



**Annual Report
and Financial Statements**
31 March 2016

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

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

Contents

Reports

Reference and administrative details of the charity, its trustees and advisors	1
Foreword and executive summary	3
Trustees' report	
• Strategic report	7
• Strategic objectives for the strategy period (2015-18)	8
• Achievements and performance over the year	20
• Governance, structure and management	44
Independent auditor's report	52

Financial Statements

Consolidated statement of financial activities	54
Consolidated balance sheet	55
Charity balance sheet	56
Consolidated statement of cash flows	57
Principal accounting policies	58
Notes to the financial statements	65

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

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 (BSc, MB, ChB, MD) Professor Averil Mansfield CBE (MB, ChB, ChM) Margaret Goose OBE (MA, FHSM, FRSA Hon MFPH, Hon FRCP) The Rt Hon Lord Skelmersdale
Chair	Sir David Varney Kt BSc MBA Hon.LLD CFIPD FRSM
Trustees	As listed on page 47
Chief Executive	Juliet Bouverie BA (Hons) from 20 June 2016 Jon Barrick (BSc, MBA, FCMI) prior to 20 June 2016
Members of the management team	As listed on page 49
Company Secretary	Holly Bowden
Registered office	Stroke Association House 240 City Road London EC1V 2PR
Telephone	020 7566 0300
Facsimile	020 7490 2686
Website	www.stroke.org.uk
E-mail	Stroke@stroke.org.uk
Company registration number	61274 (England and Wales)
Charity registration numbers	211015 (England and Wales) SC037789 (Scotland) XT 33805 (Northern Ireland) NPO 0369 (Jersey) 945 (Isle of Man)

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

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

Foreword and executive summary Year ended 31 March 2016

In a difficult year for charities including significant negative media activity, we resolutely worked hard to achieve our strategic objectives and continued to deliver more for the endeavour of conquering stroke whilst working hard to maintain sustainability and forward momentum, and have succeeded in great measure.

During 2015/16, our Life After Stroke Services provided 323 services and we reached 71% of the UK population. We have provided services to over 62,000 service users and around another 15,000 people used our helpline. We have successfully retained the majority of our service contracts and have secured new contracts (some of significant value and/or increased duration), exceeding our target for the year.

We continue to achieve full geographic coverage for services in Northern Ireland. The funding environment for services contracts in Wales remains fraught. Despite this, services were retained to provide service cover across all Health Board areas in Wales. However, our service in Newport was decommissioned.

Our *Back to Work* project is the recipient of over £85,000 of fundraised income through the Jack Petchey Foundation in London.

The highly successful *Childhood Stroke* project is approaching the end of its three year funding period from ICAP. We have developed a fundraising campaign to raise money to continue the project, including an evaluation of its effectiveness, for a further three years.

We have further developed My Stroke Guide (MSG), our digital self-management tool to support stroke survivors and their carers in their recovery following a stroke and provide information on secondary prevention. Responding to the increasing demand for technology as part of everyday life, MSG is our pioneering online platform which provides accessible information, goal setting and peer support to enable users to develop self-management strategies for their care. Available through smartphones, tablets and laptops, the guide improves stroke survivors' knowledge of their condition leading to greater self-management and we anticipate improved clinical outcomes.

The Health and Social Care Alliance awarded a one year grant to establish MSG in Inverclyde and Renfrew, part of Greater Glasgow and Clyde NHS Board. The project received over 80 referrals and has led to: the development of My Stroke Guide Cafés, supporting people to make local connections with others; improved access to information and advice for people affected by stroke; and reduced isolation for those living with stroke.

New services have been developed over the year including exercise based stroke rehabilitation, emotional support, and we are finalising work on a carer's support service. We have introduced a pilot for Self-Funded Referral services for physiotherapy and exercise, and will be evaluating how beneficial this is for stroke survivors. Following a magnificent event at Buckingham Palace, the *Moving Forward following stroke* project has been launched. This project will provide Neuro Physiotherapy initial assessment followed by group exercise and prevention sessions in local leisure centres and community venues. The project will run for one year and areas are currently being selected. A key criterion is the willingness of commissioners to consider commissioning the service following the introductory year.

Foreword and executive summary Year ended 31 March 2016

We continue to work with two national research studies in speech and language (CACTUS) and long term support (LOTS2CARE) and we are working closely in partnership with Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester on 'Support for Stroke Survivors & OSCARS'.

Work to develop new and enhanced volunteer roles has continued particularly within the new Emotional Recovery Service and MSG, and our network of Stroke Association Voluntary Groups grew considerably with the inclusion of 49 Speakability groups following merger with that organisation. Much work has been done on our *Peer Support* project, funded by the Cabinet Office and the National Endowment for Science, Technology and the Arts (NESTA). We have continued our support for 258 local stroke clubs via our Affiliation Scheme.

A new Aphasia Advisory Group has been established and work has commenced to develop a worldwide communication symbol.

Our Stroke Information Service (SIS) provides a national helpline and email enquiry service to people affected by stroke. We have undertaken a review of SIS which identified opportunities to improve the service, and these are now being implemented. Our online content was completely refreshed and accredited by the Information Standard.

With regard to our research activity, the year saw us funding lectureships and awards to build capacity, and establishing further quality improvement in our work. We replaced our standing Research Awards Committee (RAC), with a larger Research Awards Pool (RAP), enabling a draw down on the basis of relevant expertise and absence of individual or institutional conflict of interest with proposals under consideration. We were one of only 30% of Association of Medical Research Charities (AMRC) members to pass their audit outright and we were commended for introducing the RAP idea.

We made changes to strengthen the role of people affected by stroke in research, increasing representation, and creating a larger cohort of stroke survivors contributing to research awards decision making. We agreed to develop a Research Faculty for People Affected by Stroke in 2016/17.

Trustees have authorised research budget expenditure at an average level of £2.5 million per year, over a rolling three year period. £3.9 million of research grants and awards were approved during this past year, over £1.2 million up on the previous year, and reflected our commitment to increasing stroke research in the UK. This increased research spend was possible because of successful fundraising efforts and our marvellous supporters who contribute so much through generous donations. Without their philanthropy there would be less stroke research, and advances would be so much slower. We launched a campaign early in the year highlighting the shocking disparity between funding for the treatment and alleviation of the effects of stroke and other conditions (please refer to: www.stroke.org.uk/sites/default/files/sa-research-spend-in-the-uk-apr2015-web.pdf). The evidence provides a really compelling case for major research funders to change funding practices.

Prevention of stroke amongst those most likely to have one remains a priority. High blood pressure contributes to over 50% of all strokes. Our Know Your Blood Pressure

Foreword and executive summary Year ended 31 March 2016

(KYBP) campaign helps people to understand the link between high blood pressure and stroke, and what they can do to reduce their risk. During calendar year 2015, we had held almost 1,800 KYBP events across the UK (up 37% on last year), taking over 51,000 blood pressures. This dramatic increase is made possible by partnership working with organisations such as Royal Mail, Vision Express, BUPA Care and Rotary International. We are very grateful for their commitment to working in collaboration with us. Over 10,000 people (20% of blood pressures taken) were referred to their GP as a result of this work, up from 15% last year.

We worked closely with Public Health England (PHE) on the FAST campaign, seeing a 19% increase in engagement. In Wales, we supported the FAST messages through partnership with the Welsh Ambulance Trust, with vehicles displaying our FAST signage. To increase awareness of Atrial Fibrillation (AF), in partnership with PHE, the Royal College of Physicians (RCP) and the Royal College of General Practitioners (RCGP), we created “AF: How can we do better?” Clinical Commissioning Group (CCG) intelligence packs. These were distributed to CCGs and GP practices across England.

We feel strongly that the attention and resources that should be devoted to stroke care are not being effectively allocated. 26% of all Stroke Physician posts are currently vacant and the NHS needs to plan for the introduction of life and disability saving treatments such as thrombectomy and compression stockings. It is a matter of great concern that much of the basic improvement work originally envisaged in the National Stroke Strategies has not been implemented. To address this, *A New Era for Stroke* campaign was launched in May 2016; the aim is that this will re-invigorate improvement in provision of stroke care. We secured a debate in the House of Lords on the National Stroke Strategy and briefed several peers including former Health Secretary, Lord Lansley. The debate was incredibly useful in highlighting areas where progress is still needed on stroke.

We have responded to many government and NICE (The National Institute for Health and Care Excellence) consultation requests. This included consultations on the Quality Standard for Stroke, where we achieved inclusion of psychological support for all stroke survivors and the use of thrombectomy on the NHS. We have supported the British Association of Stroke Physicians (BASP) to highlight the importance of six month reviews for all stroke survivors. We continue work with the Royal College of Paediatrics and Child Health to develop new guidelines for childhood stroke. The scope of the guidelines has been expanded to include haemorrhagic stroke for the first time. We have established a parents group to feed into the guidelines to ensure they reflect the views and needs of parents and their children. A handbook for families on childhood stroke has just been published, which will offer additional support to families.

The net deficit for the year, before investment losses/gains, was £253,000 compared to a surplus of £3.8 million in the previous year (See “Financial Review for the year” in the Trustees Report below). We planned to run a deficit this year, to make responsible use of previous surpluses to invest in conquering stroke, but we still came in significantly ahead of budget. Total incoming resources for the year were £36.5 million compared with £37.5 million last year, and again better than budget. The principal sources of income are legacies, fundraising activities and community services contracts, details of which are available in the main body of the report.

Foreword and executive summary Year ended 31 March 2016

The EU referendum has created an uncertain economic and political environment, the impacts of which are yet to be determined. Regardless, we will not waiver from our resolute aim to support as many stroke survivors and carers as possible, and continue the drive to achieve our strategic objectives.

I would like to thank all our staff, volunteers and donors, and our wider support network for all their much valued contributions to another successful year for the Stroke Association. This support is crucial in helping us to meet our objectives.

After twelve years as CEO of the Stroke Association, Jon Barrick is retiring in August 2016. The charity has thrived under Jon's leadership trebling in size. Jon has been an influential campaigner and advocate. Jon has provided a powerful voice for stroke survivors both nationally and internationally as Chair of the UK Stroke Assembly, President of the Stroke Alliance for Europe and a board member of the World Stroke Organisation.

In particular we have seen an increase in awareness of stroke amongst the general population; the introduction of stroke strategies leading to the development of stroke units which were largely non-existent ten years ago; the development of the FAST message; the creation of innovative services and investment in stroke research including new lectureships and the search for new cures and treatments in Europe. Jon has also overseen the growth of stroke patient organisations across Europe from six in 2006, to 30 today, meaning we now can be stronger as a worldwide force to conquer stroke.

I would like to take this opportunity to extend my warmest thanks to Jon for his dedication to stroke and to the Stroke Association. I would also like to welcome to the Stroke Association, Jon's successor, Juliet Bouverie. Juliet has worked for Macmillan Cancer Support for 16 years, most recently as Executive Director of Services and Influencing. We wish her every success and look forward to working with her to build on Jon's achievements and further strengthen the work of the Stroke Association.



Sir David Varney, Chair

INTRODUCTION

The trustees present their statutory report together with the consolidated financial statements of the Stroke Association for the year ended 31 March 2016.

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, effective for accounting periods commencing 1 January 2015 or later. It also meets the requirements for a directors' report set out in the Companies Act 2006. Sections on 'Financial review for the year', 'Risk management', 'Future plans' and 'Achievements and Performance', included within the trustees' report, meet the requirements for a strategic report as outlined in 'The Companies Act 2006 (Strategic Report and Director's Report) Regulations' 2013. The financial statements have been prepared in accordance with the accounting policies set out on pages 58 to 64 of the attached financial statements.

All figures in brackets in the trustees' report refer to the year ended 31 March 2015.

STRATEGIC REPORT

Our vision

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

Our mission

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

Our Values

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

STRATEGIC REPORT (continued)

STRATEGIC OBJECTIVES FOR THE STRATEGY PERIOD (2015-18)

We have agreed five key strategic objectives for the 2015-18 three year strategy period, supported by an internal objective of operating as a world class organisation:

1. Preventing avoidable strokes;
2. Making sure there is best stroke support and care;
3. Expanding the network of services and long term support across the UK;
4. Building research and promoting knowledge to improve stroke care;
5. Ensuring a well-trained and resourced health and social care workforce; and
6. Operating as a world class organisation (internal objective).

1. Preventing avoidable strokes

Our priorities are to:

- Enable everyone who has had a stroke or Transient Ischaemic Attack (TIA) to get the advice and support they need to reduce their risk of having another stroke;
- Continue our campaigning on Atrial Fibrillation (AF) to make sure that all those at risk of stroke as a result of AF get the appropriate anti-coagulation treatment;
- Continue our media and campaigning work to: help reduce the number of strokes related to modifiable risk factors, especially high blood pressure; to promote *FAST* (the national advertising campaign: Face; Arms; Speech; Time to call 999); and to highlight prevention research findings; and
- Work in coalitions and partnerships to raise awareness to help people reduce their risk of vascular disease.

2. Making sure there is best stroke support and care

Our priorities are to:

- Keep up the pressure for better stroke care so that every adult gets direct access to: a specialised stroke unit, 24 hours a day, seven days a week; specialist support and intensive rehabilitation when they leave hospital; and that everyone gets a review of their needs at six weeks, six months and annually;
- Highlight and work to address the social, health, ethnic and geographical inequalities that lead to greater prevalence of stroke and worse outcomes;
- Reach out to more stroke survivors, their families and carers of all ages, and the bereaved, so we can provide information and support to them;
- Advocate and work in partnership to build research funding capacity in stroke to more appropriate levels and make sure we have a well-trained stroke, health and social care workforce, now and in the future; and

STRATEGIC REPORT (continued)

STRATEGIC OBJECTIVES FOR THE STRATEGY PERIOD (2015-18) (continued)

2. Making sure there is best stroke support and care (continued)

- Continue to bring together and forge a strong stroke community through the UK Stroke Forum, the UK Stroke Assembly, stroke clubs and long term group work, supporting children and their parents with stroke and by acting as a catalyst for international collaboration.

3. Expanding the network of services and long term support across the UK

Our priorities are to:

- Work to secure a diversity of income streams (including statutory funding, personal budgets and self-funders) and achieve more services, be challenging when we know services of value are threatened and continue to offer services based on voluntary income in every community of the UK;
- Commit to continuous improvement, innovation and early adoption of best practice, working in co-production with service users and developing our Stroke Association Outcomes Framework to show the difference we make;
- Commission and publish independent evaluation of our Stroke Association Services to enable continued improvement and development of best practices;
- Support people in self-management of their stroke through promoting and rolling out My Stroke Guide (MSG);
- Support the maintenance and growth of long term stroke support groups;
- Grow new services that provide therapies to aid recovery and quality of life; and
- Reach out to more stroke survivors, their families, carers and the bereaved, so we can provide continuing information and support to them, aiming to build positive long term relationships.

4. Building research and promoting knowledge to improve stroke care

Our priorities are to:

- Fund priority stroke related research in areas of neglect and under-funding, reflecting expert opinion and the views of people affected by stroke;
- Build capacity, training opportunities and expertise in stroke research, influence to remove the barriers to stroke research and support its translation into practice;
- Disseminate knowledge so that it leads to better outcomes;

STRATEGIC REPORT (continued)

STRATEGIC OBJECTIVES FOR THE STRATEGY PERIOD (2015-18) (continued)

4. Building research and promoting knowledge to improve stroke care (continued)

- Put stroke survivors and their caregivers at the heart of self-management of stroke by collecting and utilising their knowledge in the My Stroke Guide (MSG) portal and our other Services;
- Advocate for an increase in the UK spend on stroke research in line with comparable conditions; and
- Continue to support the UK Stroke Forum.

5. Ensuring a well-trained and resourced health and social care workforce

Our priorities are to:

- Ensure that stroke survivors receive high quality evidence-based care through a well-skilled health and social care workforce across the stroke pathway;
- Change the perception, where it exists, that stroke training isn't needed;
- Support the work of professional bodies to build sufficient capacity in their workforce;
- Work with the British Association of Stroke Physicians (BASP) and other stroke professional care organisations to influence the creation of an appropriately skilled and resourced workforce for the medium and long term;
- Support the growth of stroke support organisations to advocate for skilled stroke workforce provision outside the UK; and
- Ensure that workforce planning is driven by appropriate stroke specific frameworks.

A sixth organisational strategic objective, supporting the above five objectives is:

6. Operating as a world class organisation

Our goal is to operate at a very high level, in terms of quality, professionalism and effectiveness, showing and being recognised as a world-class organisation in delivering our strategy, driving growth, better meeting the needs of people we work with and creating a platform for long-term sustainability.

Our priorities are to:

- Align our resources and organisation to deliver our new strategy and enable growth;
- Transform how we raise income and increase resources to enable delivery of our strategy ambitions;

STRATEGIC REPORT (continued)

STRATEGIC OBJECTIVES FOR THE STRATEGY PERIOD (2015-18) (continued)

6. Operating as a world class organisation (continued)

- Operate as effectively and efficiently as possible through a focused approach to organisation development and risk management;
- Nurture creativity and innovation to grow income and improve performance;
- Act on evidence and insight to direct our resources where they can have maximum impact;
- Grow our understanding of key customers/stakeholders, be clear about our prioritised audiences and join-up our work with them to support our strategic goals, enable customer retention and increase lifetime value; and
- Unleash the talent of our people through a new People Strategy.

Financial Review for the year

The net deficit for the year, before investment losses, was £253,000 compared to a surplus of £3.8 million in the previous year. This was significantly better than budgeted and due mainly to a number of large legacies, as discussed elsewhere in this report. See also 'Future Plans' on page 19.

Income

Total income for the year was £36.5 million compared with £37.5 million last year.

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

Legacy income this year was £10.7 million (2015: £11.7 million). A gratifying result following last year's exceptional performance.

Other fundraising activities contributed £13.2 million (2015: £12.4 million) of gross income, 6.0% up on the previous year.

Our community services contracts, mainly communication and family support services, are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Community services contract income achieved £10.8 million, down from last year's £11.8 million.

The net effect of realised and unrealised movements on the Association's investments was a loss of £749,000 (2015: net gain of £1,554,000). See also 'Investment policy' note below.

Overall, the funds position decreased by £857,000 (2015: increase of £5.4 million) at the end of the year.

STRATEGIC REPORT (continued)

Financial Review for the year (continued)

Expenditure

Expenditure on charitable activities was £36.7 million (2015: £33.7 million), supporting the key objectives of the charity.

The costs of raising funds in relation to the income generated were 38.7% (2015: 33.4%). This increase includes items that will show benefit to us in future years.

The commercial trading operations carried out through the Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £209,000 (2015: £223,000) to net income as detailed in note 3 to the results for the year. The trustees have authorised research expenditure at an average level of £2.5 million per year, over a rolling three year period. As the actual expenditure in each year will vary from this figure there will be a consequential effect on the net surplus or deficit for each year. This year there was a research over-spend against budget of £49,000 (2015: over-spend of £114,000). A £235,000 (2015: £441,000) under-spend will be carried forward to 2016/17 and beyond to be utilised against suitable new projects when they arise.

Financial position

The consolidated balance sheet shows total group funds of £21.5 million (2015: £22.4 million).

Included in total funds is an amount of £2.2 million (2015: £1.7 million) which is restricted. These monies have either been raised for, and their use restricted to, specific purposes or they comprise donations subject to donor-imposed conditions. Full details of these restricted funds can be found in the restricted funds note 21 to the financial statements together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2016 amounted to £19.3 million (2015: £20.7 million). These funds are represented by tangible fixed assets with a net book value of £3.3 million (2015: £2.7 million) and other net assets of £16.0 million (2015: £18.0 million).

The trustees are of the view that the Association is a going concern as there are adequate resources available to fund the activities of the Association for the foreseeable future. Further details are provided within the principal accounting policies, and our reserves policy is described later in this report.

STRATEGIC REPORT (continued)

Life After Stroke Centres

The Stroke Association's Life After Stroke Centre in Bromsgrove, Worcestershire, opened in 2011. Currently it is the only such bespoke centre in the UK (although we plan to develop a second in Sheffield - see below). The centre was created to provide a location from which we could seek to improve the lives of thousands of stroke survivors, their families and carers, through services, activities, training and information. While many of our services supporting stroke survivors continue to operate across the region and in the local communities, the Life After Stroke Centre has really come to fruition and now offers an additional focus and facility from which we offer support groups, workshops, training, Life After Stroke Activities Programmes and a purpose built venue for stroke groups. Carers and professionals continue to benefit from our specialist knowledge and training expertise, while stroke survivors and their families are accessing information and support and experiencing new opportunities through engagement with our programmes. Our own staff and volunteers are also able to make good use of the facilities provided and the training that we are able to offer at the centre. Additionally, Edith Murphy House (a separate building at the Bromsgrove centre) provides additional social space for activities such as arts and crafts and various social, educational and health and wellbeing activities like Tai Chi, fitness sessions, IT workshops, group art therapy programmes and communication support. This has proved highly beneficial for stroke survivors, their carers and families. It also houses our national multimedia centre with a state-of-the-art recording and editing studio, which we utilise to produce films, and various multimedia productions (including videos, podcasts, blogs and images) to illustrate the experiences of stroke survivors and the support the Stroke Association can provide for people with everyday challenges following a stroke. This has generated significant cost savings by doing all of the filming and editing in-house.

"The Life After Stroke Centre saved my life. Without a shadow of doubt, I wouldn't be where I am today without it. It's a home away from home where I've met new friends, worked harder on my rehabilitation and found a new life. As soon as I was introduced to the Centre, it was as if I was being born again."

Pete Rumbold, stroke survivor.

Wishing to build on the success of our facility in Bromsgrove, we are looking to create other Life After Stroke Centres, particularly when we relocate regional offices into new accommodation, to replicate some of the Bromsgrove success in other regions of the UK. We have purchased a property in Sheffield and are confident that we will be able to generate significant fundraising interest in this project to convert the building to another Life After Stroke Centre. Like our facility in Bromsgrove, the property is situated in its own grounds, has ample car parking and is in a great location for road and rail links, having strong transport links with neighbouring areas (e.g. North Derbyshire (bordering within 3 miles of the centre), Rotherham, Barnsley and Doncaster). It is also ideally situated for both the Royal Hallamshire Hospital and Sheffield University – providing exciting opportunities for joint working. Strong links with professionals and academics are already in place and partnership working will be key to the centre's success.

STRATEGIC REPORT (continued)

Life After Stroke Centres (continued)

We have excellent contacts with speech and language experts at the university and are exploring ways in which we can work together, for example involving stroke survivors in trialling new treatments and technologies. The local university also provides a potential volunteer base outside of the local stroke community for whom we could provide specific intern and volunteer opportunities. We envisage that the new Yorkshire Centre will become a hub for the local stroke community, bringing together stroke survivors, their families and carers, professionals and volunteers, and providing expert information and advice. As well as providing support locally, we are also looking at ways that the centre can have a national role and one potential idea is to develop it as an expert centre on aphasia, in which case the centre would focus on speech pathologies and support the innovation of new technologies for those experiencing aphasia. The purchase of this freehold property in Sheffield will enable the organisation to make lease savings, as well as generate new income (e.g. by unlocking new funding streams such as the Better Care Fund (a pot of money which has been allocated to bring about a transformation in the way the NHS, local authorities and local communities work together)), so that more funds can directly support people affected by stroke, particularly the 1,000 people who experience a stroke in Sheffield each year and the 3,000 local stroke survivors plus their carers and families living with the impact of long term disability following stroke.

Research grant governance

We undertook an internal audit of our research awards governance arrangements ahead of an independent audit by the Association of Medical Research Charities (AMRC). As a result we made a series of recommendations to our trustee Council, all of which were approved. One recommendation was to create a Research Awards Governance Committee which will meet annually to review the arrangements for all funding decisions in the previous year. Another recommendation was to replace our standing Research Awards Committee (RAC), comprised of 20 members with a Research Awards Pool (RAP) of 40-50 people.

Members of the pool are called on to contribute to the decision-making of funding rounds where a) their expertise is relevant and b) they have no individual or institutional conflict of interest with any of the proposals under consideration.

Project grant applications are submitted to the Research team, who, with the Chair of the RAP agree a panel of experts drawn from the RAP to assess the applications. External peer review is administered by the Research team and adheres to the Association of Medical Research Charities guidelines. Each member of the RAP will review up to five applications, such that each application is reviewed by two RAP panel members. The RAP will also recommend peer reviewers to the Research team and the two RAP panel members allocated to each application will lead the discussion on that application during a final adjudication meeting. Short-listed applicants for Fellowships and Lectureships are also interviewed by a panel of experts, drawn from the RAP. The RAP operates by a system of scoring and discussion of each application. Only those applications which reach a certain minimum level of points are considered fundable. When more applications meet the quality threshold than we can afford to fund, the RAP and our Service Users Review Panel prioritise which applications should be funded.

STRATEGIC REPORT (continued)

Research grant governance (continued)

We were one of only 30% of AMRC members to pass their audit outright and we were commended for introducing the Research Awards Pool.

This year we also made changes to strengthen the role of people affected by stroke in our research. This included representation on our Research Strategy Committee, contributing to our research priority-setting processes and creating a larger cohort of stroke survivors contributing to awards decision making processes through our Research Awards Pool.

We held a meeting with those affected by stroke who are currently engaged with us, as well as those involved in the former Stroke Research Network. We agreed to develop a Research Faculty for People Affected by Stroke in 2016/17. It will support a community of stroke survivors who contribute to our research work through activities including supporting reviews of applications and supporting researchers with new applications. We will host an annual meeting and support a range of off-line engagement.

In addition, the Stroke Association is one of eight charities contributing to a pilot project for the National Institute of Health Research's Clinical Research Gateway to provide a single entry point of any member of the public who wants to get involved in medical research.

Grants can be awarded for a Project Grant or a Priority Programme Award for a maximum of five years, for a Lectureship or Reader Award for either four or five years, or for a Postgraduate or Postdoctoral Training Fellowship.

The Research team also allocates a small proportion of its budget to internal projects. We have used this to commission research to help guide our strategy, such as the Stroke Information Service (SIS) Research project.

We funded the Chair in stroke medicine at the University of Nottingham from 1993 until 2015. This was drawn to a close with a presentation from the Nottingham Chair at the Keynote Lecture in March 2015, at which we announced the next generation of research leaders via an awards ceremony for our new Lectureship Programme.

This year we have also improved the Conditions of Award to ensure our contracts are robust and to ensure we obtain maximum value for money to allow us to terminate awards and revoke further funding eligibility under specific circumstances.

Once awarded, all grants are monitored for progress via annual reports and outputs are monitored using the Researchfish online system that is now used by the majority of medical research funders and universities in the UK to collect research outputs and information on funded research. This year, we have completed our first analysis using this system which yielded valuable information highlighting the successes of our research funding. Queries arising from on-going awards are addressed by the Research team in the first instance and may also involve the Chair of the RAP or the other committee members as appropriate.

STRATEGIC REPORT (continued)

Reserves policy

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

As at 31 March 2016, the balance of the unrestricted income funds, including designated funds, but after adjusting for budgeted community service direct contract salary costs and for the mortgageable value of properties, represents 7.0 months (8.2 months) of the budgeted operating expenditure, excluding community services direct contract salary costs. It should be noted that the level of seven months compares with our guideline policy of a minimum of six months (also see 'Financial position').

The Reserves Policy is reviewed annually by the Audit Committee and Council. At each strategy review, a report is made to Council to confirm the appropriateness of the policy over the next strategy period. As part of the new approved operating strategy for the period to March 2018, the trustees have approved investment to strengthen our 2015-18 strategy ambitions, including developing and rolling out new Stroke Recovery Service products including My Stroke Guide (MSG), fundraising portfolio development, doing more stroke research to develop treatments, cures and prevention mechanisms, enhancing our systems and infrastructure, improving our workforce structures and skill sets, developing new children and stroke guidelines on treatments, and providing greater practical support to children with stroke and their families. Trustees are comfortable that, by having reserves in excess of or close to the minimum reserves required by our reserves policy, these investments can be made for the future, even if we run some operational deficits during this period.

Investment policy

The charity has a portfolio of investments with a market value at 31 March 2016 of £23.5 million (2015: £23.8 million). There are no restrictions on the charity's power to invest. However, we have made a policy decision not to invest in tobacco-related stocks. The investment strategy is set by the trustees and takes into account income requirements, the risk profile and the investment managers' view of market prospects in the medium term. The long term investment objective is to achieve total returns of CPI +3.5% through a diversified portfolio of assets, whilst maintaining a prudent and balanced investment strategy.

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

STRATEGIC REPORT (continued)

Risk management

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

As a key element of risk mitigation, the Association maintains comprehensive insurance cover. For each risk area, the Executive team identify and note on the register any controls which currently mitigate that risk. Each mitigating control is monitored and maintained by a relevant member of staff to ensure the control continues to effectively mitigate the risk in question. Consideration is also given to further actions which may be taken to improve risk mitigation. Further actions identified are also noted on the risk register and have an owner attributed to them. Once a further action is completed it is added to the mitigating controls for the relevant risk. Progress against the further actions is managed by the Executive team whose actions are monitored by the Audit Committee.

The Association's risk register is a live document that will change over time as different risks are identified and other risks are downgraded or removed. The risks at any one time are graded depending on their perceived likelihood and impact. Assessments are also made as to whether the risks are increasing, decreasing or remaining stable and the action plans, responsibilities and timeframes for their implementation are also reviewed regularly by the Executive team and by the Audit Committee during the year. Clearly there are generic risks of running any charitable or business undertaking. The key risks identified for the Stroke Association relate to:

- Financial losses from donor attrition, investment portfolio performance, large scale loss of contracts, significant fall in legacy/fundraising income, workforce fraud;
- Reputation (adverse publicity, legal/regulatory compliance, scandal);
- Loss of key staff;
- Health and safety management failure; and
- Disaster recovery and business continuity.

STRATEGIC REPORT (continued)

Risk management (continued)

The table below sets out the identified key risks and the controls that the Stroke Association has put in place to mitigate them.

Risk & Potential Consequences	Mitigating Controls
<p>Loss of income through:</p> <ul style="list-style-type: none"> • Donor attrition • Investment portfolio performance • Large scale loss of contracts • Significant fall in legacy/fundraising income <p>Potential consequences:</p> <ul style="list-style-type: none"> • Redundancies • Impact on ability to deliver the corporate strategy • Reputational damage 	<p>Donor attrition</p> <ul style="list-style-type: none"> • Supporter Strategy • Marketing and integrated communication programmes <p>Investment Portfolio</p> <ul style="list-style-type: none"> • Investment Committee • Investment Policy • Waverton Investment Management appointed to manage investment portfolio <p>Large Scale Loss of Contracts</p> <ul style="list-style-type: none"> • Influencing policy at National/Country/Regional/local level • Marketing and business support including tender writing and product development teams • Quality assurance of services • Cost benefit evaluation <p>Legacy/Fundraising Income falls</p> <ul style="list-style-type: none"> • Balanced portfolio of income streams • Dedicated legacy team • Fundraising reporting database • Investment in donor acquisition
<p>Reputational damage through:</p> <ul style="list-style-type: none"> • Adverse publicity • Legal/regulatory non-compliance • Scandal <p>Potential consequences</p> <ul style="list-style-type: none"> • Loss of contracted services • Loss of donor confidence • Loss of voluntary income • Negative impact on brand • Criminal or civil proceedings brought against the charity 	<p>Adverse publicity</p> <ul style="list-style-type: none"> • National, regional and local press monitored daily • Journalist inquiries referred to media team • Out of hours crisis policy • 24hr public relations system <p>Scandal</p> <ul style="list-style-type: none"> • Whistleblowing policy • Background checks on staff and volunteers (including DBS checks where appropriate) • Conflicts of interests policy • Gifts and hospitality policy <p>Legal/regulatory compliance</p> <ul style="list-style-type: none"> • Company Secretary with responsibility for returns to Companies House, Charity Commission, OSCR, ICO and other relevant bodies • Legal, Compliance & Internal Audit functions in place • Policies maintained for legally regulated areas of operation incl. Data Protection, Child & Vulnerable Adult Safeguarding, Health & Safety, Fundraising, Bribery & Fraud.

STRATEGIC REPORT (continued)

Risk management (continued)

<p>Loss of key staff</p> <p>Potential consequences:</p> <ul style="list-style-type: none"> • Reduction in income • Inability to deliver projects • Reputational damage • High turnover impacts on resources 	<ul style="list-style-type: none"> • Succession planning and talent development strategy • Appraisal scheme • Training programmes • Benefit schemes & Reward strategy • Occupational health referrals • Investors in People (Bronze award) • Pay reviews and benchmarking • Exit interviews conducted
<p>Health & Safety management failure</p> <p>Potential Consequences:</p> <ul style="list-style-type: none"> • Reputational damage • Claims brought against the charity • Negative impact on staff retention/recruitment 	<ul style="list-style-type: none"> • Health & Safety policies • Biannual wellbeing survey • Mandatory H&S training (with bespoke role specific training) • Employers & Public Liability insurance • Contractors required to hold adequate public liability insurance • Reasonable adjustments made for access to work • Occupational health assessments • Work station assessments for all staff • Risk assessments of all office sites and events
<p>Disaster recovery and business continuity:</p> <p>Any substantial occurrence or event that impedes or prevents people carrying out their work normally over periods of time or threaten the continuity of business and effectiveness of the organisation or parts of it.</p> <p>Potential consequences:</p> <ul style="list-style-type: none"> • Loss of income • Failure to provide aspects of charity's work • Reputational damage 	<ul style="list-style-type: none"> • Business continuity plans for main offices • Business continuity plan for services • Insurance • Disaster recovery team in place • Fire risk assessments of all premises • Bomb evacuation procedures

Future plans

Many uncertainties continue to exist in the external environment. Nevertheless, this year we have continued to invest in the provision of our services, stroke research, awareness, information and education, and we have made significant achievements in relation to our strategic objectives, as noted elsewhere in this report. Now into our 2015-18 strategy period, fundraising uncertainties and external factors continue to pose more challenges for us.

STRATEGIC REPORT (continued)

Future plans (continued)

Continuing to engage with the UK and devolved country governments and their varying policies and priorities remains critical. General financial pressures could adversely affect our ability to fundraise and further cuts to health and social care budgets across the UK could impact on our contracted services.

Nevertheless, in seeking to address the challenges that lay ahead, we are confident we can utilise previous surpluses to invest over the next few years to ultimately enable the Stroke Association to achieve its strategic aims and help more people affected by stroke. Our strategic objectives for 2015-18 include developing new service products, enhancing and expanding our fundraising product portfolio, improving our workforce structures and skill sets, and strengthening our systems and infrastructure.

Making such investments over the current strategy period will enable us to address organisational challenges, raise more income, and achieve more for stroke survivors and their families, over the medium and long term.

We still continue to campaign and use our influence to improve outcomes for everyone who has a stroke in the UK, engage in stroke prevention work and raise awareness of stroke and work done by the Stroke Association, and to continue to invest in and expand our research.

We also continue to monitor our financial position, review and analyse our cash flows closely and put in place measures to limit any potentially adverse impacts. We will increase net income and continue to make process enhancements to improve efficiency and effectiveness, which will make further cost savings. The mind-set of colleagues across the organisation is to find and implement cost savings and income generating ideas to ensure we are lean, efficient and effective. This is supported by our organisational development, process improvement, internal audit, and training sections.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR

In the first year of our new strategy, we have achieved significant progress against our objectives as outlined below.

Objective 1 – Preventing avoidable strokes

High blood pressure contributes to over 50% of all strokes. Our *Know Your Blood Pressure* (KYBP) campaign helps people to understand the link between high blood pressure and stroke, and what they can do to reduce their risk.

By the end of 2015 we had held over 1,790 KYBP events across the UK (up 37% on the previous year), taking over 51,000 blood pressures. This dramatic increase is in part due to our partnership with Royal Mail, who held 356 events to check the blood pressures of their staff. We also built on our partnership with Vision Express and developed a new partnership supporting many of BUPA's 300 care homes to deliver KYBP events that are open to the public. Rotary International remained a strong delivery partner, holding 298 events this year.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 1 – Preventing avoidable strokes (continued)

Over 10,000 people (20%) were referred to their GP as a result of high blood pressure readings, up from 15% last year, which shows that we are better targeting our events to groups most at risk of having high blood pressure and, hopefully, preventing more strokes.

We also carried out a review of the KYBP campaign to ensure that we are able to deliver high quality events across the UK and to ensure that we can extend our reach to prevent more strokes. Since the review, we have updated our staff training, developed and tested new promotional tool kits to boost event attendance, piloted new ways of following up with members of the public who have suspected high blood pressure to better measure the impact of our work, and used new Public Health England (PHE) data on blood pressures in England to target our events to areas with high levels of suspected undiagnosed high blood pressure.

In March 2016, we launched an above the line advertising campaign called *Take a Moment*, to help raise awareness of high blood pressure and its link to stroke, which called on members of the public to 'take a moment' to get their blood pressure checked. In the first month, 2,449 people downloaded our free blood pressure information pack and we also had great engagement on our social media channels.

We worked closely with Public Health England (PHE) to promote the *FAST* campaign which ran on television in October and November 2015. We jointly developed a new *FAST* animation which was played on BBC Breakfast and helped secure significant media coverage, including securing Miriam Margolyes on BBC Breakfast in support of the campaign. The animation was extremely popular on social media, receiving 337,900 views on our Facebook page, and receiving 2,500 likes and 1,600 shares. Comparing total Facebook and Twitter interactions in the launch week of this year's *FAST* campaign with the launch week of the February 2015 campaign, we saw a 19% increase in engagement.

During a House of Lords debate in November 2015, we were pleased that we received verbal confirmation that the Government is committed to continuing the *FAST* campaign. Baroness Chisholm of Owlpen has since confirmed this in writing.

In Wales, we have further supported the *FAST* messages through our continued partnership with the Welsh Ambulance Trust, which has resulted in emergency vehicles covering the whole of Wales displaying our branded *FAST* signage.

Atrial Fibrillation (AF) is an irregular heart beat that increases a person's risk of stroke by up to five times. It's estimated that AF is a primary causal factor in over 20% of stroke cases and that worryingly, half of those who have AF are not taking medication to reduce their stroke risk. Further, a third of the estimated 1.4 million people who have the condition are undiagnosed, which makes AF a key prevention priority.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 1 – Preventing avoidable strokes (continued)

In September 2015, we co-hosted the “AF and Stroke: We can do better” professional conference at the King’s Fund in London, in collaboration with PHE, the British Heart Foundation (BHF) and the Atrial Fibrillation Association (AFA). The conference was a great opportunity to build relationships with the other charities and organisations who co-hosted.

In partnership with PHE, the Royal College of Physicians (RCP) and the Royal College of General Practitioners (RCGP), we have created “AF: How can we do better?” Clinical Commissioning Group (CCG) intelligence packs. These were launched at the conference and have since been distributed to many CCGs through regional staff and to 400 GP practices across England.

We have been working to develop a new campaign on AF, launched in May 2016, which seeks to support GPs to use new technology and audit tools to find and treat more people with AF, raise public awareness of AF and its link to stroke and ensure adequate policies are in place. This is being implemented in all four countries of the UK. We are working closely with clinical experts, professional bodies and other charities to develop the campaign.

We have joined Public Health England’s Blood Pressure Systems Leadership Board and the AF Systems Leadership Board, where we meet with key policy and clinical advisors to discuss and tackle the challenges around diagnosing and managing high blood pressure and AF, which allows us to shape and influence NHS policy in these important areas.

We concluded the *Lower Your Risk of Stroke* campaign in partnership with the Welsh Government, Public Health Wales and Community Pharmacy Wales. The media evaluation demonstrated the campaign had achieved a very positive public outreach through the use of both conventional and social media.

Objective 2 – Making sure there is best support and care

We have worked in every country of the UK to push stroke up the political agenda. In England, we have engaged with clinicians and politicians, through the All Party Parliamentary Group on Stroke, to develop a campaign strategy aimed at securing a government commitment to replace the National Stroke Strategy in England. Our campaign, called *A New Era for Stroke*, launched May 2016 and seeks to ensure progress in improving stroke care is not lost following the end of the current strategy in 2017.

MPs visited our services in Manchester, Blackpool and Torquay on World Stroke Day, where we highlighted the importance of access to rehabilitation after stroke.

Key issues have been flagged in Westminster Parliament, by briefing several peers before a debate on AF, which led to a follow-up meeting between the minister and the chair of the UK National Screening Committee. We secured a debate in the House of Lords on the National Stroke Strategy and briefed several peers including former health secretary Andrew Lansley. The debate was incredibly useful in flagging up areas where progress is still needed on stroke.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 2 – Making sure there is best support and care (continued)

We have responded to 21 government and NICE (the National Institute for Health and Care Excellence) consultations, aimed at improving stroke prevention, treatment and support and highlighting the impact of health inequalities. This included consultations on the Quality Standard for Stroke, where we successfully influenced NICE to include:

- A standard on the importance of psychological support for all stroke survivors;
- A consultation on the use of thrombectomy on the NHS, for which we ran the first ever patient survey to gather the experiences of stroke survivors who had received this innovative new treatment; and
- A consultation on changes to the Personal Independence Payments. This, together with pressure from other charities, led to the Government dropping the proposals to change this important benefit which provides much needed financial assistance to many stroke survivors.

We launched campaigns in Scotland, Wales and Northern Ireland in March aimed at securing commitments from political parties and candidates to do more to prevent strokes should they be elected in May. We engaged with all the main political parties in Wales to influence their work programme with our strategic ambitions and published our Calls to Action for the next Government document.

In Northern Ireland we have continued to campaign for greater support for stroke survivors, including those with communication disability and their carers. We continue to lead the Northern Ireland Assembly All Party Group on Stroke working in collaboration with Northern Ireland Chest Heart and Stroke and the British Heart Foundation.

We continued to be the Third Sector member of the Welsh Government Stroke Implementation Group and also contributed to the work of the Neurological Conditions Implementation Group, particularly through the initial development of Patient Reported Experience Measures (PREMs) and Patient Reported Outcomes Measures (PROMs) framework for Stroke and Neurological conditions in Wales.

We have supported the British Association of Stroke Physicians to highlight the importance of six month reviews for all stroke survivors by feeding into a report they have produced and by sending service and patient case studies for them to include.

We have continued working with the Royal College of Paediatrics and Child Health to develop new guidelines for childhood stroke. The scope of the guidelines has been expanded to include haemorrhagic stroke for the first time. We have established a parents group to feed into the guidelines to ensure they reflect the views and needs of parents and their children. A handbook for families on childhood stroke has just been published, which we hope will offer additional support to families.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 3 – Expanding the network of services and long term support across the UK

The Stroke Association provides vital support to people affected by stroke across the UK. We deliver a growing range of services, which are mainly commissioned by CCGs, Local Authorities and Health Boards.

During 2015/16, our Life After Stroke Services have provided 323 services and in terms of coverage, we have reached 71% of the UK population. We have provided services to over 62,000 service users.

We have embedded the Stroke Recovery Service, which provides a comprehensive pathway post statutory services for stroke survivors and their families. We are in the process of transitioning to this approach across our services.

Excellent collaborative work with our IT Department has led to substantive changes to the CRM (Customer Relationship Management) system. These changes mean that we can now collect detailed outcome information from our newly introduced Outcomes Framework. Commissioners have already provided very positive feedback on the provision of this outcome information demonstrating the difference we make to people affected by stroke. We have commissioned the Nuffield Trust to carry out an external evaluation on the Stroke Recovery Service which will commence in July 2016.

New initiatives and developments

New services have been developed including: Exercise based Stroke Rehabilitation and Emotional support, and we are finalising work on a carer's support service.

We have introduced a pilot for a Self-Funded Referral service for Physiotherapy and Exercise and will be evaluating how beneficial this service is for stroke survivors.

Following a magnificent event at Buckingham Palace, the *Moving Forward Following Stroke* project has been launched. This project will provide Neuro Physiotherapy initial assessment followed by group exercise and prevention sessions in local leisure centres and community venues. The project will run for one year and areas are currently being selected. A key criterion is the willingness of commissioners to consider commissioning the service following the introductory year in order to ensure sustainability.

Volunteering continues to be an essential mechanism through which our commissioned services are delivered. Work to develop new and enhanced volunteer roles within our Stroke Recovery Service model has continued with a particular focus on those within the new Emotional Recovery Service and My Stroke Guide (MSG).

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 3 – Expanding the network of services and long term support across the UK (continued)

New initiatives and developments (continued)

Our network of Stroke Association Voluntary Groups continued to develop with the inclusion of 49 Speakability groups following our merger in April 2015. Work has focused on the delivery of our *Peer Support project*, funded by the Cabinet Office and the National Endowment for Science, Technology and the Arts (NESTA). The project formally ends in June 2016 but the majority of project activity has taken place in 2015/16. It has enabled us to invest very strongly in the creation of training and resources to enable groups to deliver the highest quality peer and social support. The development of our Quality Levels Framework as a tool through which we can assess where we need to focus support and development of groups has seen a transformation in the quality support being offered to people affected by stroke. We have been asked by NESTA to share this tool with other national health charities as an example of sector innovation and best practice. The external evaluation of our peer support model that we commissioned from the Nuffield Trust was published in July 2016.

Speakability groups have continued to be contacted at a local level and support provided by local staff and the Assistant Director - Aphasia.

A new Aphasia Advisory Group has been established and already work has commenced with a range of organisations and representatives including the Royal College of Speech & Language Therapy to develop a UK wide communication symbol.

We have continued our support for local stroke clubs via our Affiliation Scheme, membership of which stands at 258. The scheme enables us to build voluntary capacity in communities providing long-term peer support to people of all ages affected by stroke. They provide a local voice for stroke through supporting national campaigns, raising awareness and engaging supporters in communities. Training and resources developed as part of the *Peer Support project* have benefited those affiliated to us, enabling us to continue to strengthen our relationship with these independent organisations.

Highlights for the year across Regions and Countries are as follows:

The North of England

Over the last year, we have successfully embedded our new regional structure across the North, with a Regional Director in place in the four new geographies; North West, Yorkshire & East Midlands, West Midlands and North East, North Cumbria, and North Yorks. We have also created new Community Development Manager roles, which are part of the strategic and operational management teams for each region. They have an officer in support for each area, whose focus is building on the relationships with local clubs and groups, increasing our reach and spread of a stroke community. This restructuring was successfully completed within existing resources.

We have achieved a strong increase in media coverage in all regions and an encouraging growth in groups, volunteers and ambassador work in many areas, which further supports Fundraising and Services.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 3 – Expanding the network of services and long term support across the UK (continued)

The North of England (continued)

The Regional Directors have successfully retained a majority of the contracts in their area and at the same time have secured new contracts (some of significant value and/or increased duration), exceeding our target for the year.

We continue to work with two national research studies in speech and language (CACTUS) and long term support (LOTS2CARE) and we are working closely in partnership with Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester on 'Support for Stroke Survivors & OSCARS'.

North West region:

- A majority of contracts have been retained and we have increased our reach and income in Liverpool, where our first Emotional Support Service has been funded within a new Stroke Recovery Service.
- Increased six month review services, one of which has just been commended by the Royal College of Physicians for the best achievement in terms of reviews undertaken per population and the completion of the data.
- We are focussing strongly on being well positioned in terms of the devolution agenda in the identified areas. Greater Manchester in particular will require a significant piece of work for us in the year to come as the focus of this devolution area is combining Health and Social Care budgets.
- A highlight this year was supporting the UK Stroke Forum in Liverpool, which for the first time had fringe events hosted and led by the regional team in the North West.

North East, North Cumbria and North Yorkshire region:

- A majority of contracts have been retained, with only small reductions in Durham caused by one off funding programs coming to an end. Again, they have increased the duration of some initiatives and developed new and increased geographical coverage of others, embedding the new geographical and contract responsibilities successfully.
- This region has been at the front of the piloting of the new Stroke Recovery Service model of service delivery which has taken a great deal of time and energy from which the rest of services has benefitted.
- Again, increase in groups and community development has been a positive development in what is a combination of urban areas with high deprivation and very rural communities.

Yorkshire and East Midlands region:

- The work to bring two very different geographies and regional structures together has been successfully achieved with little disruption and successful transition of relationships with commissioners.
- South Derbyshire (which is new territory for us) was a contract successfully secured and they are so pleased with the delivery to date, that they are now seeking to negotiate six month reviews which will add further value and quality to this area of working.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 3 – Expanding the network of services and long term support across the UK (continued)

The North of England (continued)

Yorkshire and East Midlands region: (continued)

- We are delighted to have the task of developing the next Life After Stroke Centre in Sheffield, which will focus heavily on the work for the Regional Director in Yorkshire and East Midlands this year.

West Midlands and Leicestershire region:

- Sadly, we lost a contract and significant coverage in Staffordshire, in spite of strong lobbying. We continue to work with local supporters and supportive commissioners and clinicians to try and redress this inequity.
- We have secured funding in all other areas with increased return on investment and a conversion of a service into the Stroke Recovery Service model successfully re-funded in Worcestershire for a longer contract period, along with a similar success covering the Birmingham conurbation.
- The first Life After Stroke Centre in Bromsgrove continues to flourish and grow and the Regional Director and team are refining the way in which the centre runs and the volunteers who make the centre and so many of its activities possible are supported, trained and developed to enhance further the programmes of activities available not just in the centre but beyond into the community (see also Life After Stroke Centres above).

The South of England

East of England Region:

- Agreement has been reached to participate for 12 months in a research project with the University of Cambridge, to develop new ways for primary care services to work to meet the needs of stroke survivors after they have been discharged from specialist rehabilitation. This will also incorporate information on how to access local services and training for practitioners.
- In addition, the Management team has been re-structured in line with similar changes to the North of England structure, last year.

South Central Region:

- Reading and Wokingham Information, Advice & Support Service and Life After Stroke Services transitioned to the Stroke Recovery Service in June 2015 and is becoming well established.
- The Buckingham Support Services were retained despite the threat and notice of losing the service.
- A reconfiguration of the Jersey service took place with the appointment of a Fundraising/Operations Manager and appointment of a new support team. Also, Jersey transitioned to the Stroke Recovery Service in January 2016.
- The first South Central Regional Life After Stroke Services Awards event was held in November with over 20 awards, which proved very successful.
- A marketing event for commissioners was held in March to promote MSG.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 3 – Expanding the network of services and long term support across the UK (continued)

The South of England (continued)

South East Coast Region:

- A Telephone Befriending Service commenced in January 2016 supported by stroke survivors and carers. This followed the successful NESTA project in Surrey. The Corporate Fundraising team have fundraised for the project, which will be evaluated after 12 months.
- The successful Exercise Programme running in East Sussex has now been adopted as the Exercise Based Rehabilitation Service for the Stroke Association and this was featured in the Moving Forward event at Buckingham Palace in March 2016.
- The new regional office was opened as a mini Life After Stroke Centre in Maidstone. The opening ceremony was combined with the region's first and highly successful Life After Stroke Award reception with 18 people collecting certificates. The Deputy Mayor of Maidstone officially opened the centre and presented the certificates.
- An MSG service commenced in Rother, Sussex.
- Following a vigorous and well co-ordinated campaign, funding of £80,000 for the East Sussex service was retained with Councillor support against the planned service cut.

South West Region:

- Wiltshire achieved £20,000 additional funding for admin support and additional coordinator hours.
- Dorset won a tender for services, including MSG.
- There was engagement with the *Your Care Your Way* project run by Bath & North East Somerset CCG to redesign the delivery of services. Our service users formed focus groups for the project.
- Torbay is a key NHS England 'Vanguard' site, developing integration of Health & Social Care Services. Our Torbay stroke groups are acting as focus groups to help test the new approach. There is also an interest in MSG.
- Following our service closure in Cornwall in 2014, work to re-establish ourselves in the County, by raising our profile and re-building relationships, means we now have a presence on the Cornwall Stroke Service Improvement Group.
- The South West region has begun a pilot with the IT Department to test the use of tablet devices in our service delivery, to ensure we have the most efficient and appropriate tools to work with.

Northern Ireland

The Stroke Association continues to achieve full geographic coverage for services in Northern Ireland and is now transitioning to the new Stroke Recovery Service. Growth in geographic coverage has been facilitated by the Graduate Attachment Programme which is part of the Strokewise scheme run in partnership with Ulster University.

- A new Speech & Language Therapy programme has been set up in the South Eastern Trust and in the Southern Trust.
- A programme of Beyond Words Friendship Groups in Lisburn, Foyle and North Down areas meet monthly.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 3 – Expanding the network of services and long term support across the UK (continued)

Northern Ireland(continued)

- Stroke survivors continue to be supported by Cruse through one-to-one bereavement counselling.

Wales

As in other parts of the UK, the funding environment for services contracts in Wales remained fraught. Despite this, services were retained to provide service cover across all Health Board areas in Wales. However, our service in Newport was decommissioned as the City Council moved to a consortia tender for its third sector contracts. In order to re-establish our services in the Newport locality, we joined in partnership with other local charities to submit a consortium tender bid. The outcome will not be known until the next financial year.

London

- All of our services in London have been retained with the exception of one which will end 31 March 2016, after a generic contract was introduced. Two of the services were retained through winning tenders; one to include the delivery of MSG, the other includes a new prevention element where patients at risk of stroke will be referred to our service from GP practices (e.g. diagnosed with hypertension, diabetes, AF, etc.).
- Our *Back to Work* project is the recipient of over £85,000 of out of budget fundraised income from the Jack Petchey Foundation. The *Back to Work* project has been increasingly promoting the awareness of stroke among working age people. To date over 370 people have accessed the project, with over 150 people attending workshops.
- The *Childhood Stroke* project is approaching the end of its three year funding period from ICAP. Our Philanthropy team in partnership with the Child Stroke Advisory Group have developed a fundraising campaign to raise funds to continue the project for a further three years, which will include an external evaluation of the project.
- The number of Stroke Association Voluntary Groups in London has doubled. New groups have been established in Kingston, Newham, Hammersmith & Fulham and Waltham Forest. Some of these groups have been developed to attract younger stroke survivors, those with an interest in exercise, well-being and music. The London team will continue to build this momentum and support the development of more groups in future.
- Meetings have taken place with various local universities to discuss the development of placement opportunities for student therapists in our services. This includes discussions with the University of East London, University College London, and City University London.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 3 – Expanding the network of services and long term support across the UK (continued)

Scotland

- Three 'Back to Work or Volunteering After Stroke' workshops have been delivered; in Edinburgh, Glasgow and Aberdeen. These workshops were attended by professionals and people affected by Stroke. Regional differences were highlighted leading to a call from stroke survivors for a common pathway to support returning to work.
- A grant from the Health and Social Care Alliance was awarded for one year to establish MSG in Inverclyde and Renfrew, part of Greater Glasgow and Clyde NHS Board. The project received over 80 referrals and has led to: the development of My Stroke Guide Café's, supporting people to make local connections with others; improved access to information and advice for people affected by stroke; and reduced isolation for those living with stroke.
- Strong relationships with four Speakability groups have been established and we are supporting a fifth group in Glasgow to get up and running again. The latter has benefited from a joint project between ourselves, Headway (Glasgow) and Cinema for All.
- Our first Life After Stroke Award event was organised and nominees attended from as far north as Fraserburgh and as far south as Dumfries and Galloway.
- We also held the first Stroke Assembly in Scotland which was very successful. This was attended by 60 people affected by stroke who shared experiences and heard about stroke developments in Scotland.

Strategic review of the Stroke Information Service (SIS)

The SIS provides a national helpline and email enquiry service to people affected by stroke. We undertook a strategic review which identified many opportunities to improve the service:

- To reach twice as many people affected by stroke as we do at present.
- To provide a service through the channels and at the times needed by beneficiaries.
- To promote to commissioners a seven-day support service for people affected by stroke.
- To provide a key entry point for people affected by stroke into the organisation and to support that journey.
- To strengthen the number of committed givers, donors and supporters.
- To generate strong insight from helpline enquiries to inform corporate business planning, influencing work, fundraising cases for support and media activity.

A new SIS strategy was developed which will be implemented in 2016/17. It will:

- Extend our reach and accessibility by offering a seven day service and extended telephone support during the working week.
- Introduce new channels, specifically Skype and Instant Messenger and explore the feasibility of developing a face to face service as part of a decentralised structure.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 3 – Expanding the network of services and long term support across the UK (continued)

Strategic review of the Stroke Information Service (SIS) (continued)

- Develop strong insight about the unmet needs of people affected by stroke, their lived experience, views on health and social care, and experiences of the Stroke Association more broadly, working closely with the internal insight team.
- Consider building in specialist support on welfare benefits and finance, support for carers and clinical issues.
- Help build a stroke community by signposting to local services and stroke clubs, and by promoting opportunities to support life after stroke, including fundraising and campaigning.
- Work with services to address the impact of further spending cuts on local service provision and support ongoing commissioning and purchasing of the recovery model and MSG, along with the delivery of the organisation's aphasia offer.
- Develop a clear fundraising ask of users to the service, introduced in a timely and appropriate way on a systematic basis, developed in conjunction with colleagues in fundraising in order to build our supporter base and increase donations.

Speakability

Following the merger in April with Speakability, SIS took over the Speakability Helpline and email enquiry service from May. We worked with the existing Speakability members to ensure maintenance of service and a smooth transition. This included staff training, sharing of resources and development of messages for service users.

Stroke Information leaflets

We published the first tranche of stroke information in our new formats – namely short, simple printed A5 guides with more comprehensive 'complete guides' available from our website. The new approach is based on consultation work with stroke survivors and aims to better meet their needs, as well as those of their carers. Our online content was completely refreshed and is now available following the launch of our new website. Our content is now also accredited by the Information Standard under the Create Once, Publish Everywhere (COPE) approach introduced this year. Our material can be found in the 'What is a stroke?' section of our website.

Objective 4 – Building Research and promoting knowledge to improve stroke care

We completed the second year of implementation of our research strategy. In 2015/16 we committed to undertake the following:

Publish new evidence on the UK spend on stroke research and make the case for a higher spend

In April 2015, The British Medical Journal Open published the findings of our new commissioned research evidence showing that UK spend on stroke research continues to be disproportionately lower than the burden of stroke in comparison to other diseases/conditions. We issued a press release around the story, which was picked up by the Daily Mail and The Telegraph.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 4 – Building Research and promoting knowledge to improve stroke care (continued)

Publish new evidence on the UK spend on stroke research and make the case for a higher spend (continued)

We commissioned a study into the economic impact of stroke in the UK which will model the impact in 10 and 20 years and the relative cost savings that could be made by investing more in research. It will provide us with evidence upon which to base our messages to build a public-facing campaign for more research funds to be spent on stroke. We will also use the outcomes of this research to develop a strong case for policy makers and other funders on the need and potential returns on investing more of the UK's overall research spend into stroke. We will launch the influencing campaign in May 2017.

Our Scotland office organised a meeting at the Scottish Parliament to celebrate our funding relationship with the Chief Scientist Office (CSO) and present the findings of the UK spend report. It was hosted by Denis Robertson MSP who convenes the All Party Parliamentary Group on stroke and cardiovascular disease. Speakers included the Minister for Sport, Health Improvement and Mental Health, Jamie Hepburn MSP, stroke survivor and volunteer Julie Jackson, Dr Alan McNair from the CSO and Dr. Dale Webb from the Stroke Association. We launched a new publication about our commitment to research in Scotland which showcased some of the key studies that we have funded.

We contributed to the development of a stroke strategic plan for the Welsh government. Dr. Webb spoke at the Wales Stroke Conference which was also attended by the Deputy Minister for Health, Vaughan Gething AM.

Fund Priority Research Awards in haemorrhagic stroke, the psychological impacts of stroke and vascular dementia

We launched the Priority Awards Programme to target areas of major unmet need. We did so following consensus-building stakeholder workshops and funded four new projects following a call for proposals in the areas of haemorrhagic stroke and the psychological consequences of stroke. We then turned to vascular dementia and held a roundtable with research experts to start the process – we developed a 'state of play' report and held a service user engagement workshop to finalise the research priority setting process. We worked closely with the Alzheimer's Society and British Heart Foundation to develop a call for applications in the area of vascular dementia, based on the top priorities that were selected in our priority setting work. We launched this in April 2016.

Gain greater funding for stroke research through the EU's Horizon 2020 Programme by stimulating new partnerships and ideas development

We continued to partner with organisations to develop proposals and have had three successes to date. These are:

- PRECIOUS: a large trial looking at the consequences of treating common minor ailments with cheap off-the-shelf drugs at the time of stroke occurrence.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 4 – Building Research and promoting knowledge to improve stroke care (continued)

Gain greater funding for stroke research through the EU's Horizon 2020

Programme by stimulating new partnerships and ideas development (continued)

- STARR: a seven-country consortium on the topic of the use of technology in self-management in stroke. It will develop a modular, affordable and easy to use system that will inform stroke survivors about the relationship between their daily activities (e.g. medication intake, physical and cognitive exercises, diet, social contacts) and the risk of having a secondary stroke.
- SVDs-at-target: cerebral small vessel diseases (SVDs) have emerged as a central link between stroke and dementia. Multiple distinct diseases are known that can be separated based on their underlying genetic defects, risk factors and clinical presentations. This study will identify key mechanisms common to multiple SVDs and determine how they contribute to individual SVDs.

Cultivate the next generation of research leaders through our Lectureship programme and Fellowships. Over five years, we will co-fund 15 posts and leverage £3 million of new funds from UK universities

We launched the programme in June 2014, funding the first cohort of five lecturers in March 2015. In March 2016 we funded a further two applications. These two awards have leveraged £297,000 of additional funds from the employing organisations of the award holders. We commissioned a provider to develop and run a Leadership Programme for lecturers from summer 2015. We organised and hosted research career development days targeted at Fellows and early career researchers at the UK Stroke Forum in December 2015. We paid for all of our Fellows to attend and our new lecturers facilitated and led sessions.

Create knowledge exchange opportunities between key groups through our roundtable series and disseminate well-evidenced publications about how to improve stroke care

Two round tables aimed at a professional audience were hosted, in vascular dementia and thrombectomy. We additionally held a stakeholder engagement workshop on vascular dementia in order to refine and finalise our priority setting for the priority programme awards.

Leverage new resources for stroke through matched funding partnerships and fundraising

In addition to those funds leveraged through the lectureships programme we received a £300,000 gift from the Lord Leonard and Lady Wolfson Foundation towards our priority awards programme.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 4 – Building Research and promoting knowledge to improve stroke care (continued)

To improve stroke care for children and young people by updating and disseminating guidelines best practice, and thereby influencing positively clinical and social care

We commissioned the Royal College of Paediatrics and Child Health to update the 2004 guidelines. The update will include haemorrhagic as well as ischaemic stroke and will be published in the Spring of 2017.

Objective 5 – Ensuring a well-trained and resourced health and social care workforce

We will work to ensure that we have a highly skilled and properly resourced health and social care workforce and that those working in health and social care services who work with stroke survivors get the high quality training that they need. In 2016/17 we undertook the following:

10th UK Stroke Forum Conference

The 10th UK Stroke Forum took place on 1-3 December 2015 at the ACC in Liverpool. This was an outstanding conference, viewed by some as the best to date. Key highlights include:

- Over 1,400 attendees from across the stroke care pathway;
- Over 90 experts and researchers in stroke care presented across 16 scientific parallel sessions, 12 training workshops and three plenaries; and
- Over 170 research posters were presented in an incredible interactive exhibition arena with over 50 exhibitors.

We had a strong presence hosting a variety of programme sessions including the following:

- Getting Involved in Stroke Research Training Stream;
- Picturing Aphasia Through Our Eyes Session;
- Childhood Stroke: are the guidelines fit for purpose?;
- 'My Stroke Guide' Fringe Session showcase;
- UK Stroke Assembly: can we improve diagnosis in young stroke survivors?; and
- Collaboration for Leadership in Applied Health Research and Care: improving Stroke outcomes

The social media presence throughout the conference was immense – the #UKSF15 hashtag received over 2,800 tweets with an amplified reach of potentially 3.3 million users.

The Stroke Association North West team held a series of engagement events to help put stroke firmly on the Liverpool map which included:

- A Charity fire-walk right outside the conference centre which saw brave fundraisers walk barefoot over a fire-bed of hot coals. Many delegates watched and cheered on the fundraisers who raised an impressive £5,500;

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 5 – Ensuring a well-trained and resourced health and social care workforce (continued)

10th UK Stroke Forum Conference (continued)

- Know Your Blood Pressure events took place in the John Lewis Store with a bucket collection at Liverpool One, this saw over 120 blood pressures taken in store, with 18 being signposted for follow up to primary care due to elevated BP;
- The Merseyside Life After Stroke Group exhibited at the UK Stroke Forum with the support of the North West team, showcasing how life after stroke can be achieved whilst establishing new links with stroke care professionals; and
- A Life After Stroke Art Exhibition and drinks reception took place at the Central Library which showcased fantastic art work created by stroke survivors.

UKSF Conference, Northern Ireland 20 May 2015

The conference attracted 238 attendees with 164 registered delegates, including 24 poster presenters and five oral abstract presenters. We had 23 exhibition stands and achieved our income targets. We had 18 invited speakers including the new NI Minister for Health, Social Services and Public Safety, and two service user representatives.

Provide a comprehensive range of stroke training and support the work of professional bodies to build sufficient capacity in their workforce

We expanded our offer this year to include a 'Training for Trainers course'. This is a two day course that equips those providing education and training to their organisation with the ability to deliver a half day awareness session about stroke; covering what a stroke is, what causes one and how to act in an emergency situation. It also explores the work of the Association and how individuals can get involved and support us. As part of our strategy to open our training to wider audiences, including qualified health professionals, we developed a master-class programme. With funding from Allergan we offered one day sessions where we invited experts to come and talk about their research or work around a specific topic. We held events in London, Cardiff and Scotland and reached 200 professionals working in stroke.

Pilot a Stroke Association Care award scheme to influence stroke care standards

We developed an award scheme to raise standards in care settings, working initially with five care homes. We aim to help staff and residents adopt a culture that understands the needs of stroke survivors, helps to promote ways of preventing stroke and reacts quickly to the warning signs of stroke. The award sets five standards: Training; Information; Policy & Signposting; Prevention; and a person-centred approach.

A total of 217 staff have completed QCF level 2 qualification in stroke awareness. We will make the first awards in early 2016/17.

Vascular Health Training

We successfully completed the delivery of a Vascular Health Training project aimed at skilling up the social care workforce in Scotland. We provided the training to 79 social care providers, trained 147 Stroke Awareness Leads who in turn reached over 900 staff with stroke awareness and prevention messages within 18 months.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 5 – Ensuring a well-trained and resourced health and social care workforce (continued)

Stroke training for stroke wards

We worked with Solihull stroke rehabilitation ward to get their health care assistants and qualified staff stroke trained to QCF Level 2 and Level 3. This was a very successful project that enabled the first stroke ward in the UK to complete these qualifications. On the back of this success we will aim to replicate this success in five other stroke wards across two regions. To help with the lack of funding within the NHS we will offer this training within a pump priming model to stimulate the market and ensure as many professionals receive stroke training as possible.

Support the growth of stroke support organisations to advocate for skilled stroke workforce

In 2016, with funding from Medtronic, we created a new role to provide a range of support to new and emerging Stroke Support Organisations (SSOs). Our efforts have focused on organisational capacity building, strengthening SSO service delivery and advocacy. We worked with 25 SSOs - 52% of enquiries are about general organisation set up, 28% on networking and 20% on fundraising.

Objective 6 – Operating as a world class organisation

Organisational Development (OD) and People Strategy

For the first time and as part of our new 2015-18 strategy, we have created an internal ambition to drive growth, better meet the needs of the people we serve and create a platform for long-term sustainability.

To deliver this ambition we have developed an Organisational Development (OD) Strategy that sets out a range of '*changes we want to see*' over the next three years which can be grouped as:

- Enhanced leadership capability
We are shaped through the high quality of our leaders
- Success through the talents of our people
We have the capacity and capability to succeed
- A 'can-do' culture
We empower our people to thrive
- Maximised effectiveness
We are efficient, effective and customer focussed
- Strengthened strategic capability
We unleash creativity to drive change

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Operating as a world class organisation (continued)

Organisational Development (OD) and People Strategy (continued)

The OD Strategy's aim is to deliver improvements set out in objective 6, which aims to ensure we are 'Growing and operating as a world class organisation'. Our OD Strategy sets out five change programmes with a range of key improvement projects:

- Improving our Quality and Customer Experience
- Developing and Engaging our People
- Improving our Processes
- Enhancing our Facilities
- Improving our IT and Infrastructure

The OD Board has been formalised as the Ambition 6 Programme Board and has been operating since June 2015, overseeing the scoping and planning of a range of improvement projects.

In September 2015, a new Volunteering Strategy was approved. This complements the improvement activities for staff but focuses on improving engagement with volunteers and providing high quality support for volunteer managers through better use and understanding of data and insight as well as training and resources.

Although we are only in the first year we have already made progress on a number of improvement projects as outlined below:

Development of our People Strategy

The *Developing and engaging our people* programme was set out and approved in September 2015.

The programme supports projects and activities focused on enhancing the capability and effectiveness of our people. It focuses on the four key areas of: attraction and retention; enablement and performance management; employee engagement, wellbeing and inclusivity; and development of our people.

Introduced a new Induction Programme

New colleagues have access to a welcome section through our redeveloped i-Learn (e-learning platform) prior to their first day. This is then followed by a range of day face-to-face sessions supported by a comprehensive six month induction i-Learn package. We have also introduced a new Volunteer Induction package to support the many hundreds of new volunteers joining us each year.

Reviewed our Learning Portfolio

We have reviewed our full range of face-to-face learning and i-Learn courses to review what needs to be kept, updated or removed to enable people to more easily access the learning support most relevant to key needs. This work will lead to further updates on current programmes and courses and provides a plan for the development of new ones.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Operating as a world class organisation (continued)

Introduced a Coaching Development Programme

We have developed and rolled out a coaching programme to over 200 line managers aimed at increasing our leadership capability and supporting a 'can-do' culture as staff and volunteers begin to perform with more confidence and autonomy as a result of being supported through coaching conversations.

Improving the way we manage change

We have begun to introduce a 'Change Delivery Framework' and a 'Change Management Development Programme' aimed at building our capability to lead programmes, projects and transformational change, and to support people experiencing change.

Developed a Competency Framework

We have developed a Competency Framework to support a new approach to talent and leadership development, reward and engagement and improved performance management.

Achieved Investors in People enhanced standard

Following a week long assessment in September 2015 involving our external assessor interviewing over 100 staff and volunteers, we were awarded Investors in People and demonstrated our quality well beyond the standard by achieving the bronze award. Investors in People have now raised the bar by introducing a new excellence framework and we have committed to achieving this by 2018.

Improved our internal communication and engagement

We have improved our internal communications channels and messages to enhance how we communicate with our volunteers and staff. In particular, we have upgraded our intranet to ensure it provides useful resources and a place to go to every day for information on our work, latest news and developments and up to date templates and policies.

Introduced Engagement Surveys

For the first time we have introduced surveys to help us understand and develop a clear view of where we need to focus our attention over the next 12 months to improve engagement amongst our staff and volunteers.

Improved our approach to supporter care

We have reviewed and improved the effectiveness and efficiency of our fundraising processes, whilst also strengthening our internal structures and approach to make it easier for new and existing supporters to engage with us and find out how they can support our fundraising.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Operating as a world class organisation (continued)

Developing Business Partnering Standards

We are enhancing our business partnering approach to develop consistent and supportive standards and behaviours of our central support teams, supporting the achievement of our organisational objectives, in particular designing and implementing systems and processes that will support our strategic business ambitions.

Internal Audit, Compliance and Controls

In 2015/16, an Internal Audit plan covering donations and appeals income, affiliated stroke clubs, independent charity shops, cheque book expenditure and legacies, was approved by the Audit Committee and continued to strengthen our approach.

Our Compliance & Audit Manager provides our Internal Audit service and in addition coordinates our effective compliance on contracts we have with NHS and local government commissioners.

The Audit Committee reviews and approves annually the risk-based Internal Audit operational and strategic plans, which covers the major risks identified by management and the trustees. This committee subsequently receives:

- The Internal Audit reports on the areas identified for review in the Internal Audit Plan, with these individual reports assessing the effectiveness of controls;
- Progress against the recommendations made in the original Internal Audit Reports; and
- Twice yearly progress reports on compliance against the contracts we have with our NHS and local government commissioners.

Aligning our resources

During the formulation of our 2015-18 strategy we identified opportunities relating to our capacity, capabilities and structures, to enable us to be more marketable, influence focussed, customer centred, and able to grow our income and deliver a better return on investment from our activities.

Therefore, we undertook a structure and role review to establish a forward-looking strategic and functional workforce, with the capability and capacity to deliver our strategy which we started to introduce during 2015/16, for example:

- We established a new structure in the External Affairs Directorate reflecting a new approach to audiences, social media and central marketing – the new Marketing & External Affairs Directorate is now fully operational with extra capability and capacity;
- A strategic review of HR was carried out with some key recommendations which have now been implemented to strengthen both the strategic and transactional role of HR, which also included the establishment of a new Organisation Development and Operations Directorate and alignment of a range of OD activities;

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Operating as a world class organisation (continued)

Aligning our resources (continued)

- We wanted to strengthen and align our services Business Development team to the Services Directorate to support our growth plans for contracted services. A new structure is now in place to drive new product development and growth of existing services; and
- We took a fresh look at our regional structures and how they are configured to enable us to deliver against the expectation of our growth plans. We have now adopted a re-designed structure in the North of England which will create an environment within which we can prosper and grow services, engage communities and grow our long term support groups and work much more collaboratively with fundraising teams. This re-designed structure will be rolled out in the South of England during 2016/17.

Transform how we raise income

In order for the Association to fulfil its ambitious plans for growth and expansion, we have recognised the need for transformational growth in our fundraising from voluntary sources. Consequently, we have moved ahead with a number of initiatives which will improve our efficiency and effectiveness and deliver more income to help make that growth a reality.

Last year saw an eruption of adverse media coverage of charities, including criticism of fundraising practice. Although we were asked questions by journalists, we were able to demonstrate our strong, ethical approach to fundraising and respect for supporters, and there was no specific coverage of the Stroke Association

We have started a review of Supporter Care and Income Processing which will complete in 2016/17 and mean that we will deliver a better and more consistent approach to managing our relationship with our supporters, ensure that they are given the information, advice and help they need and their gifts are acknowledged promptly.

We are making better use of insight into our supporters so that we can understand who they are and provide them with the communication and fundraising opportunities to which they will respond.

We are also developing new fundraising ideas which are based on research with particular audiences and which we test out prior to launching on a bigger scale.

Overall voluntary income totalled £23.9 million in 2015/16. This was a decrease of £197,000 which is largely due to a year on year fall in legacy income from the record high of £11.7 million in 2014/15.

Income from other fundraising was up 6% to £13.2 million.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Operating as a world class organisation (continued)

Transform how we raise income (continued)

However, legacy income is still our biggest source of voluntary funding and at £10.7 million in 2015/16 it was our second highest total ever. Our legacy pipeline at the end of the year was £7.5 million which is an improvement on the £6.6 million at the end of 2014/15. Our legacy marketing programme also continued to attract more pledgers (supporters who have let us know they have let us a gift in their will) and we recruited 202 new pledgers in 2015/16 for a current total of 3,056.

Income from corporate partnerships increased dramatically from £1.0 million in 2014/15 to £1.5 million in 2015/16 (an increase of 50%) thanks primarily to our partnership with Royal Mail. The year saw the partnership, which commenced in September 2014, really take off with the £1 million mark passed in early 2016. Along with the money raised by Royal Mail staff and match funded by the business, we have benefited from our Stroke Association logo being used as the frank for millions of items of stamped post. The partnership continues into 2016/17 with the aim of raising a total of £2 million.

We also continued to receive sponsorship and support from Toni & Guy and Vision Express and we launched a new partnership with Lighterlife.

Payroll Giving continues to be a successful income stream and income last year totalled £137,000 including payroll giving gifts from Royal Mail and Parcelforce employees.

Support from our major supporters continued very strongly and, as well as their involvement as judges for and attendees at the Life After Stroke Awards, (for which, once again, Baroness Brady was the patron) we organised three new events. Firstly, a reception at the Shard in honour of property entrepreneur Sir Jack Petchey's 90th birthday. This event raised money to support our Back to Work project.

We held an unusual live sculpting event at the Film Museum during which our supporter and acclaimed sculptor Frances Segelman (now Lady Petchey) carried out a sculpt of a bust of our great supporter Lord Fellowes. In March, we held a Gala dinner at Buckingham Palace which was thanks to the work of our Gala Dinner Committee co-chaired by Lady Fellowes, Lady Ashcroft and Andrew Love and saw 200 guests inspired by the event, by an address from Andrew Marr and with entertainment provided by the world famous group Duran Duran. The event also saw us launching our new Moving Forward project.

Income from major supporters including trusts totalled £2.2 million (note that this includes the value of Duran Duran's performance at Buckingham Palace as a gift in kind worth £526,000, matched by an equal amount of recorded expenditure) which is an increase of 26% on the previous year.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Operating as a world class organisation (continued)

Transform how we raise income (continued)

We put a lot of work into developing new fundraising ideas for our community and events supporters and introduced two of these in 2015/16. Firstly, the *Give A Hand* campaign around World Stroke Day in October 2015. This encouraged people to try out an activity using their non-dominant hand to gain a little of the experience and frustration encountered by stroke survivors. One school in Northern Ireland taking up the idea raised almost £5,000. The second idea based on our research with recently retired people was the *Bring Me Sunshine* campaign which ran in February and saw people hosting summer themed parties to banish the winter blues. We will build upon these with learning gained for next year.

We continued the portfolio of our Stroke Association managed challenge and sporting events with 10,400 people taking part in abseils, runs, walks and cycle rides. We also supported people taking part in third party events such as the London Marathon and Great North Run. Income from Community & Events Fundraising at £3.9 million was up by 4% on the total raised the previous year.

Last year proved a challenging one for fundraising because of a number of media stories focussed on bad practise from some charities and which impacted on the general public regard for charities. This resulted in a review of fundraising regulation and there will be changes from charities as a result.

Despite not being subject to the criticism levelled at charities, we believe the coverage has impacted on our support and, in particular, impacted our appeals mailings and new supporter recruitment.

Our Appeals fundraising generated £5.3 million, in line with the previous year.

Committed giving income increased to £1.33 million from £1.27 million in 2014/15; an increase of 5%.

In Memoriam giving also increased to £1.13 million from £987,000 the previous year; an increase of 14%.

Our income from raffles was £459,000 - a fall of 19% from the total of £566,000 received in the previous year.

Despite the adverse media coverage of charity fundraising, we have exceeded the net fundraising target set for the year and have made good headway with the improvements to our work which will lead to success and growth.

Growing our understanding of key customers and stakeholders, and insight into our key audiences

Changes in the commissioning marketplace and declining trust in charities amongst consumers have heightened our need to better understand our key audiences, their needs and motivations.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Operating as a world class organisation (continued)

Growing our understanding of key customers and stakeholders, and insight into our key audiences (continued)

This year we commissioned research into Health and Social Care Commissioners' attitudes to stroke and our service offerings. Findings highlighted pressures within the system as a result of budget cuts but also, reassuringly, revealed our services are highly regarded by Commissioners. As suspected, the importance of evidence and measuring outcomes is increasingly being regarded as not just 'nice to have' but an essential requirement of winning contracts and delivering services.

Similarly, changes in consumer attitudes and needs are affecting our ability to engage and maintain the loyalty of current and potential supporters. We further analysed data and insight from our Supporter Survey (2014) and combined this with new demographic content to create a bespoke segmentation as a way to group the people we engage with based on their needs and attitudes. This segmentation is now being used by our Marketing and Fundraising teams to deliver greater value and better meet the needs of people we engage with.

We also conducted a major piece of qualitative research at the end of the year looking at attitudes to stroke and comparing these with other conditions like cancer or heart disease. Our insight efforts to date have largely focused on understanding the public's knowledge of what a stroke is but not necessarily on their attitudes and feelings towards it. We suspected attitudes and stereotypes were getting in the way of increasing our reach and engaging with people who need our support. Further analysis of the findings is now needed to develop some actionable recommendations. However, early results indicate there are still significant misconceptions about the scale, impact and prevalence of stroke, especially in comparison with cancer and Alzheimer's, and that these views are barriers to people engaging with stroke as an issue or in supporting our work.

Stroke Information Service (SIS) Database

We developed and launched a new SIS database to provide valuable information to colleagues across the Association about local and national stroke resources, including professional bodies, stroke groups and information sources. This is a comprehensive database of the full range of stroke support across the UK.

Stroke Knowledge Centre

We developed a Stroke Knowledge Centre which integrates all of our information and research evidence across 70 topics so that staff can access the information they require about particular aspects of stroke in an accessible way.

Together, the SIS database and Stroke Knowledge Centre provide our staff and volunteers with all of the key information about stroke that they require to support them in their roles. These were major undertakings in 2015/16.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Operating as a world class organisation (continued)

State of the Nation statistics update

The annual 'State of the Nation – stroke statistics' document was launched, featuring a new section on childhood stroke. It was made public for the first time in January 2015, and the Knowledge and Information team received overwhelmingly positive feedback on the document worldwide. The document was also cited in a recent House of Lords debate about the national stroke strategy for England.

Statistics

Following the purchase of various data sets from the Office of National Statistics and the Health and Social Care Information Centre for the development of our annual State of the Nation statistics, we are now making further use of these to support tender writing for local services. We provide core stroke statistics by CCG and region, helping to paint a clearer picture of stroke in the parts of the country in which we are currently offering our services, or where we aim to expand our provision. We are currently beginning investigations with colleagues in Northern Ireland to develop a second regional statistics guide, following our London report from 2014.

GOVERNANCE, STRUCTURE AND MANAGEMENT

Status

The Stroke Association is a charitable company limited by guarantee, incorporated on 25 March 1899 and registered as a charity in England and Wales on 14 January 1963 and Scotland on 07 February 2007.

Governing document

The organisation was established under a Memorandum of Association, and is governed under its Articles of Association (last amended 12 July 2011) which establish the objects and powers of the organisation.

Objects of the charity

The objects of the charity included within the Articles of Association are the relief of sickness and distress and 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; and
- Responding to the needs caused by the effects of stroke or other conditions where the effects are similar to stroke, by providing advice and support to those affected, their families and carers.

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Public Benefit

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

Governance and management

Ultimate control of the charity is vested in the trustees who collectively constitute the Stroke Association Council. Council meets four times a year and delegates certain powers to the following Committees:

- Finance and General Purposes Committee
- Audit Committee
- Investment Committee
- Nominations Committee
- Remuneration Committee
- Research Strategy Committee

The following advisory committees report to the Finance and General Purposes Committee:

- Scotland Advisory Committee
- Wales Advisory Committee
- Northern Ireland Advisory Committee
- Child Stroke Advisory Committee
- Aphasia Advisory Committee

The **Finance and General Purposes Committee** meets four times a year prior to each meeting of the Council. The Committee oversees the charity's financial and commercial affairs on behalf of Council and gives initial consideration to and advises Council on any business of particular importance or complexity. The Committee also keeps Council informed of the activities of the Scotland, Wales, Northern Ireland and Child Stroke Advisory Committees which report to the Finance and General Purposes Committee.

The **Audit Committee** meets four times a year and is responsible for advising Council on the annual report and accounts, internal financial control systems, risk management, internal audit, the relationship with the external auditors and any other matters referred to it by Council.

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Governance and management (continued)

The **Investment Committee** meets twice a year and is responsible for keeping the performance, risk profile and management of the Association's investment portfolio under review and for managing the relationship with the charity's investment managers.

The **Nominations Committee** meets twice a year to consider the governance of the Association and makes recommendations to Council with regard to changes in governance arrangements, the appointment of trustees and succession.

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

The **Research Strategy Committee** meets three times a year to set, monitor and review the Association's research strategy and advise Council on the implementation and desired outcomes of the research strategy. The **Research Awards Governance Committee** reports to the Research Strategy Committee and oversees the Research Awards Pool and the process of awarding research grants by adjudication panels.

The day-to-day affairs of the charity are run by the Chief Executive, assisted by the Directors' Management team.

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

Recruitment and appointment of trustees

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

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

Trustee induction and training

All new trustees attend induction training as described below and are sent a series of "core" documents containing the governing documents and policies of the Association, the terms of reference of the Council and its committees, the latest statutory and management accounts, the current corporate strategy and related business plans and a list of other documentation that is available. These documents are also available within a dedicated area for trustees on the Association's intranet.

Trustees' report Year ended 31 March 2016

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Trustee induction and training (continued)

An induction may include:

- Attending an induction training day;
- Briefings from the Chief Executive and members of the directors management team on the work of the Association and individual directorates;
- Visiting offices in London, centres outside London including the charity's flagship Life After Stroke Centre in Bromsgrove; and
- Visiting stroke units and communication support groups.

In addition, regular training on areas such as charity law, finance and governance are offered.

Trustees

The following trustees were in office at 31 March 2016 and served throughout the year, except where stated.

Trustee	Appointed/ Resigned/ Retired	Committee Membership during the period
Ian Black BSc CIPFA		FGP; IC (Chair)
Michael A Cornbleet BSc MD FRCP	Retired 28 July 2015	FGP; SAC (Chair)
Susan M A Duncan MA BSc Hon DSc FMRS FAcSS		FGP; RSC (Chair)
Robert J Empson MBA BSc FCIM FIC		FGP
Stuart Fletcher OBE MA AMIHM		FGP; WAC (Chair)
Jacqueline A Fowler BA MInstF (Cert)		FGP;
E Anne Freeman OBE MB ChB FRCP	Retired 28 July 2015	AC; RSC
Anne Gordon MSc PhD		CSAC (Chair)
Martin James BM MRCP MD CCST FRCP		
Damian F Jenkinson BSc MB BS PhD FRCP		
Professor Keith W Muir MB ChB MSc MD FRCP		
Paul Leacy BComm ACMA AMCT		AC
Peter Rawlinson PhD BSc CEng FRSA FIET		FGP; NC; RC
Helen Sanders BA (Hons) PDip		FGP; IC
Niraj Shah MA (Cantab) CFA		IC
Professor Robert W Stout MD DSc FRCP FMedSci	Retired 28 July 2015	NIAC (Chair)
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO		
Eric F Tracey M Com FCA ACIS		AC (Chair); NC
Peter Troy MBE		AC; RSC
Professor Pippa J Tyrrell MA MB BS MD FRCP		FGP; RSC
Sir David Varney (Chair) Kt BSc MBA		RAGC; RC; NC
Hon.LLD CFIPD FRSM		FGP; NC (Chair); RC (Chair); RSC

Trustees' report Year ended 31 March 2016

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Trustees(continued)

Trustee	Appointed/ Resigned/ Retired	Committee Membership during the period
Michael J C Watts MA FCA		FGP (Chair); IC; NC; RC
Mark Smith Grad. Dip. Phys, BSc, MPhil., MCSP	Appointed 8 October 2015	SAC (Chair)
Professor Philip Reilly MD, FRCGP, MICGP	Appointed 8 October 2015	NIAC (Chair); AAC (Chair)
Sir Charles Cockburn BA, MCIPR, MIOd	Appointed 8 October 2015	AC; AAC

Committee Membership Key

FGP	Finance and General Purposes	RC	Remuneration Committee
AC	Audit Committee	SAC	Scotland Advisory Committee
IC	Investment Committee	WAC	Wales Advisory Committee
NC	Nominations Committee	NIAC	Northern Ireland Advisory Committee
RSC	Research Strategy Committee	CSAC	Child Stroke Advisory Committee
RAGC	Research Awards Governance Committee	AAC	Aphasia Advisory Committee

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

Statement of trustees' responsibilities

The trustees (who are also directors of Stroke Association for the purposes of company law) are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In preparing financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the 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; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Statement of trustees' responsibilities (continued)

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

Each of the trustees confirms that:

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

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

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

Management team

The following members of the management team were in office at 31 March 2016 and served throughout the year, except as stated below.

Jon Barrick Bsc MBA FCMI*	Chief Executive
Bridget Bergin BA MBA	Director of Life After Stroke Services UK
Dominic Brand BSc (Hons) MloD**	Director of Marketing & External Affairs
Roy Quiddington BA (Hons) FCA	Director of Finance & Resources
Christopher Rennison Dip ACIPD FCMI	Director of People & Organisational Development
Ciara Smyth BA (Hons) MA	Director of Strategy & Insight
James Swindells MInstF	Director of Fundraising
Dale Webb BA MSc PhD	Director of Research & Information

* Juliet Bouverie BA (Hons) from 20 June 2016

**Dominic Brand joined on 15 April 2015.

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

Key management personnel are defined as the trustees and the eight members of the Directors' management team.

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Management team (continued)

Remuneration of the Chief Executive is recommended to Council by the nominations committee. Remuneration of other key management personnel is recommended to Council by the remuneration committee. The remuneration of key management personnel is considered annually, with reference to the annual budget and remuneration levels of similar roles in charities of a similar size. Consideration is also given to the performance of each staff member. The recommendations made by the committees are then considered and voted on by the board.

Employees

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

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

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

All employees are subject to an annual appraisal, which is linked to performance, career development and reward. We promote five clear values and a range of supportive behaviours, which colleagues are expected to uphold and demonstrate throughout their career.

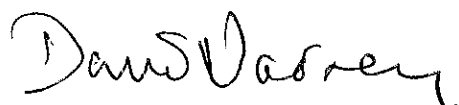
We hold the prestigious Investors in People Bronze Award which reflects people and leadership excellence in an organisation and demonstrates our on-going commitment to quality, staff and volunteers, whose passion, commitment and enthusiasm make the Stroke Association such an outstanding organisation. We are shaping plans to further develop our people agenda to maintain or improve our recognition level within the new Investors in People standard and to progress the achievement of our strategic ambitions.

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Volunteers

Volunteers continue to be crucial in helping us to meet our objectives. In 2015, 3,885 volunteers UK wide gave their time supporting our activities. Volunteers work across the organisation including within Life After Stroke services, Voluntary Groups, awareness raising, fundraising, informing our information provision and supporting our media activities. We are extremely grateful for their support.

This report constitutes the statutory reports described in the introduction (on page 7). It was approved by the board on 26 July 2016 and signed on its behalf by Sir David Varney.

A handwritten signature in black ink that reads "David Varney". The signature is written in a cursive, flowing style.

Chairman of Council

Approved on 26 July 2016

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

We have audited the financial statements of the Stroke Association for the year ended 31 March 2016 which comprise the consolidated statement of financial activities, the consolidated and parent charity balance sheets, the consolidated statement of cash flows, the principal accounting policies and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including FRS 102, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland.

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

Respective responsibilities of trustees and auditor

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

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

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

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the groups and the parent charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements.

Scope of the audit of the financial statements (continued)

In addition, we read all the financial and non-financial information in the trustees' annual report, including the Strategic Report, to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion

In our opinion the financial statements:

- Give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2016 and of the group's and the parent charitable company'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 Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matter prescribed by the Companies Act 2006

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

Matters on which we are required to report by exception

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

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



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

25 August 2016

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

Consolidated statement of financial activities Year ended 31 March 2016

	Notes	Un-restricted funds £000	Restricted funds £000	2016 Total funds £000	Restated 2015 Total funds £000
Income from:					
Donations and legacies	1	19,398	4,504	23,902	24,099
Charitable activities	2	—	10,781	10,781	11,788
Other trading activities	3	262	—	262	204
Investments	4	650	—	650	528
Other	5	898	—	898	877
Total income		21,208	15,285	36,493	37,496
Expenditure on:					
Raising funds	6,10	(9,243)	—	(9,243)	(8,052)
Charitable activities					
- Research grants and awards	7,10	(3,017)	(2,233)	(5,250)	(4,201)
- Community services	8,10	(6,861)	(12,492)	(19,353)	(18,735)
- Information and awareness	9,10	(2,707)	(193)	(2,900)	(2,701)
Total expenditure		(21,828)	(14,918)	(36,746)	(33,689)
Net (expenditure)/income before (losses)/gains on investments		(620)	367	(253)	3,807
Net (losses)/gains on investments		(749)	—	(749)	1,554
Net (expenditure)/income for the year	12	(1,369)	367	(1,002)	5,361
Balances transferred from Speakability (Charity Registration No. 295094)	23	16	129	145	—
Net movement in funds for the year		(1,353)	496	(857)	5,361
Reconciliation of funds:					
Total funds brought forward at 1 April 2015		20,657	1,745	22,402	17,041
Total funds carried forward at 31 March 2016		19,304	2,241	21,545	22,402

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

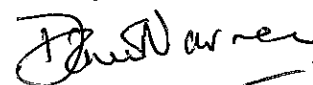
All recognised gains and losses are included in the statement of financial activities.

Consolidated balance sheet 31 March 2016

	Notes	2016 £000	Restated 2015 £000
Fixed assets			
Tangible assets	15	3,263	2,664
Investments:			
- General fund		12,976	14,627
- Research fund (total research grants and awards)	7	10,548	9,169
	16	<u>23,524</u>	<u>23,796</u>
Total fixed assets		<u>26,787</u>	<u>26,460</u>
Current assets			
Debtors	17	2,363	2,460
Cash at bank and short term deposits	18	<u>6,755</u>	<u>6,132</u>
Total current assets		<u>9,118</u>	<u>8,592</u>
Liabilities			
Creditors: amounts falling due within one year	19	(6,510)	(5,244)
Provisions for liabilities	20	<u>(775)</u>	<u>(577)</u>
Net current assets		<u>1,833</u>	<u>2,771</u>
Total assets less current liabilities		28,620	29,231
Creditors: amounts falling due after one year	7	(7,075)	(6,829)
Total net assets		<u>21,545</u>	<u>22,402</u>
The funds of the charity:			
Unrestricted funds		19,290	20,643
Restricted income funds	21	2,241	1,745
Funds retained within a non-charitable subsidiary		14	14
		<u>21,545</u>	<u>22,402</u>

The notes on pages 65 to 79 form part of the financial statements

Approved by the trustees on 26 July 2016 and signed on their behalf by:



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

Charity balance sheet Year ended 31 March 2016

	Notes	2016 £000	Restated 2015 £000
Fixed assets			
Tangible assets	15	3,263	2,664
Investments:			
- General fund		12,976	14,627
- Research fund	7	10,548	9,169
	16	23,524	23,796
Total fixed assets		26,787	26,460
Current assets			
Debtors	17	2,241	2,434
Cash at bank and short term deposits	18	6,755	6,132
Total current assets		8,996	8,566
Liabilities			
Creditors: amounts falling due within one year	19	(6,402)	(5,232)
Provisions for liabilities	20	(775)	(577)
Net current assets		1,819	2,757
Total assets less current liabilities		28,606	29,217
Creditors: amounts falling due after one year	7	(7,075)	(6,829)
Total net assets		21,531	22,388
The funds of the charity:			
Unrestricted funds		19,290	20,643
Restricted income funds	21	2,241	1,745
		21,531	22,388

The notes on pages 65 to 79 form part of the financial statements

Approved by the trustees on 26 July 2016 and signed on their behalf by:



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

Consolidated statement of cash flows Year ended 31 March 2016

	Notes	2016 £000	2015 £000
Cash inflow from operating activities			
Net cash provided by operating activities	A	1,112	2,684
Cash inflow from investing activities			
Dividend and interest from investments		650	528
Purchase of tangible fixed assets		(807)	(165)
Proceeds from the disposal of investments		6,224	2,636
Purchase of investments		(4,972)	(5,407)
Net cash provided by investing activities		1,095	(2,408)
Cash balances acquired on merger with Speakability		145	—
Change in cash and cash equivalents in the year		2,352	276
Cash and cash equivalents at 1 April 2015	B	7,065	6,789
Cash and cash equivalents at 31 March 2016	B	9,417	7,065
A Reconciliation of net movement in funds to net cash in flow from operating activities			
		2016 £000	2015 £000
Net (expenditure)/income for the year (as per the statement of financial activities)		(1,002)	5,361
Net losses/(gains) on investments		749	(1,554)
Depreciation charge		208	201
Dividends and Interest from investments		(650)	(528)
Decrease (increase) in debtors		97	(921)
Increase (decrease) in creditors		133	(669)
Increase in research grant commitments		1,379	682
Increase in provisions		198	112
Net cash provided by operating activities		1,112	2,684
B Analysis of cash and cash equivalents			
		2016 £000	2015 £000
Cash at bank and short term deposits		6,755	6,132
Cash held by investment managers		2,662	933
		9,417	7,065

Principal accounting policies Year ended 31 March 2016

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 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") issued on 16 July 2015, (effective 1 January 2015), 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 prepared in sterling and are rounded to the nearest thousand pounds.

Reconciliation with previous Generally Accepted Accounting Practice

In preparing the financial statements, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102, a restatement of comparative items was needed. Restatements were required to recognise employee benefits.

Under Section 7 of SORP 2015 *Recognition of expenditure*, charities must recognise a liability for the cost of all benefits to which employees are entitled at the reporting date that have yet to be paid. Employee benefits include all costs incurred by the charity in exchange for the services of its employees and any remunerated trustees.

In accordance with the requirements of FRS 102 a reconciliation of the opening balances and net income for the year is provided with the net income under previous GAAP adjusted for the presentation of investment gains as a component of reported net income, and the recognition of an accrual for employee benefits:

	2015 £000
Reconciliation of reported net income:	<u>3,919</u>
Net income as previously stated	3,919
Adjustment for gains on investments now treated as a component of net income	1,554
Recognition of accrual for employee benefits	(112)
2015 net income as restated	<u>5,361</u>

Principal accounting policies Year ended 31 March 2016

Reconciliation with previous Generally Accepted Accounting Practice

(continued)

As required by Section 35 of FRS 102, the final balance sheets for 2014 and 2015 have been restated as if FRS 102 were in force at the beginning of the previous accounting period. The reconciliations for 2014 and 2015 have been shown in order to demonstrate the effect of the change in reporting framework for the opening balances as at 1 April 2014 and 1 April 2015.

	2015 £000	2014 £000
Total funds as previously stated	22,514	17,027
Effect of transitional adjustment (employee benefits)	(46)	(107)
Effect of transitional adjustment (legacy income)	—	—*
	<u>22,402</u>	<u>16,920</u>

*Due to the limited availability of historical data, a calculation of the value of legacies that would have been accrued at 31 March 2014 under FRS 102 has not been made. It is considered that the benefit of this figure to readers of the accounts is far outweighed by the time cost that it would require to obtain it.

Critical accounting estimates and areas of judgement

Preparation of the financial statements requires the trustees and management to make significant judgements and estimates. The items in the accounts where judgments and estimates have been made include:

- Provisions
A provision has been included in the financial statements, for the costs payable in respect to staff salary enhancements. This is based on management's estimate of the costs payable.

A further provision has been included in the financial statements for dilapidations on Stroke Association House, for which the lease is due to expire December 2017, based on a chartered surveyors' estimate of the costs payable.

Other estimates include:

- the useful economic life of tangible fixed assets;
- the split between current and non-current liabilities for multi-year grant commitments; and
- determining the basis for allocating support costs.

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.

Principal accounting policies Year ended 31 March 2016

Assessment of going concern (continued)

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 above. With regard to the next accounting period, the year ending 31 March 2017, 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 and the risk management sections of the trustees' report for more information).

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (trading) Limited. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the Trust 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, community services income, trading income, investment income and other income.

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.

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

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.

Principal accounting policies Year ended 31 March 2016

Income (continued)

Entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having being transferred to the charity.

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 of 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 include 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.

Principal accounting policies Year ended 31 March 2016

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 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 and by this action the funds required for the full term of the grants are set aside from the unrestricted funds of the Association.

Tangible fixed assets

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

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 rates in order to write the building off over their estimated useful lives. Those under construction are not depreciated until they are brought into use.

Short leasehold premises consist of the costs of entering into the leases of the head office and country and regional centres together with associated fitting-out costs. These costs are written off over eight years (12.5%), reflecting the useful life of the underlying asset to the business.

Principal accounting policies Year ended 31 March 2016

Tangible fixed assets (continued)

Furniture and equipment expenditure is depreciated over eight years (12.5%), based on the estimated useful life, on a straight line basis.

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. They have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

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

Creditors and provisions

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

Principal accounting policies Year ended 31 March 2016

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

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

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 Year ended 31 March 2016

1 Donations and legacies

	Unrestricted £000	Restricted £000	Total funds 2016 £000	Total funds 2015 £000
General donations	1,347	566	1,913	1,229
In memoriam	1,084	42	1,126	1,021
National raffle	411	48	459	566
Direct mail	542	888	1,430	1,624
Committed giving	875	455	1,330	1,267
Companies and trusts	1,138	1,121	2,259	2,041
Events	1,475	—	1,475	1,728
Regional fundraising	1,857	65	1,922	1,769
Gift Aid	717	272	989	849
Community services miscellaneous income	—	57	57	52
Legacies	9,952	766	10,718	11,703
Grants	—	224	224	250
Total – 2015/16	19,398	4,504	23,902	24,099
Total – 2014/15	20,188	3,911	24,099	

Donated services by 3,885 volunteers (2015: 4,052) have not been evaluated and are excluded from these financial statements.

Gifts in kind received by the charity in the year were £526,000 (2015: £nil).

2 Charitable activities

Community services income, which mainly comes from communication and family and carer support services, was £10.8 million compared with £11.8 million in 2014/15. All income from community services in the prior accounting period was restricted.

3 Other trading activities

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

	2016	2015
	Total	Total
	funds	funds
	£000	£000
Sales of Christmas cards	262	204
Cost of sales	(126)	(130)
Gross profit	136	74
Other income – corporate sponsorship and donations	165	357
	301	431
IT development costs	(62)	(158)
Selling, distribution and administration expenses	(30)	(50)
Net profit paid to the Stroke Association under Gift Aid	209	223
Net assets at 31 March	14	14

4 Investment income

	Un-	Restricted	2016	2015
	restricted	£000	Total	Total
	£000	£000	funds	funds
	£000	£000	£000	£000
Investment income receivable	609	—	609	472
Interest receivable	41	—	41	56
Total – 2015/16	650	—	650	528
Total – 2014/15	528	—	528	

Notes to the financial statements Year ended 31 March 2016

5 Other income

	Un- restricted £000	Restricted £000	2016 Total funds £000	2015 Total funds £000
Delegate fees	384	—	384	341
Affiliation fees	274	—	274	249
Training income	122	—	122	179
Publication sales	92	—	92	24
Sundry income	26	—	26	84
Total – 2015/16	898	—	898	877
Total – 2014/15	877	—	877	

6 Costs of raising funds

	Un- restricted £000	Restricted £000	2016 Total funds £000	2015 Total funds £000
Fundraising costs:				
- Staff costs	(3,098)	—	(3,098)	(2,942)
- Brochures, materials and other costs	(5,171)	—	(5,171)	(4,104)
- Support (note 10)	(645)	—	(645)	(558)
- Fundraising trading	(219)	—	(219)	(338)
- Investment management costs	(110)	—	(110)	(110)
Total – 2015/16	(9,243)	—	(9,243)	(8,052)
Total – 2014/15	(8,052)	—	(8,052)	

7 Research grants and awards

	Unrestricted funds £	Restricted funds £	2016 Total funds £	2015 Total funds £
Total – 2015/16	(3,017)	(2,233)	(5,250)	(4,201)
Total – 2014/15	(1,727)	(2,474)	(4,201)	

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

Notes to the financial statements Year ended 31 March 2016

7 Research grants and awards (continued)

	2016	2015
	Total	Total
	funds	funds
	£000	£000
Commitments at 1 April	(9,169)	(8,487)
Written back during the year	538	43
Paid during the year	1,997	1,933
Approved during the year	(3,914)	(2,658)
Commitments at 31 March	<u>(10,548)</u>	<u>(9,169)</u>
Payable as follows:		
Within one year	(3,473)	(2,340)
After more than one year	(7,075)	(6,829)
	<u>(10,548)</u>	<u>(9,169)</u>

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

(b) Related party transactions

During the year ended 31 March 2016 the Stroke Association approved the following project grants:

- At a contracted cost of £209,999 with the University of Leicester, in which Thompson Robinson (a Trustee) is the award recipient.
- At a contracted cost of £207,892 with University College London, with which Alex Leff (member of the Research Awards Pool) is a member of the same institution.

The Association also approved the following Priority Programme Awards:

- At a contracted cost of £448,144 with University College London, with which Alex Leff (member of the Research Awards Pool) is a member of the same institution.
- At a contracted cost of £419,023 with the University of Glasgow, with which Terry Quinn (recent member of the Research Awards Pool) is the award recipient and Jesse Dawson (member of the Research Awards Pool) is a member of the same institution.
- At a contracted cost of £445,413 with the University of Cambridge, with which Jonathan Mant (member of the Research Awards Committee) is a member of the same institution.

The Association also approved the following Fellowships and Lectureships:

- At a contracted cost of £105,000 with King's College London, with which Mike O'Sullivan and Ben Bray (members of the Research Awards Pool) are members of the same institution.

Notes to the financial statements Year ended 31 March 2016

7 Research grants and awards (continued)

(b) Related party transactions (continued)

- At a contracted cost of £105,000 with the University of Birmingham, with which Glyn Humphreys (member of the Research Awards Pool, recently passed away) was a member of the same institution.
- At a contracted cost of £224,943 with the University of Nottingham, with which Marion Walker (a Trustee) and Nikola Sprigg (member of the Research Awards Pool) are members of the same institution.
- At a contracted cost of £173,530 with Glasgow Caledonian University, with which Frederike van Wijck and Marian Brady (members of the Research Awards Pool) are members of the same institution.

None of the above mentioned research awards pool members took part in the review or adjudication of their research applications and were excluded from the entire review, adjudication and awards panel process for the respective award rounds. Committee members from the same institutions but not named on the applications are also excluded from the entire adjudication process as far as possible. Where this could not be avoided, they were blinded to the application, reviews and scores for their institutional conflict and were required to leave the room during the discussions.

8 Community services costs

	Un- restricted £000	Restricted £000	2016 Total funds £000	2015 Total funds £000
Contracts	(3,230)	(10,781)	(14,011)	(13,626)
Education and training	(369)	-	(369)	(523)
Regional and management support	(3,262)	(1,711)	(4,973)	(4,586)
Total – 2015/16	(6,861)	(12,492)	(19,353)	(18,735)
Total – 2014/15	(5,251)	(13,332)	(18,735)	

Notes to the financial statements Year ended 31 March 2016

9 Information and awareness

	Un- restricted funds £	Restricted funds £	2016 Total funds £	2015 Total funds £
Total – 2015/16	(2,707)	(193)	(2,900)	(2,701)
Total – 2014/15	(2,581)	(120)	(2,701)	

10 Allocation of support costs

	Cost of raising funds £000	Research grants and awards £000	Communi- ty services £000	Information and awareness £000
Direct costs	(8,598)	(5,010)	(16,496)	(2,619)
Support costs:				
- Management	(267)	(71)	(1,480)	(131)
- IT	(113)	(30)	(628)	(55)
- HR	(63)	(17)	(348)	(31)
- Finance	(173)	(105)	(344)	(55)
- Governance costs (Note 11)	(29)	(17)	(57)	(9)
Total – 2015/16	(9,243)	(5,250)	(19,353)	(2,900)
Total – 2014/15	(8,052)	(4,201)	(18,735)	(2,701)

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

11 Governance costs

	Un- restricted £000	Restricted £000	2016 Total funds £000	2015 Total funds £000
Auditor's remuneration:				
- Statutory audit services	(24)	—	(24)	(23)
- Other services	(2)	—	(2)	(3)
General costs incurred servicing the Association's committees and statutory affairs of the charity	(86)	—	(86)	(98)
Total – 2015/16	(112)	—	(112)	(124)
Total – 2014/15	(124)	—	(124)	

Notes to the financial statements Year ended 31 March 2016

12 Net income (expenditure) for the year

This is stated after charging:

	2016 Total funds £000	2015 Total funds £000
Auditor's remuneration	(26)	(26)
Depreciation	(208)	(201)
Operating lease rentals	(1,151)	(1,068)

13 Employee and key management remuneration

Staff costs during the year were as follows:

	2016 £000	2015 £000
Wages and salaries	(17,037)	(15,648)
Social security costs	(1,514)	(1,394)
Pension costs	(1,152)	(1,246)
Redundancy costs	(25)	(107)
	(19,728)	(18,395)
Payments to agency staff	(296)	(166)
	(20,024)	(18,561)

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

	2016 Full time equivalent	2015 Full time equivalent	2016 Head- count	2015 Head- count
Research	29	32	29	31
Community services	480	477	591	597
Information and awareness	46	47	52	46
Fundraising	94	93	107	103
Total – 2014/15	649	649	779	777

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by 3,885 (2015: 4,052) volunteers throughout the year.

Notes to the financial statements Year ended 31 March 2016

13 Employees and staff costs (continued)

Employer contributions of £162,000 (2015: £99,000) were made to a money purchase personal pension plan in respect of these employees of which £67,000 was for the highest paid employee under a salary sacrifice scheme (2015: £54,000).

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

	2016	2015
	Number	Number
£60,001 - £70,000	3	4
£70,001 - £80,000	1	2
£80,001 - £90,000	3	—

Key management personnel are defined as the trustees and the 8 members of the Directors' management team: Jon Barrick (Chief Executive Officer), Bridget Bergin (UK Director of Life After Stroke Services), Dominic Brand (Director Marketing and External Affairs), Roy Quiddington (Director of Finance & Resources), Christopher Rennison (Director of People & Organisational Development), Ciara Smyth (Director of Strategy and Insight), Jim Swindells (Director of Fundraising) and Dale Webb (Director of Research & Information).

The total salaries paid to key management personnel of the charity in the year ended 31 March 2016 were £551,135 (2015: £503,550).

14 Trustees' remuneration

None of the trustees received any remuneration in respect of their services during the year. Travelling expenses amounting to £4,067 (2015: £6,000) were reimbursed to thirteen (2015: five) trustees.

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the year totalled £8,000 (2015: £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 Council. Research grants awarded to trustees during the year are detailed in note 7.

Notes to the financial statements Year ended 31 March 2016

15 Tangible fixed assets

Group and charity	Freehold premises £000	Short leasehold premises £000	Fixtures, furniture and fittings £000	Total £000
Cost				
At 1 April 2015	2,112	1,225	1,159	4,496
Additions	648	66	93	807
At 31 March 2016	2,760	1,291	1,252	5,303
Depreciation				
At 1 April 2015	(162)	(1,050)	(620)	(1,832)
Charge for year	(42)	(50)	(116)	(208)
At 31 March 2016	(204)	(1,100)	(736)	(2,040)
Net book values				
At 31 March 2016	2,556	191	516	3,263
At 1 April 2015	1,950	175	539	2,664

16 Fixed asset investments

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

	2016 £000	2015 £000
Market value at 1 April	22,863	18,538
Acquisitions	4,972	5,407
Sales proceeds	(6,224)	(2,636)
Net movement in market values	(749)	1,554
Market value at 31 March	20,862	22,863
Cash held by investment managers for re-investment	2,662	933
	23,524	23,796
Cost of investments at 31 March	17,849	19,584

The net movement in market values is made up of £821,000 of realised losses (2015: gains of £117,000) and £72,000 of unrealised gains (2015: £1,437,000).

Notes to the financial statements Year ended 31 March 2016

16 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:

	2016	2015
	£000	£000
Equities	12,261	16,357
Government stock	1,718	765
Non-government bonds	3,521	2,769
UK property funds	1,240	1,065
Funds of hedge funds	447	587
Multi asset holdings	1,675	1,320
	<u>20,862</u>	<u>22,863</u>
UK stock exchange	7,952	7,523
Non-UK stock exchanges	9,548	12,368
UK property funds	1,240	1,065
Funds of hedge funds	447	587
Multi asset holdings	1,675	1,320
	<u>20,862</u>	<u>22,863</u>

At 31 March 2016 the following investments had a market value in excess of 3% of the portfolio:

	Market value of holding	% of listed portfolio
	£000	
UK Treasury 3.625% Bond	762	3.7
CCLA COIF Charity Funds Property	734	3.5

17 Debtors

	Group	Group	Charity	Charity
	2016	2015	2016	2015
	£000	£000	£000	£000
Community services contract purchasers	843	1,198	843	1,198
Amount owed by trading subsidiary	—	—	—	145
Other debtors	28	176	16	20
Prepayments and accrued income	1,492	1,086	1,382	1,071
	<u>2,363</u>	<u>2,460</u>	<u>2,241</u>	<u>2,434</u>

Notes to the financial statements Year ended 31 March 2016

18 Cash at bank and short term deposits

	Group 2016 £000	Group 2015 £000	Charity 2016 £000	Charity 2015 £000
Cash at bank and in hand	5,378	5,403	5,378	5,403
Short term deposits	1,377	729	1,377	729
	<u>6,755</u>	<u>6,132</u>	<u>6,755</u>	<u>6,132</u>

19 Creditors: amounts falling due within one year

	Group 2016 £000	Group 2015 £000	Charity 2016 £000	Charity 2015 £000
Trade creditors	(1,501)	(1,035)	(1,501)	(1,035)
Research grants	(3,473)	(2,340)	(3,473)	(2,340)
Amount owed to trading subsidiary	—	—	(24)	—
Other creditors	(698)	(687)	(664)	(675)
Accruals and deferred income	(838)	(1,182)	(740)	(1,182)
	<u>(6,510)</u>	<u>(5,244)</u>	<u>(6,402)</u>	<u>(5,232)</u>

20 Provisions for liabilities

	Group 2016 £000	Group 2015 £000	Charity 2016 £000	Charity 2015 £000
Workforce rewards	(650)	(577)	(650)	(577)
Property dilapidations	(125)	—	(125)	—
	<u>(775)</u>	<u>(577)</u>	<u>(775)</u>	<u>(577)</u>

Reconciliation of movements in provisions:

	£000
Carrying amount at 1 April 2015	577
Amounts charged in the reporting period	(200)
Additions during the reporting period	
- Workforce rewards	273
- Property dilapidations	125
Carrying amount at 31 March 2016	<u>775</u>

Notes to the financial statements Year ended 31 March 2016

21 Restricted funds

	At 1 April 2015 £000	Incoming resources and transferred £000	Resources expended and transferred £000	At 31 March 2016 £000
Medical research				
- Other donations and legacies	119	1,598	(1,683)	34
- Rosetrees Trust	—	22	(22)	—
	119	1,620	(1,705)	34
Princess Margaret Fund				
- Hinduja Foundation	6	—	(6)	—
- Lord & Lady Harris of Peckham	15	—	—	15
- The Lord Leonard and Lady Estelle Wolfson Foundation	—	100	(100)	—
- Michael Spencer	80	—	(80)	—
- Other donations and legacies	249	69	(97)	221
- Professor Charles George FRCP FFPM	20	—	(20)	—
- Residential Land	85	—	—	85
- Rightlane Limited	19	—	—	19
- Scottish Government	225	—	(225)	—
- Tangent Charitable Trust	15	—	—	15
	714	169	(528)	355
Other restricted funds				
- City Bridge Trust	—	27	(27)	—
- Community services contracts	—	10,781	(10,781)	—
- Department of Health 64 Grant (6)	17	—	(17)	—
- ICAP	97	—	(58)	39
- Inman Charity	—	6	(6)	—
- Maysel E Radcliff	22	—	(22)	—
- Other donations and legacies	599	1,915	(1,371)	1,143
- Per Pro Limited	20	—	(20)	—
- Royal Mail Group	71	896	(320)	647
- Scottish Government	57	—	(57)	—
- Wales Council for Voluntary Action	6	—	(6)	—
- W G P McGowan	23	—	—	23
	912	13,625	(12,685)	1,852
Total	1,745	15,414	(14,918)	2,241

21 Restricted funds (continued)

Other restricted donations were received for the following projects:

- City Bridge Trust – Towards the Back to Work project.
- Community services contracts – For operating communication and family support services.
- Department of Health Section 64 grant (6) – Towards work in Communities, Volunteering and Localism.
- ICAP – Towards our Child Stroke project.
- Inman Charity – Towards our medical research project ‘Can a movement sensing wristwatch prompt arm rehabilitation exercise at home’
- Maysel E Radcliff – For our work in Sheffield.
- Other donations and legacies - Received for community services, education and training, support, information and awareness.
- Per Pro Limited – Towards work on Child Stroke Guidelines.
- Royal Mail - Funding Life After Stroke Grants to support 10,000 stroke survivors and their families.
- Scottish Government – Vascular Health and Stroke Training project in Scotland.
- Wales Council for Voluntary Action – Towards Volunteer Coordinator in Wales.
- W G P McGowan – For work locally at Queen’s Park Hospital Blackburn.

22 Analysis of net assets between funds

	Restricted funds £000	Un- restricted funds £000	Total 2016 £000
Tangible fixed assets	—	3,263	3,263
Fixed asset investments	—	23,524	23,524
Current assets	3,084	6,034	9,118
Creditors: amounts falling due within one year	(843)	(5,667)	(6,510)
Provisions for liabilities	—	(775)	(775)
Creditors: amounts falling due after one year	—	(7,075)	(7,075)
	<u>2,241</u>	<u>19,304</u>	<u>21,545</u>

Notes to the financial statements Year ended 31 March 2016

22 Analysis of net assets between funds (continued)

The total unrealised gains as at 31 March 2016 constitute movements on revaluation and are as follows:

	2016	2015
	£000	£000
Unrealised gains included above:		
On investments as at 31 March 2016	3,013	3,279
Reconciliation of movements in unrealised gains (losses)		
Unrealised gains at 1 April 2015	3,279	2,343
Less: in respect to disposals in the year	(338)	(502)
Add: net gains arising on revaluation	72	1,438
Total unrealised gains at 31 March 2016	3,013	3,279

23 Balances transferred from Speakability

With effect from 1 April 2015, in accordance with a legal transfer of undertakings, the activities, assets and liabilities of Speakability (Charity No 295094) were transferred to the Stroke Association. Net assets on transfer comprised cash at bank of £145,000.

24 Tax

The charity is unable to reclaim all VAT suffered on expenditure. Irrecoverable VAT suffered during the year amounted to £1.201 million (2015: £1.046 million).

25 Leasing commitments

At 31 March 2016 the charity had total future commitments under non-cancellable operating leases as follows:

	Property	Property	Cars	Cars
	2016	2015	2016	2015
	£000	£000	£000	£000
Operating leases which expire:				
Within one year	(830)	(896)	(105)	(83)
Within two to five years	(923)	(1,610)	(94)	(35)
After five years	(40)	(199)	—	—
	(1,793)	(2,705)	(199)	(118)

26 Pension commitments

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

27 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.

28 Dormant subsidiary companies

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

29 Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 7, 13 and 14 respectively. There were no other related party transactions made in the year.