

Annual Report and Financial Statements

Stroke
association



Year ending 31 March 2018

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Chair's introduction

There are more than 100,000¹ strokes in the UK each year.

Around **1.2 million** people are living with the consequences of their stroke.

Each person's stroke is different. For too many, their former life is devastated, with loss of mobility, cognition and speech being common, along with depression and fatigue. For each person and family, stroke is life-changing. When I meet stroke survivors, they talk about the misery of stroke, and how they felt lost and abandoned after leaving hospital, grieving for their former life and struggling to cope.

So I am proud to have joined the Stroke Association to help deliver our mission of preventing strokes and helping people rebuild their lives after stroke. We know that with good and early support many people can recover disabling functional loss and find ways of overcoming problems to reclaim their lives.

Thanks to our supporters, volunteers, partners, and staff we reached nearly 70,000 people last year to help them with their life after stroke and encourage them on their recovery journey. I've seen the transformational impact we can have on people's outlook when I've visited stroke groups and talked with stroke survivors.

Our research, advocacy, and partnerships have contributed to further improvements in clinical outcomes as new techniques like thrombectomy are rolled out and NHS services are re-organised to deliver modern 24/7 emergency stroke services. But I was fascinated by the data in the annual Sentinel Stroke National Audit Programme (SSNAP) report which lays out the huge variation in outcomes for patients depending on when and where they had their stroke.

There is so much more to do. Still far too many people do not get the help and support they need to maximise their recovery and re-build their lives. There is far too much variation in clinical outcomes; it's a postcode lottery whether you get modern up-to-date treatments or effective after-hospital care. Stroke research and practice gets an unfairly poor share of national and international resources despite stroke being the leading cause of adult disability.

We need a step change to reduce the incidence of stroke and the severity of disability that stroke survivors experience. The ambition of the Stroke Association to lead this step change is what attracted me to join as Chair of Trustees in August 2017.

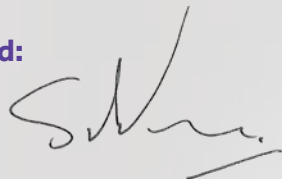
¹This figure is based on data from SSNAP's National clinical audit annual results portfolio March 2016-April 2017 and the Scottish Stroke Care Audit's Scottish Stroke Improvement Programme Report-2016. See page 9, note 5 and 6 of our State of the Nation 2018 statistics, available at stroke.org.uk/son18, for more information and the reports' references.

The trustees had already decided to commission a new strategy to guide our work from April 2019. This year we started to build the foundations for that new strategy. Our focus has been on financial management and governance. We have overseen a cost saving programme to ensure our planned budget deficit is being tightly managed and we've revised our reserves policy to identify funds for future investment. We've also reviewed our governance and safeguarding arrangements and produced our first corporate governance report so that we can maintain a clear line of sight on these vital issues as we plan for an exciting future.

I would like to thank Interim Chair, Peter Rawlinson, for his leadership and support during the transition.

I would like to thank our many partner organisations for your common cause; my fellow trustees for volunteering your time and knowledge and your support to me; our management and staff for your expertise and professionalism; and all our volunteers and supporters for your commitment and passion. Together we can support far more stroke survivors to rebuild their lives after stroke.

Signed:



Stephen King - Chair of Trustees



Chief Executive's introduction

2017/18 has been another year of considerable success for the Stroke Association. We are proud of the impact of our A New Era for Stroke campaign, which began in May 2016. With significant public and parliamentary support and an increasingly strong partnership with NHS England, we successfully secured government commitment to publish an updated national stroke plan for England, replacing the 2007 national stroke strategy. Following our leadership in funding the first feasibility study, the government funded the first-year rollout of thrombectomy, a new clot retrieval procedure, which will save lives and reduce disability for thousands of stroke survivors. In partnership with public health bodies across the UK, we increased awareness of the signs of stroke through the FAST campaign and we continue to push governmental bodies in Scotland, Wales and Northern Ireland to prioritise stroke with the same energy and determination.

We provided emotional, practical and social support to 50,000 people through our local commissioned services alone across the UK. To increase national coverage of our services, we expanded our Stroke Helpline and increased the number of people reached by 22% from 14,800 to in excess of 18,000. We made our online stroke community and self-management tool, My Stroke Guide, publicly available on 4 January 2018 and were delighted that in under three months over 2,000 users registered. And we provided much-valued peer support to people affected by stroke through increasing the number of stroke clubs and groups across the UK.

We approved £3.0m of vital stroke research to save lives, improve recovery, and grow the next generation of future research leaders in stroke. We leveraged significant funding through successful partnership arrangements with other organisations. We were particularly pleased to invest in understanding better ways to prevent and treat haemorrhagic stroke where outcomes are currently poor.

We are committed to improving public awareness and engagement with stroke and the invaluable work of the Stroke Association. We've conducted research to understand why stroke isn't on people's radar in the same way as other conditions and causes, and used the results to shape the strategic thinking behind our communications in readiness for increased investment next year. We also ran a successful pilot in GP surgeries and hospitals promoting our information and support, which we will roll out over the next few years so that we can help even more stroke survivors than we do currently.

2017/18 was a tougher year for fundraised income. The negative media attention on charities, continuing austerity, and a more challenging fundraising environment has affected our income, which was 6% down on the previous year and resulted in a deficit of £(770,000) before investment gains. This was, however, anticipated and we are doing well in comparison to other medium-sized charities. We remain hugely grateful to our amazing supporters who remain loyal and committed to our cause.

In anticipation of reduced income, we successfully contained expenditure through targeted management action, we agreed our core focus for the future, and developed an exciting three-year income generation strategy to deliver more regular predictable income and achieve financial recovery. We prioritised laying the foundations for long-term growth. We have a new Executive Team in place, replaced our 19-year-old finance system, invested in our people, reviewed our governance arrangements, and got ready for the General Data Protection Regulations (GDPR) which came into force on 25 May 2018. We see this as a positive opportunity to create a different kind of dialogue and engagement with our supporters and provide excellent supporter care.

We are excited about the coming years. Nearly half of stroke survivors tell us they feel abandoned when they leave hospital. We've therefore agreed to be 'life champions' for people affected by stroke and focus the majority of our time, effort and resources on rehabilitation and long-term support for stroke survivors and their families. We will be spending the next year clarifying what this means in terms of our future ambitions and priorities. We look forward to engaging many of you in this conversation.

Thank you for everything you do to help stroke survivors and their families. We couldn't deliver the amazing life-changing support and research we do today without your help, and we are immensely grateful.



Juliet Bouverie – Chief Executive



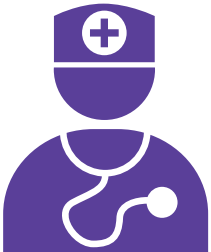
Our challenges



There are over **1.2 million** stroke survivors in the UK.



90% of strokes worldwide are caused by modifiable risk factors such as high blood pressure and atrial fibrillation (AF).



Only **3 in 10** stroke survivors receive a six-month follow-up review.



For every person who had a stroke in the UK, **£48** is spent on stroke research, compared with **£241** for cancer and **£118** for dementia

Our work



50,000

We supported **50,000** people through our locally commissioned services.



£3.0m

We approved **£3.0 million** of vital stroke research.

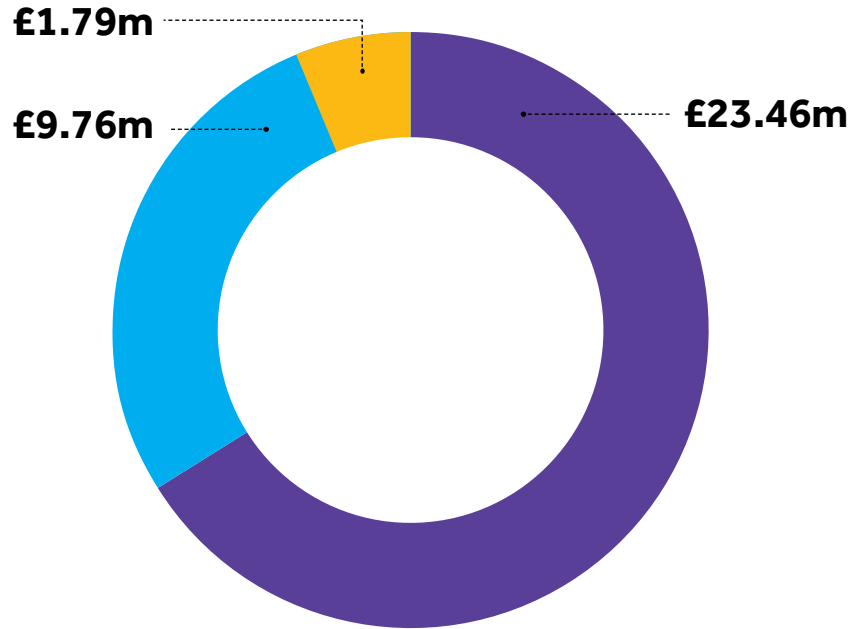


We secured one new national stroke plan for stroke in **England**.



The **Act FAST** campaign with Public Health England reached over **two thirds** of its target audience in 2018

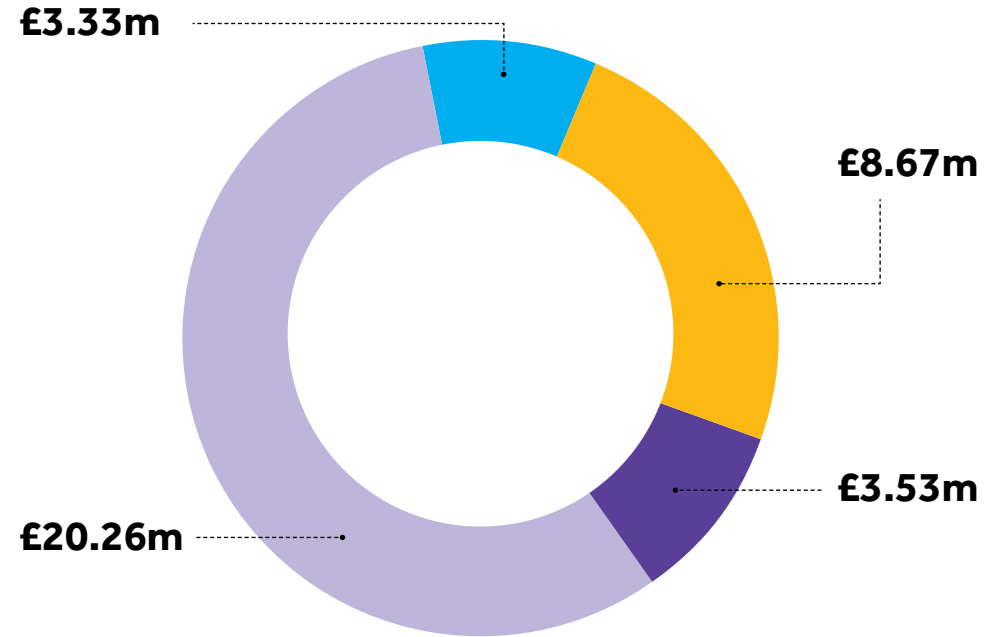
How we raised our income



Key

- Donations and legacies
- Services and grants
- Other, including investments and trading

Where we spent our income



Key

- Raising funds and legacies
- Providing information and raising awareness about stroke
- Providing support services to rebuild lives after stroke including our helpline and universal services
- Investing in powerful research

Strategic report

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

Our work has been centred on six ambitions:

1

Preventing avoidable strokes

- because up to 90% of strokes worldwide are preventable.

2

Making sure there is best stroke support and care

- because there are huge variations in the availability and quality of stroke services across the NHS and social care system.

3

Expanding the network of services and long-term support across the UK

- because we are currently able to reach only 40% of people who have strokes during the course of one year with our support services.

4

Building research and promoting knowledge to improve stroke care

- because UK funding for stroke research lags behind other conditions, despite stroke being a leading cause of adult disability.

5

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

- because there is a serious shortage of health and social care professionals who are trained in the specifics of stroke.

6

Developing the foundations for long-term growth

- because achieving these ambitions for people affected by stroke will require us to grow our income, manage our resources better, invest in our people, engage more effectively with our audiences, and strengthen our use of evidence in decision-making.

Preventing avoidable strokes

90% of the strokes that happen worldwide are preventable. However, far too many people don't understand their risk of stroke or know that there are ways they can reduce their risk.

High blood pressure plays a part in half of all strokes, making it the biggest single risk factor for stroke. Atrial fibrillation (AF), a type of irregular heartbeat, is a contributing factor in 1 in 5 strokes in the UK. In both cases, a person's risk can be reduced with effective diagnosis and treatment.

Our achievements in 2017/18

High blood pressure campaign reached 2.2 million

In April 2017, we rolled out our Take a Moment campaign to raise awareness of the link between high blood pressure and stroke and encourage members of the public to get their blood pressure checked. We reached an estimated 2.2 million people, received widespread media coverage and social media engagement, and encouraged nearly 3,000 people to download information about blood pressure checking.

Atrial fibrillation campaign raised awareness among GPs and politicians

As part of our commitment to helping more people to understand and lower their risk of stroke, we ran 36 events across England and Scotland to test the feasibility of providing AF pulse checks at our existing Know Your Blood Pressure events. The events helped us to raise awareness of AF and attendees found the information helpful and easy to understand.

We delivered the next phase of our AF campaign by engaging with over 3,700 doctors through our online learning portal. There were over 5,000 visits to the site, and our evidence showed that the campaign significantly increased awareness of the Stroke Association among GPs.

Working in partnership with Chest, Heart and Stroke Scotland and the British Heart Foundation, we completed an inquiry into atrial fibrillation in Scotland, which led to the Cross Party Group on Heart Disease and Stroke making 10 recommendations for improving AF detection and management to reduce the number of deadly and debilitating strokes in Scotland.

FAST reached 20,000 people

We continued to work closely with Public Health England (PHE) to refine and promote the FAST campaign to ensure more people know about the signs of stroke and act quickly to dial 999. We achieved significant media coverage and saw about 20,000 unique visitors to our FAST webpages, in addition to the millions of people who would have seen or heard PHE's advertisements on TV and radio.



Case Study

Raising awareness nationally and locally

John Gott has been a volunteer for 15 years, and a Stroke Ambassador since 2014.

"Lots of people don't realise that high blood pressure is linked to stroke – having it checked makes them aware so they can take action. Over the past year, I'd say I've taken at least a couple of hundred blood pressures. We're often invited to events at shopping and community centres, churches, mosques, companies and supermarkets, and I'm always looking for more opportunities.

Recently we were at an event and four men whose blood pressure we'd checked the previous year, came back to thank us because they're now on medication to help.

I enjoy the role very much. It is important, and quite a responsibility to represent the Stroke Association, which I'm very proud to do."



In our first year of strategic partnership, Well Pharmacy staff raised over £107,000.

Well's fundraising goes directly to our prevention work, helping us to continue running blood pressure checking events across the country. In 2017, Well's pharmacists also took 3,600 blood pressure checks, over half of which were given additional advice, including to visit their GP.

We are also indebted to our army of volunteers and Stroke Ambassadors across the UK, who help us to raise awareness about stroke and how to prevent it.

Acting FAST

Phillipa Haslehurst was at home when she suddenly became dizzy and disorientated. Luckily, her daughter, Beth, heard her call out and went to see what was happening.

“As soon as I found Mum on the bed, I knew she was having a stroke,” said Beth. “I remembered seeing the FAST advert on TV, and how the woman’s face drooped to one side.”

Beth called for an ambulance to get Phillipa to hospital as quickly as possible. Thanks to her actions, Phillipa has made a good recovery, and now works for the Stroke Association as a Volunteering and Community Officer in London.

Every second counts when you are having a stroke – receiving the appropriate medical treatment quickly can reduce the impact of their stroke.

Phillipa said: “I think this goes to show just how powerful the FAST advert is – especially for a teenager to recognise the signs and react so quickly.”



The FAST campaign is helping more people to understand and recognise the signs of stroke. For more information visit stroke.org.uk/FAST.

Ambition two:

Making sure there is best stroke support and care

Despite significant improvements in stroke treatment and care in recent years, there are still unacceptable variations in the quality and coverage of support services around the UK, and stroke does not get the priority attention it deserves. As a result, many stroke survivors aren't getting the care they need. Only 3 out of 10 stroke survivors receive a six-month follow-up review. And 1 in 3 areas in England, Wales and Northern Ireland do not provide support to the carers and families of stroke survivors after they leave hospital.

That's why we continue to fight to push stroke up the political agenda, putting pressure on governments across the UK to prioritise stroke, so that everyone everywhere can access high quality stroke treatment and care.



435

supporters wrote to their candidates during the general election

Our achievements in 2017/18

National plans for stroke UK-wide

Following our A New Era for Stroke campaign, we were delighted that both NHS England and the Government agreed that a new plan to improve stroke services in England was needed after the previous strategy expired in December. We are now working in partnership with NHS England and others from across the health and care system to develop this further.

This wouldn't have been possible without the support we received from people affected by stroke, volunteers and members of the public who signed our public petition, shared their stories, and shaped the priorities for improvement.

"The Stroke Association is an absolutely first-rate charity and a real partner for the Government."

Steve Brine MP, Parliamentary Under-Secretary of State for Health, House of Commons, 5 December 2017



Ambition two:

"I would draw attention to the role that the Stroke Association are playing within the development of the new plan, because clearly they have fantastic reach to patients, are a trusted voice and are key in making sure there is that understanding among both patients and the clinical community."

Lord O'Shaughnessy, Parliamentary Under-Secretary of State – Department of Health and Social Care, House of Lords, 12 December 2017

In Northern Ireland, we influenced the Government's consultation on the modernisation of stroke services to ensure it focused on the whole stroke pathway, including the care stroke survivors receive when they leave hospital. We gathered the views of stroke survivors and professionals and will use this to inform our response to the full consultation when it begins.

In Wales, we continue to sit on the Stroke Delivery Plan implementation group and push for improved post-hospital support. We are also working with the Cross Party Group for Stroke to highlight necessary improvements across the stroke pathway, including the introduction of thrombectomy and the reorganisation of acute services.

In Scotland, alongside the work mentioned above in support of the Cross Party Group for Heart Disease and Stroke, we continue

to advocate improvements to stroke care through our representation on the National Advisory Committee on Stroke, which oversees implementation of the Stroke Improvement Plan.

As a result of the success of our A New Era for Stroke campaign and the additional follow-up work that resulted, we deferred our plan to develop a UK-wide influencing approach to 2018/19.

Influencing work led to roll-out of thrombectomy across England

We were delighted with the role we played in helping influence NHS England's decision to fund the roll-out of thrombectomy, an innovative new clot retrieval procedure, commencing April 2017.

We also funded research to model the ideal placement of thrombectomy centres in England to ensure equitable access to this ground-breaking treatment.

Five threatened services protected by local campaigns

To protect our services against the threat of closure due to public sector funding cuts, we prioritised defending 10 of our local services and led five successful campaigns to maintain local services for stroke survivors, in addition to other work done within the organisation to defend our services.



Case Study

Campaigning for change

Julie Payton shares her experiences of campaigning locally for A New Era for Stroke.

"When my husband had a stroke in 2013, we got support from the Stroke Association which made a huge difference to us. That's why we both now volunteer, and why I wanted to get involved with starting our local Warrington South Campaign Group.

It's important for stroke survivors and carers to have a voice and to be included in the decisions about the new stroke strategy for England.

It's incredibly important that the new national plan for stroke in England plan is implemented. We need it to help stroke survivors to get better support and care so we need to get the word out."

Ambition three:

Expanding the network of services and long-term support across the UK

In England, Wales and Northern Ireland, 84% of patients with stroke leave hospital requiring help with activities of daily living. A third of stroke survivors in the UK experience aphasia - affecting their ability to speak, write, read or understand what others say.

For many stroke survivors, rebuilding their lives after stroke is a long and challenging process, not only for them, but for their family and friends too. We know that with the right support, many people are able to find new ways to live their life after stroke. However, we're very aware that we're not reaching everyone, so we've been working hard to extend the reach of our services to ensure we can be there for more people affected by stroke and to increase the peer support provided by other stroke survivors.



We supported

50,000

people through our locally commissioned services.

Our achievements in 2017/18

Local commissioned services

Through our network of 150 Stroke Recovery Services and other local stroke support offers, we reached 50,000 people, compared with 57,000 last year. The drop is partly explained by a change in data classification that excludes less active cases. We transitioned 69% of relevant services to our Stroke Recovery Service model, our improved and standardised package of support services, which provides tailored practical, emotional and physical support from hospital to home and into the longer term for stroke survivors and their families or carers.

As part of our aim to explore new approaches for supporting more people affected by stroke, we've set up and piloted eight new Moving Forward After Stroke services, which focus on providing exercise and education opportunities. We established four new Caring and You programmes, offering education and training for carers of stroke survivors. We've also piloted our new Emotional Support service in Liverpool.



Ambition three:

Our universal services

Significant increase in Stroke Helpline enquiries:

Our helpline responded to over 18,000 enquiries by phone, email and Facebook, helping people with a wide range of emotional, practical and financial needs, including finding services in their area and understanding the effects of stroke. In July 2017, we increased the number of Helpline Officers and extended our opening hours to two evenings and Saturday mornings. As a result, we were able to answer around 4,000 more enquiries in 2017/18 than 2016/17, an increase of 22%.



We answered

22% more

Stroke Helpline enquiries than in 2016/17.



We reached

over 2,000

people within three months of launching My Stroke Guide to everyone.

My Stroke Guide surpassed registration targets:

We made our online support tool, My Stroke Guide, available to everyone affected by stroke in January 2018. With minimal promotion, it reached well over 2,000 people in the first three months, surpassing our target of 1,140 registrations in this period. We've had nearly 1,000 posts on our social walls, and we are beginning the next phase of development, including new functions like goal setting, calendar and diary features.

1,358 people supported with Life After Stroke Grants:

We gave support to 1,358 stroke survivors and their families across the UK through our programme of financial grants. Our Hardship Fund grants provided immediate and vital support to 147 people in real crisis. Our partnership with Royal Mail enabled us to provide 1,211 recovery or activity grants, worth an average of £261, to provide aids for daily living, improve quality of life and independence, or ease the household pressures stroke brings. Recipients regularly tell us how much of a difference these grants make to their lives and wellbeing.

Case Study



Putting the 'help' in helpline

Lucy Sherman, part of our dedicated team of Helpline Information Officers, shares her experiences.

"A big part of what we do is listening, offering emotional support and signposting to our brilliant local services where we can.

With frequently asked topics, we usually have a few helpful ideas in mind. However, I have to confess to being a closet Sherlock Holmes: I relish the challenge of sourcing support for someone when there isn't anything obvious available. I'll often ask callers if I can do some further research and get back to them, to give me time to explore other options.

I hope callers go away armed with more information, an idea of what they can do next, and the knowledge that we're here for them."

Ambition three:

30 new stroke groups created:

In 2017/18, we provided access to vital long-term peer support for 5,196 people, an increase of 700 people from the year before. We also set up 30 new groups across the UK. Within our network of 193 Stroke Association Voluntary Groups, we created 29 hub and spoke groups that provide a range of activities, including art, gardening, choirs and music, and exercise.

More families supported through our Childhood Stroke Project

Through our Childhood Stroke Project, run in collaboration with the Evelina London Children's Hospital, we've supported 53 referred families over the past year. We ran two well-attended parent information days in London and Liverpool, and published resources for parents and young people seeking information about therapy services. Our Childhood Stroke Handbook was highly commended in the BMA patient information awards.

Supporting the needs of people with aphasia

Supported by members of our Aphasia Advisory Committee we've been at the heart of a leading collaboration with the Royal College of Speech and Language Therapy and other charities to develop a UK-wide Communication Access Symbol with standards for businesses and organisations. Through our Aphasia Voices forum, we have ensured that the stroke community has had a strong voice in the consultation process.



We supported

1,358

people with Life After Stroke Grants.



We created

30

new peer support groups.



My Stroke Guide

Heidi Matthews started using My Stroke Guide when she got home from hospital, and instantly recognised how she and her family could benefit from the advice, information and online community.

“Stroke is a shock, so it’s good to read up on the effects to check if what you’re experiencing is normal,” said Heidi, whose stroke left her with severe aphasia. “My daughter Grace also used it to talk to a young stroke survivor, who helped her to understand what I was going through.

“Chatting to other stroke survivors on the forums has helped me to improve my reading, writing and confidence. And I’m slowly improving my speech all the time. It’s good to tell people what you’ve experienced and tell others to keep on it.”

Heidi now volunteers for the Stroke Association in Wales, and she recommends My Stroke Guide to all the stroke survivors and carers she works with.



Find out more at mystrokeguide.com.

Ambition four:

Building research and promoting knowledge to improve stroke care

Stroke causes more disabilities than any other condition, but funding for UK stroke research lags behind other major conditions. For each person who had a stroke in the UK in 2012, £48 was spent on stroke research. This is a fifth of the amount spent on cancer research (£241) and less than half that spent on dementia research (£118). There is also a lack of data on stroke patient experience and outcomes.



We invested

£1 million

in haemorrhagic stroke research projects.

Our achievements in 2017/18

£1 million invested in haemorrhagic stroke research

About 15% of strokes are caused by a haemorrhage (a bleed within or on the surface of the brain). Haemorrhagic strokes are associated with a higher risk of dying within the first three months and beyond, yet our understanding and treatment of haemorrhagic stroke lags behind the more common ischaemic stroke (caused by a clot or blockage). In the last year, we invested £1 million into two haemorrhagic research projects, which included £450,000 in collaborative funding received from the Medical Research Council.

We continue to nurture a strong community of stroke researchers, and help grow the next generation of future stroke research leaders. We funded two new Lectureships and six new Fellowships as part of this year's capacity building programme. One of the Fellowships was awarded under a new partnership with the Association of British Neurologists (ABN).



Nurturing the next generation

Thank you to our family of philanthropists and trust and foundation supporters. Together you have enabled us to support stroke survivors across the UK through a range of programmes and to invest in vital medical research.

Your generosity is also helping us to build the next generation of stroke research leaders through our Lectureship Programme. This year, we particularly thank the Edith Murphy Foundation and the Kirby Laing Foundation for supporting two Lectureships Awards:

- Dr Grant Mair's research focuses on understanding how brain imaging can be used to improve stroke treatments.
- Dr Emily Sena's work looks at how to make pre-clinical stroke research more reliable and useful.

Ambition four:

We spent nearly £1.2 million, of which £669,000 was provided through matched funding with Universities/NHS and the ABN partnership.

Change the Story campaign on the economic burden of stroke reached 6 million people

To highlight the importance of investing in stroke prevention, treatment and rehabilitation, we commissioned research and produced two executive summary reports on *Current, future and avoidable costs of stroke in the UK*. The reports examine the economic impact of stroke in the UK and provide strong evidence that investing in stroke research today could lead to a significant reduction in the burden of stroke in the future (to read the full reports visit stroke.org.uk/strokecost).

We used these reports as part of our campaign, Change the Story, which aimed to drive up awareness of the impact of stroke, and the importance of long-term investment in stroke research. Change the Story reached almost 6 million people (20% more than our target); we received over 4,000 donations, exceeding our target on web donations by 300%; and secured advertising opportunities in various national newspapers.

Understanding patient experience and outcomes beyond the hospital setting

We began to look at the best way to measure patient experience and the quality of post-acute care by commissioning research into the number of stroke survivors at different parts of the pathway. The next stage will be to assess the unmet needs of each group and how they define quality of life.

Second largest stroke support organisation globally

As the second largest stroke support organisation (SSO) in the world, we seek to share our expertise and strengthen the capacity of SSOs globally.

We've increased SSO membership to the World Stroke Organisation (WSO) by 56% since 2016, helped establish new SSOs in China, Sri Lanka and Jamaica, and introduced several new initiatives, including a linking programme, and a new SSO newsletter, 'One Voice'.



We leveraged

£669,000

in matched funding for our capacity building programme.



Behind the research

Stroke researcher Professor Rustam Al-Shahi Salman describes his latest research.

"I feel very fortunate to have received a Stroke Association Priority Programme Award to support my research into understanding – and eventually treating – swelling around strokes due to brain haemorrhage (bleeding in the brain).

Swelling around brain haemorrhage worsens recovery but there are currently no effective treatments. To find a treatment, we need to understand what causes the swelling. Many studies have investigated this in animals, but very few have studied human brain tissue.

My work will build on research funded by a joint Stroke Association and Medical Research Council Fellowship in 2010, which enabled us to set up a unique bank of brain tissue donated by more than 130 people to date, who died after brain haemorrhage. We will study these existing and new donors, their brain scans and blood samples to investigate the processes thought to cause swelling.

We hope that our research will lead to a clinical trial of a treatment to reduce swelling after brain haemorrhage."



Visit stroke.org.uk/research to find out about our stroke research.

Changing the story for stroke survivors

In 2017, our corporate partner Legal & General helped us to pioneer a new era in stroke research by donating

£40,000

towards our research into the Current, future and avoidable costs of stroke in the UK.

The reports show that the number of stroke survivors in the UK, many living with disability and needing long-term care, is expected to more than double in the next 20 years. This has huge economic implications for our overstretched health and social care system and the economy generally.

Funding stroke research is the only way to prevent strokes, find better treatments and more effective rehabilitation techniques.

Stroke survivor Odette Foster-Robinson supported us in raising awareness of the reports' findings by sharing her story for our Change the Story campaign.

Odette lost the movement on her left side after having a stroke at 43. She wishes there was more research to find new treatments which might help her. Her Dad also had a stroke, so she is keen to know if there are genetic factors that can cause stroke and how her daughters can prevent it.

Odette said: "Just being able to walk properly would be the greatest joy. It takes a lot of strength, determination and pain killers to move. I find it really hard to wash and iron clothes, tidy up and I can't attend activities at my daughters' school.

"But I'm so grateful I survived to see them grow up and guide them. I have a really supportive family and the Stroke Association has helped me to think about my life after stroke, access benefits and meet other people affected by stroke. I wouldn't wish it on anyone else, but it's helpful to feel less alone because stroke can happen to anybody at any time."



Ambition five:

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

More people are surviving stroke and living with it as a long-term condition. It is therefore vital that there is a sufficiently staffed and skilled stroke workforce to ensure that every stroke survivor get the best quality treatment, care and support. Unfortunately, statistics show there is currently a significant shortage of stroke consultants, nurses and rehabilitation therapists. Not only that, but there's also a lack of stroke awareness and skills within the health and social care workforce.

Our achievements in 2017/18

Re-thinking stroke training for health and social care professionals

We are committed to finding ways to address workforce shortages and skills, so we undertook a strategic review of the impact of our stroke training for health professionals, including the Care Home Award scheme. The review found that our reach and impact were small and that outgoings exceeded the income gained. We concluded that compared with providing direct training to the wider stroke workforce, we are

likely to have a greater impact by influencing national training bodies, for example the Royal College of Nursing and the Royal College of General Practitioners, who have responsibility for the workforce capability of their professions.

1,450 attendees at flagship stroke researchers and professionals conference

As a core member of the coalition, we once again organised the UK Stroke Forum (UKSF) conference in Liverpool to showcase the latest ground-breaking innovations in stroke research, care and treatment. We convened more than 1450 attendees from across the stroke care pathway. Over 120 experts and researchers presented sessions, workshops and plenaries, which included a pre-recorded video in the opening plenary from Professor Sir Bruce Keogh, former Medical Director of NHS England. We also had more than 180 research posters and over 60 exhibitors in an incredible exhibition arena. Our research training day and nursing/rehab workshops were highly reviewed, with 100% and 99% of participants, respectively, rating the day as excellent or good.



A meeting of minds

An extract from the speech given by Professor Sir Bruce Keogh at UKSF:

“Stroke remains the fourth most common cause of death in this country and the most common cause of adult disability. It costs the NHS just over £3 billion a year and social services over £5 billion a year.

Given the a shortage of workforce almost across the board in the NHS, we're going to need to think radically, particularly if we want to bring new exciting treatments, like thrombectomy, to patients.

NHS England is working very closely with the Stroke Association so that we can develop a clear plan for improving stroke services across the country.

I think it's vitally important that the Stroke Association play a very leading role in the development of this plan. It won't be easy. Nevertheless, I have great confidence that the evidence on which we base this plan - that demonstrates the need - will win the day.”



Ambition six:

Developing the foundations for long-term growth

Marketing and brand

This year, we successfully trialled ways of increasing awareness about our information and support services. Over 180,000 of our leaflets were picked up from 5,000 GP surgeries; GP surgery screen adverts reached 3.8 million people; and we piloted a new way of sharing stroke information in 20 UK hospitals. The number of helpline callers who heard about us from hospitals, GP surgeries or healthcare professionals increased by 260%.

We celebrated the amazing recovery stories of people affected by stroke through our national and regional Life After Stroke Awards, with the national awards skilfully hosted by stroke survivor Chris Tarrant. For the first time we streamed the event via Facebook, with 16,000 live viewers. We raised over £100,000, trended on Twitter, and our media coverage alone had a 40% penetration rate into our target audience, well above expectations.

We reached new audiences through Lost for Words, a Christmas campaign that highlighted the isolation caused by aphasia and the ways the Stroke Association can help. Almost 7 million people saw the campaign, which raised over £300,000.

Fundraising - Thanks to the generosity of our supporters, we raised £23.5 million.

Gifts left in wills continue to play a critical role in funding our life-changing research programme and accounts for 50% (£11.8m) of our voluntary income. The number of people who choose to support us in this special way continues to grow year upon year.

Many individuals across the UK supported the stroke cause this year. As well as receiving support from over 55,000 donors to our cause, runners came out in force, with over 11,000 supporters joining Resolution Run events across the UK. We also raised a record amount from those running the London Marathon (£420,000). Over 4,500 stroke survivors got involved and celebrated their recovery at one of many organised Step Out for Stroke walks.



Case Study

Feeling like me again

When Graeme Clark had a stroke during a triathlon in 2015, there was no way of knowing if he'd ever walk or talk again. Supported by his family and the Stroke Association, he resolved to make the best possible recovery and use his experience to help other stroke survivors.

"My speech was the biggest thing to happen to me. I could handle walking with a limp, but I couldn't face not being able to speak properly ever again.

I started speech and language therapy in hospital and continued practising my speech every day when I got home. I had to learn how to say my wife and kids' names again.

It's now two years since my stroke and I'm beginning to feel like my old self every day. I've even started running, cycling and swimming.

I took part in the Edinburgh Resolution Run. Taking part got me out of bed, back into exercise and has given me a lot of confidence."

Ambition six:

We've also secured a number of new and exciting partnerships with companies and individuals to complement those who continue to support us. Facilities management company ISS have chosen us as their charity partner for the next two years, and we've entered the second year of our partnership with Well Pharmacy.

Generous donations from philanthropists and grant-making foundations have enabled us to expand our support to stroke survivors and invest in vital medical research. For example, grants have helped to provide exercise-based rehabilitation through our new Moving Forward After Stroke Programme, and grow the next generation of stroke research leaders through our prestigious Lectureship Programme.

We have delivered on our aim to develop a bold and innovative new income generation strategy to achieve significant growth. We will pursue a streamlined portfolio of activities, focusing on maximum return in the key opportunity areas within all income streams. This, alongside a shared focus on building public engagement, will enable the organisation to extend its reach and impact for those affected by stroke.

Finance

In the past year, we've implemented a number of initiatives aimed at strengthening financial decision-making and improving stewardship of our financial resources.

We more closely integrated our annual budgeting and planning activities. We successfully delivered on time the first phase of our financial modernisation programme including preparing for a new finance system, and rolled out financial literacy training to all budget holders.

We also identified further opportunities for efficiency savings, focusing initially on procurement and on our property portfolio. Work to identify and realise cost savings will continue in 2018/19.



Our Lost for Words Christmas awareness and fundraising campaign reached almost

7 million
people



Ambition six:

People

An important part of laying the foundations for our long-term growth is investing in our people, so that we can become the strong, dynamic, engaging organisation that we need to be for the benefit of stroke survivors and their families.

This year, we launched our new Performance and Development Review process for staff. This competency-based approach is enabling rich conversations about personal development to support our organisation's growth. We're continuing to refine the competencies and process for use in 2018/19.

Over 100 senior leaders attended our bespoke leadership development programme. Participants are benefiting from increased opportunities for collaboration and a growing understanding of effective leadership principles and techniques to help enhance our organisational effectiveness.

We continued to implement our reward strategy to help us attract and retain the best talent. We've agreed to implement improvements to our overall reward package and address some long-standing anomalies in our pension offer in 2018/19.

Our volunteers are an integral part of our organisation. From offering peer support to helping out at events and campaigning in their community, it is thanks to their hard work and dedication that we are able to support many more stroke survivors and their families to adapt to life after stroke. In recognition of their vital role, we increased investment in local volunteer and community teams. We conducted a major review of our Stroke Ambassador Programme. Our Stroke Ambassadors represent the Stroke Association in their local community and play a vital role in raising awareness and engaging people in our work. Based on the findings of the review we clarified the aims and expectations of this important volunteering role, and increased and improved the training opportunities available to them.

We also began to strengthen and extend our volunteering opportunities through the Hand-in-Hand programme funded by the Big Lottery Fund. We've redesigned the resources on our intranet, such as guidance, knowledge and information so that it is laid out in an easily accessible and user-friendly way, enabling us to support volunteers, clubs and groups more efficiently and effectively.



Ambition six:

Insight, strategy and planning

We made significant efforts to better understand and serve our constituents:

- spending time with stroke survivors' inner circle of family and friends, to be more responsive to their needs
- surveying a large number of our supporters, to improve how we help them achieve their goals by supporting the cause of stroke
- interviewing commissioners with the aim of working more closely with them.

Looking to the future, we reflected together on what we are all about - our core purpose. We took steps towards being a more empowering organisation, introducing a more collaborative approach to planning, and designing an exciting strategy creation process intended to role model the kind of organisation we wish to be.



Over

16,000

live viewers watched the first ever live broadcast of our Life After Stroke Awards on Facebook.



We reached nearly

4 million

people affected by stroke through GP surgeries.



We piloted a new way of sharing stroke information in

20 hospitals



Fundraising superstars

Lucy and Katie Trafford were inspired to take on the challenge of cycling from London to Paris after they lost their mum, Tina, to a stroke in 2016. With the support of their family and friends, Lucy and Katie completed the epic 200-mile journey, raising over £135,000 for the Stroke Association.

“Cycling from London to Paris was incredible way to honour our mother’s life,” said Lucy. “People were cheering us on along the way and I felt so proud to be cycling for her. In total, there were 97 of us in the team, including our father, cousins, friends and colleagues! We dubbed ourselves ‘Saddle for Stroke’. It was very emotional, but knowing that our mum was looking down on us every step of the way was what got us through it.”

In recognition of her incredible efforts in organising the challenge, Lucy won Fundraiser of the Year at our Life After Stroke Awards 2017. “It is tough not having mum here,” said Lucy. “It’s a loss that has left a huge void in our lives, but it has also spurred me to do the best I can to raise funds for the Stroke Association. I hope she would be proud of what we’ve achieved.”



Find out more about our fundraising activities at stroke.org.uk/fundraising

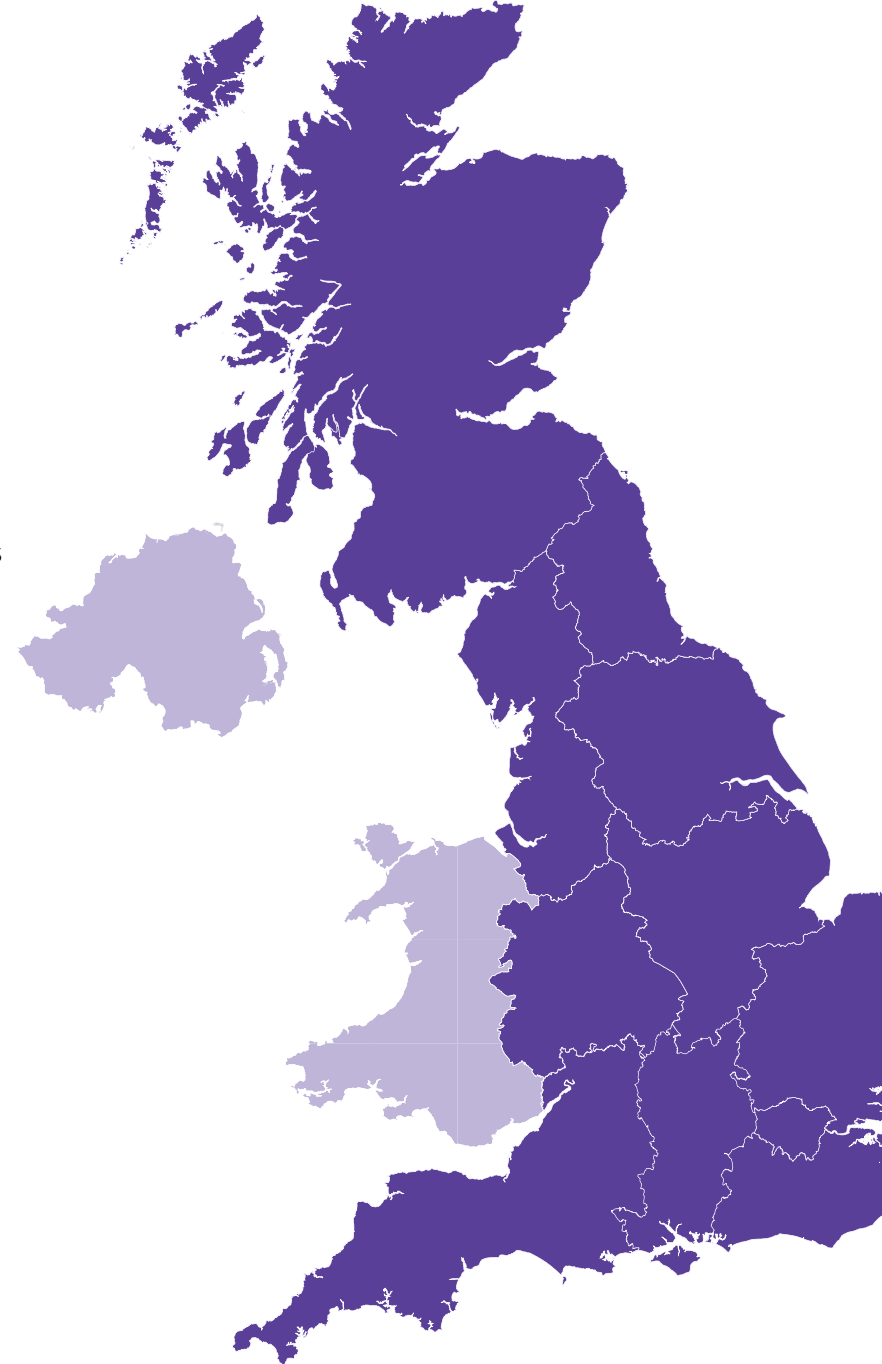
Highlights across the UK

England

- We have a pilot partnership with Citizens Advice (CA): our Stockton Stroke Recovery Service refer people they identify who could be in fuel poverty to CA, who in turn help them address this area of need. This is supported and funded via the local authority.
- We now have a significant number of stroke choirs, led by choir masters, across England supporting people from Kent to Lancaster, Manchester to Bath. Hundreds of people participate regularly, gaining therapeutic and social benefits and raising awareness for the cause and condition of stroke. The sessions are aphasia friendly: singing in unison, using regular melodies, repetitive lyrics, and singing at a steady pace, while challenging vocal ranges.

Scotland

- We launched our first Moving Forward after Stroke pilot in Scotland in January. This exercise-based support service helps people affected by stroke recover their mobility and independence. Feedback we've received from the first group demonstrates the immediate benefits: "I feel stronger than I did at the start and I know my walking has improved."
- We met the Scottish Cabinet Secretary for Health and Wellbeing, sharing the evidence supporting re-organisation of stroke units and articulating a case for data collection in community stroke rehabilitation. Our Stroke Masterclass in Stirling, providing stroke awareness training for professionals, attracted 70 delegates.
- The largest Resolution Run in the UK took place in Glasgow. 795 runners raised £38,370 for stroke.



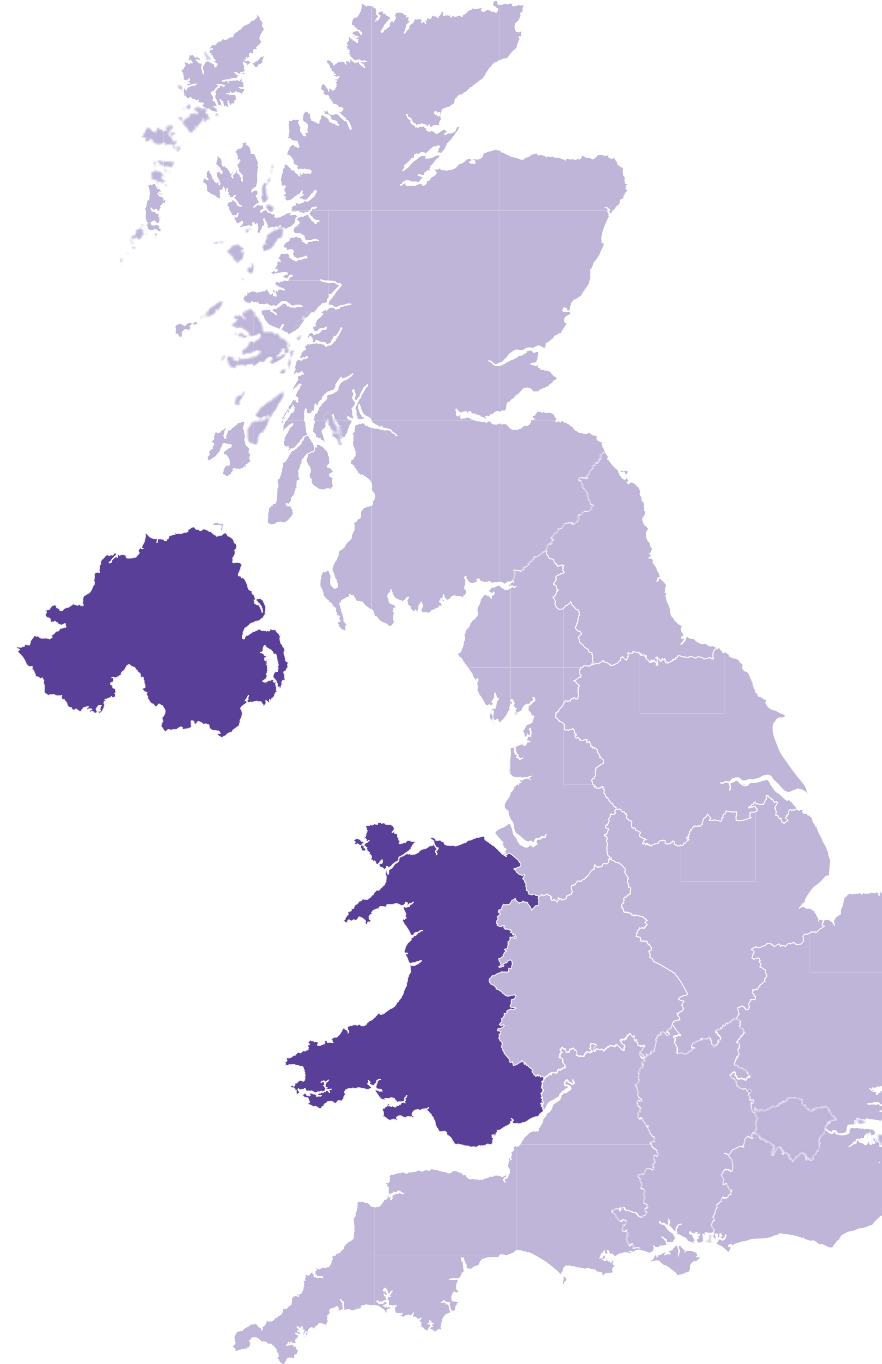
Highlights

Wales

- By applying and using the skills they learnt on our 12-week Phoenix Project at home, 34 stroke survivors and their carers from across Monmouthshire have been supported to develop greater confidence in communication and reduce social isolation.
- Our 'Get into Golf' pilot was held in Newport for 12 weeks during the summer. Working with Wales Golf we offered stroke survivors the chance to receive coaching from the club professional, who had received specific stroke training. The group found real improvement in their balance and co-ordination, and thoroughly enjoyed the social aspect.
- Our neuro café initiative, based in rural Powys where there are significant gaps in government service provision, supports people with a range of neurological conditions including stroke to access symptom-related information and gain social and emotional support.

Northern Ireland

- In partnership with Disability Sport NI, we supplied boccia and curling sets, benefiting over 200 people affected by stroke.
- Using evidence from a province-wide survey, we are working with the Royal College of Speech and Language Therapists, to input to the pre-consultation on Re-Shaping Stroke Services in Northern Ireland to ensure that the communication needs of people affected by stroke are properly recognised.
- We partnered with Cruse Bereavement and Four Seasons Healthcare using Big Lottery funding to train over 200 care staff in nursing homes. An interim evaluation suggests that the training is likely to be effective in increasing care staff knowledge and confidence in the use of techniques for working with stroke survivors.



Our aims for 2018/19

Our aspirations for the future are strongly motivated by the fact that in the UK, stroke is not given the priority it deserves based on its prevalence and the devastating impact it has on people's lives. Therefore, our long-term goal is to substantially increase the positive impact we make for people affected by stroke.

That is why, despite present financial pressures, we've committed to a bold three-year plan of investing in order to grow. In years one and two, increased investment in fundraising, marketing and stroke support will be met from reserves in line with our new reserves policy. By the end of year three we expect the uplift in income to return us to break-even. Within this plan our priorities for 2018/19 are:

1. Grow our influence

Recognising the huge potential of the National Stroke Plan for England to improve the quality and consistency of stroke treatment and care, we will actively support the implementation of this plan, working with integrated care systems (ICSs), sustainable transformation partnerships (STPs), health bodies and other key partners to help shape and influence their commissioning

and stroke pathway plans. We will continue to push for equivalent plans in the other UK nations. We will also invest in a marketing campaign to raise public awareness of the Stroke Association, the vital role we play in supporting people affected by stroke, and how people can support our work.

2. Grow our income

Approximately 17 million people have been touched in some way by stroke, whether through direct personal experience or through relationships with family or friends who have suffered a stroke. We want to engage more members of this community, encouraging them to support our work with stroke survivors, especially through regular giving.

We will consolidate our portfolio of fundraising activities, scaling up the best of these to improve the overall return on investment. In addition, we will begin to explore innovative new approaches for fundraising in the community.

To support this growth and improve supporter care, we will also invest in our internal infrastructure and information systems.



Our aims

3. Grow our support

Based on insight from our work with stroke survivors and commissioners, we will develop and test innovative new models of stroke support for the future designed to address currently unmet needs.

We will continue to develop and promote My Stroke Guide, our free-to-all online support tool and community, continuing to engage our users to understand which kinds of features are most valuable and how the site can better support their needs.

Recognising the hugely important work of volunteers in supporting people affected by stroke, we will continue to scale up our volunteer-led activities, which will include piloting and extending new forms of support to hard-to-reach communities. We will continue to invest in improving our support for volunteers, including the piloting of digital data capture, better processes, improved online resources and ongoing evaluations of volunteer satisfaction and impact.

4. Transform our engagement

As a prerequisite to growing and strengthening our work through more effective and strategic partnerships with others, we will develop an organisation-wide

approach for engaging with our stakeholders, supported by a suitable relationship management system.

5. Change how we work

To support the growth we seek, we will invest in our people and in better ways of working together. Examples of this include a more collaborative approach to the creation of a new corporate strategy for 2019, and our leadership programme for executive, senior and middle managers. Both initiatives have been designed to model a more responsive, evolutionary way of working based on distributed leadership. We see this as essential for equipping us to deal more effectively with the unprecedented flux and uncertainty driven by our current context.

We will prioritise compliance and extend legislation/ regulatory frameworks and good governance. We will invest in data protection, safeguarding, and the health and safety of our people. We will strengthen our governance of corporate change programmes to improve our record of delivery of milestones and benefits. Finally, we will map and improve a small number of critical administrative processes to enable our frontline staff to work more efficiently and effectively.



Financial review for the year

The net deficit for the year, before investment gains, was £(770,000) compared to a surplus of £136,000 in the previous year. This was better than budgeted due mainly to targeted management action on costs.

Income

Total income for the year was £35.0 million compared with £37.3 million last year.

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

Legacy income this year was £11.8 million (2017: £12.3 million) reflecting a strong performance after an exceptional year in 2017. While the short-term pipeline has weakened, the number of pledgers has increased underpinning the long-term expectations.

Other fundraising activities contributed £11.7 million (2017: £12.7 million) (see note 1) of gross income, 8% down on the previous year due to the

generally challenging fundraising environment discussed elsewhere.

Our community services contracts are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Community services contract income achieved £9.8 million (2017: £10.3 million), a strong result given the financial challenges in the public sector.

The net effect of realised and unrealised movements on the Stroke Association's investments was a gain of £180,000 (2017: £2.7 million) (note 16).

Overall, the funds position decreased by £590,000 (2017: increase of £2.8 million) at the end of the year.

Expenditure

Total expenditure was £35.8 million (2017: £37.2 million), including £27.1 million (2017: £28.0 million) on charitable activities supporting our key objectives of the charity, and £8.7 million (2017: £9.2 million) on raising funds.

The commercial trading operations carried out through the Stroke Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £348,000 (2017: £525,000) to net income as detailed in note 3 to the results for the year. The trustees have authorised research expenditure at an average level of £2.5 million per year, over a rolling three-year period. As the actual expenditure in each year will vary from this figure, there will be a consequential effect on the net surplus or deficit for each year.

Outlook

2017/18 was a challenging year for income following a successful 2016/17. If tough economic trends continue, we expect our income versus expenditure position to continue to weaken. We have therefore agreed a three-year plan and income generation strategy to achieve financial recovery. The trustees have designated £7,475,000 (see detail below) to fund a number of strategic investments to build the foundations that will enable us to grow our reach and impact for stroke survivors and their families.

Balance sheet

The consolidated balance sheet shows total group funds of £23.8 million (2017: £24.4 million).

Included in total funds is an amount of £3.0 million (2017: £3.1 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 (note 23) to the financial statements, together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2018 amounted to £20.8 million (2017: £21.3 million) of which £7.5 million have been designated for capacity building projects (2017: £nil).

During the year, we revisited the classification of fixed assets and their estimated useful life. Assets such as IT system implementations and improvements and software licences were reclassified as Intangible fixed assets. The cost and net book value reclassified was £941,000 and £326,000 respectively. IT system implementations and improvements, plus IT Hardware will be now amortised over 5 years instead of 8 years. The incremental cost in the year, due to the increased amortisation charge, was £166,000. Leasehold improvements will henceforth be depreciated over the life of the lease, recognising their useful economic lives, where previously they had been depreciated over eight years. The change decreased depreciation by £60,000.

Refurbishment of Stroke Association House

The lease for Stroke Association House ended in December 2017. After conducting a review of the market and comparing the costs of refitting the existing building versus the cost of moving, the trustees concluded that renewing the lease for 10 years and refurbishing the existing building was the most cost-effective option. The Regional London office will also be relocated into Stroke Association House. The refurbishment is being managed through an external tender based design and build process and the trustees have designated £1.7 million towards the project. The refurbishment and relocation is expected to complete within the 2018/19 financial year.

Going concern

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

Reserves policy

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

The liquid reserves at 31 March 2018 were calculated as follows:

	£000
Cash and deposits	5,113
Investments	27,552
Total liquid assets	32,665
Restricted reserves	3,002
Designated funds:	
Investment in increasing income generation	4,760
Investment in increasing awareness of the Stroke Association	600
Finance and HR systems	415
Stroke Association House refurbishment	1,700
Total designated funds	7,475
Unrestricted reserves at 31 March 2018 (including designated funds)	20,796

In light of the above, as part of the annual budget process, the trustees reviewed the existing reserves policy and concluded that a liquidity based policy would be more appropriate. The revised policy states that the Stroke Association should keep in reserve enough cash and investments to cover:

- restricted reserves;
- any major designated funds;
- between one and three months forecast cashflow on research grants awarded; and
- between three and six months of all other cash requirements, based on a cash forecast.

Based on current forecasts the existing reserves were just below the top of the range for the new policy.

Investment policy

The charity has a portfolio of investments excluding cash with a market value at 31 March 2018 of £26.2 million (2017: £26.1 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. This will be reviewed in 2018/19 in light of the new reserves policy and three-year plan. The current long-term investment objective is to achieve total returns of RPI +3% through a diversified portfolio of assets, while 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.

Principal risks and uncertainties

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

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

The top ranked risks at the end of 2017/18 were:

- A successful security breach due to a cyber attack. Cyber attacks are increasing in frequency and sophistication and could potentially disable the charity's IT systems. To mitigate the risk, the IT defences are kept continually under review and the charity expects to achieve Cyber Essentials accreditation during 2018/19.
- Failure of the investment in fundraising to deliver the required returns and the charity continues to run at a deficit. Mitigation comes from the new finance system and consequent improved financial analysis and controls, updated delegation of authorities and the introduction of programme management disciplines and gated reviews.
- Reputation (adverse publicity, legal/regulatory compliance, scandal). We have a variety of processes in place to mitigate the likelihood and impact of an event that could negatively impact the charity's reputation. These include: whistle-blowing policy, crisis communication procedures, recruitment processes and checks (including DBS checks where appropriate), registers of interest for staff and trustees and robust financial procedures and audit to identify financial malpractice.
- Loss of key staff and volunteers. Retaining and attracting talent is key to our success. We aim to maximise the value provided by our people through a range of measures including taking steps to align the charity's remuneration and reward policy with sector standards; a comprehensive learning and development programme and an improved performance and development process.

Structure, governance and management

The Trustees' report has been prepared in accordance with Part 8 of the Charities Act 2011 and the requirements of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102. It also meets the requirements for a directors' report set out in the Companies Act 2006. Sections on "Financial review for the year" and "Principal risks and uncertainties" included within the Trustees' report, meet the requirements for a strategic report as outlined in The Companies Act 2006 (Strategic Report and Director's Report) Regulations 2013. The financial statements have been prepared in accordance with the accounting policies set out on pages 56 to 61 of the attached financial statements.

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 in Scotland on 7 February 2007.

Governing document

We were established under a Memorandum of Association, and are governed in accordance with the objects and powers set out in its Articles of Association (last amended 12 July 2011).

Objects of the charity

The objects of the charity are for the relief of sickness and distress and for the advancement of health by working for the prevention of stroke: educating the public in all matters concerning stroke; carrying out, promoting or sponsoring research into the prevention or treatment of stroke or other conditions where the effects are similar to stroke, the rehabilitation and long-term care of stroke survivors and publishing the

useful results of such research; and responding to needs caused by the effects of stroke or other conditions where the effects are similar to stroke, by providing advice and support to those affected, their families and carers.

Public benefit

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

Governance and management

Our business is governed by the trustees, who collectively constitute the Stroke Association Council. Council meets four times a year and delegates certain business to the following committees:

- Finance and General Purposes Committee- scrutinises our financial and commercial affairs, and matters of particular importance or complexity.
- Audit Committee- scrutinises our financial statements, financial control systems, internal and external audit, and risk management process.
- Investment Committee- oversees our investment policy, investment portfolio and investment managers.
- Nominations Committee- oversees the effective governance of the charity including the composition of Council and the recruitment and induction of trustees.
- Remuneration Committee- reviews the pay and conditions of service for our employees.
- Research Strategy Committee- sets, monitors, and reviews our research strategy and advises on its implementation.

During 2017/18, we started a review of our governance structure and processes, and the skills and diversity of Council and the Executive Directors' Team (EDT). With reference to the Charity Governance Code, a revised governance structure has been devised to improve the efficiency of Council and its committees, and to embed the voice of stroke survivors and their carers in our decision-making. The new structure will be further developed during 2018/19, when we will write Terms of Reference for the committees and recruit new members, as required.

Authority to manage day-to-day business is delegated to the Chief Executive (CEO). The CEO is responsible for ensuring the agreed strategy and policy are implemented, assisted by EDT.

Strategy is determined by the trustees, CEO and EDT, and approved by Council.

Recruitment and appointment of trustees

In 2017/18, we recruited a new Chair using public advertising and executive search specialists to identify suitable candidates. Shortlisted candidates were interviewed by a panel of senior trustees and an independent stroke survivor. New trustees are appointed by an ordinary resolution of Council in accordance with Article 63.

We developed a Skills and Experience Matrix to ensure that Council has a strong diverse mix of skills. We've identified under-representation of certain skills and will address this and a stronger diversity mix among Council by succession planning and trustee recruitment during 2018/19. This will help to replace the six trustees who stepped down during 2017/18.

Under Article 54, one third of trustees must retire 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 (Chair of Council, Vice-Chairs of Council, Honorary Treasurer and Council Committee Chairs) having a three-year term of office, renewable for one further term of three years. No trustee should normally serve for more than nine years.

Trustee induction and training

New trustees receive induction training to introduce them to our work and ensure an appropriate level of understanding of charity governance and the legal duties of charity trustees. Ongoing training is available to all trustees, as and when required, using internal and external resources. Our trustee induction was reviewed as part of our governance review, and this will be improved and enhanced during 2018/19.

Trustees

The following trustees were in office at 31 March 2018 and served throughout the year, except where stated.

Trustee	Trustee Officers	Appointed/ Resigned/ Retired	Committee Membership at the year-end
Ian Black CIPFA			FGP; IC (Chair)
Sir Charles Cockburn, MCIPR, MIO[LM3]			AC
Susan M A Duncan MA Hon DSc FMRS FAcSS		Retired 1.8.17	FGP; RSC (Chair)
Robert J Empson MBA FCIM FIC			FGP
Stuart Fletcher OBE MA AMIHM			FGP
Anne Gordon MSc PhD			
Martin James BM MRCP MD CCST FRCP			
Damian F Jenkinson MB BS PhD FRCP		Retired 1.8.17	
Stephen King MBA FCMI	Chair	Appointed 1.8.17	NC (Chair); RC (Chair); FGP
Paul Leacy ACMA AMCT		Resigned 20.3.18	AC; IC
Peter Rawlinson PhD CEng FRSA FIET	Interim Chair until retirement	Retired 1.8.17	NC (Chair); RC (Chair); FGP
Professor Philip Reilly MD, FRCGP, MICGP		Retired 31.3.18	
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO			RSC
Helen Sanders MSc	Honorary Treasurer		FGP (Chair); IC
Niraj Shah MA (Cantab) CFA			IC
Mark Smith Grad. Dip. Phys, MPhil., MCSP			
Eric F Tracey M Com FCA ACIS			AC (Chair); NC
Peter Troy MBE	Vice Chair (Lay)		FGP; AC; RSC (Chair)
Professor Pippa J Tyrrell MBE MA MB BS MD FRCP	Vice Chair (Medical)		FGP; RSC; RC; NC
Professor Marion Walker MBE PhD MPhil FCOT			
Michael J C Watts MA FCA	Honorary Treasurer until retirement	Retired 1.8.17	FGP (Chair); IC; NC; RC

Committee membership key

AC - Audit
 FGP - Finance and General Purposes
 IC - Investment
 NC - Nominations
 RC - Remuneration
 RSC - Research Strategy

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

Statement of responsibilities of the trustees

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

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

In preparing financial statements, the trustees are required to:

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

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

Each of the trustees confirms that:

- so far as the trustees are aware, there is no relevant audit information of which the Stroke Association'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 charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

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

Management team

The following members of the Executive Directors Team were in office at 31 March 2018 and served throughout the year, except as stated below. During the year, we welcomed Murray Scott, Andrew Cook and Hilary Reynolds to the team.

Juliet Bouverie BA (Oxon) DMS	Chief Executive
Bridget Bergin MBA	Executive Director of Life After Stroke Services UK
Dominic Brand	Executive Director of Marketing and External Affairs
Samantha Hyde¹ Andrew Cook²	Interim Director of Fundraising Executive Director of Income Generation
Roy Quiddington FCA³ Murray Scott MA (Cantab), ACA⁴	Director of Finance and Resources Executive Director of Finance and Resources
Christopher Rennison Dip ACIPD FCMI	Executive Director of People and Organisational Development
Hilary Reynolds CBE MBA⁵	Executive Director of Strategy and Research

¹ to 26 May 2017

² from 24 July 2017

³ to 30 June 2017

⁴ interim from 22 June 2017, confirmed in role 13 October 2017

⁵ from 2 October 2017

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

Remuneration of key management personnel

We're committed to being open and transparent about the work that we do, the money we raise and how we spend it. We believe the charity sector shouldn't and can't compete with the commercial sector on pay. However, we believe our pay structures should ensure we attract and retain the right skills and experience needed to operate a cost-effective and professional charity that delivers on its mission.

The performance of our CEO and Executive Directors is assessed against the same criteria as all other employees as part of our annual performance and development reviews and pay award process. Our Executive Directors Team's pay is reviewed annually and is benchmarked with other salaries in the sector.

When setting senior salaries, our trustees are guided by the principles set out in the report on Charity Senior Executive Pay by the National Council for Voluntary Organisations, which is supported by the Charity Commission. The Remuneration Committee considers benchmarking and performance data to make pay recommendations to Council in line with our reward policy.

Our highest paid employee receives a gross annual salary of £138,395 which is 5.08 times higher than our median annual salary of £27,222. Our total executive pay, including Chief Executive and Executive Directors, is 2.3% of our overall expenditure.

Gender pay

The gender pay gap is a measure of the difference between men and women's average earnings across the charity.

Our mean gender pay gap is 17.3%, which is in line with the UK average of 17.4%. Our median pay gap is 13.2%, which is lower than the UK average of 18.4%. The majority of our workforce is female, but the number of male to female staff increases as the level of job seniority increases. This generates the gender pay gap.

Although our current gender pay gap is in line with the UK average, we want to do more to understand the factors we can influence to reduce this gender pay gap. We plan to use the gender data to understand where to focus our attention. Our anticipated work includes reviewing internal promotions; exit interviews; return to work interviews; take up of flexible working; engagement survey data; and the performance rating process.

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

Equal pay

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

We've completed an equal pay review to identify any equal pay issues. Our latest audit carried out in March 2018 concluded that there are no equal pay issues.

Employees

The average number of employees in the year was 789 (2017: 790) across England, Northern Ireland, Scotland, Wales, the Isle of Man and Jersey. We have an Engagement and Internal Communication Team which guides our communication through a redesigned intranet, weekly newsletters and initiatives such as CEO webinars and regular Directors' Roadshows held across the UK. Information and key messages are also shared by regular blogs from our CEO, Executive Directors and other senior managers as a way of cascading developments to employees and management teams. Since 2001, we've been running LINK, a staff consultative group that complies with the Employer Information and Consultation Regulations. We ran an organisation-wide staff engagement survey during the year and shared a summary of responses with staff using a variety of means.

Selection criteria and procedures are reviewed regularly to ensure that everyone is selected, promoted and treated on merit and abilities, and in line with best practice and legislation. Internal and external training is available to support the development of workplace skills, and all employees have an annual appraisal, linked to performance, career development and reward.

We hold the Investors in People Bronze Award, which reflects people and leadership excellence in an organisation. We are enriched by the passion, commitment and enthusiasm of our staff and volunteers, and we aim to further develop our people agenda in line with our strategic ambitions.

Volunteers

Volunteers are crucial in helping us meet our objectives. We rely on their support across the organisation to deliver our Stroke Recovery Services, long-term peer support within our voluntary groups, alongside various awareness-raising and fundraising activities.

Stroke survivors, their families and carers share their experiences with us and inform our information provision, support our media activities and contribute to the development and testing of our service offerings. They are inspirational and we are extremely grateful for their support.

Compliance information

Data protection

We viewed the introduction of the General Data Protection Regulation (GDPR) in May 2018 as an opportunity to examine, clarify and strengthen our working practices to protect the personal data of people affected by stroke, our delivery partners, donors and volunteers. Moreover, we are treating GDPR as an opportunity to be clearer and more purposeful in how we use data to support the building and maintaining of long-term relationships of trust with our stakeholders. In our extensive work to comply with the GDPR regulations, we have followed best practice guidance issued by the Information Commissioner's Office and the Fundraising Regulator. GDPR is a standing agenda item at Executive Director Team and Council meetings.

Fundraising

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

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to undertake fundraising on our behalf, such as face-to-face, door-to-door and telephone activities, we are continually monitoring and reviewing our activities to make them as effective as possible. In line with the Fundraising Regulator recommendations, we also monitor our agencies through a

combination of training of fundraisers around our standards and high expectations, regular meetings and 'mystery shopping'.

We continue to work in partnership with organisations that enable us to receive a return from purchases where a sale is generated through our own channels and when offering a service or product to stroke survivors (commercial participators). Examples of this include AllClear Insurance (travel insurance), Haven holidays, Essential Aids and OwnFone. In 2017/18 we raised £38,000 from commercial venture partners.

Our supporter promise

We talk to our supporters in many ways, including appeal letters, telephone calls, raffles, TV advertising and online via our website and social media. We are extremely grateful to everyone who supports us. We launched our supporter promise in 2015 to make sure everyone we come into contact with feels respected and valued, and to reassure our supporters that their data is safe and secure with us. Our supporter promise is available on stroke.org.uk/your-support.

Fundraising regulation

We are registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have started a process of specific individual declaration in relation to the code. We strive for best practice in fundraising and to comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 1998 (and the forthcoming General Data Protection Regulation), the Privacy and Electronic Communications Regulations 2003 and the Telephone Preference Service.

Complaints

Our complaints process has been reviewed and revised to ensure that we have a more robust organisational overview of complaints from all areas. Increased visibility will ensure learning is shared and embedded with relevant teams in a more timely manner.

We are always happy to receive feedback on any aspect of our work and our aim is to deal with any problems quickly and efficiently. In Fundraising, we've focused on improving how we capture complaints during the latter part of year to track and learn from all types of expressions of dissatisfaction. As part of this, our complaints process was reviewed and all staff were re-trained. This has resulted in us logging 27 fundraising complaints in 2017/18 up from 10 in 2016/17.

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

- protect our service users from abuse or health concerns from others or themselves and
- address internal issues whereby a concern directly relates to our employees and/or volunteers.

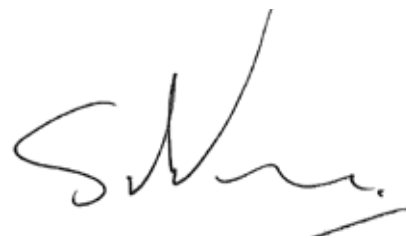
We had no whistleblowing cases in 2017/18.

Our safe-guarding and whistleblowing policies were reviewed during 2017/18 and while we are satisfied that most procedures are sufficiently robust, we plan to make improvements to our safeguarding and whistleblowing procedures – for example, by making more visual 'at a glance' guidance flowcharts for these areas to enable reporting to be as simple as possible. We plan to carry out an independent 'health check' for our safeguarding and whistleblowing procedures to identify potential further improvements.

Governance and compliance report

We have prepared an Annual compliance report for Council in June 2018, which we will repeat each year. This report covers all compliance issues affecting us, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements, complaints, health and safety, and GDPR readiness. It provided the trustees with information on progress, risk and areas for improvement.

This report constitutes the statutory reports described on page 38.



Stephen King
Chair of Council
Approved on 11 July 2018

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 (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 Jon Barrick MBA, DPRP (h.c.), FCMI
Chair	Dr Peter Rawlinson (Interim Chair until 1 August 2017) Stephen King MBA FCMI (from 1 August 2017)
Trustees	As listed on page 40
Chief Executive	Juliet Bouverie BA Hons (Oxon), DMS
Members of the management team	As listed on page 42
Company Secretary	Murray Scott

Registered office

Stroke Association House
240 City Road
London
EC1V 2PR

Telephone 020 7566 0300

Facsimile 020 7490 2686

Website stroke.org.uk

E-mail info@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

Bankers

Barclays Bank PLC

1 Churchill Place

London

E14 5HP

Investment managers

Waverton Investment Management

16 Babmaes Street

London

SW1Y 6AH

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

Opinion

We have audited the financial statements of the Stroke Association (the 'charitable parent company') and its subsidiary (the 'group') for the year ended 31 March 2018 which comprise the consolidated statement of financial activities, group and charitable parent company balance sheets, the statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the charitable parent company's affairs as at 31 March 2018 and of the group's income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Basis for opinion

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the charitable parent company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website

at frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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



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

Date: 1 August 2018

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 2018

	Notes	Unrestricted funds £000	Restricted funds £000	2018 Total funds £000	2017 Total funds £000
Income from:					
Donations and legacies	1	21,138	2,322	23,460	24,953
Charitable activities- community services	2	—	9,761	9,761	10,311
Other trading activities	3	173	—	173	228
Investments	4	699	—	699	814
Other	5	922	—	922	1,016
Total income		22,932	12,083	35,015	37,322
Expenditure on:					
Raising funds	6, 9	8,664	—	8,664	9,156
Charitable activities					
-community services	8, 9	9,427	10,833	20,260	20,016
-research grants and awards	7	2,357	1,176	3,533	4,779
-policy and communications	9	3,166	162	3,328	3,235
Total expenditure		23,614	12,171	35,785	37,186
Net (expenditure) / income before gains on investments		(682)	(88)	(770)	136
Net gains on investments	16	180	—	180	2,707
Net movement in funds	11	(502)	(88)	(590)	2,843
Reconciliation of funds:					
Funds brought forward at 1 April		21,298	3,090	24,388	21,545
Net movement in funds in year		(502)	(88)	(590)	2,843
Total funds carried forward at 31 March		20,796	3,002	23,798	24,388

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

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

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

Consolidated balance sheet Year ended 31 March 2018

	Notes	2018 £000	2017 £000
Fixed assets			
Tangible fixed assets	14	2,470	2,538
Intangible fixed assets	15	791	326
Investments	16	27,552	26,867
Total fixed assets		30,813	29,731
Current assets			
Debtors	17	2,515	2,998
Cash at bank and short term deposits	18	5,113	7,828
Total current assets		7,628	10,826
Liabilities			
Creditors: amounts falling due within one year	19	(5,602)	(6,143)
Provisions for liabilities	21	(538)	(775)
		(6,140)	(6,918)
Net current assets		1,488	3,908
Total assets less current liabilities		32,301	33,639
Creditors: amounts falling due in more than one year			
Research grants payable	20	(8,247)	(9,251)
Provisions for liabilities	20,21	(256)	—
		(8,503)	(9,251)
Total net assets		23,798	24,388
The funds of the charity:			
Unrestricted funds			
. Designated funds	22	7,475	—
. General funds (free reserves)		13,307	21,284
Total unrestricted funds		20,782	21,284
Restricted income funds	23	3,002	3,090
		23,784	24,374
Funds retained within a non-charitable subsidiary	3	14	14
Total funds		23,798	24,388

The notes on pages 62 to 83 form part of the financial statements

Approved by the trustees on 11 July 2018 and signed on their behalf by:



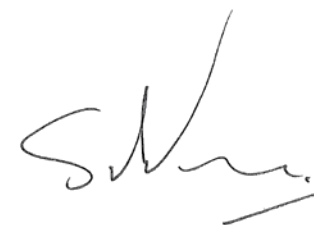
Stroke Association, Company Limited by Guarantee Registration Number 61274 (England and Wales)

Charity balance sheet Year ended 31 March 2018

	Notes	2018 £000	2017 £000
Fixed assets			
Tangible fixed assets	14	2,470	2,538
Intangible fixed assets	15	791	326
Investments	16	27,552	26,867
Total fixed assets		30,813	29,731
Current assets			
Debtors	17	2,422	2,889
Cash at bank and short term deposits	18	5,113	7,828
Total current assets		7,535	10,717
Liabilities			
Creditors: amounts falling due within one year	19	(5,523)	(6,048)
Provisions for liabilities	21	(538)	(775)
		(6,061)	(6,823)
Net current assets		1,474	3,894
Total assets less current liabilities		32,287	33,625
Creditors: amounts falling due in more than one year			
Research grants payable	20	(8,247)	(9,251)
Provisions for liabilities	20,21	(256)	—
		(8,503)	(9,251)
Total net assets		23,784	24,374
The funds of the charity:			
Unrestricted funds			
. Designated funds	22	7,475	—
. General funds (free reserves)		13,307	21,284
Total unrestricted funds		20,782	21,284
Restricted income funds	23	3,002	3,090
Total funds		23,784	24,374

The notes on pages 62 to 83 form part of the financial statements

Approved by the trustees on 11 July 2018 and signed on their behalf by:



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

Consolidated statement of cash flows Year ended 31 March 2018

	Notes	2018 £000	2017 £000
Cash flows from operating activities			
Net cash (used in)/provided by from operating activities	A	(2,104)	1,057
Cash flows from investing activities			
Investment income		699	814
Purchase of tangible fixed assets		(74)	(162)
Purchase of intangible fixed assets		(731)	—
Proceeds from the disposal of investments		5,721	8,457
Purchase of investments		(5,666)	(10,959)
Net cash used in investing activities		(51)	(1,850)
Change in cash and cash equivalents in year		(2,155)	(793)
Cash and cash equivalents at 1 April 2017	B	8,624	9,417
Cash and cash equivalents at 31 March 2018	B	6,469	8,624

A. Reconciliation of net cash flow from operating activities

	2018 £000	2017 £000
Net (expenditure) / income in year (as per the statement of financial activities)	(590)	2,843
Adjustment for:		
Net (gains) on investments	(180)	(2,707)
Depreciation charge	129	217
Amortisation charge	266	—
Impairment loss on property	—	344
Loss on disposal of tangible fixed assets	13	—
Dividends and interest from investments	(699)	(814)
Decrease / (increase) in debtors	483	(635)
(Decrease) / increase in creditors	(1,213)	925
(Decrease) / increase in research grant commitments	(332)	884
Increase in provisions	19	—
Net cash (used in) / provided by operating activities	(2,104)	1,057

B. Analysis of cash and cash equivalents

	2018 £000	2017 £000
Cash at bank and short term deposits	5,113	7,828
Cash held by investment managers	1,356	796
	6,469	8,624

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

Basis of preparation

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

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

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

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

Assessment of going concern

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

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

The most significant areas of judgement that affect items in the accounts are detailed on page 60. With regard to the next accounting period, the year ending 31 March 2019, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets (see the Investment Policy on page 37 and the risk management sections of the Trustees' Report for more information).

The charity's three-year plan projects increased charitable expenditure which will be reflected with a deficit for two years and return to a surplus in year three. Reserves remain within the ranges specified in the revised reserves policy (see page 36).

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (Trading) Limited. A separate Statement of financial activities and Income and Expenditure Account for the charity has not been presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

Income

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

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

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

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

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

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

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

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

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

Expenditure

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

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

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

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

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry

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

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

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

Donated services and facilities (gifts in kind)

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

Taxation

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

Research grants and awards

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

Tangible fixed assets

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

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

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

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

Intangible fixed assets

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

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

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

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

Fixed asset investments

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

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

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

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

Debtors

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

Cash at bank and in hand

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

Creditors and provisions

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

Fund accounting

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

Unrestricted funds represent those monies which are available for application towards achieving any charitable purpose that falls within the charity's charitable objectives. Designated funds comprise unrestricted funds that have been set aside by the trustees and designated for particular purposes.

Significant accounting estimates and areas of judgement

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

Significant areas of estimation and judgement include:

- assessing the possibility of receiving legacies of which the charity has been notified;
- the split between current and non-current liabilities for grant awards that mainly extend over three or more years;
- determining the basis for allocating support costs;
- the useful economic life of tangible and intangible fixed assets; and
- provisions for;
 - the costs payable in respect of committed staff salary enhancements. This is based on management's estimate of the costs payable.
 - dilapidations on all leasehold properties, based on the cost per square foot for each property derived from a RICS (Royal Institute of Chartered Surveyors) industry average report.

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.

1. Donations and legacies

	Unrestricted £000	Restricted £000	Total funds 2018 £000	Total funds 2017 £000
General donations	515	176	691	1,242
In memoriam	1,072	16	1,088	1,152
National raffle	369	—	369	388
Direct mail	1,053	420	1,473	1,562
Committed giving	882	422	1,304	1,280
Corporate income and trusts	1,216	589	1,805	2,349
Events	2,002	—	2,002	1,517
Regional fundraising	1,649	12	1,661	2,028
Gift Aid	688	175	863	795
Commissioned services miscellaneous income	60	—	60	42
Legacies	11,632	198	11,830	12,337
Grants	—	314	314	261
Total – 2017/18	21,138	2,322	23,460	24,953
Total – 2016/17	20,718	4,235	24,953	

2. Charitable activities

Community services income, which mainly comes from communication and family and carer support services, was £9,761,000 (2017: £10,311,000). All income from Community services in the prior accounting period was restricted.

3. Other trading activities

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

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

A summary of its trading results is shown below.

	2018 Total funds £000	2017 Total funds £000
Sales of Christmas cards	173	228
Cost of sales	(109)	(114)
Gross profit	64	114
Other income – corporate sponsorship	316	439
	380	553
IT development costs	(20)	(14)
Selling, distribution and administration expenses	(12)	(14)
Net profit paid to the Stroke Association under gift aid	348	525
Net assets at 31 March	14	14

4. Investment income

	2018 Total funds £000	2017 Total funds £000
Investment income receivable	688	778
Interest receivable	11	36
	699	814

5. Other income

	2018 Total funds £000	2017 Total funds £000
Delegate fees	400	405
Affiliation fees	374	384
Training income	70	156
Publication sales	19	28
Sundry income	59	43
	922	1,016

6. Costs of raising funds

	2018 Total funds £000	2017 Total funds £000
Staff costs	3,518	3,274
Brochures, materials and other costs	4,004	4,860
Support (note 9)	839	738
Fundraising trading	141	143
Investment management costs	162	141
	8,664	9,156

7. Research grants and awards

	Unrestricted funds £000	Restricted funds £000	2018 Total funds £000	2017 Total funds £000
Total – 2017/18	2,357	1,176	3,533	4,779
Total – 2016/17	2,984	1,795	4,779	

Included within research grants and awards are the direct and support costs of running the research department.

A full list of the grants is contained within the Annual Review (Changing Lives), which is available online (stroke.org.uk/Our-impact) or on request from the Charity's registered office.

7. Research grants and awards (continued)

	2018 Total funds £000	2017 Total funds £000
Commitments at 1 April	11,432	10,548
Written back during the year	(856)	(561)
Paid during the year	(2,432)	(2,013)
Approved during the year	2,956	3,458
Commitments at 31 March	11,100	11,432
Payable as follows:		
Within one year (note 19)	2,853	2,181
After more than one year (note 20)	8,247	9,251
	11,100	11,432

7. Research grants and awards (continued)

Related party transactions

During the year ended 31 March 2018 the Stroke Association approved at a contracted cost of £22,000 a commissioned research grant with the University of Exeter, in which Martin James (a trustee) is one of the award recipients.

The Stroke Association also approved the following Project Grant Awards:

- At a contracted cost of £210,000 with University of Manchester, with which Pippa Tyrrell (Chair of the Research Awards Pool and a trustee) is a member of the same institution.
- At a contracted cost of £134,000 with the University of Glasgow, in which Dr Jesse Dawson (member of the Research Awards Pool) is the award recipient and Dr Terry Quinn (member of the Research Awards Pool) is a member of the same institution.
- The Stroke Association also approved at a contracted cost of £370,000 a joint SA-BHF clinical study with the University of Oxford, in which Dr Jacinta O'Shea (member of the Research Awards Pool) is a member of the same institution.

The Stroke Association also approved the following Fellowships:

- At a contracted cost of £175,000 with University of Manchester, with which Ailie Turton (member of the Research Awards Pool) has a current collaboration and Pippa Tyrrell (Chair of the Research Awards Pool and a trustee) is a member of the same institution.
- At a contracted cost of £105,000 with the University of Manchester with which David Clarke (member of the Research Awards Pool) has a current collaboration and Pippa Tyrrell (Chair of the Research Awards Pool and a trustee) is a member of the same institution.
- At a contracted cost of £105,000 with the University of Oxford, with which Jacinta O'Shea (member of the Research Awards Pool) is a member of the same institution.

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

8. Community services costs

	Unrestricted £000	Restricted £000	2018 Total funds £000	2017 Total funds £000
Commissioned Services	3,186	9,761	12,947	13,744
Universal services	1,736	4	1,740	—
Education and training	434	—	434	410
Groups and clubs	804	18	822	—
Regional and management support	3,267	1,050	4,317	5,862
Total – 2017/18	9,427	10,833	20,260	20,016
Total – 2016/17	8,336	11,680	20,016	

9. Allocation of support costs

	Raising funds £000	Community services £000	Research grants and awards £000	Policy and Communications £000	Total £000
Direct costs	7,825	16,346	3,377	2,886	30,434
Support costs:					
- Management	472	2,461	60	264	3,257
- IT	125	654	17	70	866
- HR	90	471	11	50	622
- Finance	119	258	53	46	476
- Governance costs (note 10)	33	70	15	12	130
	839	3,914	156	442	5,351
Total – 2017/18	8,664	20,260	3,533	3,328	35,785
Total – 2016/17	9,156	20,016	4,779	3,235	37,186

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

10. Governance costs

	2018 Total funds £000	2017 Total funds £000
Auditor's remuneration		
- Statutory audit services	25	24
- Other services	2	2
Costs incurred servicing charity's committees and statutory affairs	103	107
	130	133

11. Net expenditure for the year

This is stated after charging:

	2018 Total funds £000	2017 Total funds £000
Auditor's remuneration	27	26
Depreciation	129	217
Amortisation	266	—
Impairment loss on property (note 14)	—	344
Operating lease rentals	1,035	1,091

12. Employee and key management remuneration

Staff costs during the year were as follows:

	2018 £000	2017 £000
Wages and salaries	17,885	18,043
Social security costs	1,679	1,648
Pension costs	1,036	1,190
Redundancy and termination costs	241	178
	20,841	21,059
Payments to agency staff	227	215
	21,068	21,274

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

	2018 Full time equivalent	2017 Full time equivalent	2018 Head count	2017 Head count
Research	17	17	18	24
Community services	474	491	589	595
Policy and communications	62	58	67	59
Fundraising	107	105	115	112
	660	671	789	790

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

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

	2018 Number	2017 Number
£60,001 - £70,000	2	4
£70,001 - £80,000	2	1
£80,001 - £90,000	1	2
£90,001 - £100,000	1	—
£100,001 - £110,000	—	1
£110,001 - £120,000	—	1
£120,001 - £130,000	1	—
£130,001 - £140,000	1	—

Key management personnel are the trustees and the members of the Executive Team. In 2018, there were 7 members of the Executive Team (2017: 9). See page 42 for further details.

The total remuneration (including taxable benefits and employer's pension and national insurance contributions) paid to the key management personnel of the charity in the year was £939,000 (2017: £1,085,000). This includes consultancy fees relating to the Interim Director of Fundraising.

13. Trustees' remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £8,000 (2017: £5,000) were reimbursed to 11 trustees (2017: 13).

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £8,000 (2017: £8,000) and provides cover of up to a maximum of £5 million in any one year.

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

14. Tangible fixed assets

Group and charity	Asset held for sale £000	Freehold premises £000	Short leasehold premises £000	Fixtures, furniture and fittings £000	Total £000
Cost:					
At 1 April 2017	—	2,462	1,352	346	4,160
Additions	—	—	74	—	74
Reclassification	350	(350)	—	—	—
Disposals	—	—	(180)	(73)	(253)
At 31 March 2018	350	2,112	1,246	273	3,981
Depreciation					
At 1 April 2017	—	(246)	(1,128)	(248)	(1,622)
Charge for year	—	(42)	(29)	(58)	(129)
Disposals	—	—	167	73	240
At 31 March 2018	—	(288)	(990)	(233)	(1,511)
Net book values					
At 31 March 2018	350	1,824	256	40	2,470
At 1 April 2017	—	2,216	224	98	2,538

During the year ended 31 March 2018, the decision was made to sell a freehold property in Sheffield. At the year end this asset was available for immediate sale, with costs relating to its upkeep in the year shown through the statement of financial activities as revenue expenditure. The property has never been depreciated as it had not been brought into use prior to being held for resale.

In the year, computer, licence and software costs were reclassified from fixtures, furniture and fittings to Intangible fixed assets. See note 15 for further details.

15. Intangible fixed assets

Group and charity

	Total £000
Cost	
At 1 April 2017	941
Additions	731
At 31 March 2018	1,672
Amortisation	
At 1 April 2017	(615)
Charge for year	(266)
At 31 March 2018	(881)
Net book values	
At 31 March 2018	791
At 1 April 2017	326

In the year ended 31 March 2018 computer, license and software costs were reclassified to intangible fixed assets from fixtures, furniture and fittings in tangible fixed assets. There was no adjustment made to the net book values of these assets and their value at 1 April 2017 forms the entirety of the opening balance within this note.

16. Fixed asset investments

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

Group and charity

	2018 £000	2017 £000
Market value at 1 April	26,071	20,862
Acquisitions	5,666	10,959
Sales proceeds	(5,721)	(8,457)
Net movement in market values (see below)	180	2,707
Market value at 31 March	26,196	26,071
Cash held for re-investment	1,356	796
	27,552	26,867
Cost of investments at 31 March	22,518	21,579

Net movement in market values in year:	2018 £000	2017 £000
Realised (losses) / gains	(256)	163
Unrealised gains	436	2,544
Market value at 31 March	180	2,707

16. Fixed asset investments (continued)

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

	2018 £000	2017 £000
Equities	16,433	16,904
Government stock	1,691	630
Non-government bonds	3,444	4,675
UK property funds	1,681	1,457
Multi asset holdings	2,947	2,405
	26,196	26,071

UK stock exchange	7,253	9,562
Non-UK stock exchanges	14,315	12,647
UK property funds	1,681	1,457
Multi asset holdings	2,947	2,405
	26,196	26,071

At 31 March 2018 the following investments had a market value in excess of 3% of the portfolio:

	Market value of holding £000	% of listed portfolio
Syncona	813	3.1
Microsoft Corporation	813	3.1

17. Debtors

	Group 2018 £000	Group 2017 £000	Charity 2018 £000	Charity 2017 £000
Trade debtors	1,245	451	1,164	451
Amounts owed by trading subsidiary	—	—	—	25
Other debtors	10	26	10	14
Prepayments and accrued income	1,260	2,521	1,248	2,399
	2,515	2,998	2,422	2,889

18. Cash at bank and short term deposits

Group and Charity	2018 £000	2017 £000
Cash at bank and in hand	3,667	5,655
Short term deposits	1,446	2,173
	5,113	7,828

19. Creditors: amounts falling due within one year

	Group 2018 £000	Group 2017 £000	Charity 2018 £000	Charity 2017 £000
Trade creditors	641	1,950	641	1,950
Research grants (note 7)	2,853	2,181	2,853	2,181
Amount owed to trading subsidiary	—	—	17	—
Other creditors	621	775	609	737
Accruals and deferred income	1,487	1,237	1,403	1,180
	5,602	6,143	5,523	6,048

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

Group and Charity	2018 £000	2017 £000
Research grants (note 7)	8,247	9,251
Provisions for liabilities (note 21)	256	—
	8,503	9,251

21. Provisions for liabilities

Group and Charity

	Less than one year £000	More than one year £000	2018 Total provision £000	Less than one year £000	More than one year £000	2017 Total provision £000
Falling due in:						
Workforce rewards	402	—	402	650	—	650
Property dilapidations	136	256	392	125	—	125
	538	256	794	775	—	775

22. Designated funds

As part of the change to the reserves policy in 2017/18, (see Financial review in Trustees' report, page 36) certain unrestricted funds have been set aside as designated by the trustees for future activities.

Group and Charity

	2018 £000	2017 £000
Investment in increasing income generation	4,760	—
Investment in increasing awareness of the charity	600	—
Finance and HR systems	415	—
Head office (Stroke Association House) refurbishment	1,700	—
	7,475	—

23. Restricted funds

	At 1 April 2017 £000	Income £000	Expenditure £000	At 31 March 2018 £000
Medical research				
- Donations and legacies	42	1,055	(1,009)	88
Princess Margaret Fund				
- Donations and legacies	235	4	(160)	79
Other restricted funds				
- Commissioned services	—	9,761	(9,761)	—
- ICAP	26	—	—	26
- NESTA i	12	—	(12)	—
- NESTA ii	31	171	(123)	79
- Royal Mail Group	1,032	271	(311)	992
- W G P McGowan	17	—	—	17
- Other donations and legacies	1,695	821	(795)	1,721
	2,813	11,024	(11,002)	2,835
Total	3,090	12,083	(12,171)	3,002

Other restricted donations were received for the following projects:

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

24. Analysis of net assets between funds

	General funds £000	Designated funds £000	Restricted funds £000	2018 Total £000
Tangible fixed assets	2,470	—	—	2,470
Intangible fixed assets	791	—	—	791
Fixed asset investments	20,077	7,475	—	27,552
Current assets	4,207	—	3,421	7,628
Creditors: amounts falling due within one year	(5,183)	—	(419)	(5,602)
Provisions for liabilities	(794)	—	—	(794)
Creditors: amounts falling due after one year	(8,247)	—	—	(8,247)
	13,321	7,475	3,002	23,798

25. Tax

The charity is unable to reclaim all VAT suffered on expenditure. Irrecoverable VAT suffered during the year amounted to £983,000 (2017: £1,287,000).

26. Leasing commitments

At 31 March 2018 the charity had total future commitments under non-cancellable operating leases as follows:

	Property 2018 £000	Property 2017 £000	Cars 2018 £000	Cars 2017 £000
Operating leases which expire:				
Within one year	1,026	1,289	58	103
Within two to five years	2,403	1,199	26	52
After five years	1,758	190	—	—
	5,187	2,678	84	155

In December 2017 the Charity signed a further 10 year lease on Stroke Association House, its head office.

27. Reconciliation of movements on unrealised gains

	2018 £000	2017 £000
Unrealised gains at 1 April	4,492	3,013
Less: in respect to disposals in year	(1,250)	(1,065)
Add: net gains on revaluations in year	436	2,544
Total unrealised gains at 31 March	3,678	4,492

28. Pension commitments

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

29. 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.

30. Dormant subsidiary companies

The Stroke 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.

31. Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 7, 12 and 13 respectively. During the year the Charity received £48,000 community services income (2017:£nil) from West Essex Clinical Commissioning group, of which Stephen King is a governor. This contract was entered into before he became a trustee.

32. Agency arrangements

During the year, the Stroke Association received £571,000 (2017: £956,000) from the British Heart Foundation (BHF) as part of an agency relationship. In recent years, the Charity has co-funded research awards with various charities, including BHF. This involves distributing funds it holds as agent to research grantees in line with an agency agreement.

Cash payments from these BHF receipts to grantees amounted to £551,000 in the year (2017: £1,171,000), and cash deemed to be held by the Stroke Association on behalf of BHF at the year end amounted to £606,000 (2017: £263,000).

One of these awards has been listed as a related party transaction within note 7 of the financial statements.

We are the Stroke Association

We believe in life after stroke. That's why we support stroke survivors to make the best recovery they can. It's why we campaign for better stroke care. And it's why we fund research to develop new treatments and ways of preventing stroke.

**We're here for you. Together we can conquer stroke.
If you'd like to know more please get in touch.**

Stroke Helpline: 0303 3033 100

Website: stroke.org.uk

Email: info@stroke.org.uk

From a textphone: 18001 0303 3033 100

We are a charity and we rely on your support to change the lives of people affected by stroke and reduce the number of people who are struck down by this devastating condition.

Please help us to make a difference today.

Together we can conquer stroke.

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