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Stroke
association

Annual Report and Financial Statements

31 March 2015

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)

Together we can conquer stroke

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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 FIPD FRSM
Trustees	As listed on page 45
Chief Executive	Jon Barrick (BSc, MBA, FCMI)
Members of the management team	As listed on page 47
Company Secretary	Holly Bowden
Registered office	Stroke Association House 240 City Road London EC1V 2PR
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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)
Auditor	Buzzacott LLP 130 Wood Street London EC2V 6DL

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

Bankers Barclays Bank PLC
1 Churchill Place
London
E14 5HP

Investment managers Waverton Investment Management
21 St James's Square
London
SW1Y 4HB

Foreword and executive summary Year ended 31 March 2015

The challenge of dealing with the world's number one cause of severe disability and second biggest killer demands that we are ambitious in finding ways to conquer stroke and its devastating impacts. Consequently we are striving hard to build progress in a sector where other killer conditions have had longer to establish their activities, but we are determined to ensure stroke will be conquered. This requires significantly increasing our income, to direct more resource into research, prevention and alleviation of the impacts of stroke.

This annual report coincides with the final year of our 2010-15 strategy, which aimed to take us to turnover of £40 million. The slowdown in the economy in the early years of this period and the policy of public sector austerity, combined with reorganisation of commissioning arrangements in the NHS, negatively impacted our ambitions with regard to more contracted services to support larger numbers of stroke survivors and their families.

Against this backdrop the exceptionally good news is that with greater help than ever from our supporters, we finished this year with record income of £37.5 million taking us close to achieving the financial position outlined as an aim in the 2010-15 strategy. This was largely due to the ever improving performance of legacy activity and fundraising, whilst the third main component of our income, money received for contracted services was broadly similar to the previous year. The details regarding these figures are shown elsewhere in this report, where you will also see the significant advancements we have made towards our strategy objectives, and we are extremely proud of all that we have achieved.

During the year our network of around 340 services continued to deliver excellent care and support to stroke survivors and their families. We undertook further work to improve quality, ensuring that our services meet the needs of clients and are of the highest possible standard. The number of stroke survivors and their families we helped fell slightly to 85,000 (90,000 previous year) (66,000 within direct services and 19,000 helpline), partly this may be explained by some accessing more information and support via our website and My Stroke Guide (MSG) rather than calling the helpline. In Northern Ireland we have quadrupled the number of stroke survivors in our services to nearly 2,000 over the last three years, and now cover the whole country.

Responding to the self-management agenda, we worked closely with stroke survivors to develop My Stroke Guide, a pioneering online platform which provides accessible information, goal setting and peer support to enable users to develop self-management strategies for their care. The guide was launched in October 2014 at the Royal College of General Practitioners Primary Care Conference to much critical acclaim. The support we have received for MSG UK-wide and internationally has been very encouraging. By the end of March 2015 clinical commissioning bodies from ten early adopter sites were working with us to introduce this exciting new product to the stroke community. Several of these sites are in areas where we previously had no service provision including our first service in Glasgow.

Foreword and executive summary Year ended 31 March 2015

Along with launching a new mobile device-friendly website, we have developed a new database for the Stroke Helpline and Information Service which improved recording, handling and reporting of all helpline enquiries, and enabled direct referrals to our Life After Stroke Services. The system provides a comprehensive, searchable library of local and national organisations and services, covering the whole UK, accessed and utilised by all staff to improve the information we give to people affected by stroke. To increase capacity we have developed a volunteer scheme and trained volunteers to provide support with sorting and responding to written enquires and helpline calls. We will be continuing to further develop our volunteering model, over the coming year.

We continue to support the 302 affiliated local stroke clubs, and enabled development of Stroke Association Voluntary Groups. These build voluntary capacity in communities around stroke, 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. By March 2015 the number of Stroke Association Voluntary Groups reached 126 across the UK. This growth is anticipated to continue for the next year. We have received funding from the Cabinet Office and the National Endowment for Science, Technology and the Arts (Nesta) to invest in our Voluntary Group peer support model. The project will enhance the support, training and resources in place for Voluntary Groups to be sustainable. We have also partnered with the Nuffield Trust to undertake an evaluation on the impact of our Voluntary Groups on the beneficiaries for the first time.

Our Action on Stroke Month is now delivered in partnership with a great range of external partners, 1,200 this year. In May 2014 it was focussed around the campaign report *Not Just a Funny Turn* concerning mini strokes or TIAs, and reached more people and led to greater awareness of stroke than ever before. It was very warmly endorsed by the World Stroke Organisation who described it as a path breaking piece of work. In the autumn for World Stroke Day we broke stories on the impact of stroke on women and published videos and material relating specifically to this topic.

We have continued our work with children who have had a stroke and their families including organisation of supportive information and get together days. We have been central in organising for a much needed review of the Child Stroke Guidelines that were over ten years old, and through working with donors have secured the funding for this work to progress.

We would like to thank Rotary International for their long standing partnership with us in running *Know Your Blood Pressure* (KYBP) activity. During 2014/15 we tested the blood pressures of over 50,000 people at 1,300 events, many run in conjunction with Rotary International in Great Britain. Over 15% of all people who had their blood pressure checked were advised to see their GP for a follow-up appointment, as their reading on the day was high.

During the year we established a partnership with Royal Mail, who are working hard to raise over £2 million to fund around 10,000 welfare grants to stroke survivors and their families. As part of that partnership, we have established dedicated Health and Wellbeing Co-ordinators across the UK delivering a programme of *Know Your Blood Pressure* and stroke prevention activity at Royal Mail sites, reaching as many of their 150,000 employees as possible.

Foreword and executive summary Year ended 31 March 2015

It is essential that people can identify the symptoms of stroke and react accordingly, so further collaborative work with Public Health England (PHE) led to the *FAST* advertising campaign going live again in late February 2015. So impressed were PHE with our *Not Just a Funny Turn* campaign that for the first time this issue was covered and through excellent partnership work we were able to provide support to people concerned about the issue.

We worked with 700 pharmacies, Public Health Wales and others to provide advice on stroke prevention to reduce the risk of having an avoidable stroke.

The UK Stroke Forum (a coalition of 36 organisations committed to improving stroke care in the UK) held their 9th conference, at Harrogate on 2-4 December 2014, which attracted 1,264 attendees from across the stroke care pathway. Over 110 experts and researchers in stroke care presented across 18 scientific parallel sessions, 14 training workshops were held and there were three main plenaries. The conference hosted over 180 research posters in two exhibition arenas with over 50 exhibitors. Despite a reduction in sponsorship and investment, we achieved 87% of our £170,000 sponsorship and exhibition target income. We also held the third annual UK Forum conference event in Northern Ireland to increased numbers of participants.

In this General Election year, we published the booklet *Together We Can Conquer Stroke*, that summarised the progress that has been made on preventing and treating stroke and sets out the distance still to go. For every UK stroke patient just £48 a year is spent on medical research compared with £241 for every cancer patient. We will deliver an integrated campaign to secure more investment in to stroke research as a key plank of our 2015-18 corporate strategy. The aim will be to bring new funds to the Association for research as well as to increase the amount of state funds dedicated to stroke research.

In December 2013 we launched our new Research Strategy and we have been implementing this during 2014-15. This included the funding of five new lectureships including a joint senior clinical lectureship in Glasgow with the Chief Scientist Office in Scotland. Professor Philip Bath, the Stroke Association Professor at Nottingham University, delivered our Annual Research Keynote Lecture at Lancaster House.

Foreword and executive summary Year ended 31 March 2015

The £5.5 million uplift this year in the value of our total funds is to be utilised in a sensible phased manner to fund activity over the next three years, including investing in the achievement of our strategy ambitions for 2015-18 outlined elsewhere in this report. These ambitions include the development of new children and stroke guidelines on treatments, practical support to children with stroke and their families, more stroke recovery services for stroke survivors and their families, more research on stroke to develop treatments, cures and mechanisms of prevention, and the development and roll out of new services including My Stroke Guide. To do this and make this activity sustainable, we need to enhance and expand our fundraising portfolio, improve our workforce structures and skill sets, strengthen our systems and infrastructure, and fully align organisational development with our strategic ambitions this next strategy period. Investments can go down as easily as they have risen, so a portion of surpluses from this source are also likely to be invested in a number of Life After Stroke centres which increase local capacity and presence, help to generate additional services and improve efficiency around local service delivery, as well as saving office rental costs. Indeed, shortly after the year end, we purchased a property in Sheffield for conversion into another Life After Stroke Centre which will enable us to better serve the local stroke community.

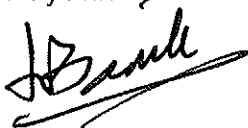
We also need to fund more capacity building in stroke research to ensure the researchers are there in the future to deliver continued improvements to stroke care.

Making such investments over the next three year strategy period will enable us to address organisational challenges, raise more income, gain more research activity and achieve more for stroke survivors and their families, over the medium and long term. In short this is a workable plan to achieve the ambitions in our new 2015-18 strategy.

We will still continue to campaign and use our influence to improve outcomes for everyone who has a stroke in the UK, engage in avoidable stroke prevention work and further raise awareness of stroke and work done by the Stroke Association, and we warmly thank the hundreds of stroke champions who are now working with us to enable this work. Just after the year end, the Stroke Association merged with Action for Dysphasic Adults, known as 'Speakability', a national charity supporting people with aphasia, and this forms part of our plan to ensure more stroke survivors across the UK, living with a communication disability, receive the vital support they need.

However, without all our thousands of volunteers, supporters and donors none of these activities could progress or be delivered. Thanks to all of you, and please, please, continue to support the Stroke Association. Also, thank you to our Board of Trustees who dedicate so much of their time and effort to our cause.

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



Jon Barrick, CEO



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 2015.

The trustees' report has been prepared in accordance with Part 8 of the Charities Act 2011 and the statement of recommended practice (SORP). It also meets the requirements for a directors' report set out in the Companies Act 2006. Sections on '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 60 of the attached financial statements and comply with the requirements of the Statement of Recommended Practice on 'Accounting and Reporting by Charities' issued in March 2005.

All figures in brackets in the trustees' report refer to the year ended 31 March 2014.

STRATEGIC REPORT

Summary of objectives and achievements over the five year strategy period (2010-2015)

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

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

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

The detailed objectives and our performance against them are set out in the section entitled 'Achievements and Performance over the year' on page 18.

STRATEGIC REPORT (continued)

Financial Review for the year

The net surplus for the year, before investment gains, was £3.9 million compared to a surplus of £1.6 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. Also see section on 'Future Plans', page 13.

Incoming resources

Total incoming resources for the year were £37.5 million compared with £33.5 million last year.

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

Legacy income this year was £11.7 million (2014: £8.9 million), a significant improvement on last year and well ahead of budget.

Other fundraising activities contributed £12.1 million (2014: £11.2 million) of gross income, 8.0% up on the previous year.

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

Our community services contracts, mainly communication and family support services, are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Community services contract income achieved £11.8 million, including a release of some old pre-paid income held on the balance sheet, up from last year's £11.2 million. See 'Objective 2' below for further details on services.

The net positive movement in market values of the Association's investments was £1,554,000 (2014: £531,000). Also see 'Investment policy' note below.

Overall, the funds position increased by £5.5 million (2014: £2.1 million) at the end of the year.

Resources expended

Expenditure on charitable activities was £33.6 million (2014: £31.9 million), supporting the key objectives of the charity.

The costs of generating voluntary income in relation to the income generated were 31.4% (2014: 36.3%). This improvement was primarily a result of the increase in legacy income during the year. The costs of generating voluntary income include items that will show benefit to us in future years.

STRATEGIC REPORT (continued)

Financial review for the year (continued)

Resources expended (continued)

The commercial trading operations carried out through the Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £223,000 (2014: £395,000) net income as detailed in note 2 to the financial statements. The trustees have authorised research expenditure at an average level of £2.5 million per year, over a rolling three year period. 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 £114,000 (2014: under-spend of £398,000). A £441,000 (2014: £526,000) under-spend will be carried forward to 2015/16 and beyond to be utilised against suitable new projects when they arise.

Financial position

The consolidated balance sheet shows total group funds of £22.5 million (2014: £17.0 million).

Included in total funds is an amount of £1.7 million (2014: £2.1 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 17 to the financial statements together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2015 amounted to £20.8 million (2014: £15.0 million). These funds are represented by tangible fixed assets with a net book value of £2.7 million (2014: £2.7 million) and other assets of £18.1 million (2014: £12.3 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.

Life After Stroke Centres

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

STRATEGIC REPORT (continued)

Life After Stroke Centres (continued)

In March 2014, a separate building at the Life After Stroke Centre, Edith Murphy House (named after the foundation that very generously financed it), was renovated, re-designed and developed into a much needed multimedia centre and social space. It is creating a whole host of opportunities that will directly benefit people affected by stroke, helping us to reach an even wider community of stroke survivors in need of information, advice and support. The space encompasses a relaxing social space (arts and crafts room, quiet room, social room, a large meeting room and a kitchen) for stroke survivors, their carers and families. We provide some really beneficial health and wellbeing activities like Tai Chi and fitness, one-to-one support and therapy sessions along with activities such as group art therapy programmes. Edith Murphy House also has a multimedia centre with a state-of-the-art recording and editing studio, capable of producing films and multimedia productions. The videos, podcasts, blogs and images produced help to show the experiences of stroke survivors and the support the Stroke Association can provide across the country for people with everyday challenges following a stroke. Significant cost savings are generated by doing all the filming and editing in-house. All of our booklets and factsheets are being made available in audio format on our website.

Learning from 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, so we can replicate some of that success in other regions of the UK. To that end, in June 2015, we purchased a property in Sheffield, and we are confident that we will be able to get great 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 plenty of car parking and is in a great location for road and rail links. It is also very close to the university and hospital which should help facilitate our relationships with those organisations.

Research grant governance

Grant applications are assessed for quality by the Research Awards Committee (RAC), which has developed into a larger pool of experts over the last year (the Research Awards Pool or RAP) to reflect the increasing size of our grants portfolio and the increasing number of award adjudication meetings each year. Each adjudication meeting has a panel convened specifically to suit its needs, for example, experts in haemorrhagic stroke are required for the Haemorrhagic Stroke Priority Programme meeting panel. The RAP is made up of external experts and chaired by a trustee, who does not score the applications. The RAP all have specific clinical and scientific expertise relevant to the applications we receive. This has become much broader over the last couple of years due to the increasing complexity of applications which require expertise in such areas as health economics, biostatistics and qualitative research. These are specific knowledge and skill sets that many stroke researchers will not necessarily have.

STRATEGIC REPORT (continued)

Research grant governance (continued)

Project grant applications are submitted to the Research team, who work with the Chair of the RAP to establish a panel of experts 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 a batch of up to five applications, such that each application is reviewed by two RAC members. The RAP will also recommend peer reviewers to the Research team and the two RAC members allocated to each application will lead the discussion on that application during a final adjudication meeting. Short-listed applicants for Fellowships and Lectureships are also interviewed by a panel of experts, drawn from the RAP. The RAP operates by a system of point 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 RAC and our Service Users Review Panel prioritise which applications should be funded. If a member of the RAC is connected with a particular application he/she must declare this and cannot take part in the adjudication panel for that award round.

Grants can be awarded for a Project Grant or a Priority Programme Award covering a number of years (up to a maximum of five), for a Lectureship or Reader Award for either four or five years, or for a Postgraduate or Postdoctoral Training Fellowship. The Research Department also allocates a small proportion of its budget to internal flexible funding grants. We have used this to commission research to help guide our strategy, such as the 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 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 2015, 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 8.2 months (2014: 6.6 months) of the budgeted operating expenditure, excluding community services direct contract salary costs. It should be noted that the level of 8.2 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, 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, 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 our minimum reserves required by our reserves policy, this investment for the future can be made, even if we run some operational deficits during this upcoming three year strategy period.

Investment policy

The charity has a portfolio of investments with a market value at 31 March 2015 of £23.8 million (2014: £19.4 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. Running risks is unavoidable. The trustees believe that by monitoring reserve levels, ensuring controls exist over key financial systems, by examining the operational and business risks faced by the charity on a regular basis and by maintaining an up-to-date risk register, they have established effective systems to mitigate those risks.

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 and responsibilities for their implementation are also reviewed regularly by the Executive team and by the Audit Committee at least once a year. Clearly there are generic risks of running any charitable or business undertaking. The key risks identified for the Stroke Association relate to:

- Reputation (adverse publicity, legal/regulatory compliance, scandal);
- Financial losses from donor attrition, investment portfolio performance, large scale loss of contracts, significant fall in legacy/fundraising income, workforce fraud;
- Health and safety management failure;
- Insurance cover adequacy;
- Loss of key staff; and
- Stakeholder relationship issues

Future plans

The external environment remains unsettled, yet this year we have continued to invest in stroke research, awareness, education, information and service provision, and we have made significant achievements in relation to many of our key objectives, as you will note elsewhere in this report. We entered the 2010-15 strategy period with a firm basis for further expansion and progress and were confident in our strategic objectives. As we move into our next 2015-18 strategy period, continuing uncertainties and external factors will pose more challenges for us. The need 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.

STRATEGIC REPORT (continued)

Future plans (continued)

Nevertheless, in seeking to address the challenges that lay ahead, we are confident we can utilise the surplus income we have achieved in 2014/15, 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. We will develop new service products, enhance and expand our fundraising product portfolio, improve our workforce structures and skill sets, strengthen our systems and infrastructure, and fully align organisational development with our strategic review for 2015-18.

Making such investments over the next three year 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 will 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 further raise awareness of stroke and work done by the Stroke Association, and to continue to invest in, and expand, our research.

We will also continue to closely monitor our financial position, to closely review and analyse our cash flows in particular, 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, and 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.

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

We have agreed five key strategic objectives for the next 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
6. Operating as a world class organisation (internal objective)

1. Preventing avoidable strokes

Our priorities are:

- For 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 to make sure that all those at risk of stroke get the appropriate anti-coagulation treatment.

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

(continued)

1. Preventing avoidable strokes (continued)

- 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*; and to highlight prevention research findings.
- 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:

- 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; everyone should get 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 and health and social care work force, now and in the future.
- 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, challenging when we know services of value are threatened and continuing 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, developing our Stroke Association Outcomes Framework to show the difference we make.

STRATEGIC OBJECTIVES FOR THE NEXT STRATEGY PERIOD (2015-2018)

(continued)

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

- We will 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.
- 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.
- Put stroke survivors and their caregivers at the heart of self-management of stroke by collecting and utilising their knowledge in the MSG portal, and our other Services.
- Advocate for an increase in the UK spend on stroke research in line with comparable conditions.
- 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.

STRATEGIC OBJECTIVES FOR THE NEXT STRATEGY PERIOD (2015-2018)
(continued)

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

- Form an alliance 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.
- 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

- We will align our resources and organisation to deliver our new strategy and enable growth.
- We will transform how we raise income and increase resources to enable delivery of our strategy ambitions.
- We will operate as effectively and efficiently as possible through a focused approach to organisation development and risk management.
- We will nurture creativity and innovation to grow income and improve performance.
- We will act on evidence and insight to direct our resources where they can have maximum impact.
- We will grow our understanding of key customer/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.
- We will unleash the talent of our people through a new People Strategy.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR

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

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.

During 2014/15 we tested the blood pressures of over 50,000 people at 1,300 events, many run in conjunction with Rotary International in Great Britain. Over 15% of all people who had their blood pressure checked were advised to see their GP for a follow-up appointment, as their reading on the day was high.

As part of our two year charity partnership with Royal Mail, we have established dedicated Health and Wellbeing Co-ordinators across the UK. These members of staff are delivering a programme of *Know Your Blood Pressure* and stroke prevention activity at Royal Mail sites, reaching as many of their 150,000 employees as possible.

In Northern Ireland we launched the *Strokewise* Project which included the *Lessons for Life* Schools Educational Programme. This focused on stroke prevention and was delivered to over 1,800 students. A large number of *Know Your Blood Pressure* events took place across Northern Ireland in venues such as Belfast City Airport and significant charity partnerships with two local Councils afforded wide publicity and awareness opportunities. We continue to work closely with the Public Health Agency with regards to the creation and implementation of stroke prevention campaigns and have had numerous engagements/meetings with all stakeholders on the improvement of diagnosis and patient management of Atrial Fibrillation. The All Party Working Group with Chest, Heart & Stroke and the British Heart Foundation has proved highly successful in addressing key stroke issues at government level and we have been heavily involved in the *Transforming Your Care* programme and the Regulation and Quality Improvement Authority review of stroke services in Northern Ireland.

Atrial Fibrillation (AF), the most common type of irregular heartbeat, increases your risk of stroke by up to five times. In 2014, the National Institute for Clinical Excellence (NICE) issued new guidelines on the management of AF for stroke prevention and we have worked closely with them on the release of these guidelines and their implementation across primary and secondary care.

We launched an AF campaign aimed at engaging with primary care health professionals on the link between AF and stroke and the importance of treating with anticoagulation therapy to reduce the risk of stroke. Throughout the campaign we have engaged with over 6,000 healthcare professionals through digital channels and contacted almost 10,000 GPs directly with our key messages.

We have also continued to raise awareness of the link between AF and stroke with the general public, encouraging them to check their own pulse and contact their GP if they have any concerns. Our Supporters' Network has actively campaigned on our behalf, with over 4,000 AF leaflets being distributed by almost 200 of our most active supporters.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 1 – Prevention (continued)

We work with Public Health England to promote the *Act FAST* television campaign and launched our *FAST Forward* digital campaign to raise awareness of the FAST test, encourage more people to become FAST aware and calling 999. By encouraging people to forward the FAST test to their friends and family, we have reached millions of people with this life-saving message.

In May 2014 we launched the *Not Just a Funny Turn* campaign aimed at raising both public and professional awareness of Transient Ischaemic Attack (TIA), calling for improvements in the treatment of TIA and support.

The campaign achieved national and regional media coverage, support from the Secretary of State for Health and was promoted by a wide range of patient and health professional bodies. The campaign saw a 12% increase in awareness of the Stroke Association (up from 50% to 62%) and awareness of TIA amongst the UK general public increased by 11%. As a consequence of the campaign, BBC *EastEnders* ran a storyline with Patrick Trueman having a number of TIAs followed by a major stroke. This was supported by the BBC Action line.

We have heard from people who have gone on to receive potentially life-saving treatment as a result of this campaign and its success led to Public Health England making TIA the focus of supportive communication work around the recent round of FAST advertising.

We launched a *Lower Your Risk of Stroke* campaign in Wales, aimed at reducing the number of strokes across Wales. Working in partnership with Public Health Wales, Community Pharmacy Wales and the Royal Pharmaceutical Society in Wales, the campaign focused on three specific risk factors for stroke and encouraged people to get their blood pressure checked, check their own pulse and not to ignore a 'funny turn'. The network of over 700 community pharmacies across Wales played a key role. The campaign was supported by providers across primary care, professional bodies and community development agencies.

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

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

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

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 2 – Services (continued)

The Stroke Association provides trained specialist staff specifically for each contract or batch of contracts. The 513 staff in our regions and the devolved nations work alongside over 4,000 volunteers assisting in our commissioned life after stroke services, many of whom have direct experience of stroke either as survivors of a stroke or being the carer of someone who has had a stroke.

In the year ended March 2015, statutory income from contracted services was £11.8 million (2014: £11.2 million). This did include a balance sheet release of rolled over income, but we can say that overall, despite the continuing challenging external environment, our services are holding steady. Although we have lost contracts in Bradford, North Wales and Cornwall, we have succeeded in re-commissioning the majority of our contracts and won new contracts. This is largely due to the legacy of proven quality service provision and the expertise developed and applied in the commissioning environment by our regional and country staff.

We have undertaken a thorough review and considerable developmental work on a new model of services - the Stroke Recovery Service. This service focuses on risk assessment and tailored support provided for people affected by stroke from hospital to the community and includes regular reviews with outcome monitoring. My Stroke Guide (MSG – see page 23 for more details) is also integrated within the service. A range of new services are also being developed. Pilots were established in Northern Ireland and Durham and feedback from service users, staff and commissioners has been very positive to date. Five more services will transition to the Stroke Recovery Service from April 2015. An external evaluation will assess outcomes from this new development to evidence the difference these services are making to stroke survivors and their carers. The Stroke Recovery Service and investment in our Business Development team will assist in positioning the Stroke Association to respond to the rapidly changing financial and commissioning landscape and continue to deliver a full range of services to stroke survivors, their families and carers.

Highlights within regions and countries during the year include:

- The North of England started the year with a very successful Science Stroke Art event. We were also a key part of the television programme DIY SOS, where a stroke survivor benefitted from the programme's focus of improving their home. This was as a consequence of one of our best co-ordinators going the extra mile to seek help for a client and their family. All but one of the tenders sought were secured; this was an existing service in Bradford. The first MSG project was also secured in Leicestershire.
- A reorganisation has taken place in the Northern region, creating four regions from the previous five: North West, North East/North Yorkshire, Yorkshire/East Midlands and West Midlands.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 2 – Services (continued)

- In the South of England a new service commenced in April 2014 in Portsmouth with a Reablement Grant from Portsmouth City Council. A support group has started within the service in a deprived part of the city with 15-21 people attending each session. A new service for the coming year has been secured in Brighton and Hove and a new Stroke Association Voluntary Group commenced in Slough, taking the total to 42 Voluntary Groups in the South. Service user feedback events were held in three out of four regions, including Jersey. We have also had success in reaching hard to reach communities with the South Asian community in West Sussex and Surrey. Through the recruitment and training of stroke ambassadors we have been able to reach out to the stroke community across the region and engage more effectively, including running information stands at stroke units.
- A new tendered Community Stroke Support service began in Thurrock, Essex. Tenders have been won for a MSG service in Castle Point & Rochford and the existing services in Dorset and Hampshire. All services were retained bar one, in Cornwall, where the County Council withdrew funds from a number of services.
- In London all contract services have been secured. Greenwich has agreed to the transition of the current service to the Stroke Recovery Service. This transitioned service will include Core service, Communication Support and six month reviews as well as implementing MSG.
- The *Back to Work* project has become well established and has developed a guide for employers so they can support their employees who are stroke survivors.
- The *Child Stroke* project has continued to develop. Our Fundraising team have successfully secured funding for the development of Child Stroke Guidelines. This work will be taken forward by the Royal College of Paediatrics.
- In recognition of the valuable work being led by the Child Stroke Project, commitment to continuing the partnership with the Evelina Children's Hospital in London at the end of the ICAP funding period in 2016 has been made.
- In Wales, as part of a very successful *Action on Stroke Month* a high profile 'flash mob' was staged in Cardiff city centre. Negotiation with the Wales Ambulance Trust has led to the Stroke Association's branded FAST message being displayed on their emergency vehicles across Wales. Wales experienced income reductions in some services with the Communications Support Service in North Wales being decommissioned. In general contracts remained steady. The long term peer support network continued to grow through the development of voluntary led groups and community stroke cafes.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 2 – Services (continued)

- In Scotland, our first Volunteer Conference with 30 attendees from as far away as Shetland and Orkney was held. During the last year, 72 new volunteers were recruited and a new Voluntary Group was established in Deeside. The Vascular Health Training Programme has gone from strength to strength during the last 12 months. A total of 68 stroke champions from 52 social care organisations have been trained to deliver stroke awareness training to their local workforce.
- Funding has been approved by the Health and Social Care Alliance and Scottish Government to establish the first commissioned service in Scotland. MSG will be implemented in the Inverclyde and Renfrew area of NHS Greater Glasgow and Clyde.
- *Back to work or Volunteering after a stroke* events were held in Glasgow and Edinburgh in March 2015, highlighting the needs of people who are going back to work after a stroke and enabling good practice and resources to be shared with attendees. A total of 80 people attended the two events including people who have had a stroke and representatives from health and social care, corporate sector, social enterprise and government agencies.
- In Northern Ireland, full geographic coverage for services has been achieved. The Minister of Health, Jim Wells, officially launched the *Strokewise* project on 12 March. The Graduate Attachment Programme saw 13 Speech & Language Therapists work and volunteer in our services programmes. The Stroke Association was chosen by both the Belfast Lord Mayor and Antrim Mayor as their charities for the year, leading to a number of fundraising and awareness raising opportunities. The Stroke Association in Northern Ireland have a greater visible presence in the stroke units. The Northern Ireland Stroke Conference was held in May and continues to grow in recognition and attendance. The Northern Ireland Life After Stroke Awards had another successful year with another increase in nominations. We have continued to campaign for improved diagnosis and patient management in Atrial Fibrillation which is now seen as a priority in stroke prevention in Northern Ireland. Fundraising has attracted record numbers of supporters at events and with it, the associated income.

As anticipated, the use of tenders continued to steadily increase in 2014/15 with the majority being released at the end of 2014 to coincide with contract end-dates. Working closely with regional services colleagues, the Business Development team has played an important role in this work submitting 11 tenders, 14 statutory bids and six proposals, totalling £2.9 million over the year. Confirmed successes to date total £1.3 million with further submissions of £1.2 million still pending. Significant successes include; an 18 month contract to deliver six month reviews across Leeds worth £164,000, a four year contract for Information, Advice and Support in Portsmouth and a two year contract for Information, Advice and Support in Dorset with the addition of MSG.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 2 – Services (continued)

Responding to the increasing demand for technology as part of everyday life, we have been working closely with stroke survivors to develop My Stroke Guide (MSG), a pioneering online platform which provides accessible information, goal setting and peer support to enable users to develop self-management strategies for their care. The guide was launched in October 2014 at the Royal College of General Practitioners Primary Care Conference to much critical acclaim and the support we have received for MSG UK-wide and internationally has been very encouraging. Our initial focus is for MSG to augment our existing services and by the end of March 2015 we had secured ten early adopter sites for this exciting new product. Several of these sites are in areas where we previously had no service provision including our first service in Scotland where we now have a MSG service in Glasgow.

We have continued our support for local stroke clubs via our Affiliation Scheme and complemented their activities by the continued development of Stroke Association Voluntary Groups. These enable 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. By March 2015 the number of Stroke Association Voluntary Groups reached 126 across the UK. This growth is anticipated to continue for the next year and we will be focusing support and encouragement to regions and countries with lower numbers to expand their club and group networks. We currently also have 302 independent Stroke Clubs affiliated to us throughout the UK.

We have successfully received very competitive funding from the Cabinet Office and the National Endowment for Science, Technology and the Arts (Nesta) to invest in our Voluntary Group peer support model. We have had £238,000 invested in a project to enhance the support, training and resources in place for Voluntary Groups to be sustainable. We will be up skilling our volunteers to improve the quality of support provided to compliment the new Service Stroke Recovery Model. We have also partnered with the Nuffield Trust to undertake an evaluation on the impact of our Voluntary Groups on the beneficiaries for the first time.

Our network of around 340 services continues to deliver excellent care and support to our clients. We undertook further work to improve that quality, further refining how we measure quality and assure ourselves that our services meet the needs of clients and are of the highest possible standard. Our East of England region was successfully assessed in retaining Life After Stroke Service's accreditation under the Customer Services Excellence quality mark (a prestigious externally validated award). Customer satisfaction is tracked and reviewed at local, regional and national level through the Satisfaction Survey data. Highlights include that on average, 92% reported services provided clients with the information they needed and 92% were happy with the service they received.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 2 – Services (continued)

During 2014/15 we had a total of 66,000 service users. From this total, 42,000 people were referred to our Life After Stroke Services during the year. This has exceeded our target to reach 40,000 referrals a year by 2015. Over 28,000 people accessed our Information Advice and Support (IAS)/Family & Carer Support (FCS) services. We have extended our overall reach to black and minority ethnic (BME) communities to 6% from 3% last year. On average 37% of London referrals are from BME communities.

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

With NHS England developing its future priorities through the Five Year Forward view it is an important time to reinforce the need for stroke to remain a top priority for those involved in shaping our health and social care system.

We have worked closely with a range of stakeholders across the political spectrum including Ministers, front bench health teams, MPs, peers, civil servants, NHS England, Public Health England and other charities to ensure progress is not lost on stroke. In particular we have continued to campaign for the full implementation of the National Stroke Strategy and for rapid progress on the recommendations made in the 2013 Cardiovascular Outcomes Strategy.

At the heart of our approach has been the use of data, including from the Sentinel Stroke National Audit Programme (SSNAP) and the experiences of people at risk of stroke, those who have had a stroke, carers and professionals.

We have worked with the Chartered Society of Physiotherapists to further develop our understanding of how the physical health of people after stroke is supported when they are discharged from hospital and enter a care home. This seeks to ensure that everyone affected by stroke achieves the best quality of life following their stroke and will inform the marketing of our stroke training.

Research has been at the heart of saving lives and improving stroke care. However, for every UK stroke patient just £48 a year is spent on medical research compared with £241 for every cancer patient. We are developing an integrated campaign to secure more investment in to stroke research and this will form a key plank of the 2015-18 corporate strategy. The aim will be to bring new funds to the Association for research as well as to increase the amount of state funds dedicated to stroke research.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 3 - Campaigning and influencing (continued)

An All Party Parliamentary Group heard from Dr Dale Webb (Director of Research & Information) and Professor Pippa Tyrrell (Stroke Association trustee) of the need for more investment and areas where breakthroughs may occur. The Minister for Life Science, George Freeman MP, indicated his interest in the issue. We are working with a health economics agency to begin to work out the compelling economic case for greater state investment, given the continuing austerity and the need to show on-going savings to health, care and welfare budgets.

Stroke survivors and their families have been affected by changes to the benefits system. We work in coalition with other disability charities to highlight the impact of these changes. In 2014, we worked with the Disability Benefits Consortium to show that 700,000 people were waiting for assessment for Personal Independence Payment.

We have continued to develop our relationship with members of the supporters' network. This year we recruited network members to disseminate information on Atrial Fibrillation and magnify our messages on FAST as part of our *FAST Forward* campaign. We have surveyed members of the network on their experiences of end of life care which has informed discussions on work in 2015/16. We have also surveyed people on their experience of getting back to work after stroke. The results formed a key plank for *Action on Stroke Month 2015*.

Together with Macmillan, the Royal College of Psychiatrists and the British Bankers' Association we published a briefing for bank staff on working with customers with long term conditions.

Working with Carers UK and Carers Trust we secured an amendment in the Care Act, which came into law in 2014. This amendment clarified the rights of carers to a carer's assessment regardless of the local authorities' views of a carer's financial resources.

We have published a booklet, *Together We Can Conquer Stroke*, which summarises the progress that has been made on preventing and treating stroke and sets out the distance still to go. This will be used to ensure that present decision makers are reminded of the importance of stroke and that future decision makers such as Prospective Parliamentary Candidates and the new government is aware of the issues that are most important to stroke survivors.

The charity has been pressing for a much needed review of the Child Stroke Guidelines that were over ten years old. Activity has included relationship building with major donors generating £360,000, joint work with the Royal College of Paediatrics and Child Health, a debate in the House of Lords and on-going lobbying work of the Department of Health and NHS England.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

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

This financial year for stroke training has been a foundation building year with key developments including:

- Development and implementation of a new sales and marketing strategy that included training staff in sales techniques. This has allowed us to expand the reach of stroke training and increase the income generated for core training packages.
- Implementation of a new staffing structure that is fit for purpose and will allow us to achieve the Research and Information business plans.
- Development of a full corporate wide education and training three year strategy that will focus the organisation's efforts to drive up stroke care standards through education and training.

In addition we secured our fourth Skills for Care innovation grant (worth £40,000) despite a rigorous application process and criteria. This grant has enabled us to further diversify our training offer to include eLearning to enable us to offer a fully blended learning approach. This project has been a great success and will enable us to reach audiences such as the NHS, students and those wanting to enter the care industry, all of which are markets we have struggled to access.

As a result of the development of our new eLearning package we are now in the position to launch the Care Home Award Scheme pilot. This will be an award scheme for care homes at bronze, silver and gold level. It will include providing care home staff with QCF qualifications level two and three, as well as ensuring that care homes have appropriate policies in place to manage stroke and Transient Ischaemic Attack (TIA) as a medical emergency.

We have also gained external recognition for our work within the workforce development arena from The Chartered Society of Physiotherapists Professional Excellence Awards and the Skills for Care accolades. Both have formally recognised the quality and innovative nature of our training provision.

We have built on our work with Skills for Health and expanded our accreditation from specific courses to accreditation as a training provider. This will ensure our customers and potential customers recognise our training as a quality assured product.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 4 - Education, information and training (continued)

The UK Stroke Forum conference, at Harrogate on 2-4 December 2014, attracted 1,264 attendees from across the stroke care pathway. Over 110 experts and researchers in stroke care presented across 18 scientific parallel sessions, 14 training workshops were held and there were three main plenaries. The conference hosted over 180 research posters in two exhibition arenas with over 50 exhibitors. Despite a reduction in sponsorship and investment, we achieved 87% of our £170,000 sponsorship and exhibition target income. The Stroke Association team again delivered some great sessions. Our research training day, aimed at early-stage stroke researchers, was the most over-subscribed session of the day and proved to be a huge success. Our other sessions were also popular and stimulated enthusiasm and debate among participants. Our stand had a bigger presence within the exhibition arena and became the hub of knowledge and networking. The social media presence and Knowledge Capture Programme were increased in order to capture learning to bring back into the organisation. For the first time the Stroke Association is producing a multimedia, post-conference video which will capture the conference visually and create a platform to engage with our audience in a new and innovative way.

Feedback from the conference has been extremely positive and a full evaluation report compiled, highlighting successes and outcomes, opportunities for improvement, themes and key messages.

This year the Knowledge and Information Services team has built on the solid foundations laid in its first year, developing new knowledge products and processes and integrating them into a wider knowledge management approach. This innovative approach, connecting much of the following developments as part of a 'knowledge ecosystem', was recognised at the World Stroke Congress through the acceptance of a poster on the topic. It forms the heart of our efforts to position the Research and Information directorate as the knowledge hub of the organisation.

We have further developed our work on stroke statistics, producing a revised and updated holistic view of stroke figures in the UK in our State of the Nation report and piloting regional equivalents to provide local intelligence. These figures have since been used across workstreams to inform a variety of initiatives. Following a gap analysis of stroke data across the UK, our Stroke Data Analyst is now leading on the development of an intra-UK analysis of stroke care. Its aim is to examine data relating to health and social care system performance and quality of stroke care across the four nations of the UK, set against epidemiological and burden of disease data. The data is being analysed in the context of the divergent policies and arrangements for health and social care in the countries and will act as a single authoritative source of data to inform our future work.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 4 - Education, information and training (continued)

Our approach to the creation of health information has been completely revised, placing the needs of stroke survivors and carers at the heart of the process, from requirements gathering to factsheet design. We have introduced a new COPE (Create Once, Publish Everywhere) approach to information production, allowing us to re-use our Information Standard-accredited material in a wider range of contexts, for example in our Stroke Training material and in My Stroke Guide (MSG). Our approach received a resounding endorsement from the Information Standard in the form of accreditation to Version 2.0 of the standard, and work has now begun to implement the new approach across our suite of print and online health information. Our website information about stroke has also been significantly revised and is now available on our new recently launched website.

Over the course of the year we have acted as a knowledge broker, hosting a series of round-table events and workshops. We brought together researchers, clinicians, policy influencers, funding bodies and those affected by stroke in order to examine topics such as Transient Ischaemic Attack in more detail, set priorities for research in our priority funding areas (haemorrhagic stroke; psychological consequences of stroke) and to identify the state of the science and next steps in terms of research into vascular dementia and stroke.

Throughout 2014/15 we have instigated a number of knowledge management initiatives to help the organisation to better learn from its experiences and to consolidate our knowledge of stroke. Tools and techniques for capturing new knowledge after an event have been introduced and will be incorporated into more formal processes such as project management in the coming year. We have also improved our knowledge capture work at the UK Stroke Forum, distilling new research findings to report back to the organisation for internal use, and stimulating back-channel conversation and discussion through Twitter to highlight emerging thinking at the conference.

We have also begun development of the Stroke Knowledge Centre, a flagship tool bringing together what we as an organisation know and say about a series of core stroke-related topics. Combining existing knowledge products from across the organisation with the experiences of our colleagues working with stroke survivors, carers and healthcare professionals, this represents the start of an ever-developing organisational stroke knowledge hub, grounded in both evidence and organisational know-how.

The Stroke Helpline and Information Service responded to 19,000 enquiries between April 2014 and March 2015, providing valuable information and emotional support to people affected by stroke across the country. Following the agreement, in spring 2014, of a vision and development plan to improve the capacity, reach, remit and accessibility of the service, we have made a number of significant improvements.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 4 - Education, information and training (continued)

We have developed a new database which will bring many benefits to our stroke helpline service and colleagues Association wide. As well as facilitating improved recording, handling and reporting of all helpline enquiries, it will improve service user journeys enabling direct referrals to our Life After Stroke Services. It will provide more informative reporting on service performance. The system will also provide a comprehensive, searchable library of local and national organisations and services, covering the whole UK, which can be accessed and utilised by all staff to improve the information we give to people affected by stroke.

To increase the capacity of the Stroke Helpline & Information Service, this year we have developed a volunteer scheme and successfully recruited and trained a number of volunteers to provide support with sorting and responding to written enquires and helpline calls. We will be continuing to build upon this success, further developing our volunteering model, and recruiting and training more volunteers over the coming year.

The service successfully retained its Customer Service Excellence quality mark following the assessment in June 2014. Having listened in to helpline calls, the assessor specifically commented on the professionalism of the team and their positive approach to sensitive issues. She also reported that service users she interviewed gave only positive feedback about the service they received.

This winter the Stroke Helpline was the feature of our Christmas Appeal mailing. This featured a case study about a stroke survivor who turned his life around as a direct result of the information and support he received from the helpline and quotes from our Helpline Information Officers - all presenting a compelling case for support and demonstrated the real impact of the helpline on the lives of stroke survivors.

We believe there is potential for our Stroke Helpline and Information Service to reach more people and better meet the needs of people affected by stroke who do not currently use the service. Consequently, this year we have commissioned OPM (an independent research organisation and consultancy that focusses on improving the way services are delivered to the public) to look at the reasons stroke survivors and their families may choose not to contact our stroke helpline service, any perceived and experienced barriers to accessing this service, and ways to increase contact and service effectiveness. We are looking forward to receiving the results as these will inform our future strategic planning and help ensure that any developments to the Stroke Helpline service are based on evidence, and address the priority needs of the diverse range of people affected by stroke.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

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

In December 2013 we launched our new Research Strategy and we have been implementing this during 2014/15.

We have launched two new flagship programmes. Firstly, the new Lectureship Programme aims to build a vibrant and diverse stroke research community, address the mid-senior level career crisis in research positions and develop the next generation of research leaders. We worked closely with universities and the Council of Medical Deans as well as senior researchers and the Council for Allied Health Professionals to ensure our programme was appropriate for the purposes and needs which it was intended to address. The launch took place in June 2014 and the first awards were made recently in March 2015. Secondly, the Priority Awards Programme addresses key areas of need and under-funding in stroke research and we have worked with key stakeholders to build consensus and further develop these priorities throughout the year. In the first two priority areas: haemorrhagic stroke and psychological consequences of stroke, we worked with expert researchers, clinicians and stroke survivors to shape and develop our specific priorities within these fields over the summer of 2014. The call for proposals was launched in October 2014 and we are currently adjudicating these awards which will be made in July 2015. In the third priority area: vascular dementia, we held a roundtable in January 2015 attended by many prominent senior researchers in the field as well as representatives from the Medical Research Council (MRC), Alzheimer's Society, British Heart Foundation (BHF) and Alzheimer's Research UK. We will continue this work with researchers and other funders, as well as stroke survivors and those affected by dementia to develop a jointly funded call for proposals during the summer of 2015.

We have improved the involvement of stroke survivors in our research programme activities, allowing them a clearer voice and role in awards funding processes, as well as engaging them much more deeply into the development of our research priorities. In previous years the Service User Review Panel (SURP) only reviewed Project Grant applications after they had been reviewed and selected for funding by the Research Awards Committee. This year, SURP scored the applications in advance of the committee meeting and the overall scores and views were represented at the committee meeting by the lay members of the Research Awards Committee. We have also involved service users in defining our research priorities, as well as involving the same people in the adjudication process who helped to develop the priorities, and we invited a stroke survivor and his family to speak about their experiences of stroke at an All Party Parliamentary Group (APPG) in December to highlight the need for further investment into stroke research. We are therefore strengthening not only our voice as the Stroke Association in shaping the research field, but we are working to strengthen the voice of stroke survivors and service users to help us define the areas of greatest need for our research investments.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 5 – Research (continued)

Our work and our success in Europe has increased dramatically over the last year, with the Stroke Association taking the lead on development of the research section of the newly ratified five year strategy of The Stroke Alliance for Europe (SAFE) covering 2014–19. We continue to ensure the service user perspective is considered throughout and the results disseminated throughout the SAFE network. We have improved performance in our on-going EU funded research projects and have engaged with multiple new proposal initiatives in Horizon 2020, with either the Stroke Association or SAFE being the named partner in large multinational EU consortia. Between February 2014 and April 2015, ten full research proposals in which we are a funded partner were submitted and letters of support given to a further three. The proposal PRECIOUS, in which SAFE is a partner, recently won funding (€6 million over five years). PRECIOUS is a large trial looking at the consequences of treating common minor ailments (fever, infection etc.) with cheap off-the-shelf drugs at the same time as the stroke itself. SAFE will lead on dissemination of the project. Two projects, WAKE-UP, looking at new analyses of stroke imagery, and EuroHYP-1, looking at the use of hypothermic cooling in acute stroke treatment, are on-going. This increased activity has led to a significant increase in the visibility of both the Stroke Association and SAFE as willing research participants in the European scene. We have built a narrative around both organisations being the default option when consortia are seeking the patient voice, a role which is increasingly seen as being necessary to include to increase funding chances.

We continue to make the case for increased funding for stroke research, publishing our new evidence that shows UK spend on stroke research continues to be disproportionately lower than the burden of stroke disease. We have made good strides in raising the issue with parliamentarians, research funders and the public with a launch of the new research at the UK Stroke Forum (UKSF) 2014 and presentation of the data at an APPG in December 2014, which received a positive response from the Minister for Life Sciences, George Freeman. We are stating our case for more funding in stroke research in advance of the imminent publication of this research in the British Journal online. We are now working to develop an integrated influencing programme that will make the issue of stroke research human, meaningful and relevant to our audiences. We are seeking to build a long term public facing influencing programme that not only inspires funders and major donors but enables us to harness the power of research as a vehicle to become better known, increase brand engagement with existing and new stakeholders and thereby build our supporter base.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 5 – Research (continued)

In the new Research Strategy we also stated that we will evaluate our services so that we can identify what works, ensure that these lessons are fed into our services and used to promote best practice, and ensure that the design of new and existing services is underpinned by evidence. Our ultimate goal is to use evidence and embed evaluation into our service delivery development, and we have made significant progress in this area to date. The Evaluation Manager has worked in partnership with the Services team and other relevant staff/teams to embed an outcomes-focused approach within the design and development of the Stroke Recovery Service (SRS) Pilot Project. This work to date has included a Theory of Change for the SRS with defined outcomes; an outcomes framework linked to UK-wide policy; agreed measures and tools to demonstrate the impact of the SRS; processes and procedures for the internal evaluation of Phase One of the SRS Pilot. This work involved staff within the services directorate, and those affected by stroke living in Greater Manchester and attending local Stroke Association services. The user consultation events conducted as part of the Theory of Change development process were conducted in partnership with the Greater Manchester Collaboration for Leadership in Applied Health Research and Care (GM-CLAHRC).

The phase one SRS Pilot Projects went live in early December 2014 in Northern Ireland and in Durham. The second phase Pilot Projects will be externally evaluated. We developed an Invitation to Tender (ITT) document and went out to tender in February 2015 and we have since shortlisted three tender applications which are currently out for expert peer review. This work was commissioned in April 2015.

Additionally, in our evaluation work, the Stroke Association was successful in a funding bid for a peer-to-peer support project from The Centre for Social Action Innovation Fund run by the Cabinet Office and the National Endowment for Science, Technology and the Arts (Nesta), within which a key requirement is an externally commissioned evaluation of the project. A Theory of Change was developed by the Partnerships team with support from Nesta and the Evaluation Manager led on the evaluation work in liaison with the Partnerships team and Nesta. This work to date has included refinement of the Theory of Change and the development of an evaluation outline and invitation to tender. The Nuffield Trust was appointed in mid-December 2014, and an interim evaluation report is due in July 2015, with the final evaluation report due in June 2016.

Research grants approved during the year have increased to £2.7 million (£2.2 million), despite the lack of projects and suitable candidates for the MRC and BHF awards, which we were therefore unable to award during the year due to the lack of suitable projects and candidates (also see underspend carried forward in 'Financial review for the year' in the 'Strategic Report, Resources expended' above). We have reviewed the BHF programme this year and jointly decided that we would continue for one more year and see if the low performance was a one-off issue. Applications to the current round of these joint awards are greater in numbers and seem to be of a higher quality already. The MRC programme is notoriously difficult to recruit to, but it is the only avenue for medical graduates to gain a PhD in stroke, as such, we will continue to offer this.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 5 – Research (continued)

We were able to continue collaborative funding agreements with the MRC and the BHF; however, we did not make any successful awards via either partnership this year due to the lack of suitable projects and candidates.

In the first year of our new Stroke Association lectureship programme, we funded five awards at a total cost of £1,078,000, and leveraged matched funding from Universities and NHS worth a further £1,309,000.

Furthermore, we received restricted funds of £100,000 from the Chief Scientist Office Scotland, £100,000 from the Lord Leonard and Lady Wolfson Foundation, £200,000 from the Garfield Weston Foundation and £200,000 from the Thompson Family Trust. Thus, the actual cost of these five lectureships (total £2,387,000) to the Stroke Association was just £478,000, and the remaining £1,909,000 has been met through leveraged funds and restricted funding gifts.

Each funder has a naming privilege for an award and one award was given in memorial of Professor John Marshall.

In Scotland we recently appointed a joint senior clinical lectureship in Glasgow with the Chief Scientist Office (CSO); they have also given us £225,000 towards a Priority Programme Award in Scotland. These awards are currently being adjudicated. We expect to make a joint CSO award over the summer and we plan to host a launch event of our two newly joint-funded awards in September 2015.

In Wales, we have recently agreed joint funding of a lectureship post. Unfortunately, there were no applicants this year, but we intend to keep this collaboration on-going to try again for an award in 2015/16.

In Northern Ireland, we are currently planning to launch a call for applications for a co-funded lectureship post. We plan to launch this call in May 2015. As mentioned above, the lectureship programme received numerous funding investments and we have established, via the work of the fundraising teams, a relationship and a named lectureship award with Lady Wolfson, the Thompson Family and Garfield Weston.

We have commissioned a research project to look at the reasons stroke survivors and their families may not choose to contact our stroke helpline service (See page 28 above for further details.)

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 5 – Research (continued)

The Stroke Association's flagship research event, the Keynote Lecture, took place at Lancaster House in March 2015. It has been reconfigured to maximise its appeal to the research community and rebranded with the key aim of focusing on advancements in stroke research and this year we took this one step further. The evening was a celebration of the funding of the Chair at Nottingham University, Professor Philip Bath, who came along and gave the Keynote Lecture, 'Wither the brain after stroke – acute treatment and prevention'. An award ceremony also welcomed our five new lecturers, who all came along with family members and went up to receive a personalised certificate for their awards – each with naming rights of the funder and one John Marshall Memorial award. The proceedings were hosted by Sir Mark Walport, and Lady Wolfson joined the stage for the award-giving ceremony as one of the funders of this programme. The event brought together leading figures in stroke research, alongside our donors, trusts and corporate supporters, and was a well-managed, enjoyable and highly successful evening. Our research operation was successfully re-accredited with the Customer Service Excellence (CSE) Government standard following our annual assessment.

We have also undertaken our first analysis using the online system to measure outputs and impacts of our funded research, called Researchfish. We have learnt that from all of our grants currently held on Researchfish (a total investment £9,509,000), the awards have since received another £4,376,000 in funding from other organisations. For one trial (AVERT), we calculated that we leveraged £7.93 in further funding for every £1 we invested. This demonstrates the impact we have had in funding early stage research that has successfully progressed and gained further investment, developing into larger trials in many cases.

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

We have worked with the Richmond Group (an alliance of ten leading health charities) to agree our joint position on preventable illness, developing policy modelling for the 'best choice' policy interventions to deliver the biggest reduction in preventable illness. The Campaigns and Policy team have also worked with them on the *Vital Signs* state of the nation report outlining a consensus view of the areas in need of most improvement relating to the care and support for people with long term conditions.

We have continued to work in partnership with other health charities to support other healthy living and primary prevention initiatives, including supporting Alcohol Concern's *Alcohol Awareness Week* and *Dry January* activity, highlighting the dangers of excessive alcohol consumption.

In addition, we have worked closely with Public Health England on promoting their successful health awareness programmes including *Change 4 Life*, *Smoke Free* and *Stoptober* and have supported the promotion of pilot blood pressure awareness and checking activity in Yorkshire.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Partnerships (continued)

Our community partnerships concentrate on three primary areas to increase involvement with the Stroke Association which ultimately leads to action at a local level - these are volunteering, community development, and clubs and groups (covered under 'Services').

Our work was supported throughout the year by over 4,000 volunteers, undertaking roles within Services, Voluntary Groups, fundraising and administration, as well as Stroke Ambassadors. As part of the Stroke Recovery Service development, we have been piloting new ways of using volunteers to support our service delivery.

We have improved resources for our existing Stroke Ambassadors and trained Ambassador Champions across the organisation who can recruit and train more supporters. Stroke Ambassadors work in partnership with us to share the message about stroke. They give talks on stroke, attend *Know Your Blood Pressure* events and distribute information on stroke to local health centres and doctors surgeries. With over 250 ambassadors to date, we can spread the word more widely and encourage other organisations to become partners with us.

This year we have launched our *Voices in Partnership* consultation group. There are two sub-groups; one for stroke clubs and groups and one for our volunteers. *Voices in Partnership* offers the Stroke Association vital first hand feedback on the needs of stroke survivors and informs the development of our resources and campaigns.

We had full attendance at the 2014 Stroke Assembly, the highlight being the talk by Professor Tony Rudd, the National Clinical Director for Stroke and Vice President of the Stroke Association. As our leading event for people affected by stroke, the event continues to be a vital forum for sharing the latest information, research and treatment with those affected, as well as giving voice to the person affected by stroke to ensure they are heard. The Assembly was organised in partnership with Speakability, Clinical Research Network for stroke, and Interact Stroke Support.

Links between the Assembly and the Stroke Forum have also been a priority for the team this year, ensuring that stroke survivors have better access to up to date information on their condition whilst those involved in research have access to a pool of stroke survivors who are keen to get involved in projects for recovery investigation.

The Stroke Alliance for Europe (SAFE) is a group of 28 European stroke support organisations from 24 countries, dealing with stroke prevention, awareness raising and care. Its mission includes helping the European Union (EU) and its governments to combat stroke. We currently hold the roles of President, Fundraiser, Research Manager and we run the secretariat. Under our guidance, the SAFE board has agreed to establish lobbying capacity at the European Parliament level and to increase efforts to establish stroke patient organisations in all European countries. As well as four regional conferences across the continent, SAFE also organises an annual European Stroke Awareness day in May each year with which we engage and actively promote.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 6 – Partnerships (continued)

The World Stroke Organisation (WSO) organises a biennial world stroke congress, produces the International Journal of Stroke and is committed to developing and being influenced by stroke support organisations from across the world. Through our engagement we deliberately set out to discover and share good practice across the world. Our CEO is a member of the Board of the WSO. The Stroke Association is highly regarded by the WSO and stroke support organisations worldwide, and we were requested in 2014 to help in dealing with the demand from countries wishing to set up their own type of stroke association organisation. In 2015 we introduced an international Development Officer to work with the WSO to support this development; this post was kindly funded by Medtronic.

In addition to the above, we work at many levels with a number of organisations, the prerequisite being that such activity must support the pursuit of our purpose. This includes being a member of the Richmond Group, National Voices, the Care Support Alliance and other coalitions.

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

This year we achieved an 18% increase in the volume of mainstream media coverage and 40% increase in social media volume (Jan–Dec 2014). There was a 96% increase in social media mentions for the Stroke Association in *Action on Stroke Month* 2014 compared to the previous year (from 6,221 mentions in May 2013 to 12,157 in May 2014). During *Action on Stroke Month* 2014, the Stroke Helpline and Information Service responded to almost 1,800 enquiries.

Women and Stroke was the theme for World Stroke Day (WSD) and the Stroke Association ran a media story on the incidence of stroke among women. The charity's hashtag #womenandstroke trended on Twitter in London and #WorldStrokeDay trended number one in the UK. Eight national broadcast shows featured the campaign, including BBC Breakfast, BBC News 24, BBC One O'Clock News, ITV's Good Morning Britain, BBC Radio Four's The Today Programme, BBC Radio Two, BBC Radio Five Live and BBC's Asian Network.

We produced a video entitled Power of three: women and stroke with BBC EastEnders actress and stroke survivor Annabel Jones that has been viewed over 6,400 times. The charity received a 538% increase in incoming messages to Facebook and Twitter during the week of WSD 2014 compared to the week of last year's WSD.

We secured The Times Christmas Appeal in 2014 that produced 71 online and print articles and one leader article (from the Editor) featuring stroke research. Monies raised by the Times readers were generously match funded by ICAP and the total realised by the appeal was £210,000.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 7 - Awareness (continued)

Action on Stroke Month is the charity's flagship event and this year saw 1,200 organisations and individuals signed up to it, including nearly 200 healthcare bodies (hospitals, GP surgeries, pharmacies, stroke units, etc.) an increase of over 80% on last year. The main story saw the launch of the *Not Just a Funny Turn* campaign. It achieved national and regional media coverage including BBC Radio Five Live, BBC One O'clock News, The Times, The Daily Mail, The Observer, The Sun, Daily Mirror, Metro, and Mail on Sunday.

We constantly seek to make the issue of stroke easily accessible to the general public. This year the Stroke Association worked closely with the BBC DIY SOS team to help Warrington electrician Dave McCartney who had a massive stroke while at work, which has left him partially paralysed and forcing him to sleep in a hospital bed in the kitchen. Dave's old work mates came together with the Stroke Association, the local community and DIY SOS to adapt the house. This kind of coverage is important as it helps to raise awareness of the impact of stroke amongst key audiences using an accessible and everyday approach.

During the year, in respect of our 2013 *Action on Stroke Month*, we were awarded silver (highest in category) by the international AMEC Awards which recognise and celebrate exceptional work and accomplishments in putting programme research, measurement and evaluation on the agenda.

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

This objective relates to a number of different areas discussed throughout this report. Last year produced another record total in voluntary income for the Stroke Association with £24.1 million raised overall. This was an increase of 17% on 2013/14 and is the result of some excellent achievements across our various income generating sections. As well as another record total raised through legacies, we saw strong developments in our corporate partnerships, notably being selected as Royal Mail's charity of the year, as well as being one of the charities adopted by the Times for their Christmas appeal (also see above under 'Objective 7').

We made headway in support from trusts and foundations, increased the number of individual supporters with some new high and mid-range donors coming on board and, across the UK, we saw good ground made with local support of our events plus increased help from volunteer fundraisers.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

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

Companies and trusts generated gross income of over £2 million which is 15% up on the previous year. As well as the support from The Times match funded by ICAP, we were supported by BGC Partners with their charity trading day, our Life After Stroke Awards were sponsored by Toni & Guy, and Vision Express have agreed to sponsor the *Thames Bridges Bike Ride* event. We were successful in securing a major charity of the year partnership with Royal Mail; this will run for two years from September 2014 with a target of raising £2 million to fund our welfare grants scheme. This is our first ever multi-million pound corporate partnership. As part of the relationship, Royal Mail is using the Stroke Association logo as part of the postmark on stamped mail at various points during the course of the partnership. This relationship should stand us in good stead for success in gaining further large corporate partnerships in future.

We received continued support from trusts and foundations including the Thompson Family Trust, which made its largest grant to us, part of which is funding a project establishing guidelines in childhood stroke. Trust funding also strongly supported our research programme with five new funded lectureships announced at our Keynote Lecture.

General fundraising income, including Major Gifts and Payroll Giving, totalled £1.2 million, 47% up on the previous year and boosted by gifts from the Wolfson Foundation, the Catherine Cookson Foundation and the Khoo Teck Puat UK Foundation. Our major supporter events programme included a reception at the Ritz and a performance of Don Giovanni by the DIVA Opera Company at Drapers Hall in London.

During the year, we received three notifications of significant legacy bequests including a residuary gift from a stroke survivor and a beneficiary of our Life After Stroke Services which was worth £1 million. With income from these, the total generated by Legacies over the year was £11.7 million which is by far, a record total, and is 31% up on the previous high in 2013-14. The notifications of bequests produced a very high legacy pipeline – up to £9 million at one point – but even with the flow of income as bequests became realised, at the end of March the pipeline still stood at £6.6 million (£4.3 million at end of March 2014) – a high for that point in the calendar.

Our legacy marketing campaign continued successfully and at the year-end, the number of legacy pledgers had grown to 3,058, a rise of 7% from the same time last year.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

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

Events and Regional Fundraising produced gross income of £3.5 million, a year-on-year increase of 7%. Once again, we managed our portfolio of Stroke Association events including our series of Resolution Runs, abseils, zip slides, the *Thames Bridges Bike Ride* and our most successful ever *Supercar Saturday* at Castle Coombe racing circuit. We also supported entrants in many third party events such as The London Marathon, Great North Run, Royal Parks Half Marathon and many more. We saw good development of local volunteer support including that from golf clubs, Rotary Clubs, volunteer collectors at Christmas events and local business. We are delighted that the President of the 41 Club has selected the Stroke Association as his charity of the year for 2015-16.

Our Direct Marketing programme to individual supporters generated a total gross income of £1.6 million, an increase of 9% on the previous year.

Our recruitment of new supporters produced some good results including a first time gift of £10,000 from one donor and our spring appeal to mid-range donors proved successful raising over £30,000 from a small pool.

Within Appeals, committed giving gross income rose to £1.3 million from a total of £1.2 million the previous year.

In Memoriam giving gross income reached just over £1 million, an annual increase of over 3%.

Gross raffle income at £566,000 was down 25% on the previous year, due mainly to increased competition in this area.

When creating our five year strategic plan for 2010–15, we ultimately had a net income target of £17.5 million. The deep economic recession over that period adversely affected our income, but nevertheless, we have this year reached a net figure of £17.2 million, which has been a great achievement. We have invested in improvements to the fundraising infrastructure to enable us to make more effective use of data which will set us up for the next strategy period 2015-18.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

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

Our key systems and databases are now integrated and this will enable us to drive cost and efficiency savings across the whole organisation and to maximise cross-selling opportunities. Utilising technology for remote and mobile working and the use of video conferencing and web cams particularly for meetings is the norm and continues to save us accommodation and travel costs as well as travel time. We continue to make improvements to bandwidths, processing speeds and telephony capability wherever we can efficiently do so across our UK-wide offices. We are currently putting in the place the infrastructure to enable 'Bring Your Own Device' (BYOD), so that our workforce can utilise their own familiar equipment to connect to the organisation's systems. This increases workforce efficiency and saves the association hardware costs.

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

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

In Learning & Talent Development, we have continued to ensure that the right selection of quality programmes is available to support our people. A comprehensive selection of over 30 face-to-face programmes are offered which is complemented with almost 500 online courses which can be accessed through our online learning platform, ilearn. During 2014-15, 601 members of staff accessed 193 courses facilitated through Learning & Talent Development. This amounted to around 1,300 spaces on learning events in 2014/15. Meanwhile, 811 members of staff have taken advantage of ilearn, accounting for a total of 3,727 online courses being accessed.

In 2014-15 we have continued to deliver learning opportunities that support our people in achieving our strategic objectives. Learning is integral and vital to our organisational development and remains inclusive and integrated to achieve a quality return on investment. Over the year our strategic focus has fallen into four key development areas to support our organisational development and business strategy:

1. Promoting culture - Providing new and promoted colleagues with appropriate orientation to our organisation, our business, our values and culture and the skills to confidently and efficiently take on their role and fulfil their potential.

ACHIEVEMENTS AND PERFORMANCE OVER THE YEAR (continued)

Objective 9 - Infrastructure and our workforce (continued)

2. Enhancing our leadership and management - To enhance the quality of our leadership and management capability, so that all colleagues embrace our ambitions, values, fulfil their roles and drive our shared vision through positive behaviour and action.
3. Building a learning organisation - Create and foster a learning culture so our people are continually taking responsibility to enhance their capabilities and by the organisation providing opportunities to develop knowledge and skills.
4. Equipping our people - Providing timely and appropriate blended learning and development opportunities and support, through training and resources to help our workforce excel in their roles.

Throughout the last year, Learning & Talent Development have focused on improving how we work to support our organisational objectives and identify the next steps to best equip staff for our next strategy period.

Overall we consider we have done well against these nine demanding objectives.

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:-

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

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

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.

Our vision

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

Our mission

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

Our Values

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

Governance and management

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

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

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Governance and management (continued)

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

- Scotland Committee
- Wales Committee
- Northern Ireland Committee
- Child Stroke 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 the activities of the Scotland, Wales, Northern Ireland and Child Stroke advisory committees which report in 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.

The **Investment Committee** meets twice a year and is responsible keeping the performance, risk profile and management of the Association's investment portfolio under review and for manages 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 Committee** meets three times a year and carries out research application reviews as referred to above. Members also provide advice on stroke related issues.

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

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Governance and management (continued)

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 having a three-year term of office, renewable for one further term of three years. No trustee should normally serve for more than nine years. In order to ensure that the Council has the necessary broad spread of skills, trustees will take account of any gaps in skills when appointing new trustees.

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.

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' report Year ended 31 March 2015

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Trustees

The following trustees were in office at 31 March 2015 and served throughout the year, except where stated.

Trustee	Appointed/ Resigned/ Retired	Committee Membership during the period
John M Bamford MD FRCP	Retired 22 October 2014	
Ian Black BSc CIPFA		FGP; IC (Chair)
Michael A Cornbleet BSc MD FRCP		FGP; SC (Chair)
Andrew M B Daws LLB Solicitor (Hons)	Retired 22 October 2014	FGP; NC; IC; RSC
Susan M A Duncan MA BSc Hon DSc		FGP; RSC (Chair)
Robert J Empson MBA BSc FCIM FIC		FGP; AC; RSC
Stuart Fletcher OBE MA AMIHM		WC (Chair)
Jacqueline A Fowler BA MInstF (Cert)		FGP; AC
E Anne Freeman OBE MB ChB FRCP		AC; RSC
Anne Gordon MSc PhD		CSC (Chair)
Vivien M Gould	Retired 22 October 2014	FGP; IC
Martin James BM MRCP MD CCST FRCP	Appointed 02 September 2014	RAC
Damian F Jenkinson BSc MB BS PhD FRCP		
Professor Keith W Muir MB ChB MSc MD FRCP		
Paul Leacy BComm ACMA AMCT	Appointed 02 September 2014	AC
Peter Rawlinson PhD BSc CEng FRSA FIET		FGP; NC; RC
Professor Anthony G Rudd MA MB Bchir FRCP	Retired 15 March 2014	
Helen Sanders BA (Hons) PDipGDM	Appointed 02 September 2014	IC
Niraj Shah MA (Cantab) CFA	Appointed 03 September 2014	IC
Professor Robert W Stout MD DSc FRCP FMedSci		NIC (Chair)
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO	Appointed 11 March 2014	
Eric F Tracey M Com FCA ACIS		AC (Chair); NC
Peter Troy MBE	Appointed 11 March 2014	AC; RSC
Professor Pippa J Tyrrell MA MB BS MD FRCP		RSC; RAC
Sir David Varney (Chair) Kt BSc MBA Hon.LLD FIPD FRSM		FGP; NC (Chair); RC (Chair); RSC
Professor Marion F Walker MBE PhD MPhil FCOT		
Michael J C Watts MA FCA		FGP (Chair); IC; NC; RC

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Trustees (continued)

Committee Membership Key

FGP	Finance and General Purposes Committee	RC	Remuneration Committee
AC	Audit Committee	RAC	Research Awards Committee
IC	Investment Committee	SC	Scotland Committee
NC	Nominations Committee	WC	Wales Committee
RSC	Research Strategy Committee	NIC	Northern Ireland Committee
		CSC	Child Stroke 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 incoming resources and application of resources, including the income and expenditure, of the charitable company and the group for that period.

In preparing financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Statement of Recommended Practice (Accounting and Reporting by Charities, the Charities SORP);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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.

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Statement of trustees' responsibilities (continued)

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 2015 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
Dominic Brand BSc (Hons) MlO D**	Director of Marketing & External Affairs
Roy Quiddington BA FCA	Director of Finance and Resources
James Swindells MInstF	Director of Fundraising
Dale Webb BA MSc PhD	Director of Research and Information

*Christopher Clark left the Association as the Director of Life After Stroke Services on 25 April 2014, replaced by Bridget Bergin on 3 March 2014.

**Joe Korner, Director of External Affairs, left the Association on 23 January 2015, and was replaced by Dominic Brand on 15 April 2015.

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

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.

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Employees (continued)

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

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

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. Becoming an 'Investor in People' is the goal that thousands of employers hope to achieve every year. We aim to achieve even higher standards in people and leadership excellence over the next few years.

Volunteers

Volunteers continue to be crucial in helping us to meet our objectives. In 2015, over 4,000 volunteers UK wide gave their time supporting our activities. Volunteers work across the organisation including within Life After Stroke services, awareness raising, fundraising, informing our information provision and supporting our media activities.

This report constitutes the statutory reports described in the introduction (on page 7). It was approved by the board on 28 July 2015 and signed on its behalf by Sir David Varney.



Chairman of Council

Approved on 28 July 2015

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 2015 which comprise the consolidated statement of financial activities, the consolidated and parent charity balance sheets, the consolidated cash flow statement, the principal accounting policies and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

Respective responsibilities of trustees and auditor

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

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

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

Independent auditor's report Year ended 31 March 2015

Scope of the audit of the financial statements

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

Opinion

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2015 and of the group's and the parent charitable company's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matter prescribed by the Companies Act 2006

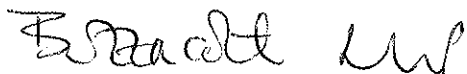
In our opinion the information given in the trustees' report, including the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements.

Independent auditor's report Year ended 31 March 2015

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

31 July 2015

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 2015

	Notes	Un-restricted funds £000	Restricted funds £000	2015 Total funds £000	2014 Total funds £000
Income and expenditure					
Incoming resources					
Incoming resources from generated funds					
Voluntary income					
- Donations and appeals	1	9,211	2,935	12,146	11,205
- Legacies		10,978	725	11,703	8,936
- Grants		-	250	250	501
Total voluntary income		20,189	3,910	24,099	20,642
Activities for generating funds					
- Trading operations	2	204	-	204	206
Investment income	3	528	-	528	546
Total incoming resources from generated funds		20,921	3,910	24,831	21,394
Incoming resources from charitable activities					
- Community services contracts		-	11,788	11,788	11,187
Other incoming resources		877	-	877	957
Total incoming resources		21,798	15,698	37,496	33,538
Resources expended					
Costs of generating funds					
- Costs of generating voluntary income	4,7	(7,559)	-	(7,559)	(7,495)
- Fundraising trading: costs of goods sold and other costs	2	(338)	-	(338)	(154)
- Investment management costs		(110)	-	(110)	(86)
		(8,007)	-	(8,007)	(7,735)
Charitable activities					
- Research grants and awards	7	(1,707)	(2,474)	(4,181)	(3,687)
- Community services	6,7	(5,251)	(13,332)	(18,583)	(18,062)
- Information and awareness	7	(2,581)	(101)	(2,682)	(2,330)
Governance costs	8	(124)	-	(124)	(116)
Total resources expended		(17,670)	(15,907)	(33,577)	(31,930)
Net incoming (outgoing) resources for the year before transfers	9	4,128	(209)	3,919	1,608
Transfer between funds	17	100	(100)	-	-
Net income (expenditure) for the year		4,228	(309)	3,919	1,608
Other recognised gains and losses					
- Realised and unrealised gains on investment assets	13	1,554	-	1,554	531
Net movement in funds		5,782	(309)	5,473	2,139
Funds at 1 April 2014		14,987	2,054	17,041	14,902
Funds at 31 March 2015		20,769	1,745	22,514	17,041

Consolidated statement of financial activities Year ended 31 March 2015

	2015	2014
	£000	£000
Historical cost net movement in funds		
Net income for the year	3,919	1,616
Add: Realised gains (losses) on sales of investment assets based on historical cost	502	(58)
Historical cost net movement in funds	4,421	1,558

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

Consolidated balance sheet 31 March 2015

	Notes	2015 £000	2014 £000
Fixed assets			
Tangible assets	12	2,664	2,700
Investments:			
- General fund		14,627	10,866
- Research fund	5	9,169	8,487
	13	23,796	19,353
Current assets			
Debtors	14	2,460	1,539
Cash at bank and short term deposits	15	6,132	5,974
		8,592	7,513
Creditors: amounts falling due within one year	16	(5,709)	(6,577)
Net current assets		2,883	936
Total assets less current liabilities		29,343	22,989
Creditors: amounts falling due after one year	5	(6,829)	(5,948)
Total net assets		22,514	17,041
Represented by:			
Income funds:			
- Restricted funds	17	1,745	2,054
- Unrestricted funds			
- General funds		20,755	14,973
- Funds retained within a non-charitable subsidiary	2	14	14
		22,514	17,041

Approved by the trustees on 28 July 2015 and signed on their behalf by:

Darius Nasir

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

Charity balance sheet 31 March 2015

	Notes	2015 £000	2014 £000
Fixed assets			
Tangible assets	12	2,664	2,700
Investments:			
- General fund		14,627	10,866
- Research fund	5	9,169	8,487
	13	<u>23,796</u>	<u>19,353</u>
Current assets			
Debtors	14	2,434	1,497
Cash at bank and short term deposits	15	6,132	5,974
		<u>8,566</u>	<u>7,471</u>
Creditors: amounts falling due within one year	16	(5,697)	(6,549)
Net current assets		<u>2,869</u>	<u>922</u>
Total assets less current liabilities		29,329	22,975
Creditors: amounts falling due after one year	5	(6,829)	(5,948)
Total net assets		<u>22,500</u>	<u>17,027</u>
Represented by:			
Income funds:			
- Restricted funds	17	1,745	2,054
- Unrestricted funds			
- General funds		20,755	14,973
		<u>22,500</u>	<u>17,027</u>

Approved by the trustees on 28 July 2015 and signed on their behalf by:



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

Consolidated cash flow statement Year ended 31 March 2015

	Notes	2015 £000	2014 £000
Net cash inflow from operating activities	A	2,684	2,008
Returns on investments	B	528	546
Capital expenditure and financial investment	B	(2,936)	(595)
Increase in cash	C	276	1,959

Notes to the consolidated cash flow statement

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

	2015 £000	2014 £000
Net income for the year	3,919	1,608
Depreciation charge	201	174
Interest receivable	(56)	(57)
Investment income receivable	(472)	(489)
(Increase) in debtors	(921)	(221)
Increase in research grant commitments	682	580
(Decrease) increase in creditors	(669)	413
Net cash inflow from operating activities	2,684	2,008

B Gross cash flows

	2015 £000	2014 £000
Returns on investments		
Interest received	56	57
Investment income received	472	489
	528	546
Capital expenditure and financial investment		
Payments to acquire tangible fixed assets	(165)	(274)
Payments to acquire listed investments	(5,407)	(3,195)
Receipts from the disposal of listed investments	2,636	2,874
	(2,936)	(595)

Consolidated cash flow statement Year ended 31 March 2015

C Analysis of changes in net funds

	At 1 April 2014 £000	Cash flows £000	At 31 March 2015 £000
Short term deposits	552	177	729
Cash at bank and in hand	5,422	(19)	5,403
Cash held by investment managers	815	118	933
	<u>6,789</u>	<u>276</u>	<u>7,065</u>

D Reconciliation of net cash flow to movement in net funds

	<u>2015 £000</u>
Change in net funds	276
Net funds at 1 April 2014	<u>6,789</u>
Net funds at 31 March 2015	<u>7,065</u>

Principal accounting policies Year ended 31 March 2015

Basis of accounting

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

Basis of consolidation

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

Incoming resources

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

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

Legacies are included in the statement of financial activities when the charity is advised by the personal representative of an estate that payment will be made or property transferred and the amount involved can be quantified.

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

Resources expended and basis of apportioning costs

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

Resources expended comprise the following:

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

Principal accounting policies Year ended 31 March 2015

Resources expended and basis of apportioning costs (continued)

- (b) Charitable activities comprise expenditure on the charity's primary charitable purposes as described in the trustees' report. Such costs include grants payable which are included in the statement of financial activities when approved, salaries, direct costs and overheads.
- (c) Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with the constitutional statutory requirements.

Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources, primarily head count and expenditure ratios.

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

Research grants 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 income funds of the Association.

Tangible fixed assets

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

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

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

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

- Freehold premises 2% per annum based on cost
- All fixtures, furniture and fittings 12.5% per annum based on cost

Fixed asset investments

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

Principal accounting policies Year ended 31 March 2015

Fund accounting

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

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

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

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.

Taxation

The Stroke Association is a registered charity and no liability to taxation arises on the results of its activities as applied for charitable purposes, with the exception of investment income, which is taxed at source.

Notes to the financial statements Year ended 31 March 2015

1 Donations and appeals

	2015	2014
	£000	£000
General	1,229	836
In memoriam	1,021	989
National raffle	566	756
Direct mail	1,624	1,489
Committed giving	1,267	1,175
Companies and trusts	2,041	1,772
Events	1,728	1,592
Regional fundraising	1,769	1,667
Gift Aid	849	866
Community services miscellaneous income	52	63
	12,146	11,205

Donated services by 4,052 volunteers have not been evaluated and are excluded from these financial statements.

2 Trading operations

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

	2015	2014
	£000	£000
Sales of Christmas cards	204	206
Cost of sales	(130)	(127)
Gross profit	74	79
Other income – corporate sponsorship and donations	357	343
	431	422
IT development costs	(158)	—
Selling, distribution and administration expenses	(50)	(27)
Net profit paid to the Stroke Association under Gift Aid	223	395
Net assets at 31 March	14	14

3 Investment income

	2015	2014
	£000	£000
Investment income receivable	472	489
Interest receivable	56	57
	528	546

4 Costs of generating voluntary income

	2015	2014
	£000	£000
Fundraising costs:		
- Staff costs	(2,925)	(2,770)
- Brochures, materials and other costs	(4,104)	(4,312)
- Support (note 7)	(530)	(413)
	<u>(7,559)</u>	<u>(7,495)</u>

5 Research grants and awards

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

	2015	2014
	£000	£000
Commitments at 1 April	(8,487)	(7,907)
Written back during the year	43	86
Paid during the year	1,933	1,523
Approved during the year	(2,658)	(2,189)
Commitments at 31 March	<u>(9,169)</u>	<u>(8,487)</u>
Payable as follows:		
Within one year (note 16)	(2,340)	(2,539)
After more than one year	(6,829)	(5,948)
	<u>(9,169)</u>	<u>(8,487)</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 2015 the Stroke Association approved the following project grants:

- At a contracted cost of £210,000 with the University of Newcastle, with which Phil White (member of Research Awards Committee) is a member of the same institution.
- At a contracted cost of £201,000 with University College London, with which Alex Leff (member of the Research Awards Committee) is a member of the same institution.

5 Research grants and awards (continued)

(b) Related party transactions (continued)

- At a contracted cost of £162,000 with University of Exeter, with which Anne Forster (member of the Research Awards Committee) and Martin James (member of the Research Awards Committee and a Trustee) are both named on the application.
- At a contracted cost of £49,000 with University College London, with which Martin James (member of the Research Awards Committee and a Trustee) is a named collaborator and Alex Leff (member of the Research Awards Committee) is based at the same institute.

The Association also approved the following Fellowships and Lectureships:

- At a contracted cost of £105,000 with the University of Newcastle, with which Phil White (member of the Research Awards Committee) is a member of the same institution.
- At a contracted cost of £175,000 with the University of Nottingham, with which and Marion Walker (a Trustee) is the named supervisor of the award and both Avril Drummond and Philip Bath (members of the Research Awards Committee) are members of the same institution.
- At a contracted cost of £175,000 with the University of Manchester, with which Pippa Tyrrell (member of the Research Awards Committee and a Trustee) and Hedley Elmsley (member of the Research Awards Committee) are members of the same institution.
- At a contracted cost of £235,000 with the University of Manchester, with which Pippa Tyrrell (member of the Research Awards Committee and a Trustee) is a named mentor/collaborator and Hedley Elmsley (member of the Research Awards Committee) is a member of the same institution.
- At a contracted cost of £177,000 with the University of Oxford, with which Alison Halliday (member of the Research Awards Committee) is a member of the same institution.
- At a contracted cost of £1,197,000 with the University of Glasgow, with which Keith Muir (a Trustee) is a named mentor/collaborator and Ian Ford (member of the Research Awards Committee) is a member of the same institution.

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

Notes to the financial statements Year ended 31 March 2015

6 Community services costs

	Un- restricted £000	Restricted £000	2015 Total £000	2014 Total £000
Contracts	(2,653)	(11,789)	(14,442)	(13,566)
Education and training	(519)	-	(519)	(401)
Regional and management support	(2,079)	(1,543)	(3,622)	(4,095)
	<u>(5,251)</u>	<u>(13,332)</u>	<u>(18,583)</u>	<u>(18,062)</u>

7 Allocation of support costs

	Cost of generating funds £000	Research grants and awards £000	Community services £000	Information and awareness £000
Direct costs	<u>(7,029)</u>	<u>(3,983)</u>	<u>(15,972)</u>	<u>(2,458)</u>
Support costs:				
- Management	(194)	(60)	(1,131)	(87)
- IT	(127)	(39)	(741)	(57)
- HR	(75)	(23)	(435)	(33)
- Finance	(134)	(76)	(304)	(47)
	<u>(530)</u>	<u>(198)</u>	<u>(2,611)</u>	<u>(224)</u>
	<u>(7,559)</u>	<u>(4,181)</u>	<u>(18,583)</u>	<u>(2,682)</u>
2014	<u>(7,495)</u>	<u>(3,687)</u>	<u>(18,062)</u>	<u>(2,330)</u>

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

8 Governance costs

	2015 £000	2014 £000
Auditor's remuneration:		
- Statutory audit services	(23)	(24)
- Other services	(3)	(3)
General costs incurred servicing the Association's committees and statutory affairs of the charity	(98)	(89)
	<u>(124)</u>	<u>(116)</u>

Notes to the financial statements Year ended 31 March 2015

9 Net income (expenditure) for the year

This is stated after charging:

	2015	2014
	£000	£000
Auditor's remuneration	(26)	(27)
Depreciation	(201)	(174)
Operating lease rentals	(1,068)	(1,103)

Included in net income (expenditure) for the year is a one-off balance sheet release of rolled over community services contract income of £928,000 (2014: £nil).

10 Employees and staff costs

Staff costs during the year were as follows:

	2015	2014
	£000	£000
Wages and salaries	(16,254)	(15,536)
Social security costs	(1,461)	(1,394)
Pension costs	(1,289)	(1,246)
Redundancy costs	(136)	(107)
	(19,140)	(18,283)
Payments to agency staff	(220)	(166)
	(19,360)	(18,449)

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

	2015	2014	2015	2014
	Full time	Full time	Head-	Head-
	equival-	equival-	count	count
	ent	ent	count	count
Research	32	28	31	27
Community services	477	472	597	594
Information and awareness	47	39	46	40
Fundraising	93	96	103	104
	649	635	777	765

In addition to the above, a considerable amount of time, the value of which it is not practical to quantify, was donated by 4,052 (2014: 4,828) volunteers throughout the year.

Notes to the financial statements Year ended 31 March 2015

10 Employees and staff costs (continued)

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

	<u>2015</u> <u>Number</u>	<u>2014</u> <u>Number</u>
£60,001 - £70,000	4	3
£70,001 - £80,000	2	2

Employer contributions of £162,000 (2014: £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 (2014: £54,000).

11 Trustees' remuneration

None of the trustees received any remuneration in respect of their services during the year. Travelling expenses amounting to £6,000 (2014: £3,000) were reimbursed to thirteen (2014: 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 (2014: £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 5.

12 Tangible fixed assets

Group and charity	Freehold premises £000	Short leasehold premises £000	Fixtures, furniture and fittings £000	Total £000
Cost				
At 1 April 2014	2,112	1,133	1,086	4,331
Additions	-	92	73	165
At 31 March 2015	2,112	1,225	1,159	4,496
Depreciation				
At 1 April 2014	(120)	(999)	(512)	(1,631)
Charge for year	(42)	(51)	(108)	(201)
At 31 March 2015	(162)	(1,050)	(620)	(1,832)
Net book values				
At 31 March 2015	1,950	175	539	2,664
At 1 April 2014	1,992	134	574	2,700

The Stroke Association has invested £158,000 in the My Stroke Guide (MSG) platform, which it is anticipated will prove to be a great future asset (see trustees' report for more detail on this new on-line self-management tool). As the product and the market are so new, a prudent approach has been taken and the asset has been charged in the year to expenditure in the accounts of Stroke Association (Trading) Limited.

13 Fixed asset investments

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

	2015 £000	2014 £000
Market value at 1 April	18,538	17,686
Acquisitions	5,407	3,195
Sales proceeds	(2,636)	(2,874)
Net movement in market values	1,554	531
Market value at 31 March	22,863	18,538
Cash held by investment managers for re-investment	933	815
	23,796	19,353
Cost of investments at 31 March	19,584	16,195

The net movement in market values is made up of £117,000 of realised gains (2014: losses of £50,000) and £1,437,000 of unrealised gains (2014: £581,000).

13 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:

	2015	2014
	£000	£000
Equities	16,357	12,736
Government stock	765	278
Non-government bonds	2,769	2,733
UK property funds	1,065	800
Funds of hedge funds	587	423
Multi asset holdings	1,320	1,568
	22,863	18,538
UK stock exchange	7,523	7,644
Non-UK stock exchanges	12,368	8,103
UK property funds	1,065	800
Funds of hedge funds	587	423
Multi asset holdings	1,320	1,568
	22,863	18,538

At 31 March 2015 the following investments had a market value in excess of 3% of the portfolio:

	Market value of holding	% of listed portfolio
	£000	
Prudential PLC	719	3.1
Findlay Park American Fund	708	3.1

14 Debtors

	Group 2015	Group 2014	Charity 2015	Charity 2014
	£000	£000	£000	£000
Community services contract purchasers	1,198	430	1,198	430
Amount owed by trading subsidiary	-	-	145	165
Other debtors	176	98	20	37
Prepayments and accrued income	1,086	1,011	1,071	865
	2,460	1,539	2,434	1,497

Notes to the financial statements Year ended 31 March 2015

15 Cash at bank and short term deposits

	Group 2015 £000	Group 2014 £000	Charity 2015 £000	Charity 2014 £000
Cash at bank and in hand	5,403	5,422	5,403	5,422
Short term deposits	729	552	729	552
	<u>6,132</u>	<u>5,974</u>	<u>6,132</u>	<u>5,974</u>

16 Creditors: amounts falling due within one year

	Group 2015 £000	Group 2014 £000	Charity 2015 £000	Charity 2014 £000
Trade creditors	(1,035)	(1,319)	(1,035)	(1,319)
Research grants	(2,340)	(2,539)	(2,340)	(2,539)
Other creditors	(687)	(589)	(675)	(561)
Accruals and deferred income	(1,647)	(2,130)	(1,647)	(2,130)
	<u>(5,709)</u>	<u>(6,577)</u>	<u>(5,697)</u>	<u>(6,549)</u>

17 Restricted funds

	At 1 April 2014 £000	Incoming resources £000	Resources expended and transferred £000	At 31 March 2015 £000
Medical research				
- Other donations and legacies	5	1,825	(1,766)	64
- Rosetrees Trust	-	21	(21)	-
- The John Ellerman Foundation	-	30	(30)	-
- The Blagrave Trust	-	23	(23)	-
	<u>5</u>	<u>1,899</u>	<u>(1,840)</u>	<u>64</u>
Princess Margaret Fund				
- Catherine Cookson Charitable Trust	-	50	(50)	-
- Garfield Weston Foundation	-	200	(200)	-
- Hinduja Foundation	6	-	-	6
- Lord & Lady Harris of Peckham	15	-	-	15
- The Lord Leonard and Lady Estelle Wolfson Foundation	100	-	(100)	-
Carried forward	<u>121</u>	<u>250</u>	<u>(350)</u>	<u>21</u>

Notes to the financial statements Year ended 31 March 2015

17 Restricted funds (continued)

	At 1 April 2014 £000	Incoming resources £000	Resources expended and transferred £000	At 31 March 2015 £000
Princess Margaret Fund				
(continued)				
Brought forward	121	250	(350)	21
- Michael Spencer	80	-	-	80
- Other donations and legacies	188	46	-	234
- PMFound	15	-	-	15
- Professor Charles George FRCP FFPM	20	-	-	20
- Residential Land	85	-	-	85
- Rightlane Limited	19	-	-	19
- Scottish Government	225	-	-	225
- Tangent Charitable Trust	15	-	-	15
- Thompson Family Charitable Trust	200	-	(200)	-
	<u>968</u>	<u>296</u>	<u>(550)</u>	<u>714</u>
Other restricted funds				
- Alice Ellen Cooper Dean Charitable Foundation	5	-	(5)	-
- City Bridge Trust	-	27	(27)	-
- Community services contracts	-	11,788	(11,788)	-
- Department of Health 64 Grant (6)	22	-	(5)	17
- ED Ellis	5	-	(5)	-
- Hywel Dda Charitable fund	3	3	(6)	-
- ICAP	136	-	(39)	97
- Legacy for dysphasia support	29	-	(29)	-
- Legal & General plc	40	-	(40)	-
- Maysel E Radcliff	46	-	(24)	22
- Millennium Stadium Trust	5	-	(5)	-
- Nominet Trust	30	-	(30)	-
- Other donations and legacies	601	1,505	(1,503)	603
- Per Pro Limited	20	-	-	20
- Royal Mail Group	-	123	(52)	71
- Scottish Government	101	-	(44)	57
- Scottish Council on Visual Impairment	1	-	(1)	-
- The Band Trust	-	15	-	15
- The Edith Murphy Foundation	-	36	-	36
- Wales Council for Voluntary Action	3	6	(3)	6
- W G P McGowan	23	-	-	23
- William Avery Legacy	11	-	(11)	-
	<u>1,081</u>	<u>13,503</u>	<u>(13,617)</u>	<u>967</u>
Total	2,054	15,698	(16,007)	1,745

Notes to the financial statements Year ended 31 March 2015

17 Restricted funds (continued)

Other restricted donations were received for the following projects:

- Alice Ellen Cooper-Dean Charitable Foundation – Towards work in Dorset.
- 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.
- ED Ellis – Towards our work in Cambridgeshire.
- Hywel Dda Charitable Fund – To support new Stroke Awareness Volunteer Co-ordinator.
- ICAP – Towards our Child Stroke Project.
- Legacy for dysphasia support – For services in Sussex.
- Legal & General – Funded a public survey on TIA and sponsored *Action on Stroke Month*.
- Maysel E Radcliff – For work in Sheffield.
- Millennium Stadium Trust – To support new Stroke Awareness Volunteer Co-ordinator.
- Nominet Trust – Towards My Stroke Guide.
- 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.
- Scottish Council on Visual Impairment – To fund the Scottish Vision and Stroke Network.
- The Band Trust – Towards My Stroke Guide.
- The Edith Murphy Foundation – Towards provision of long term emotional support.

Notes to the financial statements Year ended 31 March 2015

17 Restricted funds (continued)

- W G P McGowan – For work locally at Queens Park Hospital, Blackburn.
- Wales Council for Voluntary Action – Towards Volunteer Coordinator in Wales.
- William Avery legacy - For stroke services in Croydon.

During the year, £100,000 was transferred to unrestricted funds, being a reimbursement of expenditure incurred for restricted fund purposes but met out of the unrestricted fund balances in the first instance.

18 Analysis of net assets between funds

	Restricted funds £000	Un- restricted funds £000	Total 2015 £000
Tangible fixed assets	-	2,664	2,664
Fixed asset investments	-	23,796	23,796
Current assets	2,943	5,649	8,592
Creditors: amounts falling due within one year	(1,198)	(4,511)	(5,709)
Creditors: amounts falling due after one year	-	(6,829)	(6,829)
	<u>1,745</u>	<u>20,769</u>	<u>22,514</u>

19 Tax

The charity is unable to reclaim all VAT suffered on expenditure. Irrecoverable VAT suffered during the year amounted to £1,023,000 (2014: £1,046,000).

20 Leasing commitments

At 31 March 2015 the charity had annual commitments under non-cancellable operating leases as follows:

	Property 2015 £000	Property 2014 £000	Cars 2015 £000	Cars 2014 £000
Operating leases which expire:				
Within one year	(161)	(211)	(38)	(35)
Within two to five years	(611)	(529)	(80)	(165)
After five years	(124)	(192)	-	-
	<u>(896)</u>	<u>(932)</u>	<u>(118)</u>	<u>(200)</u>

21 Pension commitments

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

22 Liability of members

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

23 Dormant subsidiary companies

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

24 Post balance sheet events

On 1 April 2015, the Stroke Association merged with Action for Dysphasic Adults, known as 'Speakability' (registered charity number 295094, registered company number 02030225). Net assets of £154,000 were acquired at no cost. Speakability is a national charity supporting people with aphasia. This merger is part of Stroke Association's ambitious plan to ensure more stroke survivors across the UK, living with a communication disability, receive the vital support they need.