourage people affected by stroke to get involved with the JLA project to tell us what stroke issues matter most to you. Your questions can reveal where there are problems that research can help solve for the future."

We supported the future of stroke research

We continued to support the next generation of stroke research leaders through our capacity-building programme:

- In 2019, we established a new partnership with the National Institute for Health Research to co-fund Pre-doctoral Clinical Academic Fellowships. These awards aim to give healthcare professionals the time and experience to move into research, funding academic training to equip awardees with the skills and experience necessary for them to develop a research career.
- We successfully identified the Post-Graduate and Post-Doctoral Fellows and Lecturers that will receive awards, moving the funding into 2020–21.
- We held a Fellows Day for our funded Postgraduate and Postdoctoral Fellows. This gave them an opportunity to network across disciplines, and share expertise and experiences.
- We delivered a training day and a series of talks and panel discussions at UKSF 2019, giving healthcare professionals an opportunity to learn more about research pathways and careers.



Since 2002, we've dedicated over **£55 million** to stroke research.



We currently have **61 active awards**



Since 2009-2019, **45% of our research spend** was in the area of stroke rehabilitation.

We've also made awards to three clinical research projects, investigating new ways to prevent and treat stroke:



Dr Paul Kasher at the University of Manchester will screen 2,000 drugs in a zebrafish model for intracerebral haemorrhage to establish which could be new treatments to reduce damage to the brain caused by this type of stroke.

"As this panel of 2,000 drugs are already known to be safe for use in humans, this project holds the potential to take a new treatment directly to clinical trials, which is extremely exciting."



Dr Christopher Clark at the University of Exeter will investigate how blood pressure readings in the leg relate to those in the arm.

"This project could change the way doctors can diagnose high blood pressure, an important risk factor for stroke, so that people with altered muscle tone after stroke, amputations or other problems that mean readings can't be taken in the arm can access better blood pressure management."



Dr Fergus Doubal at the University of Edinburgh will regularly assess patients to understand the progression of small blood vessel disease (SVD), which causes around 25% of strokes.

"Previous research found that participants were willing to be assessed more regularly and that there was a surprisingly high rate of new SVD. This project can allow us to understand SVD in order to prevent and diagnose the condition linked to stroke."

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



We developed a new prevention strategy to support those at risk of stroke



We know that most strokes

are preventable, so we want our stroke prevention work to have even more impact.

In 2019-20, we continued to review our prevention work, carrying out an audit of the different ways we deliver prevention activities across our organisation. This work is helping us to build a solid foundation for our new prevention strategy, ensuring we can have most impact with the resources we have.

We've also been strengthening relationships internally and with external partner organisations to develop clear stroke prevention messaging and activities to use locally and nationally.

"Rotary Great Britain and Ireland have been working in partnership with the Stroke Association since 2003 on the Know Your Blood Pressure campaign. During 2019-20, both organisations realised that a more holistic approach to stroke prevention and health activity would further benefit our communities as well as the organisations themselves.

"The Stroke Association is moving to look at stroke prevention, where as Rotary Britain and Ireland are looking to implement a health fairs model, of which stroke prevention will play a part."

Carol Whiteley, Rotary Great Britain and Ireland Stroke Prevention and Health Fairs Lead

Our Goal A aims for 2020-21

Looking at the financial year ahead, we know we face uncertainty due to the impact of Covid-19 on our ability to deliver our planned activities and generate required levels of financial and other support. Nevertheless, we are aiming to build on our Goal A successes to:

Extend our system leadership, influencing better outcomes for stroke prevention, treatment and care by:

- Growing a UK-wide community of best practice and maintaining it through webinars.
- Ensuring the establishment of Integrated Stroke Delivery Networks across England that have ambitious action plans and meaningfully involve people affected by stroke.
- Campaigning in Scotland and Wales for stroke to be identified as a political priority by parties in the run up to the 2021 election.
- Influencing reconfiguration plans in Northern Ireland.

Bolster stroke research through funding, capacity building and partnerships, including:

- Finalising the James Lind Alliance Priority Setting Partnership to develop a new set of nationally recognised stroke research priorities.
- Funding research on the impact of stroke on carers and fatigue in stroke survivors - our highlight areas for this year.
- Awarding two Lectureships, two Post-doctoral Fellowships and one Post-graduate Fellowship.
- Partnering with Fight for Sight, to award a total value of £250,000 with the Stroke Association contribution of £125,000.





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

45% of stroke survivors feel abandoned when they leave hospital.

Many don't have adequate access to quality therapies and rehabilitation, and only one third have a follow-up review. As a result, many stroke survivors and their carers don't get the physical or emotional support they need.

We want everyone affected by stroke to get the information, treatment and care they need to rebuild their lives – including emotional, practical and social support. We want more people to benefit from our support. And we want to see funders and health care providers increase investment in rehabilitation and lifelong support.

In 2019-20:

We supported the delivery of four Integrated Care System projects

One of our biggest achievements of 2019-20 was supporting the delivery of four Integrated Care System (ICS) partnership projects. ICSs are a group of organisations who work closely together to plan services and address the challenges facing health and care services across the area. As part of the National Stroke Programme, we've established relationships with ICSs in Nottinghamshire; West Yorkshire and Harrogate; Surrey and East Sussex; Bristol, North Somerset and South Gloucestershire to support and accelerate improvements in stroke care.

For example, we're working with West Yorkshire and Harrogate Health and Care Partnership to help them to improve post-acute services, such as community rehabilitation, as part of our stroke quality improvement programme.

Working on the ICS programme is a great opportunity for us to test a new way of partnership working. By embedding best practice and supporting the development of better stroke services at a local level, we're showing how we can turn the ambitions of the National Stroke Programme into tangible improvements for people affected by stroke.

We worked with NHS England to develop a stroke specific interactive forum called FutureNHS. Launched in August 2019, this interactive platform enables stroke professionals to share updates, information and best practice in stroke. As of March 2020, there are over 800 registered members across the NHS and beyond. The network is now also the first port of call for stroke related national guidance on Covid-19, posted by NHSE and others.



800 stroke professionals

registered across the NHS and beyond to our stroke specific interactive forum, FutureNHS

As part of the National Stroke Programme, NHS England has committed to funding rehabilitation pilots - local areas that will pilot and evaluate comprehensive stroke rehabilitation pathways. The first three areas have been identified, and another round of applications will open soon.



"Working in partnership with the Stroke Association provided national expertise and helped to apply some of the learning and best practice through the process of review. They were instrumental in supporting the programme in recruiting, supporting and ensuring the voice of stroke survivors and the family were heard and that future service strategy was co-designed with and by them."
Nottingham and Nottinghamshire ICS Programme Team

We funded research into stroke rehabilitation and life-long support

Despite the funding challenges caused by Covid-19 (as explained on page 33), we continued to fund new stroke rehabilitation research to develop effective new ways to support stroke survivors and their families to live their best lives after stroke, including:



Professor Avril Drummond at the University of Nottingham

Many stroke survivors say that fatigue is the worst effect of stroke they experience. But we are yet to find out the best ways to treat or support people to manage fatigue after stroke. Avril aims to create a fatigue management programme that can support stroke survivors living at home to self-manage their fatigue.

“Each stroke survivor may experience fatigue in different ways. This programme will be co-created with people affected by stroke and professionals in stroke, and designed to be flexible to an individual’s needs. It lays the foundation for a new cost-effective programme in an area where there’s been little progress so far.”



Professor Fiona Rowe at Liverpool University

Although vision loss is fairly common after stroke and has a huge impact on quality of life and the ability to do day-to-day tasks, there are few effective treatments and limited equitable access to services for stroke survivors with vision loss. Fiona’s project, jointly funded with sight loss charity Fight for Sight, will explore rehabilitation options for hemianopia (loss of half the field of vision in both eyes) after stroke.

“This randomised control trial can establish the benefits and clinical-effectiveness of visual scanning training to change the services that can be offered to stroke survivors with hemianopia, improving quality of life and reducing health inequalities caused by limited access to treatment.”

In May 2019, we held our first Amazing Brains: Research to Recovery event at the Science Museum in London, with talks from Professor Nick Ward; Professor Jane Burridge; and the wife and carer of a stroke survivor. This showcased the latest advancements being made in stroke rehabilitation research – harnessing the brain’s ability to continuously learn and new technology to enable recovery.



We extended our support to stroke survivors, carers and their families across the UK

Life After Stroke Grants

We supported people financially through our Life After Stroke Grants. These are one-off payments of up to £300 available to stroke survivors and carers who need some extra financial assistance to afford equipment or opportunities to support their recovery. In 2019–20, we awarded 1,508 Life After Stroke Grants totalling nearly £400,000. We also gave 220 means-tested hardship grants, totalling £16,200, to people affected by stroke facing severe financial crisis.



**Nearly
£400,000**
spent on awarding
Life After Stroke Grants

"I received a Life After Stroke Grant for a new cooker. My old one was really getting me down. It took ages to clean, didn't cook food properly and I had to keep my eye on it all the time. But my new cooker is brilliant. I'm using the oven a lot more. I'm doing all sorts of cooking so I'm eating better. It's helped me a lot."

Heath Murray, stroke survivor

Stroke Helpline

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

During 2019-20, we:

- Supported 13,408 people, and answered 19,681 enquiries (compared with 19,452 enquiries in 2018-19).
- Spent over 4,000 hours talking to people and following up on calls.
- Answered 99.7% of written enquiries within five working days.

Our number of enquiries answered remained similar to last year because the number of Helpline officers was the same. However, the number of call attempts made in opening hours increased by 715.

We're always doing what we can to make our services as accessible as possible. Along with the rest of the organisation, the Helpline has access to interpreters to support people whose preferred language isn't English. In addition, with the support of our Welsh language speaking colleagues, we've now introduced a new process to ensure we can confidently support people whose preferred language is Welsh. This is part of our continued commitment to diversity and inclusion as well as contributing to meeting standards set by the Welsh Government.

Our Stroke Helpline has also been an essential part of our response to Covid-19, enabling us to continue to provide remote support at a time when many people are feeling unsure, vulnerable and isolated. Colleagues from across the charity have been supporting the team by answering calls to ensure we can help as many people as possible.



19,681

Stroke Helpline enquiries.



4,000

hours talking to people and following up on calls.



99.7%

of written enquiries were answered within five working days.

Stroke information guides

We produce over 50 information guides in 19 different languages and multiple accessible formats, offering support and advice on topics, such as driving after a stroke.

Our most popular guide, 'A complete guide to cognitive problems after stroke', was downloaded from our website over 6,500 times from April 2019 to March 2020. We also distributed 663,768 printed guides.

This information helps stroke survivors, carers and their families to understand what's happened to them so they can make informed decisions about their treatment, care and support. It helps them to manage their condition and access the right support at the right time.



42,126 people

directly supported by
300 local coordinators
during the year



94% said

that they'd recommend
our services to friends
and family

We developed and expanded our local support services

Our brilliant team of 300 local coordinators offer tailored support to stroke survivors and carers, helping them to manage their recovery, sustain a healthy lifestyle and get the assistance they need.

During the year, they directly supported 42,126 people affected by stroke across the UK – including around 40,000 stroke survivors and nearly 3,000 carers or family members.

Of those who responded to our satisfaction survey, 94% said that they'd recommend our services to friends and family, and 88% felt we'd supported them to achieve their goals.

We established three new Emotional Support Services across England and one in Northern Ireland. Our existing service in Liverpool has been such a success that it secured extra investment and has been shortlisted for the Health Services Journal's prestigious Value Award for Transformation: Mental Health Service Redesign Initiative in the 2020 awards.

"Acknowledging my anxiety post stroke was the first step for me. Receiving counselling through the Emotional Support Service helped me to rationalise and address my fears and worries for the future. I felt lighter after the sessions and reassured that if I needed emotional support in the future I could self-refer. Knowing this and having a direct route is very comforting. I've learnt to devote time to my own wellbeing and I will forever remember my counsellor's words, 'you cannot give from an empty cup'."

Denise Watson, stroke survivor

After running a series of successful pilots in 2018-19, we set up a new Moving Forward After Stroke (MFAS) programme in Oldham. This 12-week exercise and education programme, run by a specialist exercise instructor at a partner leisure centre, helps stroke survivors to reduce their risk of secondary stroke and improve their levels of physical fitness and function. We also ran a number of MFAS programmes in Greater Manchester, Brighton, Kent, London and the north east of England.

"We use simple functional equipment like free weights, chairs, sponge balls and step boxes. These are perfect for helping improve stroke survivors' balance, coordination and range of motion, so they can re-master everyday tasks like lifting things and putting them down again, climbing stairs and simply being able to walk further."

**Jason Bailey, Moving Forward After Stroke Exercise Instructor,
Oldham Community Leisure**



We developed and tested new digital services to extend our reach

My Stroke Guide

In 2019–20, our online stroke support tool, My Stroke Guide, helped 7,613 people affected by stroke, enabling them to connect to others with similar experiences and to get free, reliable online advice, information and support 24/7. In our regular survey of site users.

- 93% said they would recommend My Stroke Guide to others affected by stroke.
- 87% state that My Stroke Guide has helped them understand stroke better.

We continued to develop My Stroke Guide, working with users to improve usability and accessibility. Their suggestions and insight have helped us to understand more about how people use the tool, and how we can further develop it in the future. We completed a significant project, funded by the EU as part of the STARR research project, to translate key pages to Spanish and French, increasing the reach. Alongside this work, we also translated key information pages into Welsh.



93%

said they would recommend My Stroke Guide to others affected by stroke.



87% state that My Stroke Guide has helped them understand stroke better.

In Glasgow and Paisley, we trialled a new My Stroke Guide Buddy scheme. We trained volunteers with experience of stroke to share information about My Stroke Guide and our Stroke Helpline with stroke survivors, families and staff on local stroke wards. The scheme received a lot of positive feedback, so we're now looking at how we can strengthen it in the future.

Digital Health Assistant

We have progressed the development of the Digital Health Assistant (DHA). This tool is designed to build long-term, remote relationships with people, developing an understanding of their needs and signposting them to the most relevant support. The DHA is being built by a group of four charities, including Parkinson's UK, The MS Society and Muscular Dystrophy, plus Reason Digital, which is the commercial partner building the tool. We're expecting to launch a minimum product to users who are familiar with our charity and services towards the end of 2020.

Our Goal B aims for 2020-21

In the year ahead, we aim to:

Extend the availability of and access to good quality long-term rehabilitation and support for people affected by stroke by:

- Engaging with people affected by stroke and other stakeholders to continually update our knowledge and understanding of changing needs and the best ways to address those needs.
- Influencing the wider health and social care system to play their role in the provision of appropriate and effective rehabilitation and long-term care.
- Improving our information and support portfolio to ensure that it best meets the diverse needs of people affected by stroke, targeting our resources to ensure maximum impact.
- Piloting and evaluating new products that could extend our support to more people, including,
 - [Stroke Association Connect](#)
 - [Here for You](#)
 - [Digital Health Assistant](#).





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

Compassionate communities can offer a regular and reassuring presence, a helping hand and companionship. This support is particularly important to help people through loneliness, grief, lack of confidence, stigma, or caregiver fatigue.

We want to inspire more people to give their time, money or voice to raising money and awareness. To encourage stroke survivors to share their lived experience to benefit others and themselves. And to support organisations, groups and individuals to take action on stroke.



In 2019-20:

Our supporters raised £24.3 million to rebuild lives after stroke

To the walkers, runners, swimmers, bakers, bikers, quizmasters, party planners and adrenaline seekers.

To our lottery players, regular givers and those who leave gifts in their wills.

To our trusts, foundations and partner organisations.

To all our marvellous supporters – a big thank you. Together, you've helped us to raise £24.3 million (up from £22.8 million in 2018-19).

A big thank you to:

Our regular givers and fundraising stars

From running marathons and organising quizzes, to playing our lottery, responding to appeals and making regular donations, the support of so many people across the UK has helped us to continue to provide specialist support, fund critical research and campaign to make sure people affected by stroke get the very best care.

Tracy Fuller Smith's daughter, Sophie, had a stroke when she was just four years old. Early this year, Tracy, her eldest daughter, Courtney, and Sophie, signed up to take part in the Resolution Run in Glasgow. Unfortunately, the event was cancelled due to Covid-19, so they decided to do their own virtual Resolution Run instead, raising £700.

"Sophie had to learn to walk and talk again," says Tracy. "We never thought that children could have strokes. It has changed our lives but the Stroke Association has supported and helped us through the most difficult times. We don't know where we would have been without them. Thank you."



Everyone who leaves a gift in their Will

We received 413 legacies from our extremely generous supporters, resulting in record legacy income of £12.7 million. A further 361 supporters kindly pledged to leave us a gift in their Will, which will protect and grow our income for years to come.



£12.7 million

from our extremely generous
legacy supporters



361 supporters

kindly pledged to leave us
a gift in their Will

Our trusts, foundations and partner organisations

This year we have once again been delighted, energised – and grateful – to work with corporate partners across the UK to realise our vision of a world with fewer strokes and for people affected by stroke to get the help they need to live the best life they can.

Leading facilities management company, ISS, and its employees continued to show huge commitment to the Stroke Association in their fundraising and volunteering – from tackling the iconic Three Peaks Challenge, to helping plant our Legacy Garden at the BBC Gardener's World Exhibition and even hosting a Christmas curling cup competition.

Thanks to the amazing fundraising efforts of their staff, ISS is providing an incredible £60,000 each year towards our Stroke Community Development Programme. This helps us to fund stroke clubs, groups, and new activities to support stroke survivors with their recovery and to get back into their local community.

In the first year of our partnership, ISS helped to fund 15 different projects in communities across the UK, including art workshops, walking football groups and accessible cookery classes. These projects have directly supported over 300 stroke survivors, and in many cases have launched programmes that will provide support to many more in future years.

"My stroke group has made a huge difference to me. Initially they helped me with my speech, then they helped me gain my confidence back."

Alan, stroke survivor

We launched our partnership with LoSalt to promote a Healthier UK. LoSalt is the UK's leading brand of reduced sodium salt. Together, we'll be working on raising awareness of how the lifestyle choices we make impact our health, and sharing simple tips and ideas for small changes that can make a big difference.

Thank you to our **#TeamStroke** fundraising super stars:



£55,052

raised at the Prudential RideLondon – Surrey



888

Make May Purple fundraisers

58,557

miles Walked Your Way



1,222

supporters signing up for our quiz



475

Great North Runners raised £160,912



2,131

Give a Hand Bakers



We developed our peer support services

Our 221 UK-wide stroke groups, run by 1,084 volunteers, offer peer support to 4,488 stroke survivors, as well as carers, family and friends. We also support a network of 216 independent volunteer-led stroke clubs, who also offer everything from a cup of tea and some company, to communication support, exercise classes, activity groups and choirs.

We know how valuable peer support can be for people as they adapt to life after stroke, so during 2019-20, we worked with our volunteers to review the way our clubs and groups work and develop a telephone-based befriending programme. Together we reached a shared understanding of how we want to develop our volunteer-led community services so they provide opportunities for people affected by stroke to give and receive support.

Our volunteers' ideas and insight, combined with everything we've learned about scaling up peer support from the Hand-in-Hand programme, will inform our plans for a new Stroke Group network in 2020-21.

In September 2019, we commissioned Exeter University to conduct a research study into the value of peer support groups for people affected by stroke,



221 UK-wide
stroke groups



1,084
volunteers
offer peer support

including surveys of group members at different points in time. In the light of the pandemic, however, we have been working with the university to modify their research design so that the follow up survey, planned for summer 2020, explores the impact of Covid-19 on the lives of group members and to understand the value of remote peer support.

We've also partnered with more local groups and organisations – particularly within communities more at risk of stroke:

Sunderland Bangladeshi International Centre

Together, we trained six volunteers from the centre as Stroke Ambassadors, focusing on stroke prevention. Ambassadors are now delivering awareness presentations, taking blood pressures and passing on stroke prevention messages to others in their community.

In recognition of the partnership's success, we won the health and wellbeing category at the Sunderland BME Network, nominated by the community themselves.

Confederation of Indian Organisations

Through our partnership, we've trained community Stroke Ambassadors across the East Midlands. So far Ambassadors have:

- Delivered presentations about stroke prevention and awareness at Eid events to over 400 people at a time in Hindi and Gujarati.
- Helped at 47 community events (until the Covid-19 restrictions took effect), running awareness sessions in multiple languages and taking over 250 blood pressures.
- Supported cooks within the temple that serve food to large numbers of the community to change the recipes to healthier options, reducing the levels of ghee and salt.
- Appeared on Sabras Radio to promote the project and to raise awareness of stroke and support available to the community.

We expanded our Community Steps project in Wales. This four-year project, sponsored by the Big Lottery Fund, aims to help people feel less isolated and boost their wellbeing by helping them to access local facilities and activities

including golf, painting, sailing and bowls.

The 12-week golf programme was particularly popular, so we worked with leisure centres and golf courses around Wales to double the number of attendees compared with the initial project.

Our Active Lives After Stroke project has also proved to be a big success. Funded by the National Lottery through Sport England, the project explores how we can support stroke survivors to become active and stay active through peer support groups.

We worked with around 100 stroke survivors who've joined in activities such as circuit training, golf, chair-based exercise, boccia, wheelchair basketball and even surfing. We're seeing people's activity levels are increasing and that they are feeling more motivated and confident to be active through taking part in the project. It's also allowing us to gather learning about different ways of delivering physical activity to stroke survivors and carers.

We had to pause all our face-to-face clubs, groups and activities from March 2020 because of Covid-19. However, our incredible volunteers, group members and coordinators have rapidly adapted and found ways for their groups to stay connected remotely – ensuring they can continue to provide support and prevent people from feeling lonely and isolated.



"I got involved with volunteering with the Stroke Association because they were my guiding star after I had my stroke. They gave me the confidence to reach out, ask for help and get back up on my feet. I wanted to give back to the charity who had given me so much."

"People often don't know how devastating stroke can be. I'm proud to be a part of the team getting out there and talking to people about the great work that the Stroke Association do and raising money for both the preventative work and after care that they provide."

Sarah Alculumbre, stroke survivor, volunteer and fundraiser



They also give their time to raising money and awareness, campaigning to make stroke a priority, supporting in our offices and lending their expertise to local and national projects.

A significant number of our volunteers are looking to develop their employability through volunteering and sometimes as a way to return to work after time away. We want to assist people so that volunteering can be a positive step in their career path.

Our aim is always to find out what motivates people to get involved so that we can match them with a role that most suits their skills and interests.

We've continued to develop our volunteer training to ensure they have the knowledge, skills and support they need. For example, we launched a series of safeguarding best practice webinars to support lone working volunteers to provide the best possible support to people affected by stroke and their carers.

We also took part in the 'Volunteers Count 2019' charity sector benchmarking exercise to assess our volunteering programme to other UK organisations. We're now using the findings in our future planning, such as looking at how we can create lighter-touch volunteer opportunities and improve volunteer data.

We supported our volunteers

Volunteers are essential to our work. They donate over 100,000 hours every year across the UK, Isle of Man and Jersey.

Volunteering has a positive impact on stroke survivors, our charity, our staff and for the volunteers themselves. Many of our volunteers are people recovering from a stroke themselves, who want to give something back, support their community and make a positive difference to other people's lives.

More than two thirds of our 3,000 volunteers help us to deliver support to people affected by stroke through our Stroke Recovery Services and Stroke Association Voluntary Groups.



100,000
volunteer hours
donated every year



3,000
excellent volunteers



More than two thirds
of our volunteers help
us to deliver support to
people affected by stroke

We ensured the voices of people affected by stroke are at the heart of everything we do

We want people affected by stroke to feel genuinely involved in our work – to have their say, campaign for change, and use their lived experience to direct and focus our activities. During the year, we worked in partnership with stroke survivors, carers and their communities on:

- **Our 2019 UK General Election Campaign** – writing a personal message about their experience of stroke for us to share with MPs, persuading them to commit to improving stroke prevention, treatment and care.
- **Testing our digital support products** – including our new Digital Health Assistant prototype and the new features on My Stroke Guide.
- **Organising events** - including the UK Stroke Club Conference, UK Stroke Assembly (UKSA) and UK Stroke Forum (UKSF). Stroke survivors also presented at UKSF, bringing their lived experience to life for the professional audience.
- **Developing our aphasia strategic plan** – taking part in workshop and round table discussions to help us develop our plans to improve support for people with aphasia within our charity and in society more widely.
- **Reviewing research funding applications** – for project grants and joint funding with BHF, Fight for Sight and MedCity.
- **Shaping our future approach to our stroke groups** - taking part in a steering group that is driving forward our stroke group review work.



"As a committee member on the Stroke Association Service User Representative Group, I was asked to talk at the 2019 UKSF. To share my stroke story with 200-300 people, and to make a profound impact with a broad professional audience, which will hopefully lead to better outcomes for other stroke survivors, was a great privilege. The opportunity to meet other professionals with shared interests and to listen to experts at the height of their careers are undoubtedly some of the main benefits of the conference."

Elizabeth Manuel, stroke survivor

We supported local communities to raise awareness of stroke and to advocate for improvements to stroke services in their area:

- When Nottinghamshire's ICS started to review the pathways of services we made sure stroke survivors were front and centre – thanks to their hard work, making sure the stroke community's voices are heard in reviews is now considered best practice.
- We've hosted training across the UK to make sure survivors feel able to maximise their influence, just as when a group successfully worked with councillors to save a vital service covering all of Worcestershire.
- During the pandemic, we adapted our approach to help amplify the voices of the stroke community. For example, we enabled people to share their 'Thank you to the NHS' messages with clinicians, which were well received. We've also helped people contact their local politicians to remind them that stroke remains a medical emergency, resulting in greater awareness of the need to act FAST.





"The Stroke Assembly is such a great event! It tells you about upcoming campaigns and how you can help. Most importantly, it gives you a voice to have your say on what matters to you and ensure all stroke survivors are able to live life to the full."
Robert Norbury

UK Stroke Assembly

Our annual Stroke Assembly events continue to be positive and inspiring experiences, giving the stroke survivors, carers, volunteers and stroke professionals that attend the opportunity to share experiences, influence decision-makers and take action on stroke. We held two events in 2019, attended by 144 people in Northern Ireland in April, and 200 people in England in July. Over 30,000 people also watched the live broadcasts online, showcasing different aspects of the event.



Over **340** people attended Stroke Assemblies in Northern Ireland and England in July 2019



Over **30,000** people also watched the live broadcasts online

Our UK Stroke Assembly 2019 event recently won the Silver prize in the 'Best Motivational Event' category at the International Corporate Event Awards. This is a huge testament to the hard work of everyone who makes the Stroke Assembly the special event it is, and the stroke community who are the driving force behind the conference.



We partnered with professionals and other health and social care organisations

Improving the lives of everyone affected by stroke is a huge challenge – and we know we can't do it on our own. We work with stroke professionals and the wider health and social care community to influence and deliver change across all the systems we interact with.

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

- Worked with Sport England to encourage more people with long-term conditions to get physically active through our Movement for All programme. This included launching the We Are Undefeatable Campaign and continuing to update its support materials as people navigated through the Covid-19 lockdown.
- Partnered with the Royal College of General Practitioners and the Guy's and St Thomas' Charity in the Taskforce on Multiple Conditions. We published 'The Multiple Conditions Guidebook' to help frontline professionals learn from a range of good practice case studies, including the Stroke Association's work with Total Wellbeing Luton's integrated health and wellbeing service.

We've built strong relationships with healthcare professionals - from emergency service and stroke unit staff, to GPs and community rehabilitation teams:

- We collaborated with over 30 organisations committed to improving stroke care in the UK, to host and organise the UK Stroke Forum (UKSF). 1,344 people attended the 14th annual conference for stroke professionals, held in December 2019, including nurses, consultants, rehabilitation therapists and researchers as well as people affected by stroke interested in research.
- 116 experts and leaders in stroke care presented across 16 parallel sessions, 12 workshops and three plenaries, giving delegates the opportunity to learn about the latest in stroke research, prevention, service delivery, best practice and to hear from stroke survivors.
- We also had 242 research posters and 55 exhibitors in our exhibition arena.



- The 2019 annual Northern Ireland Stroke Conference was also a big success. 184 delegates attended a range of sessions run by experts in stroke care.
- We collaborated with the Association of Medical Research Charities (AMRC) and nine other health charities to form the Digital Health Taskforce, a coalition designed to position health charities as an essential partner in the digital health space so they are involved in key decisions regarding research and care.
- We have worked in partnership to support the creation of a Moving Medicine module called Prescribing Movement for Stroke. This online tool for GPs in England aims to encourage and assist GPs with social prescribing for physical activity post stroke – referring stroke survivors to local, non-clinical services that support people to take greater control of their own health.

Our Goal C aims for 2020-21

In the year ahead, we want to:

Mobilise the stroke community to take action on stroke by:

- Ensuring that the voices of people affected by stroke influence the actions and decisions we make as a charity, as well as the wider health and social care landscape.
- Growing our network of campaigners.
- Testing and learning from new ways of working with communities affected by stroke.
- Partnering with other organisations and professionals who share our aims.
- Improving how we help to empower peer support groups.
- Engaging with people affected by stroke in appropriate ways throughout their whole journey.
- Developing new ways for people to support our work that fit with how they want to give to us.



How we work

Our guiding principles



We are stroke to the core



We unleash potential



We are in the conversation



We care for ourselves as for others



We know how to make an impact

Our People and culture

We've continued to embed and build on our values throughout the year. We agreed a set of strategic principles to help guide our decision making and focus our resources on making a difference for people affected by stroke. For example, we created good practice guides to help staff and volunteers increase their understanding of how best to involve people affected by stroke in their work. Our next challenge is to find a way to coordinate the different involvement processes across the organisation and centralise the insight we gather, to improve efficiency and long-term planning.

We have adopted a revised 'Gift acceptance and refusal policy' and we also adopted an overarching 'Ethical policy' that brings together the various policies of the charity that describe the morals and values of our organisation. These strengthen the framework for ensuring that we undertake all our activities in accordance with highest moral and ethical standards.

We are human

We believe in better

We give our all

We say it how it is



Diversity and inclusion

We're passionate about creating an inclusive workplace that promotes and values diversity. We want to create an environment where everyone, from any background, can thrive.

Throughout 2019–20, a self-managed group of staff have been working on how we can become a more diversity and inclusion-aware organisation, with specific focus on matters affecting stroke survivors, people from the LGBTQ+ and Black, Asian and minority ethnic communities. We have:

- Updated our 'Diversity and inclusion' policy for staff and volunteers.
- Engaged with ACAS and received positive feedback on our planned activities and approach to diversity and inclusion.
- Made unconscious bias resources available to all of our people.
- Held seats on LINK, our staff consultation group, for marginalised groups.
- Introduced regular documented conversations between line managers, staff and HR to proactively support people with reasonable adjustments for disabilities.
- Developed guidance on using LGBTQ+ friendly language.

We continue to monitor diversity through our self-reporting mechanisms. We have 73 employees who have self-reported as Black, Asian and minority ethnic. This accounts for 9.2% of our overall employees. This is in the context of the UK population of 13% Black, Asian and minority ethnic, so we still have work to do. We gained further insight through our 2020 people survey (employees and volunteers) and this indicates Black, Asian and minority ethnic representation in our volunteer group is 4%, so again, we recognise more needs to be done to improve this.

20% of employees and 48% of volunteers who responded to our 2020 people survey said they had a disability or long-term health condition. And 28 members of staff (5%) and 48% of volunteers identified as having a connection to stroke. We continue to put measures in place to ensure that our ways of working are as accessible as possible.

In the year ahead, we'll be developing a plan for challenging and changing our own internal policies and practices, from attracting people from more diverse communities and backgrounds to work with the charity, to ensuring our staff are more culturally sensitive and aware when working with beneficiaries and interacting with colleagues. We're also developing a strategic approach to highlighting, challenging and tackling health inequalities across stroke prevention, treatment and access to support throughout the UK.

Infrastructure

We've improved the stability and security of our IT systems. We invested in new storage and back-up systems for our data, strengthened protections against cyber-attacks and developed robust policies for managing IT security and services.

We've also developed a set of priorities and plans to improve the whole infrastructure further, to ensure our systems are secure and effective in managing our data and protecting us from external risks.

People engagement

We want all of our staff and volunteers – our people – to feel engaged with our organisation and our work. One of the ways we do this is through our rolling programme of surveys. These surveys provide us with valuable insight about how our people are feeling, our strengths as an organisation and where we can improve, as well as helping to promote a culture of transparency, honesty and open feedback.

This is reflected in the results of our November 2019 organisational transparency survey, where 82% of our people said they felt our charity is open in a way that feels safe, allows us to be frank and is always respectful.

During the past year, we've also increased our emphasis on wellbeing, including training staff across the country to be able to support their colleagues as Mental Health First Aiders, and introducing initiatives such as 'Supporting you', our peer-to-peer telephone support service for all staff and volunteers.



Leadership and learning

We've continued to focus on building the capability of our leaders. We've evaluated our second leadership development programme 'Shaping our Future' and have seen good evidence of participants adopting new skills and behaviours, which have resulted in new working practices, shared behaviour preferences and language, trust and confidence.

We intend to undertake further evaluation this year on the longer impact of the programme on our organisational culture.

We've also expanded our professional development opportunities for staff, including continuing with the 'Realising Potential' programme, a 1518 month Chartered Management Institute Diploma, and role specific training in supporting our stroke coordinators with a new suicide awareness training and safeguarding module.

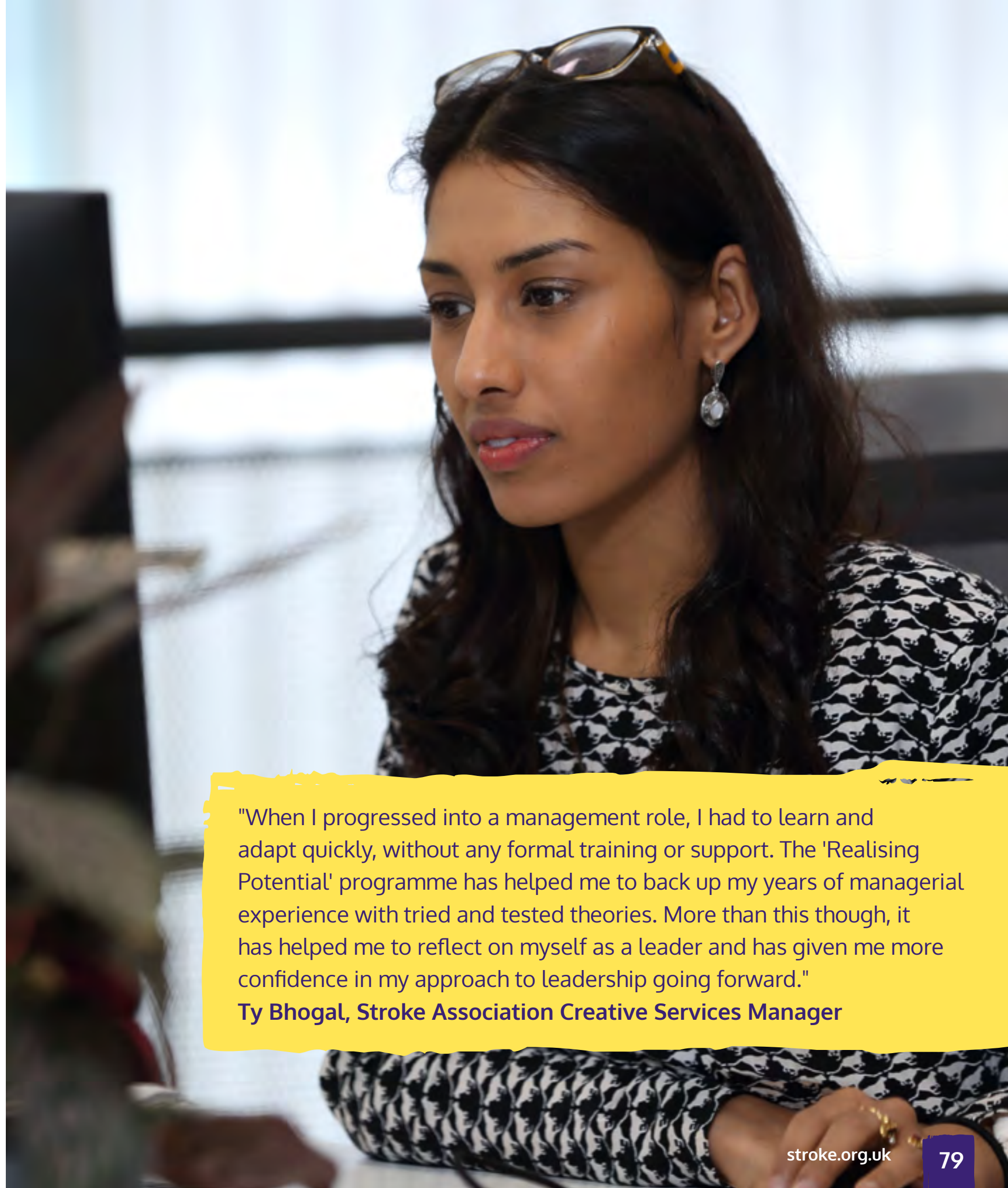
Finance

During the year, we have improved our systems and processes to enable all of our people to take greater responsibility for managing their budgets efficiently by ensuring that they have access to the correct tools, skills and knowledge.

The ongoing improvements have helped support our network of volunteer groups, helping them to be financially sustainable during the Covid-19 pandemic.

With the expected negative impact of the Covid-19 pandemic on fundraising and our goal to achieve financial breakeven after 2021–22, we began implementing a new operating model from July 2020. To support this we have focused our thinking on how we can continue to improve our efficiency while reducing costs and maximising income.

Through, innovation, and the pooling of knowledge and skills throughout the organisation, our aim is to become financially sustainable and deliver maximum impact towards our mission and goals.



"When I progressed into a management role, I had to learn and adapt quickly, without any formal training or support. The 'Realising Potential' programme has helped me to back up my years of managerial experience with tried and tested theories. More than this though, it has helped me to reflect on myself as a leader and has given me more confidence in my approach to leadership going forward."

Ty Bhogal, Stroke Association Creative Services Manager

Designing a new operating model

In 2019–20, we started reviewing our operating model to ensure we're organised in the best possible way to achieve our strategy to rebuild lives after stroke.

Changing our operating model will help us to become more financially sustainable and deliver more value for more people affected by stroke.

Over the last year, we've:

- Created design principles, built on our strategy and values, to help guide our organisational design decisions.
- Clarified our value proposition for people affected by stroke and other key audiences, outlining how we want to deliver value to stroke survivors and their carers, our supporters, commissioners, researchers and stakeholders within the health and social care system.
- Assessed our organisational capabilities to identify what we need for the future, what we already have and where we need to develop.
- Created a high level operating model blueprint that arranges these capabilities logically to enable us to deliver more effectively for our customers.
- Developed a high-level organisational design that sets out the practical structures, processes and systems we will use to bring our operating model to life to deliver our strategy in a financially sustainable way. We also developed an accompanying implementation roadmap and business case.



Our plans to start implementing the new operating model were disrupted by the Covid-19 pandemic. Having paused the project for two months to enable us to focus on our operational response to the pandemic, we took the opportunity to review and revise the high-level design in the light of the much-changed external landscape. We also reviewed the design to ensure it would still enable us to operate with a lower cost base and be financially sustainable. We have now resumed the implementation, which will take place over the 2020–21 and 2021–22 financial years.

Financial review for the year

Overall, the funds position decreased by £3.1 million (2019: decrease of £1.9 million) during the year. This was due to an operating deficit of £2.9 million (2019: £3.2 million) and a loss on investments of £0.2 million (2019: £1.2 million gain). The deficit was £2.3 million better than planned. We are developing a new operating model, which will be implemented to ensure financial sustainability going forwards.

Income

The principal sources of revenue are legacies, fundraising activities and community services contracts. Our total income for the year was £35.6 million (2019: £35.0 million), with growth in public donations and community services.

Legacy income this year was £12.7 million (2019: £11.2 million – see note 1) reflecting the growing strength of the legacy pipeline, which continues to strengthen in line with the record number of pledgers. This boosts the long-term outlook too.

Other fundraising activities contributed £11.6 million (2019: £11.5 million – see note 1) of gross income, 1% up on the previous year. We achieved growth in public donations, committed giving and regional fundraising income, offset by reductions in direct mail, and corporate income.

Our community services contracts are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Community services contract income achieved £10.2 million (2019: £10.4 million), a strong result and reflecting a continued recognition by commissioners of the need to improve out-of-hospital support for stroke survivors.

The net effect of realised and unrealised movements on our charity's investments was a loss of £0.2 million (2019: net gain of £1.2 million), and £5 million was drawn down to fund the planned investments and working capital movements (see note 18). See also the 'Investment policy' paragraph below). The unrealised fall in investments was principally due to the fall in global share prices resulting from the Covid-19 pandemic.

Expenditure

Total expenditure was £38.5 million (2019: £38.2 million), including £30.3 million (2019: £29.8 million) on charitable activities supporting the key objectives of the charity, and £8.2 million (2019: £8.4 million), on raising funds. The commercial trading operations carried out through the Stroke Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £203,000 (2019: £366,000) to net income as detailed in note 3. We paid £3.8 million in research grant funding (2019: £2.5 million). New research grants approved were £1.1 million (2019: £2.7 million), this was due to deferring approvals while taking stock of the impact of the Covid-19 pandemic.

Outlook

2019–20 showed good performance on both fundraising and community services income. The £2.9 million deficit (excluding the movement in investment) was lower than planned, due to improved fundraising and tight expenditure controls.

The sudden impact of the Covid-19 pandemic means that we expect to see income fall by £7.0 million in 2020–21. This will lead to an expected deficit of £5.8 million, which is sustainable given reserves level. However, we are still committed to completing our three-year

plan, which will transform our impact and ensure that we return to breakeven in 2021-22.

Balance sheet

The consolidated balance sheet shows total group funds of £18.8 million (2019: £21.9 million). Included in total funds is an amount of £3.3 million (2019: £3.4 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 are in the restricted funds note 26 to the financial statements, together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2020 amounted to £15.4 million (2019: £18.4 million) of which £2.6 million (2019: £6.2 million) have been designated for investment projects and £4.0 million (2019: £Nil) for fixed assets.

Impact of Covid-19

The main impact of Covid-19 in the 2019–20 financial statements is the reduction in the value of our investment portfolio that occurred in March 2020. In addition, legacy income was reduced as some expected house sales did not go through, and public participation events, like our Resolution Runs, were

cancelled. Following the declaration of the pandemic and isolation measures, the trustees asked for a new budget to be commissioned. The immediate shortfall in income will be funded by a combination of expenditure reductions and use of reserves in 2020–21. We will reduce IT infrastructure investment over the next three years and deliver on a new operating model. This model is expected to improve our impact and ensure we return to breakeven in 2021-22 and beyond.

Going concern

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

During the period from 31 March 2020 to 8 October 2020, the Covid-19 outbreak had spread worldwide and caused extensive disruptions to businesses as well as economic activities globally including the UK.

We have considered the effects of the 2020 outbreak of Covid-19 on the charity's operations and have concluded that the financial impact on it is likely to be limited. Following the advice issued by the UK Government in March 2020 regarding employees working from home and other social distancing measures, we have enacted procedures to facilitate this and have a detailed plan that enables effective operation to continue while

employees are not physically present in the charity's offices.

Trustees acknowledge and recognise the potential impact of the Covid-19 pandemic on the future operations of the charity, its beneficiaries, partners and stakeholders and on wider society. As well as the personal risk to health of its staff, the charity may lose planned income as the result of the cancellation of events and/or the absence of key personnel although there may be some expenditure savings also. The reduced opportunities for scheduled face-to-face interaction may well impact on the ability to plan effectively for the medium term. Currently, however, we do not anticipate that the overall financial position of the charity envisaged before the pandemic will be adversely affected or its financial solvency threatened.

Reserves policy

The Stroke Association has no endowment funding, being largely dependent for income upon donor funding, including legacies. These income streams are subject to fluctuation from year-to-year. As a result, the trustees believe our charity should hold reserves to provide protection against such fluctuations and enable us to continue operating in all circumstances and following all eventualities including, inter alia, any significant unexpected fall in income.

The trustees reviewed the existing reserves policy in March 2018 and concluded that a liquidity-based policy was appropriate. Having set a prudent baseline, they concluded that there were sufficient reserves available to the charity to continue to invest in growing income and increasing awareness. Based on current forecasts, the existing reserves were just above upper limit of the range required under the policy at both the start and end of the year.

The policy states that the Stroke Association should keep in reserve enough cash and investments to cover:

- Restricted reserves.
- Any major designated funds for investment projects.
- Between one and three months forecast cash flow on research grants awarded.
- Between three and six months of all other cash requirements, based on a cash forecast.

The calculation of this cover under the reserves policy at 31 March 2019 is as follows:

	£'000	
Liquid reserves		
Cash and deposits	2,600	
Investments	19,423	
Total	22,023	
	Minimum	Maximum
Restricted reserves		
Restricted reserves:	3,324	3,324
Designated funds	2,618	2,618
Research grants cash flow	777	1,556
Other cash expenditure cash flow	8,200	15,495
Total to be covered by liquid reserves	14,919	22,993
Excess or deficit (-) against policy	7,104	(970)

Investment policy

The charity has a portfolio of investments with a market value at 31 March 2020 of £19.4 million (2019: £24.2 million). £5.0 million (2019: £5.0 million) was drawn down from investments during the year to fund both the infrastructure spend and ongoing activities.

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. This was reviewed in 2019–20 in light of the reserves policy and three-year plan, and the existing long-term investment objective to achieve total returns of RPI +3% through a diversified portfolio of assets, while maintaining a prudent and balanced investment strategy, was retained.

The policy also moves designated funds into a lower risk pool to protect project funding from fluctuations in the equity markets. The impact of the Covid-19 pandemic on investment returns makes this objective difficult to achieve in the short run. During 2020–21, we intend to enter borrowing facilities to prevent the

need to sell investments for short-term cash flow reasons.

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

Principal risks and uncertainties

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

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

are ranked on a score allocated by assessing the level of impact and likelihood.

Every risk on the register has been assessed in the light of Covid-19 and a number of risk ratings and controls have been adjusted. We have identified two very high risks (failure of the fundraising programme to deliver as planned, and the impact of Covid-19 on longer-term financial sustainability) and four high risks, three of which remain unchanged by the impact of Covid-19.

The top ranked risks at the end of 2019–20 were:

- A successful security breach due to a cyber-attack. Cyber-attacks are increasing in frequency and sophistication and could potentially disable the charity's IT systems. To mitigate the risk, the IT defences are continually under review. Our charity achieved Cyber Essentials accreditation during 2018–19.
- Failure of the investment in fundraising to deliver the required returns and the charity continues to run at a deficit. Mitigation comes from improved financial analysis enabled by the new finance system, updated delegation of authorities, and the introduction of programme

management disciplines and a structured approach to project reviews.

- Reputation (adverse publicity, legal/regulatory compliance, scandal). We have a variety of processes in place to mitigate the likelihood and impact of an event that could negatively impact the charity's reputation. These include whistle-blowing policy, crisis communication procedures, recruitment processes and checks (including Disclosure and Barring Service (DBS) checks where appropriate), registers of interest for staff and trustees and robust financial procedures and audit to identify financial malpractice.
- Loss of key staff and volunteers. Retaining and attracting talent is key to our success. We have a range of measures in place to do this, including taking steps to align the charity's remuneration and reward policy with sector standards; a comprehensive learning and development programme; and an improved performance and development process.

Structure, governance and management

The 'Trustees' report' has been prepared in accordance with Part 8 of the Charities Act 2011 and the requirements of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102. It also meets the requirements for a Directors' report set out in the Companies Act 2006. Sections on 'Financial review for the year' and 'Principal risks and uncertainties' included within the 'Trustees' report', meet the requirements for a strategic report as outlined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013. The financial statements have been prepared in accordance with the accounting policies set out on pages 117-125 of the attached financial statements.

Status

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

Governing document

The charity is governed in accordance with its Articles of Association (last amended 1 April 2019).

Objects of the charity

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

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

Public benefit

The trustees consider that all of the activities undertaken by the charity as detailed in this report are for the benefit of 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.

The trustees govern our charity. They are responsible for:

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

Our trustees are also company directors for the purposes of company law. Collectively our trustees constitute the Board of the Stroke Association. The Board meets at least four times a year and delegates certain matters to committees. In July 2019, the Board reconstituted these committees with new responsibilities and new Terms of Reference. Our committees now comprise the following:

- Financial Performance Committee – scrutinises our financial and commercial affairs, as well as our fundraising affairs.

- Audit and Risk Committee – scrutinises our financial statements, financial control systems, internal and external audit, and risk management process.
- Investment Committee – develops and maintains our policies relating to investments, selects and monitors our investment managers, and monitors and evaluates investment performance, service and cost.
- Governance and Remuneration Committee – oversees the effective governance of the charity (including the composition of the Board and the recruitment and induction of trustees) and the pay, benefits and conditions of service for our employees.

Our charity applies the Charity Governance Code for large charities to its governance arrangements. The charity reviews its governance arrangements against that code on an annual basis. During the year 2019–20, we complied fully with the code except that the size of our Board is larger than recommended in the code. This is because the size of our Board reflects the breadth of our activities and geographical spread. However, the charity is committed to reducing the size of the Board over time, while maintaining the recommended mix of skills and diversity.

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

Recruitment and appointment of trustees

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

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

In 2019–20, the Board appointed two new trustees in accordance with Article 60 of our Articles of Association. Five trustees resigned or retired during the year.

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

Trustee induction and development

New trustees receive induction training to inform them about the charity and our work, and to ensure an appropriate level of understanding of charity governance and the legal duties of charity trustees. Our Board development programme ensures that all trustees have access to ongoing training, using internal and external resources to support them in the discharge of their duties and responsibilities.

Trustees and non-trustee independent advisors

The following trustees were in office at **31 March 2020** and served throughout the year, except where stated.

Trustee	Trustee officers	Appointed/ resigned/ retired	Committee membership at the year end
Ian Black CPFA		Retired 17 December 2019	
Dr David Buckle MBBS DRCOG MRCP	Vice Chair (Medical)		GRC, ARC, IC, FPC
Sir Charles Cockburn Bt.		Resigned 17 December 2019	
Professor Avril Drummond PhD MSc Dip COT FCOT		Appointed 1 December 2019	ARC
Robert J Empson MBA			ARC
Stuart Fletcher OBE MA AMIHM			FPC
Ed Garcez MSc			FPC
Katherine Gillespie MA MSc			FPC
Professor Martin James BM MRCP MD CCST FRCP			
Stephen King MBA FCMI	Chair		GRC (Chair); FPC, ARC, IC
Ian Lee BA (Hons) CA		Appointed 18 June 2019	ARC (Chair), GRC
Michael Lynagh AM D.Uni Griff			IC
Dr Liz Mear DBA MSc FCIPD		Resigned 3 December 2019	
Harvinder Rattan ACCA			FPC
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO			
Helen Sanders MSc			FPC (Chair), GRC, IC
Niraj Shah MA (Cantab) CFA			IC (Chair)
Mark Smith Grad. Dip. Phys MPhil MCSP			
Stephen Torrans			GRC
Eric F Tracey M Com FCA ACIS		Retired 25 September 2019	
Peter Troy MBE	Vice Chair (Lay)		GRC, ARC, IC, FPC
Professor Marion Walker MBE PhD MPhil FCOT		Retired 25 September 2019	

The following non-trustee independent advisors (committee members) were in office at 31 March 2020 and served throughout the year, except where stated.

Trustee	Appointed/ resigned/ retired	Committee membership at the year end
Liz Stanley		ARC
Charles Maisey		IC
Victoria Hoskins		IC
Judy Beard	Resigned 27 November 2019	FPC

Post year-end the following trustees were appointed or retired:

Trustee	Appointed/ resigned/ retired	Committee membership at the year end
Michael Lynagh	Resigned July 2020	IC

Committee membership key

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

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

Statement of responsibilities of the trustees

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

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

In preparing financial statements, the trustees are required to:

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

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

Each of the trustees confirms that:

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

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

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

Management team

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

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Bridget Bergin BA (Hons) MBA	Executive Director of Stroke Support
Dominic Brand BSc (Hons)	Executive Director of Marketing and External Affairs
Andrew Cook BSc (Hons) MSc (Cantab)	Executive Director of Income Generation
Christopher Rennison CIPD FCMI	Executive Director of People and Organisational Development
Hilary Reynolds CBE BA (Hons) MBA	Executive Director of Strategy and Research

Murray Scott (Executive Director of Finance and Resources) left our organisation on 4 July 2019 and Christopher Fyfe BSc MSc CPFA joined us as Interim Chief Financial Officer on 2 September 2019 and was appointed as permanent Executive Director of Finance and Procurement on 18 May 2020.

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

Remuneration of key management personnel

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

Our approach to pay

We're committed to being open and transparent about the work that we do and about the money that we raise and how we spend it. We have around 800 staff and 3,000 volunteers across the UK, including Jersey and the Isle of Man.

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

We ensure our roles are paid at a similar level to other roles in the sector and that we use relevant benchmarking information from charity sector pay and benefit surveys when we set pay.

We're moving to the same terms and conditions and pay grading principles for all of our people, including our executive directors and Chief Executive.

Executive pay

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

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

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

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

Chief Executive – £141,170, which falls within the median salary range for the sector.

Our executive director salaries fall within a range of £85,000 – £109,000 depending on their experience and market benchmark.

Gender pay gap

Our mean gender pay gap is 16.2%. This is lower than the UK average of 17.1%, but slightly higher than last year (16.0%). Our median gender pay gap is 13.4%. This is

lower than the UK average of 17.9%, and lower than last year (14.2%).

Within our organisation, 83.8% of our paid colleagues are women and 16.2% are men. We have three women, including our Chief Executive, and four men on our Executive Directors Team. But we are mindful that our teams at all levels should more closely represent the organisation as a whole.

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

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

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

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

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

Our full report is available on stroke.org.uk/genderpay19.

Equal pay

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

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

Our people

We want all of our people to be at the heart of delivering our vision, whether they're paid to work with us as staff, or give their time to us as volunteers. In giving their time, skills, experience and expertise, the people who work with us are a crucial part of our team.

We want them to have a great experience. We want them to enjoy their time with us, to feel part of the Stroke Association and to understand the difference we are all making together to rebuild lives after stroke.

We're pleased that our staff and volunteer turnover remains low. Our staff turnover for 2019–20 is 16%, 0.5% higher than last year. Our sickness absence is also low, at 2.25%, a slight increase of 0.1% from last year. We have recruitment controls in place while we review our operating model, to ensure we manage our overall establishment costs and to protect our people as we prepare for organisational changes.

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

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

LINK reviews remuneration and changes affecting all employees are discussed in depth. There is LINK representation on our Pension Governance Board that includes the Chair of Trustees, Safeguarding Governance Board and other groups to ensure our people are at the heart of our organisational decisions.

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

Energy and carbon reporting

UK energy use and associated greenhouse gas emissions

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

Organisational boundary

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

Reporting period

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

consumption and emissions back to 1 April 2018.

Quantification and reporting methodology

This report was compiled independently by energy consultants Briar (Briar Consulting Engineers Limited). The 2019 UK Government Environmental Reporting Guidelines and the GHG Protocol Corporate Accounting and Reporting Standard (revised edition) were followed to ensure the Streamlined Energy and Carbon Reporting ("SECR") requirements were met and exceeded where possible.

The energy data was collated using existing reporting mechanisms. These methodologies provided a near continuous record of natural gas, electricity, and transport data (consisting of company cars and employee-owned vehicles).

This energy data was converted to carbon emissions using emission factors provided by the Department of Business, Energy and Industrial Strategy that relate to the beginning of each respective reporting year. The associated emissions are divided into the combustion of fuels and the operation of facilities (scope 1), purchased electricity, heating and cooling (scope 2) and in-direct emissions that occur as a consequence of company activities (scope 3).

Estimations

Estimates of energy consumption have been made where data has not been made available from suppliers or landlords. In some cases, data has been pro-rated to match the reporting period. The majority of our office spaces are within multi-tenanted buildings with central building services, and so a mixture of benchmark and prorating has been used to estimate the energy use.

Base year

The year April 2019 to March 2020 is chosen as the base year due to the previously noted difference in reporting boundaries compared to ESOS. The base year will be retroactively recalculated in the event of significant changes to the company, such as structural changes, changes in methodology or improvements in the accuracy of data. Our base year recalculation policy defines the significant threshold as 10% of base year emissions.

Breakdown of energy consumption used to calculate emissions (kWh):	Year ended 31 March 2020
Company owned and leased vehicles	95,389
Natural gas	299,203
Electricity	866,427
Heat ¹	796,679
Employee owned vehicles where company purchases the fuel	1,145,915
Total gross energy consumed	3,203,614

Note: Figures may not sum to total, because of rounding.

¹This includes heat provided by natural gas-fired plant not under direct operational control as a result of occupying multi-tenanted buildings where space heating is part of the service costs. For the purposes of SECR this is treated as a scope 2 emission.

Breakdown of emissions associated with the reported energy use (tCO ₂ e)	Year ended 31 March 2020
Scope 1	
Company owned and leased vehicles	23
Natural gas	55
Total Scope 1	78
Scope 2	
Electricity	221
Heat	140
Total Scope 2	362
Scope 3	
Employee owned vehicles where company purchases the fuel	328
Total Scope 3	328
Total gross emissions	767

Note: Figures may not sum to total, because of rounding.

Intensity ratio

We have chosen to use gross tonnes of carbon dioxide equivalent emissions per employee. These metrics are chosen as they are the most readily available and complete data over the period and help 'normalise' the data.

	Year ended 31 March 2020
Tonnes of CO ₂ e per employee ²	0.96

² Average number of employees for the year ended 31 March 2020 was 800.

Energy efficiency action during current financial year

The management of resources is an important issue for the charity. In the period 1 April 2019 to 31 March 2020, the charity has undertaken the following actions to improve energy efficiency:

- Rolling programme of replacing older light fittings with energy efficient LED fittings (energy and carbon savings for this measure have not been quantified).
- Implemented a policy of replacing leased vehicles with hybrid or plug-in electric vehicles where possible (energy and carbon savings for this measure have not been quantified).
- Implemented a new policy regarding travel which reduces the number of business miles driven through the adoption of video conferencing (energy and carbon savings for this measure have not been quantified).

As an ethical and environmentally responsible service provider, we have introduced a number of initiatives to minimise the negative impacts on the environment, economy and society, while continuing to maximise the positive benefits and support we offer stroke survivors and their families. These include:

- Reducing staff travel by encouraging remote meeting options, flexible homeworking and car sharing wherever practical (subject to Covid-19 guidance).

- Moving towards paperless meetings and paperless working practices.
- Introducing hot-desking and agile working arrangements.
- Ensuring we include environment and ethical procurement requirements in our standard tender documentation and within procurement policy/guidelines.
- Refurbishment of equipment where practical. Our Procurement Team always consider reusing fit for purpose equipment before deciding to purchase new.
- Leasing IT equipment, particularly re-conditioned items, is much more environmentally friendly and reduces/removes whole life costs of the item.
- Our Procurement Team purchases certain types of material from recycled products, such as paper/packaging.
- Disposal at end of use items meaning selling, donating or disposing of equipment/material environmentally/ethically.

These initiatives are likely to have a positive impact on air pollution, carbon emissions and waste (including plastic waste) and water efficiency.

We continue to review our operating practices to identify further efficiency and waste reduction opportunities, financial savings, as well as initiatives that encourage healthy, active life styles. By maximising efficiency in the use of our resources, we can maximise

the positive benefits we deliver to our communities, and protect the health of future generations by reducing carbon emissions and combating climate change.

Compliance information

Governance and compliance report

Each year in July, the Board receives an 'Annual compliance report', a consolidated report covering all compliance issues affecting the charity, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements, complaints, health and safety, and GDPR readiness. Improvements made in the last year include better health and safety reporting, improvements in data retention and deletion and more robust fundraising compliance management.

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

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

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

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

In 2018–19, we commissioned an independent specialist consultant to undertake a 'health check' of our safeguarding and whistleblowing policies and procedures. This demonstrated good compliance but a few areas of improvements, which we have now implemented. This external review will take place again in 2021.

We have updated sections of our safeguarding policies and provided a fuller definition of the PREVENT strategy and how it affects safeguarding. An internal team also review our policies every year and will carry out a full internal audit later in 2020.

In response to the 25 June 2020 safeguarding charity commission regulatory alert, we have introduced a 'freedom to speak up' champion trustee and specific safeguarding training for trustees.

We reported 67 potential safeguarding cases in 2019–20. An overview of cases is discussed at our Safeguarding Governance meeting every quarter, where organisational learning is shared and also reported to the Board through the annual governance report. None of these cases relate to our employees or volunteers.

We had no whistleblowing cases in 2019–20.

Data protection

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

In this financial year, we significantly improved our data retention and destruction policies and procedures. We also did a full review of our 'Record of processing' and updated our 'Privacy policy'. In the coming year, we will review all our legitimate interest assessments and will ensure 'privacy by design' in relation to our proposed major investments in technology in the forthcoming period.

Fundraising

We employ a range of fundraising approaches to raise money, for example, by working with corporate supporters, philanthropists, trusts and many generous individuals who donate through our appeals and take part in fundraising events. Our Income Generation team leads on this work and engages professional fundraising agencies to support their work, for example in door-to-door and telephone fundraising.

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to undertake fundraising on our behalf, such as face-to-face, door-to-door and telephone activities, we are continually monitoring and reviewing our activities to make them as effective as possible. In line with the Fundraising Regulator's recommendations, we also monitor our agencies through a combination of training fundraisers around our standards and high expectations, regular meetings and 'mystery shopping'.

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

Our supporter promise

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

This year, we also adopted a policy on the acceptance and refusal of donations and an 'Ethical fundraising policy'. These are available at stroke.org.uk/organisational-policies.

We take safeguarding potentially vulnerable supporters seriously. This year we have reviewed our policy and practices around vulnerability and fundraising to ensure our staff, volunteers and third parties who work on our behalf know how to protect individuals in potentially vulnerable circumstances. Our policy is informed by the Institute of Fundraising's 'Treating Donors Fairly Guidance'.

Fundraising regulation

We're registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have a dedicated monitoring programme in place to ensure compliance with the Code and with best practice in fundraising generally. We strive for best practice in fundraising and comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 2018, GDPR and the Privacy and Electronic Communications Regulations 2003. We also screen against the Telephone Preference Service, the Mail Preference Service and the Fundraising Preference Service. During 2019, we recruited a Fundraising Compliance Manager to

strengthen internal efforts to ensure compliance and best practice in all our fundraising programmes. We have set up an annual compliance review of all our segments of fundraising activities and have strengthened our compliance processes relating to our lottery and face-to-face fundraising activities.

Complaints and feedback

We are keen to hear from our beneficiaries and stakeholders if they believe there is something we did not get right, so we can learn where we can improve.

During the year, we received 78 complaints related to our fundraising activities (2018–19: 87). The majority of these related to administrative errors in the organisation of our events, or to the receipt of unwanted fundraising communications. None of these complaints related to serious issues. In relation to our support services, we received 48 complaints, but we also received 3,617 compliments. Almost half of the complaints we received related to a breakdown in communication or a lack of clear expectations provided to beneficiaries. We have learnt from these complaints, working with managers and staff to ensure we are giving clear messages and that our literature says with certainty what our service users can expect from us. The learning will also be used in new guidance and training for our staff.

We recently reviewed and improved our current complaints policy and procedures. Our new policy and procedures, introduced in August 2020, make it easier for people to raise concerns with us and help us to resolve complaints more quickly and efficiently. We will also improve our 'lessons learned' meetings to better understand where we can develop in the future.

This report constitutes the statutory reports described on page 88.



Stephen King
Chair of the Board
Approved on 8 October 2020.

Legal and administrative details

Patron	Her Majesty The Queen
President	HRH The Duke of Kent KG GCMG GCVO
Vice Presidents	Professor Tony Rudd CBE MA (Cantab) MB BChir FRCP Professor Sir Charles George MB ChB MD Professor Averil Mansfield CBE MB ChB ChM Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP Jon Barrick MBA DPRP (h.c.) FCMI Professor Pippa Tyrrell MBE MD FRCP
Chair	Stephen King MBA FCMI
Trustees	As listed on page 91
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the management team	As listed on page 94
Company Secretary	Jan-Willem Jonker

Registered office

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

Company registration number

61274 (England and Wales)

Charity registration numbers

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

Auditor

Buzzacott LLP
130 Wood Street
London
EC2V 6DL

Bankers

Barclays Bank PLC
1 Churchill Place
London
E14 5HP

Investment managers

Waverton Investment Management
16 Babmaes Street
London
SW1Y 6AH

Independent auditor's report

Opinion

We have audited the financial statements of the Stroke Association (the "charitable parent company") and its subsidiary (the "group") for the year ended 31 March 2020, which comprise the consolidated statement of financial activities, group and charitable parent company balance sheets, the statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charity's trustees as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has

been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the charitable parent company's affairs as at 31 March 2020 and of the group's income and expenditure for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Basis for opinion

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

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the 'Trustees' report' including the strategic report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The 'Trustees' report' including the strategic report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the charitable parent company and its environment obtained in the course of the audit, we have not identified material misstatements in the 'Trustees' report' including the strategic report.

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

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. And for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance

with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [frc.org.uk/auditorsresponsibilities](https://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.



Katharine Patel (Senior Statutory Auditor)
For and on behalf of Buzzacott LLP,
Statutory Auditor
130 Wood Street
London
EC2V 6DL

Date: 26 October 2020

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



Consolidated statement of financial activities

	Notes	Un-restricted funds £'000	Restricted funds £'000	2020 Total funds £'000	Un-restricted funds £'000	Restricted funds £'000	2019 Total funds £'000
Income from:							
Donations and legacies	1	22,188	2,087	24,275	20,091	2,682	22,773
Charitable activities- community services	2	315	9,890	10,205	—	10,443	10,443
Other trading activities	3	103	—	103	164	—	164
Investments	4	554	—	554	626	—	626
Other	5	477	4	481	1,038	—	1,038
Total income		23,637	11,981	35,618	21,919	13,125	35,044
Expenditure on:							
Stroke support services	8	8,515	10,940	19,455	7,517	11,339	18,856
Community development and volunteering	9	2,979	577	3,556	2,822	489	3,311
Research grants and awards	7	672	555	1,277	1,495	884	2,379
Systems influencing		1,509	—	1,509	1,406	—	1,406
Awareness and engagement with stroke		4,579	—	4,579	3,868	—	3,868
Raising funds	6	8,167	—	8,167	8,378	—	8,378
Total expenditure	10	26,421	12,072	38,493	25,486	12,712	38,198
Net (expenditure) / income before gains on investments		(2,784)	(91)	(2,875)	(3,567)	413	(3,154)
Net (losses)/gains on investments	18	(247)	—	(247)	1,232	—	1,232
Net (expenditure) / income and net movement in funds	10-14	(3,031)	(91)	(3,122)	(2,335)	413	(1,922)
Reconciliation of funds:							
Funds brought forward at 1 April		18,461	3,415	21,876	20,796	3,002	23,798
Net movement in funds in year		(3,031)	(91)	(3,122)	(2,335)	413	(1,922)
Total funds carried forward at 31 March		15,430	3,324	18,754	18,461	3,415	21,876

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


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

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

Consolidated balance sheet

	Notes	2020 £'000	2019 £'000
Fixed assets			
Tangible fixed assets	15	3,125	3,361
Intangible fixed assets	16	829	1,025
Investment in research joint venture	17	60	—
Investments	18	19,423	24,242
Total fixed assets		23,437	28,628
Current assets			
Debtors	19	4,230	4,886
Cash at bank and short term deposits	20	2,600	3,287
Total current assets		6,830	8,173
Liabilities			
Creditors: amounts falling due within one year	21	(7,336)	(5,630)
Provisions for liabilities	23	(263)	(87)
Total current liabilities		(7,599)	(5,717)
Net current (liabilities)/assets		(769)	2,456
Total assets less current liabilities		22,668	31,084
Creditors: amounts falling due in more than one year			
Research grants payable	22,7	(3,625)	(8,856)
Provisions for liabilities	22,23	(289)	(352)
Total creditors due after one year		(3,914)	(9,208)
Total net assets		18,754	21,876
The funds of the charity:			
Unrestricted funds			
– Designated funds	24	2,618	6,222
– Fixed asset fund	25	4,014	—
– General funds (free reserves)		8,784	12,225
		15,416	18,447
Restricted income funds			
	26	3,324	3,415
		18,740	21,862
Funds retained within a non-charitable subsidiary			
	3	14	14
	37	18,754	21,876

The notes on pages 126 to 153 form part of the financial statements.


Approved by the trustees on 8 October 2020 and signed on their behalf by: 

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

Charity balance sheet

	Notes	2020 £'000	2019 £'000
Fixed assets			
Tangible assets	15	3,125	3,361
Intangible fixed assets	16	829	1,025
Investment in research joint venture	17	60	—
Investments	18	19,423	24,242
Total fixed assets		23,437	28,628
Current assets			
Debtors	19	4,217	4,888
Cash at bank and short term deposits	20	2,601	3,166
Total current assets		6,818	8,054
Liabilities			
Creditors: amounts falling due within one year	21	(7,336)	(5,575)
Provisions for liabilities	23	(263)	(87)
Total current liabilities		(7,599)	(5,662)
Net current (liabilities)/ assets		(781)	2,392
Total assets less current liabilities		22,656	31,020
Creditors: amounts falling due in more than one year			
Research grants payable	7,22	(3,625)	(8,856)
Provisions for liabilities	22,23	(289)	(352)
Total creditors due after one year		(3,914)	(9,208)
Total net assets		18,742	21,812
The funds of the charity:			
Unrestricted funds			
– Designated funds	24	2,618	6,222
– Fixed asset fund	25	4,014	—
– General funds (free reserves)		8,786	12,175
		15,418	18,397
Restricted income funds	26	3,324	3,415
	37	18,742	21,812

The notes on pages 126 to 153 form part of the financial statements.

Approved by the trustees on 8 October 2020 and signed on their behalf by: 

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

Consolidated statement of cash flows

	Notes	2020 £'000	2019 £'000
Cash flows used in operating activities			
Net cash used in operating activities	A	(5,648)	(5,649)
Cash flows from investing activities			
Investment income		554	626
Purchase of tangible fixed assets		(41)	(1,604)
Purchase of intangible fixed assets		(64)	(441)
Purchase of equity in research joint venture		(60)	—
Proceeds from the disposal of tangible fixed assets		—	700
Proceeds from the disposal of investments		9,220	11,194
Purchase of investments		(4,559)	(6,885)
Net cash provided by investing activities		5,050	3,590
Change in cash and cash equivalents in year		(598)	(2,059)
Cash and cash equivalents at 1 April 2019	B	4,410	6,469
Cash and cash equivalents at 31 March 2020	B	3,812	4,410

A. Reconciliation of net cash flow from operating activities

	2020 £'000	2019 £'000
Net expenditure in year (as per the statement of financial activities)	(3,122)	(1,922)
Adjustment for:		
Net losses (gains) on investments	247	(1,232)
Depreciation charge	277	198
Amortisation charge	260	207
Write off of fixed assets	—	165
(Gain) on disposal of tangible fixed assets	—	(350)
Dividends and interest from investments	(554)	(626)
Decrease/(increase) in debtors	656	(2,371)
(Decrease)/increase in creditors	(458)	667
Decrease in research grant commitments	(3,067)	(30)
Increase/(decrease) in provisions	113	(355)
Net cash used in operating activities	(5,648)	(5,649)

B. Analysis of cash and cash equivalents

	2020 £'000	2019 £'000
Cash at bank and short term deposits	2,600	3,287
Cash held by investment managers	1,212	1,123
	3,812	4,410

Principal accounting policies

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

Basis of preparation

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

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

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

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

Comparative Figures

The categorisation of income and expenditure has been updated in these financial statements to better represent the charity's activities, and to align with the latest corporate strategy. The 2019 figures have been reallocated to the new headings.

Events after the balance sheet date

We are required to consider conditions that have arisen between the balance sheet date (31 March 2020) and the date the accounts are signed (8 October 2020). The Covid-19 pandemic was declared on 11 March 2020, with severe impacts on social restrictions and economic activity. The impact of the pandemic on investment value, on curtailed fundraising events and slowdown of legacy processing has been considered as part of our pandemic response. These events do not affect the carrying value of assets or liabilities, which have nonetheless been reviewed.

The pandemic has an impact on our income levels, and as part of our future design, the Executive Directors Team decided in August 2020 that as far as possible all staff will become remote workers from November 2020. We will be vacating our short leasehold

properties in four phases according to their lease. As leases will be continued until the earliest break clause, no addition provision is needed for accelerating the dilapidation provisions.

Assessment of going concern

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

Trustees acknowledge and recognise the potential impact of the Covid-19 pandemic on the future operations of the charity, its beneficiaries, partners and stakeholders and on wider society. As well as the personal risk to health of its staff, the charity may lose planned income as the result of the cancellation of events and/or the absence of key personnel although there may be some expenditure savings also.

The reduced opportunities for scheduled face-to-face interaction may well impact on the ability to plan effectively for the medium term. Currently, however, we do not anticipate that the overall financial position of the charity envisaged before the pandemic will be adversely affected or its financial solvency threatened.

The trustees have concluded that there are no material uncertainties related to events or conditions that may cast

significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

The most significant areas of judgement that affect items in the accounts are detailed on page 124. With regard to the next accounting period, the year ending 31 March 2021, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets (see the 'Investment policy' on page 86 and the risk management sections of the 'Trustees' report' for more information). The charity's three-year plan projects increased charitable expenditure, which will be reflected with a deficit for two years and return to a surplus in year three. Reserves remain within the ranges specified in the revised reserves policy (see page 84).

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

Recognising that the Stroke Association's continued ability to deliver its programme of work will depend on continued forward secured

funding going into its new Business Plan period (2021 – 2024), the trustees have considered several factors in concluding that the adoption of the going concern basis in the preparation of these financial statements is appropriate. These have included:

- Existing reserves and investment holdings.
- The forward pipeline of secured and prospective contract and grant awards.
- The growth of the legacy notifications and pipeline.
- The rigour of pipeline monitoring and cost controls that are in place to ensure a balanced budget in the current (2020–21) and subsequent financial year (2021–22) while still maintaining delivery of the Stroke Association's programme.
- Cash management and working capital controls in place to manage the potential risks of late payments by funders and ensure restricted and unrestricted assets and reserves are appropriately managed.

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

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (Trading) Limited Company Reg No 00898941. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

Income

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

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

Donations and grants, including those in respect of participation events, are recognised when the charity has confirmation of both the amount and

the settlement date. In the event of donations and grants pledged but not received, the amount is accrued for where the receipt is probable.

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

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

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in

the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having been transferred to the charity.

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

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

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

Expenditure

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

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

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

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

Allocation of support and governance costs

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

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with the constitutional statutory requirements. Support costs and governance costs are apportioned on a basis consistent with the use of resources, primarily head count and expenditure ratios.

Donated services and facilities (gifts in kind)

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

Taxation

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from

taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

Research grants and awards

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

Tangible fixed assets

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

Freehold properties used for the direct charitable work of the charity are included in these financial statements at cost at the date of acquisition together with the cost of additions and improvements to date. Only functional freehold properties are depreciated at a rate of 2% per annum on a straight-line basis in order to write them off over their estimated useful lives. Those under

construction are not depreciated until they are brought into use. An impairment review in respect to a particular class of assets is carried out if events, or changes in circumstances, indicate that the carrying amount of any tangible fixed asset may not be recoverable.

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

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

Intangible fixed assets

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

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

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

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

Fixed assets research joint venture

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

Fixed asset investments

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

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase

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

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

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

Debtors

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

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of

months but less than one year have been disclosed as short-term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

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

Fund accounting

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

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

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

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

Significant accounting estimates and areas of judgement

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

Significant areas of estimation and judgement include:

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

Operating leases

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

Pension costs

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

Notes to the financial statements

1. Donations and legacies

	Unrestricted £'000	Restricted £'000	Total- funds 2020 £'000	Unrestricted £'000	Restricted £'000	Total funds 2019 £'000
General donations	1,431	83	1,514	357	1,143	1,500
In memoriam	1,234	19	1,253	1,054	—	1,054
National raffle	309	—	309	299	—	299
Direct mail	1,493	—	1,493	1,652	12	1,664
Committed giving	1,055	512	1,567	1,280	—	1,280
Corporate income and trusts	946	517	1,463	1,410	565	1,975
Events	1,347	—	1,347	1,211	—	1,211
Regional fundraising	1,139	115	1,254	1,299	—	1,299
Gift Aid	889	5	894	660	145	805
Legacies	12,307	367	12,674	10,867	369	11,236
Grants	27	469	496	—	447	447
Miscellaneous income	11	—	11	2	1	3
Total	22,188	2,087	24,275	20,091	2,682	22,773

2. Charitable activities

Community services income, which mainly comes from Stroke Recovery and Communication Support services, was £10,205,000 (2019: £10,443,000). All income from community services in the prior accounting period was restricted.

3. Other trading income

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

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

	2020 Total funds £'000	2019 Total funds £'000
Turnover	103	164
Cost of sales	(110)	(120)
Gross (loss) profit	(7)	44
Other income – corporate sponsorship	291	322
	284	366
Selling, distribution and administration expenses	(81)	—
Net profit paid to the Stroke Association under gift aid	203	366
Additional profits from prior year paid to the Stroke Association under gift aid	50	—
Net assets at 31 March	14	14

4. Investment income

	2020 Total funds £'000	2019 Total funds £'000
Investment income receivable	542	620
Interest receivable	12	6
	554	626

5. Other income

	2020 Total funds £'000	2019 Total funds £'000
Delegate fees	341	383
Affiliation fees	14	13
Training income	3	19
Publication sales	18	17
Sundry income	105	156
Surplus on disposal of property	—	450
	481	1,038

6. Cost of raising funds

	2020 Total funds £'000	2019 Total funds £'000
Staff costs	3,812	3,640
Brochures, materials and other costs	2,832	3,471
Property and other related facility costs	434	254
Fundraising trading	88	90
Support (note 10)	1,001	923
	8,167	8,378

7. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	2020 Total funds £'000	2019 Total funds £'000
Total – 2019–20	672	555	1,227	2,379
Total – 2018–19	1,495	884	2,379	—

Included within research grants and awards are the direct and support costs of running the research department. A full list of the grants is available on stroke.org.uk/research.

Research grant commitments

	2020 Total funds £'000	2019 Total funds £'000
Commitments at 1 April	11,070	11,100
Written back during the year	(357)	(186)
Paid during the year	(3,819)	(2,529)
Approved during the year (see below note)	1,109	2,685
Commitments at 31 March	8,003	11,070
Payable as follows:		
Within one year (note 21)	4,378	2,214
After more than one year (note 22)	3,625	8,856
	8,003	11,070

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

7. Research grants and awards (continued)

Related party transactions

During the year ended 31 March 2020, the Stroke Association approved the following Project Grant Awards:

- At a contracted cost of £79,715 with University of Manchester, with which Prof Andy Vail (RAP Member, Project Grant Panel, BHF Panel), Prof Audrey Bowen (RAP Member), Mr Hiren Patel (RAP Member), Prof Stuart Allan (RAP Member), Dr Adrian Parry-Jones (RAP Member), are members of the same institution.
- At a contracted cost of £48,973 with University of Exeter, with which Martin James (trustee) is a member of the same institution.
- At a contracted cost of £101,746 with University of Nottingham, with which Avril Drummond (trustee), Prof Nikki Sprigg (RAP Member), Dr Shirley Thomas (RAP Member), Dr Tracy Farr (Project Grant Panel, BHF Panel), are members of the same institution.
- At a contracted cost of £249,624 with University of Edinburgh, with which Dr Fergus Doubal (RAP Member), Prof Rustam Al Shahi-Salman (RAP Member), Prof Gillian Mead (RAP Member), Dr Will Whiteley (Postgrad Fellowship Panel), are members of the same institution.

Joint Stroke Association and MedCity Collaborate to Innovate Awards:

- At a contracted cost of £55,530 with Keele University, with which Prof Christine Roffe (RAP Member), Dr Sue Hunter (Project Grant Panel) is a member of the same institution.

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

8. Stroke Support services

	Unrestricted £'000	Restricted £'000	2020 Total funds £'000
Commissioned services	—	8,444	8,444
Regional and management support	2,123	2,369	4,492
Universal services including Helpline	607	127	734
Property and other related facility costs	928	—	928
Support costs (note 10)	4,857	—	4,857
Total – 2019–20	8,515	10,940	19,455

	Unrestricted £'000	Restricted £'000	2019 Total funds £'000
Commissioned services	—	8,566	8,566
Regional and management support	2,084	2,756	4,840
Universal services including Helpline	712	17	729
Property and other related facility costs	243	—	243
Support costs (note 10)	4,478	—	4,478
Total – 2018–19	7,517	11,339	18,856

9. Community development and volunteering

	Unrestricted £'000	Restricted £'000	2020 Total funds
Community development	783	577	1,360
Volunteering	1,587	—	1,587
Property and other related facility costs	144	—	144
Support costs (note 10)	465	—	465
Total – 2019–20	2,979	577	3,556

	Unrestricted £'000	Restricted £'000	2019 Total funds
Community development	879	489	1,368
Volunteering	1,474	—	1,474
Property and other related facility costs	40	—	40
Support costs (note 10)	429	—	429
Total – 2018–19	2,822	489	3,311

10. Allocation of support costs

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	2020 Total £'000
Direct costs	14,598	3,091	1,140	1,304	4,034	7,166	31,333
Support costs:							
- Management	921	88	16	38	104	190	1,357
- IT	1,061	102	19	45	118	219	1,564
- HR	1,413	135	25	60	159	291	2,083
- Finance	985	94	18	42	110	203	1,452
- Governance costs (note 11)	447	46	9	20	54	98	704
	4,857	465	87	205	545	1,001	7,160
Total – 2019–20	19,455	3,556	1,227	1,509	4,579	8,167	38,493

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	2019 Total £'000
Direct costs	14,379	2,883	2,299	1,216	3,365	7,455	31,597
Support costs:							
- Management	846	81	15	36	96	174	1,248
- IT	976	93	17	42	110	201	1,439
- HR	1,284	122	23	54	144	265	1,892
- Finance	871	84	16	37	98	180	1,286
- Governance costs (note 11)	500	48	9	21	55	103	736
	4,477	428	80	190	503	923	6,601
Total – 2018–19	18,856	3,311	2,379	1,406	3,868	8,378	38,198

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

11. Governance costs

	2020 Total funds £'000	2019 Total funds £'000
Chief Executive Office	226	255
Internal Audit	49	50
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance)	429	431
	704	736

12. Net movement in funds

This is stated after charging:

	2020 Total funds £'000	2019 Total funds £'000
Auditor's remuneration	30	29
Non-audit advice from auditors	14	3
Depreciation (note 15)	277	198
Amortisation (note 16)	260	207
Operating lease rentals	1,151	1,320

13. Employee and key management remuneration

Staff costs during the year were as follows:

	2020 £'000	2019 £'000
Wages and salaries	20,766	19,631
Social security costs	1,854	1,793
Pension costs	1,159	820
Redundancy and termination costs	148	106
	23,927	22,350
Payments to agency staff	294	690
	24,221	23,040

13. Employee and key management remuneration (continued)

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

	2020 Full time equivalent	2019 Full time equivalent	2020 Head count	2019 Head count
Charitable activities				
- Stroke support services	459	464	581	564
- Community development and volunteering	44	44	48	47
- Research grants and awards	8	8	9	9
- Systems influencing	19	20	21	20
- Awareness and engagement with stroke	52	52	57	56
- Raising funds	95	96	111	108
	677	684	827	804

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

13. Employee and key management remuneration (continued)

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

	2020 Number	2019 Number
£60,001 - £70,000	7	4
£70,001 - £80,000	2	3
£80,001 - £90,000	3	2
£90,001 - £100,000	3	2
£100,001 - £110,000	—	2
£110,001 - £120,000	1	—
£140,001 - £150,000	1	1

Key management personnel are the members of the Executive Team. In 2020, there were seven full time equivalent (FTE) members of this team (2019: seven). See page 94 for further details.

The total remuneration (including taxable benefits and employer's pension and national insurance contributions) paid to the key management personnel of the charity in the year was £910,000 (2019: £865,000).

14. Trustees' remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £16,000 (2019: £6,000) were reimbursed to 19 trustees (2019: 16).

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £12,000 (2019: £8,000) and provides cover of up to a maximum of £5 million in any one year.

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

15. Tangible fixed assets

Group and charity

	Asset held for sale £'000	Freehold premises £'000	Short leasehold premises £'000	Fixtures, furniture and fittings £'000	2020 Total £'000
Cost:					
At 1 April 2019	—	1,947	2,850	273	5,070
Additions	—	—	—	41	41
At 31 March 2020	—	1,947	2,850	314	5,111
Depreciation					
At 1 April 2019	—	306	1,155	248	1,709
Charge for year	—	39	223	15	277
At 31 March 2020	—	345	1,378	263	1,986
Net book values					
At 31 March 2020	—	1,602	1,472	51	3,125
At 1 April 2019	—	1,641	1,695	25	3,361

16. Intangible fixed assets

Group and charity

	2020 Total £'000
Cost	
At 1 April 2019	2,113
Additions	64
At 31 March 2020	2,177
Amortisation	
At 1 April 2019	1,088
Charge for year	260
At 31 March 2020	1,348
Net book values	
At 31 March 2020	829
At 1 April 2019	1,025

17. Fixed assets investment in research joint venture

Group and charity

	2020 £'000	2019 £'000
Joint venture acquisition of shares in DHA Limited.	60	-

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

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

18. Fixed asset investments

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

Group and charity

	2020 £'000	2019 £'000
Market value at 1 April	23,119	26,196
Acquisitions	4,559	6,885
Sales proceeds	(9,220)	(11,194)
Net movement in market values (see below)	(247)	1,232
Market value at 31 March	18,211	23,119
Cash held by investment managers for re-investment	1,212	1,123
Market value at 31 March	19,423	24,242
Cost of investments at 31 March	16,303	19,562
Net movement in market values in year:	2020 £'000	2019 £'000
Realised gains	237	338
Unrealised (losses)/gains	(484)	894
	(247)	1,232

18. Fixed asset investments (continued)

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

	2020 £'000	2019 £'000
Equities	8,868	13,126
Government stock	3,384	3,796
Non-government bonds	1,812	2,878
UK property funds	833	954
Multi asset holdings	3,314	2,365
	18,211	23,119
UK stock exchange	6,666	9,086
Non-UK stock exchanges	7,398	10,714
UK property funds	833	954
Multi asset holdings	3,314	2,365
	18,211	23,119

18. Fixed asset investments (continued)

At 31 March 2019, the following investments had a market value in excess of 3% of the portfolio:

	2020 market value of holding £'000	2020 % of listed portfolio	2019 market value of holding £'000	2019 % of listed portfolio
Source Physical Gold	886	4.9%	821	3.6%
UK Treasury 2%	851	4.7%	1,943	8.4%
US Treasury 2.75%	764	4.3%	836	3.6%
Microsoft Corporation Com	712	4.0%	815	3.5%
KDDI Corporation	643	3.6%	—	—
Noro Nordisk AS	631	3.5%	—	—
Salesforce.com Inc Com US\$0.001	581	3.2%	851	3.7%
Syncona Ltd (formerly BACIT Nov16)	569	3.2%	777	3.4%
The Charity Properties Fund	540	3.0%	—	—
UK Treasury Stock 2.5% IL 17.7.24	540	3.0%	—	—
Royal Dutch Shell PLC "B" (UK List)	—	—	704	3.1%

19. Debtors

	Group 2020 £'000	Group 2019 £'000	Charity 2020 £'000	Charity 2019 £'000
Trade debtors	754	2,368	728	2,327
Amounts owed by trading subsidiary	—	—	27	43
Other debtors	52	43	38	43
Prepayments and accrued income	3,424	2,475	3,424	2,475
	4,230	4,886	4,217	4,888

20. Cash at bank and short term deposits

Group and charity

	Group 2020 £'000	Group 2019 £'000	Charity 2020 £'000	Charity 2019 £'000
Cash at bank and in hand	2,600	2,611	2,601	2,490
Short term deposits	—	676	—	676
	2,600	3,287	2,601	3,166

21. Creditors: amounts falling due within one year

Group and charity

	Group 2020 £'000	Group 2019 £'000	Charity 2020 £'000	Charity 2019 £'000
Trade creditors	745	637	745	637
Research grants (note 7)	4,378	2,214	4,378	2,214
Amount owed to trading subsidiary	—	—	—	—
Taxation and social security	510	487	522	444
Other creditors	231	209	231	209
Accruals and deferred income	1,472	2,083	1,460	2,071
	7,336	5,630	7,336	5,575

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

Group and charity

	Group 2020 £'000	Group 2019 £'000	Charity 2020 £'000	Charity 2019 £'000
Research grants (note 7)	3,625	8,856	3,625	8,856
Provisions for liabilities (note 21)	289	352	289	352
	3,914	9,208	3,914	9,208

23. Provisions for liabilities

Group and charity

	Less than one year £'000	More than one year £'000	2020 Total provision £'000	Less than one year £'000	More than one year £'000	2019 Total provision £'000
Property dilapidations	263	289	552	87	352	439

24. Designated funds

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

Group and charity

	2020 £000	2019 £000
Investment in increasing income generation	—	3,220
Investment in increasing awareness of the charity	—	1,600
Finance and HR systems	—	470
Future cost of operating model over next three years	1,205	—
Northampton Resource Centre location costs	321	400
Funds voluntary support groups	516	—
UK Stroke Forum	576	532
	2,618	6,222

25. Fixed asset fund

The fixed asset fund represents the net book value of the charity's tangible and intangible fixed assets and has been set aside to demonstrate that these assets are illiquid and are not available as free reserves. The decision to split fixed asset funds from unrestricted reserves was made in 2019–20, therefore there is no comparative balance reflected for 2018–19.

Group and charity

	2020 £'000	2019 £'000
Fixed asset fund	4,014	—

26. Restricted funds

Group and charity

	At 1 April 2019 £'000	Income £'000	Expenditure £'000	At 31 March 2020 £'000
Medical research				
– Donations and legacies	428	614	(475)	567
Princess Margaret Fund				
– Donations and legacies	85	3	(3)	85
Other restricted funds				
– Commissioned services	—	9,890	(9,890)	—
– ICAP	26	17	(21)	22
– NESTA ii	97	183	(106)	174
– Royal Mail Group	651	—	(50)	601
– W G P McGowan	17	—	—	17
– Other donations and legacies	2,111	1,274	(1,527)	1,858
	2,902	11,364	(11,594)	2,672
Total 2019–20	3,415	11,981	(12,072)	3,324

Group and charity

	At 1 April 2018 £'000	Income £'000	Expenditure £'000	At 31 March 2019 £'000
Medical research				
– Donations and legacies	88	979	(639)	428
Princess Margaret Fund				
– Donations and legacies	79	264	(258)	85
Other restricted funds				
– Commissioned services	—	10,443	(10,443)	—
– ICAP	26	—	—	26
– NESTA ii	79	166	(148)	97
– Royal Mail Group	992	—	(341)	651
– W G P McGowan	17	—	—	17
– Other donations and legacies	1,721	1,273	(883)	2,111
	2,835	11,882	(11,815)	2,902
Total 2018–19	3,002	13,125	(12,712)	3,415

26. Restricted funds (continued)

Other restricted donations were received for the following projects:

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

27. Analysis of net assets between funds

Group	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2020 Total £'000
Tangible fixed assets	—	—	3,125	—	3,125
Intangible fixed assets	—	—	829	—	829
Joint venture investment	—	—	60	—	60
Fixed asset investments	16,805	2,618	—	—	19,423
Current assets	3,506	—	—	3,324	6,830
Creditors: amounts falling due within one year	(7,336)	—	—	—	(7,336)
Provisions for liabilities	(263)	—	—	—	(263)
Creditors: amounts falling due after one year	(3,914)	—	—	—	(3,914)
	8,798	2,618	4,014	3,324	18,754

Group	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2019 Total £'000
Tangible fixed assets	3,361	—	—	—	3,361
Intangible fixed assets	1,025	—	—	—	1,025
Fixed asset investments	18,020	6,222	—	—	24,242
Current assets	4,758	—	—	3,415	8,173
Creditors: amounts falling due within one year	(5,630)	—	—	—	(5,630)
Provisions for liabilities	(87)	—	—	—	(87)
Creditors: amounts falling due after one year	(9,208)	—	—	—	(9,208)
	12,239	6,222	—	3,415	21,876

27. Analysis of net assets between funds (continued)

Charity	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2020 Total £'000
Tangible fixed assets	—	—	3,125	—	3,125
Intangible fixed assets	—	—	829	—	829
Joint venture investment	—	—	60	—	60
Fixed asset investments	16,805	2,618	—	—	19,423
Current assets	3,494	—	—	3,324	6,818
Creditors: amounts falling due within one year	(7,336)	—	—	—	(7,336)
Provisions for liabilities	(263)	—	—	—	(263)
Creditors: amounts falling due after one year	(3,914)	—	—	—	(3,914)
	8,786	2,618	4,014	3,324	18,742

Charity	General funds £'000	Designated funds £'000	Fixed asset funds £'000	Restricted funds £'000	2019 Total £'000
Tangible fixed assets	3,361	—	—	—	3,361
Intangible fixed assets	1,025	—	—	—	1,025
Fixed asset investments	18,020	6,222	—	—	24,242
Current assets	4,639	—	—	3,415	8,054
Creditors: amounts falling due within one year	(5,575)	—	—	—	(5,575)
Provisions for liabilities	(87)	—	—	—	(87)
Creditors: amounts falling due after one year	(9,208)	—	—	—	(9,208)
	12,175	6,222	—	3,415	21,812

28. Tax

The charity is unable to reclaim all VAT suffered on expenditure. Irrecoverable VAT incurred during the year amounted to £1,154,000 (2019: £1,460,000).

29. Leasing commitments

At 31 March 2020, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	Property 2020 £'000	Property 2019 £'000	Cars 2020 £'000	Cars 2019 £'000	Office equipment 2020 £'000	Office equipment 2019 £'000
Operating leases which expire:						
Within one year	709	699	49	23	149	—
Within two to five years	1,624	1,836	61	3	349	—
After five years	1,088	998	—	—	—	—
	3,421	3,533	110	26	498	—

30. Reconciliation of movements on unrealised gains

	2020 £'000	2019 £'000
Unrealised gains at 1 April	3,557	3,678
Less: in respect to disposals in year	(1,180)	(1,015)
Add: net (losses)/ gains on revaluations in year	(484)	894
Total unrealised gains at 31 March	1,893	3,557

31. Pension commitments

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

32. Liability of members

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

33. Dormant subsidiary companies

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

34. Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 7 and 14 respectively. During the year the charity received £48,000 community services income (2019: £48,000) from West Essex Clinical Commissioning group, of which Stephen King (Stroke Association Chair) is a governor. This contract was entered into before he became a trustee.

35. Agency arrangements

During the year, the Stroke Association received £254,000 (2019: £260,000) from the British Heart Foundation (BHF) as part of an agency relationship. In recent years, the charity has co-funded research awards with various charities, including BHF. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these BHF receipts to grantees amounted to £567,000 in the year (2019: £578,000), and cash held by the Stroke Association on behalf of BHF at the year-end amounted to £331,000 (2019: £571,000).

During the year, the Stroke Association also received £45,000 (2019: £157,000) from the Alzheimer's Society (AS) as part of an agency relationship.

Cash payments from these AS receipts to grantees amounted to £62,000 in the year (2019: £45,000), and cash held by the Stroke Association on behalf of AS at the year-end amounted to £122,000 (2019: £104,000)

36. Contract and grant income

The Stroke Association is pleased to acknowledge that during the year, grants were awarded from the following bodies:

Wakefield Council
Hull County Council – Hull Stroke Prevention
Harrogate and Rural District CCG
Bedfordshire and Luton Community Foundation
Cambridgeshire County Council

37. Movement in funds

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

Group	Opening balance 1 April 2018 £'000	Income £000	Expenditure £000	Fund transfers £'000	Closing balance 31 March 2019 £'000
Unrestricted funds					
– Designated funds	7,475	582	(2,367)	532	6,222
– General funds (free reserves)	13,307	20,851	(21,401)	(532)	12,225
	20,782	21,433	(23,768)	—	18,447
Restricted income funds	3,002	13,125	(12,712)	—	3,415
	23,784	34,558	(36,480)	—	21,862
Funds retained within a non-charitable subsidiary	14	486	(486)	—	14
	23,798	35,044	(36,966)	—	21,876

37. Movement in funds (continued)

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

Charity	Opening balance 1 April 2018 £'000	Income £000	Expenditure £000	Fund transfers £'000	Closing balance 31 March 2019 £'000
Unrestricted funds					
– Designated funds	7,475	582	(2,367)	532	6,222
– General funds (free reserves)	13,307	21,289	(21,889)	(532)	12,175
	20,782	21,871	(24,256)	—	18,397
Restricted income funds	3,002	13,125	(12,712)	—	3,415
	23,784	34,996	(36,968)	—	21,812

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

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

We're here for you.

Stroke Helpline: 0303 3033 100

From a textphone: 18001 0303 3033 100

Email: helpline@stroke.org.uk

Rebuilding lives after stroke

Stroke
Association

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