



Annual Report and Financial Statements

Year ending 31 March 2023

Stroke
Association

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Every five minutes
stroke destroys lives.

We help to rebuild them.

Welcome from the Chair and the Chief Executive

Welcome to our Annual Report. It's been a tough year with political, economic and health service challenges, but by working together with our amazing supporters, volunteers, staff and partners, we're making real progress in our vision to ensure everyone who is affected by stroke gets the treatment and support they need to rebuild their life.

This year has been difficult for a lot of reasons and for a lot of people, particularly stroke survivors and their families. We've seen political instability in England, Scotland and Northern Ireland, persistent economic uncertainty and the cost of living crisis, as well as the sad death of our Patron, Queen Elizabeth II. The health and care system across the UK faces treatment backlogs, ambulance delays and unprecedented staff strikes. Stroke services are still struggling, with delays in accessing urgent care, thrombolysis and thrombectomy rates lower than target, poor access to required levels of stroke rehabilitation, and little change in the postcode lottery of life after stroke services.

Nevertheless, we've worked hard to maintain the priority of stroke, increase the number of stroke survivors we support through our services, and restore our research programme following the Covid-19 pandemic. Thanks to the generosity of supporters, we're in a strong financial position, and are now able to spend more to speed up the delivery of our strategy to help more stroke survivors and their families in the coming years.

Delivering stroke services

We supported over 70,000 stroke survivors through our universal and locality-delivered services in 2022-23, an 11% increase on the previous year. We increased spend on our local services by 14% to £16.8 million. We secured £1 million for partnership projects with the NHS to improve stroke rehabilitation. We also designed a new Quality Framework so that we can be even more confident that our services are efficient, effective and meeting stroke survivors' needs.

But we know we are not reaching everyone who needs help. We set ourselves an ambitious target to support everyone as soon as possible after their stroke. To achieve this, we clarified who we need to reach to be effective, commissioned research to understand how best to increase referrals to our services from health care professionals, and we have planned several pilots for 2023-24 to test new approaches to enable us to extend our support to everyone who needs us.

Advocating and influencing for stroke

We're committed to influencing the government, health and care policies and systems relating to stroke services to improve access to treatment, experience and outcomes for stroke survivors.

We helped to develop and deliver national stroke programmes across the UK. We welcomed stroke being included in the government's forthcoming Major Conditions Strategy for England. Our campaign to mark 1,000 days since the launch of our 2019 'Struggling to recover' report resulted in an ambitious government Stroke Action Plan in Northern Ireland. We worked with the Scottish Government to influence the recently published Stroke Improvement Plan. And we were involved in getting a commitment to embed patient involvement in shaping acute stroke reconfiguration in Wales.

In England, we were delighted with the impact of our first ever patient reported experience measures survey (PREMs) with NHS England. All hospital trusts in England participated, and over 6,600 stroke survivors responded. The findings will be published in autumn 2023, and we'll use the results to push for quality improvements in all stroke treatment and care services, including our own.

Working locally as well as nationally, we strengthened our relationships with key clinical and system leaders. This included, convening the 20 stroke networks in England for two residential events to share best practice and stimulate quality improvement.

We launched our 'Saving Brains' campaign in July 2022 to raise awareness of the shockingly low rates of access to mechanical thrombectomy – the game-changing, innovative stroke treatment that saves lives and prevents disability – and promote five key recommendations for change.

We achieved widespread support for the campaign from stroke survivors and clinicians. 9,000 supporters signed our Open Letter to Government, which we handed in to Number 10 Downing Street. We convened a successful parliamentary reception in Westminster to highlight thrombectomy's importance. And we worked with others to overturn a government proposal in Scotland to cut the thrombectomy budget. We are pleased to see that due to the hard work of stroke teams, thrombectomy rates are on the rise nationally.

We also ran a successful campaign in January 2023 linked to Stroke Prevention Day to raise public awareness of the link between atrial fibrillation (irregular pulse) and stroke. And our involvement with the stroke story in Emmerdale, which started in March 2022, continued to raise awareness of the lived reality of stroke, with actor, Mark Charnock, winning a number of awards for his powerful and authentic representation of stroke survivor, Marlon Dingle.

As part of our commitment to partnership, Our Chief Executive, Juliet Bouverie, became Chair of the Richmond Group of UK Healthcare Charities. She led a review that confirmed that focusing on policy relating to multiple long-term conditions or multi-morbidities is where the coalition can make the most impact. This is a helpful focus for us given that stroke survivors often live with a range of disabilities as a result of their stroke, and there's a clear link between stroke and other conditions, like heart disease, diabetes and vascular dementia.

Restoring stroke research

We've rebuilt our stroke research programme following the Covid-19 pandemic, increasing our spend by 71% on the previous year to £2.5 million. We awarded five Project Grants to address the most important areas of stroke prevention, treatment and care identified by the stroke Priority Setting Partnership.

We increased our commitment to developing stroke researchers with the potential to become future leaders by funding two post-graduate Fellowships, two post-doctoral Fellowships and two Lectureships. We broadened our eligibility criteria and created a scheme to encourage more clinicians to practice research. And we hosted our first in-person UK Stroke Forum since the Covid-19 pandemic. This was a huge success, enabling clinicians and researchers from across the UK to network and share the latest evidence and good practice.

We also prioritised strategic partnerships to achieve our aim of increasing the amount of funding that we and other organisations put into stroke research. We started discussions with the British Heart Foundation about a data science catalyst, co-funded seven phase 2 projects with the Small Business Research Initiative (SBRI; £5.2 million) and partnered with the National Institute for Health and Care Research (NIHR; £2.1 million) on a Programme Grant for Applied Research. We are delighted that we have leveraged an amazing £7.3 million in total through these schemes.

Engaging and inspiring individuals and communities to take action on stroke

We continued to develop our Stroke Group Network. We're helping groups connect and learn from each other, so we can improve the quality of their much-valued peer support across the UK.

Our volunteers are a vital part of our work and key to helping us to support more people and raise greater awareness. We commissioned research from over 1,000 people to understand what more we can do to inspire and support current and prospective volunteers to give time and voice to our charity. We'll be using this to help us to develop our strategy for engaging and developing volunteers in the future, to give them the best possible experience with us.

Developing our efficiency and effectiveness

We continued to invest in our people, systems and culture during the year. We increased the numbers of people accessing our leadership development programmes. We were delighted that our April 2023 staff engagement survey showed continued strong engagement, with 84% of staff recommending the Stroke Association as a great place to work and 94% feeling trusted by their line-manager to take responsibility for their work. Although we've made great progress with updating our internal processes, the survey showed that we still have more to do to simplify and improve our systems and tools for staff and volunteers.

We agreed our 'Solving inequity in stroke' strategy to signal more ambition around EDI (equality, diversity and inclusion) and health inequalities. We are dedicated to making the Stroke Association an accessible and inclusive place to work, where we value people equally and our own diversity means we're better able to support those with diverse backgrounds and experiences. And we want all those affected by stroke to have equitable and fair access to treatment and support. We recognise that stroke disproportionately affects certain groups and we're committed to working towards a more equitable future for all.

Having planned to break even, we were pleased to end the year with a £1.8 million operating surplus, with total income at £40.7 million, non-legacy fundraised and commissioned income each up 7% on the previous year, and legacy income remaining strong at £16.8 million. We increased our spend on charitable activities by 21%, one of the desired outcomes of the operating model change we introduced the previous year. We ended the year with free reserves in excess of our requirements.

Strategic priorities

Given our strong financial position, we have increased the designation for Strategy Acceleration from £6.0 million to £7.9 million to be spent over the next three years on our strategic priorities. We have committed to:

- Reaching everyone as soon as possible after their stroke through our products and services.
- Influencing for acute thrombectomy treatment to be available 24/7 across the UK for all patients who could benefit.
- Raising public awareness of stroke and the Stroke Association.
- Increasing the pace of income growth.

We're excited about these priorities and their potential to significantly increase our reach, influence and impact across the UK over the coming years.

Thank you

Finally, we would like to say thank you to the whole stroke community who make our work possible.

Our independent advisers and trustees, including Virginia McVie, Charles Maisey and Liz Stanley who stood down during the year.

Our staff, volunteers and partners for your commitment and loyalty to our cause.

And our amazing supporters, from those who remembered us in their will, to those who fundraised in their community, whose passion and generosity helped us to raise £40.7m.

We're proud of our collective efforts towards our shared vision of fewer strokes and for people affected by stroke to get the help they need to live the best life they can.



A handwritten signature in black ink, appearing to read 'Juliet Bouverie OBE'.

Juliet Bouverie OBE
Chief Executive



A handwritten signature in black ink, appearing to read 'Stephen King'.

Stephen King
Chair of Trustees

Rebuilding lives after stroke

It takes a whole team to help one person recover after a stroke. Family, carers, support networks, health professionals, researchers and policy-makers - all play a role in the process of rebuilding lives.

As the UK's leading stroke charity, we bring all this work together. We offer specialist care where it's needed, in people's homes and communities. We campaign for better stroke support in the healthcare system. We fund new research, to improve outcomes for future stroke survivors.

We're the hub of the stroke community - connecting all involved, so more people can live the best possible life after stroke.



Our values

Our values express who we are at our core. They define our culture and how we all do our jobs every day.

We are human

We believe in better

We give our all

We say it how it is



We are human - We've seen the full range of human emotions that stroke brings out. We put ourselves in the shoes of the people we support. Recognising and promoting everyone's individuality with kindness. We embrace this to achieve the best possible outcomes for stroke survivors, our charity and our partners.



We say it how it is - Working together, we set realistic but challenging goals for ourselves and the people we support. Listening to everyone's needs. So we can deliver what we said we would. And we aren't afraid to show people the devastation that stroke causes. And what people can do to help those affected live their best life after stroke.



We believe in better - We're optimistic for the future. For the people living through the devastating effects of stroke, ourselves and our charity. Driven by our desire for improvement, however big or small. To focus on the possibilities for a better future. To learn from mistakes. And move forward stronger than before.



We give it our all - Our resolve to make a difference motivates everyone we work with. With one eye on the bigger picture, we harness our passion and expertise to get them as fired up as we are. So we can continue to empower people affected by stroke to retake control of their lives and speak up for themselves. And champion their needs when they can't.

How we make a difference

Systems influencing.

We work with decision-makers in government and healthcare, to make stroke a higher priority and develop well-funded policies.



Service delivery.

We provide one-to-one support, helping people affected by stroke to rebuild their lives.



Research.

We help to fund and deliver stroke research, with a focus on projects that stand to make the most impact.



Community engagement.

We build relationships with people and organisations, to make positive change in their communities for people affected by stroke.



These activities are core to who we are and what we do every day for people affected by stroke. In telling the story of our year in this report, we've grouped our key successes and challenges by these areas, to show the impact our work has on a daily basis, and how this contributes to our medium and long-term goals.

As times change, so do we



Since we launched our strategy in April 2019, the world has changed dramatically. The Covid-19 pandemic and cost of living crisis exacerbated the pressures on our health and social care system, and stroke treatment has felt the impact at almost every level.

Ambulance waiting times have risen, causing dangerous delays. In hospital, stroke survivors are waiting longer for treatment. Then on discharge, follow-up care and GP access fall significantly short of what stroke survivors need to recover.

These are challenging times - and so our charity has been evolving.

Our new operating model has made us a stronger, more agile and sustainable organisation. And we've learned a lot about ourselves, the people we support and the systems we work with in the last few years. Now, we can be more ambitious. We've adjusted our strategy, reducing our long-term goals from three to two to help us focus our work on the things we believe will have the biggest positive impact for stroke survivors.

We've also introduced four new medium-term priorities - each targeting an area where we want to speed up our progress over the next three years.

Our strategy

Our refreshed strategy communicates these important shifts in direction:

Our vision

For there to be fewer strokes, and for people affected by stroke to get the help they need to live the best life they can.

Our purpose

To be the trusted voice of stroke survivors and their families. We want to drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke.

Our goals (long term)

Goal A

Make stroke the priority it needs to be.



Goal B

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

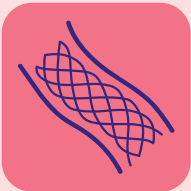


Our medium-term priorities (three year)



1. We are reaching and supporting everyone as soon as possible after their stroke

For most people this is the time at which they most need support, yet last year (2021-22) we reached only about 32% of these stroke survivors. We could potentially reach 59,000 more people each year.



2. Thrombectomy is available 24/7 across the UK for all patients who could benefit

It's a game-changing surgical procedure that retrieves the blood clot causing the stroke from the brain. 10% of stroke patients could benefit from this procedure, but only 3.1% (England, Wales and Northern Ireland) receive it, and it is a post code and opening hours lottery as to who does.



3. More stroke connected adults have stroke front of mind, and more see the value of the Stroke Association

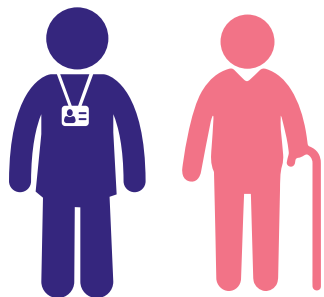
Low awareness and understanding of stroke and the Stroke Association make it more difficult for us to give support to people, get support from people, and engage with the health and care system.



4. Create the vision and plan to motivate donors and achieve transformational income growth

To achieve these step changes and make progress towards our goals we need to substantially increase our income.

Our achievements



Our 162 coordinator led services provided support at home to

39,622 people.

Our Support Line gave

15,993 people

personalised support over the phone, helping them to find information and reassurance.



Our volunteer-led services, including weekly one-to-one volunteer support calls and local stroke groups helped

4,252 stroke survivors

and carers across the UK.



We invested

£2.5 million

in pioneering stroke research.

We funded

12 research awards

at 11 research institutions around the UK.



1,268 volunteers

gave their time to help us and the stroke community.

**9,000 people
signed our open letter**

calling on the government to improve access to life-changing thrombectomy services.



Thanks to the generosity of our supporters, we raised

£28.4 million.

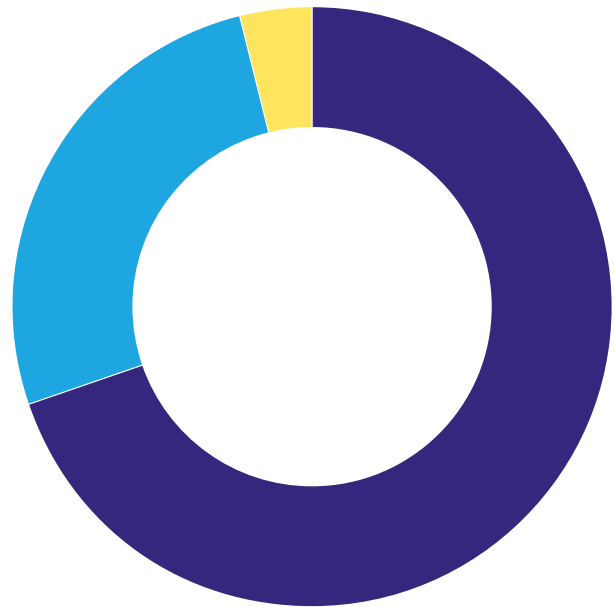
(2020-21: £30.2 million)

Funding our work

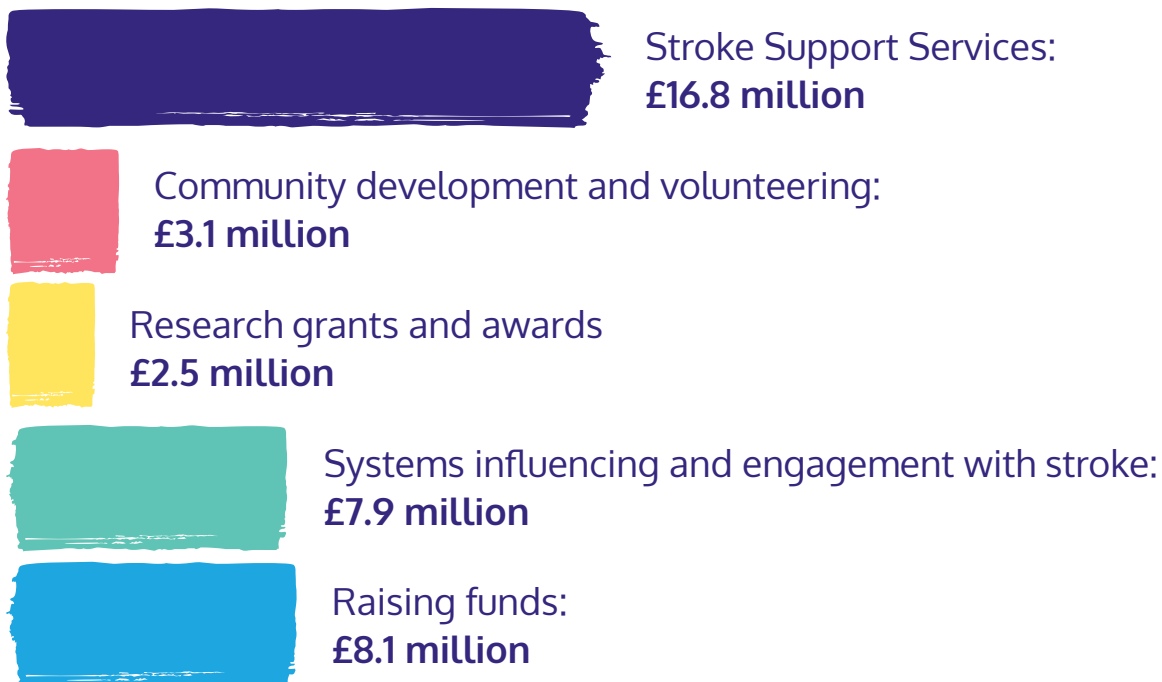
How we raised our money

- Donations and legacies:
£28.4 million
- Locally commissioned services
£10.8 million
- Other income (including trading, investments and grants):
£1.5 million

Total income: £40.7 million



How we spent our money



Total expenditure: £38.4 million



Rebuilding Lives
after stroke

SAM
GNR4
SAM
23858
MAY 12
GreatNorthRun

Rebuilding Lives
after stroke

ADRIAN
GNR4
ADRIAN
24140
MAY 12
GreatNorthRun



For every £1 we receive
we spend 79p on our
charitable work.

(2021-22: 78p)

We worked with decision-makers to make stroke a higher priority



Stroke is one of the leading causes of death and disability in the UK. Yet prevention, treatment and care vary greatly between regions, creating a postcode lottery that deepens health inequalities. While some progress is being made to make stroke more of a political priority across all four nations, it continues to be an overlooked condition in comparison to its vast scale and impact.

2022-23 was a challenging year for NHS stroke services across the UK. It was a year in which “the proportion of ‘first class’ and ‘good or excellent’ services fell substantially, reversing much of the progress made in care quality in the years prior to the pandemic,” according to the national clinical audit for England, Wales and Northern Ireland. The Scottish Stroke Care audit showed similar strain on stroke services in Scotland. While some key measures are improving, generally quick access to stroke unit care deteriorated this year, most clearly seen in the unprecedented ambulance delays over the winter.

We continued our efforts to make stroke a priority within healthcare policy across the UK, pushing for improvement in the standards and quality of care offered to people affected by stroke. With the political churn and unrest in Westminster, SNP leadership changes in Scotland, and the absence of a functioning Executive in Northern Ireland, this hasn't been easy, and progress has been slow. Despite this, our influencing has achieved tangible and vital wins across all four UK nations, through shaping national health policies and engaging with regional and local health systems.

We've particularly focused on building our ability to influence effectively for stroke improvements at a local level. We have worked to initiate, develop and strengthen our relationships with a variety of local system stakeholders across the UK.

In England, for example, we've practised our connecting and convening role by facilitating working groups and hosting away days for stroke clinicians and leaders, and supporting patient and public involvement to help improve stroke treatment and care.

This year, we also kick-started our multi-year focus on thrombectomy with the launch of our Saving Brains campaign, highlighting the unacceptably low rates of treatment, and calling on the government to act.

Looking ahead to 2023-24 we will:

- Influence for the creation of robust stroke policies across all four UK nations and raise the profile of stroke with key decision-makers.
- Influence for the involvement of stroke survivors in shaping regional and national stroke policies.
- Start to push for equitable life after stroke service provision, and for patient experience to be prioritised alongside access to services and outcomes.
- Deliver and learn from our pilot projects on emotional and psychological support, including our Mind Cymru partnership (page 46) and SQUIRE projects (page 42).

Influencing stroke policy and systems

We co-funded the new National Clinical Guideline for Stroke, which was published in April 2023 and covers the whole UK for the first time, as well as the Republic of Ireland.

The new guideline updates recommendations for thrombectomy treatment times, rehabilitation, emotional support, return to work and other vital areas of stroke care. We fed into the changes to make sure they fully reflect the needs of people affected by stroke. We welcomed the guidelines, which contain increasingly strong evidence for interventions that make stroke preventable, treatable and recoverable.





In England

We continued to build our presence and support in Parliament, providing the Secretariat for the All-Party Parliamentary Group on Stroke, attending party conferences and engaging politicians with briefings, meetings and a World Stroke Day parliamentary reception. These are useful opportunities to keep up to date with latest policy thinking and to network with parliamentarians, other charities, and health policy think-tanks.

In January, the UK Government announced a new Major Conditions Strategy, focusing on the prevention, treatment and recovery from cardiovascular disease - including stroke and five other major health conditions. We have since been engaging with the Department of Health and Social Care to shape the call for evidence and will respond to the consultation in June 2023.

We worked closely with NHS England on the National Stroke Programme for England. We helped to shape the Stroke RightCare Toolkit that launched in July 2022. Developed by NHS RightCare and GIRFT (Getting it Right First Time), the toolkit is designed to improve care and treatment along the whole stroke pathway, by facilitating discussion around stroke prevention, identification, acute care and rehabilitation. We also supported NHS England's biennial Act FAST campaign in early 2023, providing case studies, media stories and promotion on our social media, email newsletters and Stroke News magazine.



Passing FAST on for World Stroke Day

As well as supporting NHS England's Act FAST campaign, we also launched our own 'Pass FAST On' awareness campaign to coincide with World Stroke Day 2022, and the 13th anniversary of the Act FAST launch.

With the campaign reaching its teens, we commissioned consumer research, which revealed that less than half the UK's teenagers know the FAST test for spotting the signs of stroke.

We wanted to raise awareness of stroke and the FAST test with young people and emphasise the need for the campaign to continue in the future to reach more people and a new generation. So we created a short film, featuring comedian Markus Birdman, who took to the streets to share the FAST test with passers-by. It encouraged people to learn and share how to spot the signs of stroke and what to do. The film brought us 500,000 views, with an almost 10% engagement rate from organic social media.

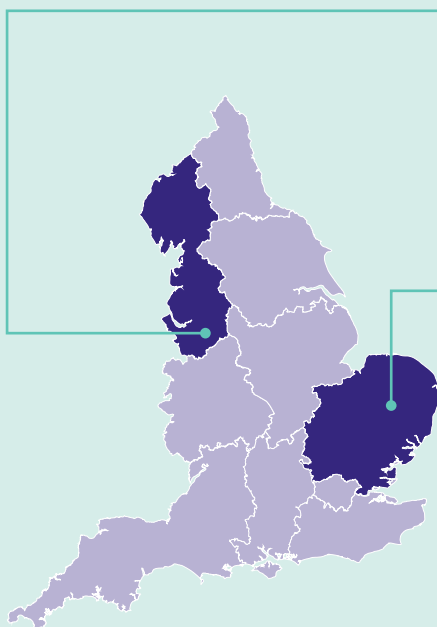
Our Chief Executive Juliet Bouverie and patient voice representative James Redgate met with Amanda Pritchard (CEO, NHS England) and Professor Steve Powis (Medical Director, NHS England) to discuss the challenges and opportunities in stroke care. This was a chance to raise the profile of stroke with national decision makers, showcase the progress we're making, and highlight the support we need from the wider system.

Meanwhile, at a regional level we continue to consolidate our relationships with Integrated Stroke Delivery Networks (ISDNs): the 20 stroke clinical networks across England that oversee stroke prevention, treatment and care, and are key in stroke improvements.

In October, we funded and hosted the networks' first development event, attended by over 30 ISDN clinical leads from across England. A second event followed in March, where we explored key topics including acute care, life after stroke, and systems leadership. Events like this give us an important opportunity to share good practice, improve outcomes and build stronger relationships based on collaboration. They also provide peer support, reflection and recharge for senior stroke clinicians, enabling us to play a part in providing a more resilient and better supported clinical workforce.

Building partnerships and sharing expertise with NHS England

Here are some examples of how we've been partnering with health and social care leaders to improve stroke treatment and care.



Greater Manchester

We got funding from Greater Manchester ISDN for a new patient engagement role, to strengthen the impact of patient and carer groups in developing new policies and service improvements in the region.

East of England

Our Service Delivery Lead, Sara Betsworth, was seconded to NHS England's Stroke Quality Improvement for Rehabilitation (SQulRe) initiative (see page 42).

Sarah says: "My secondment gave me the opportunity to develop closer relationships with clinicians and commissioners and gain valuable insight into local systems and their challenges.

"I've been able to show the knowledge and services that our charity offers and lay the foundations for closer working in the future, which I hope will benefit stroke survivors and their families."



In Scotland

We worked with the Scottish Government on their review of the Stroke Improvement Plan. As members of their advisory group, we helped to set out new priorities and actions.

We made our case that every stroke survivor should leave hospital assigned to a key worker, with a rehabilitation plan and scheduled six-month review.

We also argued for:

- More robust ambition and leadership.
- Spending on FAST communication.
- A national 24/7 thrombectomy service.
- Better psychological care.

The resulting Stroke Improvement Plan was delayed until June 2023. It will include the commitments health boards in Scotland must make to ensure equitable and timely access to diagnosis, treatment and care for people with suspected stroke.

We support this positive and ambitious programme. However, health boards and politicians need to commit to implementation, so we'll continue to campaign over the coming year to make this a priority.

We continue to provide secretariat to the Cross-Party Group on Stroke in the Scottish Parliament. We bring together MSPs, clinicians, researchers and people affected by stroke to provide oversight, and support for the implementation of the Stroke Action Plan.





In Wales

We worked closely this year with the Welsh Government’s Clinical Lead and Allied Health Professional Lead on plans to transform stroke services in Wales. Building on the 2021 Quality Statement for Stroke in Wales, we are working to make sure plans fully reflect the needs of people affected by stroke.

This includes a call for Wales to implement the Personal Stroke Record – the Stroke Association’s patient-facing template that professionals can use to give stroke survivors a transparent record of their condition and treatment plans.

Pan fo strôc yn taro, cofiwch y camau **NESA**



Nam ar yr wyneb



Estyn - gallan nhw estyn eu breichiau uwchben



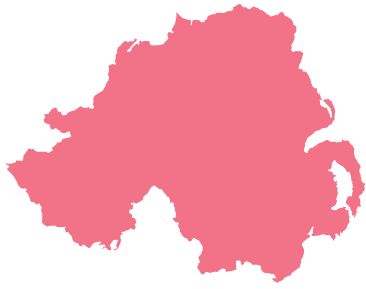
Siarad - cael trafferth siarad



Amser - ffoniwch 999 yn syth

We also secured a commitment from Public Health Wales to run the Act FAST campaign in Wales during 2023-24. For the first time, this will also run as a dedicated Welsh-language campaign, called Cam NESA ('Next Steps').



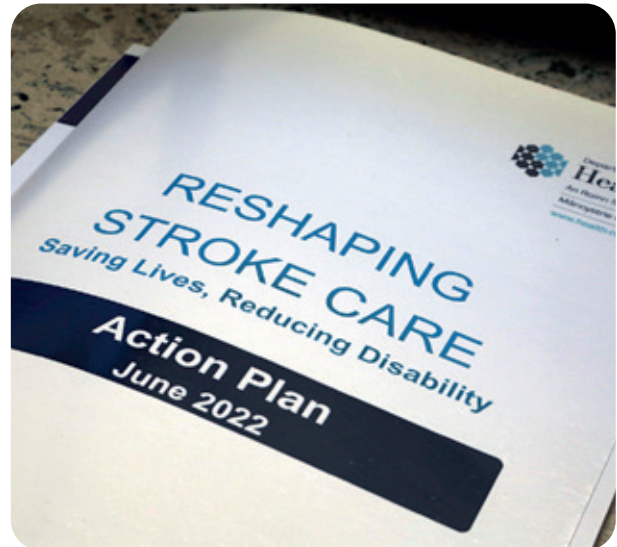


In Northern Ireland

Stroke became a talking point in the run-up to Northern Ireland’s elections, with the long-awaited Stroke Action Plan for Northern Ireland nearing completion. This ambitious plan is set to back most of our policy calls, including the introduction of Act FAST and Hyper Acute Stroke Units (HASUs). In the next 12 months, we will support its implementation and seek a clear commitment on the timing of the HASU initiative.

Despite the political challenges in the Northern Ireland Assembly, we’ve achieved our goal of setting up a cross party group dedicated to improving stroke provision. We’re now offering our support to the group, alongside colleagues in Northern Ireland Chest Heart and Stroke.

We also met with Permanent Secretary for Health, Peter May, following the launch of our 1,000 Days campaign that exposed the lengthy delays in reshaping stroke services. This meeting led to a commitment to publish a new action plan for stroke “imminently”, with revised targets for Northern Ireland’s Reshaping Stroke Care commitments.



Thrombectomy

Thrombectomy is our top priority for influencing in the next three years. This acute stroke treatment significantly reduces the chance of disabilities like paralysis, visual impairment and communication difficulties. It's also highly cost-effective and could save the health and care system £73 million annually if rolled out fully.



Treatment levels are low across the UK, and around two thirds of patients who could benefit from the procedure miss out (just 3.1% of stroke patients in England, Wales and Northern Ireland were given the treatment in 2022-23, instead of the 10% who needed it). While treatment rates are increasing, we believe progress is far too slow. So in July, we launched our Saving Brains campaign, calling for universal 24/7 access to thrombectomy.

The campaign launched with the publication of a report, with separate versions for each UK nation to address local health care structures and political challenges. The report created a new talking point in the media, generating close to 400 news stories, making it one of our most successful campaigns of the last three years. It was also positively received by the stroke community – especially when we hosted a Saving Brains parliamentary reception in the House of Lords, to mark World Stroke Day.

During the campaign, we asked people to sign our Saving Brains Open Letter, calling on the UK Government to act on the recommendations in our report. In October, we went to 10 Downing Street to hand in the letter with 9,000 signatures from the stroke community.



Stroke survivor Phil Woodford, joined our Downing Street delegation:

“I was 45 when I had a TIA and a stroke. I was thrombolysed (given clot-busting medication) but was unable to have a thrombectomy because it was a Sunday and the service wasn’t provided over the weekend.

“My life changed overnight. It took six months’ rehabilitation in hospital and then another four months till I could return to work. My stroke has caused musculoskeletal problems, permanent pain and weight gain because I’m less mobile. I walk with a limp and my left arm has a mind of its own.

“But it’s the psychological effect that I find really hard. My confidence levels dropped dramatically. Physical adjustments at work can be made with a little bit of money. But trying to explain to people why I cry every day is almost impossible.

“Unfortunately, when back in work, I was bullied and discriminated against. I found this really hard, and it spurred me on to use my experience to help others.

“I got involved in the Saving Brains campaign to improve access to thrombectomy because I didn’t want anyone else missing out.”



In England

After the launch of Saving Brains, we had letters of support from five of the seven Regional Medical Directors (RMDs) for NHS England. We've since had productive meetings with these engaged RMDs, who have been excited to discuss the findings of the reports and their plans for their regions. We'll continue these conversations and build on these relationships in the coming year to identify opportunities to develop thrombectomy services.

Meanwhile:

- Thrombectomy services in Bristol and Hull have committed to 24/7 access.
- Through our involvement in an Expert Reference Group, we influenced and fed into NHS England's Urgent and Emergency Care (UEC) Recovery Plan, which includes proposals for better category 2 ambulance response times.
- Regional Thrombectomy Quality Reviews took place in summer 2022, where we joined local ISDNs to discuss thrombectomy rates and areas for improvement. Recommendations will follow in summer 2023.



In Scotland



We reversed thrombectomy funding cuts in Scotland

In October, the Scottish Government announced a funding cut to its thrombectomy programme, with a loss of over £4 million and a freeze on staff recruitment.

We found this unacceptable and worked with Chest, Heart and Stroke Scotland (CHSS), the British and Irish Association of Stroke Physicians (BIASP) and a group of Scottish stroke clinicians to reverse the decision.

Together, we had a call with the then Cabinet Secretary for Health and Social Care Humza Yousaf MSP to outline the case for funding. Senior figures from the Scottish and national stroke community joined us to support our case. We also sent the Cabinet Secretary an open letter, signed by 166 stroke clinicians and allied stroke care professionals.

Our cause was picked up by regional and national press, and pressure quickly mounted in the days before the Scottish Government's budget announcement on 15 December 2022.

That announcement confirmed a decision to fully restore funding for the thrombectomy programme for 2023-24. Since then, the National Planning Group of NHS Scotland has been asked to take forward the thrombectomy programme as a priority. We will continue to monitor progress in the region's three delivery hubs - Dundee, Edinburgh and Glasgow.



In Wales

Only 1.3% of stroke patients received a thrombectomy in Wales in 2022-23.

The barriers to improving thrombectomy rates are complex. One of the biggest challenges is a lack of specialists trained to deliver the treatment in Wales, with just two currently employed in Cardiff. As a result, services used by Welsh patients are not always available 24 hours a day, 7 days a week. Practical barriers, such as imaging and patient transport, also negatively impact thrombectomy rates in Wales.

We continue to influence the plans to transform stroke services in Wales, to address existing barriers and prioritise the development of new modern stroke units that can develop their own thrombectomy services.



In Northern Ireland

Northern Ireland's Stroke Action Plan committed to delivering a 24/7 thrombectomy service by the end of 2024. Meanwhile, we've held two parliamentary receptions and published case studies to raise the profile of Saving Brains and develop our relationship with the Northern Ireland Thrombectomy Centre.



UK-wide

Our recommendation for the General Medical Council (GMC) to develop a 'thrombectomy credential' was realised. If implemented successfully, the credential will see a wider range of clinicians trained to perform the procedure.



Internationally

We showcased our Saving Brains campaign at the World Stroke Congress in Singapore on 29 October 2022. It was our first opportunity to present this government-level patient advocacy to a worldwide audience of stroke clinicians and researchers, and their commendation has given us more visibility on the international stage. We are now connected with other countries' initiatives to improve stroke provision and access to thrombectomy – which in turn can strengthen our influence at home.

We'll continue to push the case for thrombectomy in the future

Progress will require concerted efforts from national, regional and local decision-makers. We'll work with them as a critical friend to advocate for improvements on behalf of stroke survivors, to make sure no patient who needs a thrombectomy misses out.

Health inequalities

Addressing health inequalities is a complex and challenging task. There are many issues to consider, that overlap or intersect.

Over the last year, we've worked to understand these inequalities and their impact on stroke treatment and care.

Our activities included:

- Defining health inequalities in relation to stroke.
- Pooling the findings of academic papers and studies.
- Examining our records and external stroke data to understand who we've been supporting over the last five years.
- Working with partners like regional ISDNs, to understand why some people struggle to get the support they need.
- Calling for a holistic approach to cardiovascular disease (CVD) prevention, by promoting the CVD Prevent data tool, and calling for pulse checks to accompany blood pressure checks.

We've also spent time developing:

- 'Solving inequity in stroke': strategic actions that will see us review our own working methods, use our voice to challenge prejudice, and play our part in dismantling systemic discrimination.
- Saving Brains: our campaign to make thrombectomy available for everyone who needs it.

Much of our work in the last year has been internally focused. Looking ahead, there will be more emphasis on working with others in the system, to support everyone as soon as possible after their stroke and tackle variations in access to thrombectomy.



Cephas

Stroke prevention

Up to 9 in 10 strokes globally are preventable, as they're associated with modifiable risk factors such as poor diet, lack of exercise, smoking and high blood pressure. If we can improve the detection, treatment and management of high-risk conditions, we can greatly reduce the number of lives devastated by stroke.

We welcomed NHS England's growing focus on improving the detection and management of high blood pressure, which is a contributing factor in more than 50% of strokes. One of the other major risks is Atrial Fibrillation (AF) - a type of irregular heartbeat that can cause blood clots. People with AF are five times more likely to have a stroke, and AF-related strokes are often more severe. However, it is often symptomless, there are 500,000 people living with undiagnosed AF across the UK, and it's currently overlooked as a system priority.

In January, for our third Stroke Prevention Day, we talked about AF in a public awareness campaign. This included a celebrity-led video, featuring Clare Balding, Rudolph Walker, Fiona Bruce and others, encouraging people to check their pulse.

We worked with NHS partners to promote this, and by midday on Stroke Prevention Day, atrial fibrillation was trending on Twitter. By the following day, over 118,000 people had viewed the video. We also achieved some great media coverage in both the local and national press around the UK, enabling us to reach even more people.

Our data shows that the campaign also significantly increased people's awareness of our charity, their concern for stroke as a cause and their likelihood to support us. We've also seen that digital fundraising increases as we ramp up our awareness campaigns – providing more solid evidence that our strategic approach to invest in awareness is helping the charity to grow in the long term.

In Scotland, where stroke rates are higher than other parts of the UK, we seconded a staff member to work with the Scottish Government. They will help to develop a new prevention approach focused on AF detection and treatment in primary care.



Rehabilitation and life after stroke



England

We worked with NHS England to develop the Integrated Life After Stroke Service (ILASS) model. Launching in May 2023, it specifies what life after stroke support should be available to all stroke survivors, including universal access to a Stroke Key Worker. This is a significant milestone – it is the first time life after stroke support has been detailed in national guidance. We will be promoting the model to health system leaders to push for universal access to high quality life after stroke services, one of the key aims of our ambition to support everyone as soon as possible after their stroke.



Scotland

We launched our 'Keeping stroke recoveries in mind' report and campaign in October to improve psychological support for stroke survivors. The motion we developed was debated in the Scottish Parliament, and led to a commitment that health boards in Scotland will deliver psychological care to all stroke survivors - along with a six-month review to check mental and physical health.



Wales

We are working on a research project with Mind Cymru, the mental health charity. Research will help us to understand the experiences of people who are struggling with their emotional and mental health after a stroke, then test and prioritise potential solutions.



Northern Ireland

We pushed for psychological support through our new Hidden Impact of Stroke campaign. We're working with health trusts and government to achieve this goal.

Meanwhile, the Northern Ireland Government has committed to improve general support for stroke survivors, using our 2019 Struggling to Recover report as a blueprint.



Patient Reported Experience Measures (PREMs) survey of stroke survivors

We worked with NHS England to run the first ever nationwide PREMs project, a survey dedicated to exploring and quantifying stroke survivors' experiences of stroke treatment and care. We developed the questions with stroke survivors to help us to understand what is working well for them and where there are areas for improvement.

Every eligible hospital trust in England took part, with a postal survey reaching over 18,000 patients – all between 4-8 months after stroke. We were thrilled to have a response rate of 37% - much higher than typical for NHS surveys. This gave us over 6,600 completed surveys, providing a rich set of data across the whole of England.

The data will drive service improvements at every level, with potential to impact community services, stroke units, ISDNs and national policy. It will also support our influencing and partnership working with NHS England.

Meanwhile, in their Stroke Improvement Plan, published in June 2023, the Scottish Government has made a specific commitment to developing its own patient experience measures by the end of 2024. And we're also continuing conversations about rolling out PREMs in Wales and Northern Ireland.





We supported thousands of people affected by stroke

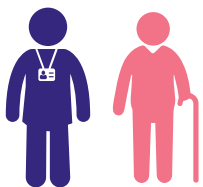
“The support from the coordinator has probably saved my life. I have gone through a lot including a family bereavement and without the support I would not have made the recovery from my stroke and the difficulties I had in my life.”

Stroke survivor

Recovery after stroke is tough, but with the right rehabilitation and ongoing support, the brain can adapt. However, the challenges facing the UK's under-funded, under-resourced health and care systems have had a huge impact on the quality and availability of stroke services. As a result, many stroke survivors don't receive adequate rehabilitation or support, which has a huge impact on the quality of their lives, and their carers, family and friends' lives too.

We want all stroke survivors to get the physical and emotional help they need and support them through our specialist services to rebuild their lives. In 2022-23, we continued to offer our life after stroke support, working in partnership with other service providers UK-wide. We supported 70,000 people, with consistently high ratings for service satisfaction.

Pressure on NHS services, and those provided by other charities has meant our stroke coordinators have been supporting people with increasingly complex needs, with fewer community services available to provide additional support. This leads to our resources being stretched further. Despite this and despite tightening budgets putting some of our commissioned services under threat, we supported almost 40,000 stroke survivors and others affected by stroke through our local Stroke Recovery, Communication Support and Emotional Support Services.



We supported **70,000 people** affected by stroke.



Our **162 local** life after stroke services have a **93% satisfaction rate**.



Our **Stroke Helpline** answered over **15,000 enquiries**, including 4,000 by email.



Our **134 Stroke Support Groups** supported **3,345 people** affected by stroke.

Looking ahead to 2023-24 we will:

- Continue to deliver support for stroke survivors and continue to strengthen the quality of the support we offer to stroke survivors through PREMs (page 36), Quality Framework and 'Ask and Act' (page 47).
- Improve the ways in which stroke survivors are referred to us from the NHS, and seek to ensure that we have adequate funding for our existing services and that we are seeking to grow our commissioned services.

Supporting people as soon as possible after their stroke

Today, we reach around 30% of stroke survivors with support within the first 12 months following their stroke. This is the time when people tell us they need our support most, so reaching more people at this early stage is key to rebuilding more lives after stroke.

To prioritise this, we set ourselves an ambitious target to support everyone as soon as possible after their stroke.

To achieve this, we need to:

- Build better relationships with health care professionals, to prompt early referrals.
- Ensure people are aware of our support as soon as possible after their stroke.
- Make our website clear and concise, so visitors can effortlessly find information and support.
- Ensure access to a Key Worker for every stroke survivor who needs one, regardless of where they live.
- Design personalised support for people based on what they need and when they need it, so every stroke survivor continues to have the right support at the right time.

- Ensure a consistent experience for all people affected by stroke regardless of where they live.
- Understand the barriers faced by different communities, so everyone has an inclusive experience with an equal chance to access our services.

Much of this year has been spent gathering the insight we need from stroke survivors and healthcare professionals to enable us to focus on the right areas.

We know this is a bold ambition, involving a lot of uncertainty. But for stroke survivors and their families, it will be a life-changing development.



We reach around **30% of stroke survivors** with support within the **first 12 months** following their **stroke.**



"Thank you, you have made a big difference, a load has been lifted from me, you have done me the world of good, I wish you could see the smile on my face."

Stroke survivor

SQURE funding for better stroke care in England

NHS England's Stroke Quality in Rehab (SQURE) funding promotes innovation in care and support for stroke survivors. As part of the National Stroke Programme, it allocates funds across the English regions to improve delivery of Integrated Community Stroke Services (ICSS).

This year, we received around £1 million in fixed-term contracts from SQURE to increase our support in the north, midlands and south-east.

Our projects include:

Sheffield: improving discharge pathways

We received £50,000 to improve the discharge pathway for stroke survivors leaving Sheffield's Hyper-Acute Stroke Unit (HASU).

The pathway will test outreach calls, two weeks after discharge and before the six-week review. These calls will offer reassurance and answer survivors' questions about ongoing care and concerns.

South Warwickshire: full Stroke Recovery Service

We received £150,000 to implement a full Stroke Recovery Service in South Warwickshire. This will complement existing services in other parts of the Coventry and Warwickshire Integrated Care Board to ensure better access for all local people affected by stroke. The new service will support up to 300 stroke survivors over a 12-month period.

Central Lancashire: training stroke coordinators

We received £20,500 to work with the University of Central Lancashire on their COMMITTS research study: Confirming the Mechanisms of Motivational Interviewing Therapy in Stroke.

Our stroke coordinators will be trained to deliver a talking therapy intervention, designed to help stroke survivors come to terms with their stroke and reduce depression. It will also add further evidence to the research study.





Childhood Stroke Support marks a successful first year

In April 2022, we launched our new Childhood Stroke Support – offering online and telephone support to anyone affected by childhood stroke across the UK, at any point in the recovery journey.



Inspired by our 2013 project with Evelina London Children’s Hospital, this unique support was co-designed with parents, drawing on their lived experience of childhood stroke. We can offer a listening ear and practical information on topics ranging from the child’s emotional health to the impact on unpaid carers and families. We also offer a range of specialist resources, created for families, educators and childcare professionals.

In the service’s first year, we responded to 97 enquiries, mostly from parents of stroke-affected children aged from 5 to 12 years. Most got in touch within 12 months of their child’s stroke, to seek help in the early stages of recovery.



“The new childhood stroke service has been co-produced with us as families. Through this co-produced model, we have created a new creative service that is truly responsive and reflective of the real needs of children and families affected by childhood stroke. It’s been exciting to be a part of a service that is so innovative, and parent led.”

Roz - parent of stroke survivor, Harry

Hardship grants increase with cost of living

Stroke comes without warning, and often triggers a financial crisis – from a sudden loss of income to additional costs like equipment and hospital travel. Our Hardship Grants offer respite by easing the immediate burden and giving families time to establish new, sustainable means of support.

Grants take the form of supermarket vouchers, up to a value of £150 (a £50 increase this year in response to the cost of living crisis). Vouchers give stroke survivors and carers the freedom to spend the money where it’s needed most, whether it’s on food, clothing or other essentials. This also relieves pressure on other expenses, like heating and rent or mortgage payments.



This year, we funded **476 Hardship Grants**, with an overall value of **£61,474**.



Mind Cymru: a new partnership emerging

Stroke can have a devastating impact on mental health. Our Lived Experience of Stroke survey found that 47% of stroke survivors feel anxious, with 52% impacted by low mood. With 1.2 million stroke survivors in the UK - and 100,000 new strokes every year – this is a significant problem that calls for new, purpose-built solutions.

To this end, we are laying the foundations for a new programme in Wales, in partnership with mental health charity, Mind Cymru, who are committed to improving mental health services in the nation. Together, we're exploring ways of reaching across Wales with support that responds to the mental health needs of stroke survivors, and possibly their families.

By March 2023, service design was underway and Shift, a specialist service design agency, were appointed to lead and deliver the programme. A panel of stroke and mental health specialists, guided by stroke survivors, will report back this year with prototyped support solutions, ready to be taken forward into further testing.

STEPS: Emotional support in Northern Ireland

STEPS is a National Lottery funded programme in Northern Ireland, which provides emotional support to stroke survivors, carers and families as they adjust to life after stroke.

In 2022-23, we supported 99 stroke survivors and 15 carers through one-to-one counselling. We also work in partnership with Northern Ireland Chest Heart and Stroke, who deliver self-management workshops as part of this service. Together, we tackle personal issues like anxiety, fears, grief, relationship problems and loss of self-esteem - helping everyone to build emotional resilience and reintegrate into community life. With our other services, STEPS forms part of the joint life after stroke pathway that we deliver with Northern Ireland Chest Heart and Stroke.



Beneficiary Quality Framework

Quality is central to everything we do - making sure our support is delivered safely, creates a positive experience and makes a meaningful difference to people's lives.

This year, we designed a new Quality Framework that will help us to manage, improve and assure the quality of our support.

A key component of the Quality Framework is using beneficiary feedback to inform and drive continuous improvement. At the heart of this is 'Ask and Act' - our new national approach to seeking direct feedback from stroke survivors and carers in all areas of our work. This year we piloted the approach, with support from our involvement network who made sure it would be accessible to all.

Feedback from testing has been positive, with staff and external colleagues discovering a new way to listen to the voices of stroke survivors and carers. It's already prompting interesting conversations that will help us to keep learning and developing. For example, allowing us to:

- Understand how different people experience our support.
- Reflect their priorities in our service offering.
- See the differences we make in different areas of our work, and plan accordingly.

Over the next 12 months we'll work towards full rollout of the Beneficiary Quality Framework - including Ask and Act - across all our support services.

Our phone and online support

We're here for stroke survivors throughout their recovery. That's why we offer support in different ways to suit them. From trusted stroke-specific information, activities and communities online, to speaking to a member of our friendly support team on the phone.



Stroke Helpline

Our confidential Stroke Helpline is here to support anyone affected by stroke in the UK, including family and friends. By phone and email, we help people to find answers on anything they want to know about stroke.

During 2022-23, we supported people with 15,559 stroke-related enquiries (15,129 in 2021-22), providing information, guidance and support on practical problems like fatigue, finances, getting back to work, driving and more. We also expanded our support team, training up new members so that we're able to answer more calls in the future.

Stroke survivors like Ann, tell us they feel better after talking with us and, using the information provided by one of our friendly Helpline Team.

Ann said: "The lady who answered my call was very polite, friendly and helpful. She was able to provide me with details, including contact details, of organisations that could help me.

"In my opinion, the Stroke Helpline is an invaluable tool for people who are going through a very difficult time and are finding life very difficult. To know that there is someone at the end of a phone or available online when you need help is very important.

"Sometimes you just need to talk to someone impartial who can offer honest advice and support which you can't always get from family and friends as they are too close to your situation. For those who can't read or have difficulty processing information post stroke, being able to talk to someone to get the information they need is essential.

"The Stroke Helpline support isn't just for stroke survivors, families and carers but also provides information for employers. I know my manager at work used the online resources a lot during my recovery as they were new to stroke too."



Sandra's story

Sandra's husband, Brian, had a stroke in November 2022. Not long after Brian came home from hospital, the couple received a call from Stroke Association Connect.

Sandra says: "When Brian had his stroke I was in turmoil.

"The sensitivity of the phone call [was the thing that most struck me about it]. It wasn't an abrupt call or like a business call. It was caring and understanding of what we were going through. She didn't push me to give answers, she let me take my time because she understood it is all a traumatic experience.

"She was able to advise me on how to deal with different situations. If there was something I wasn't sure about, she would explain things to me, again, very sensitively. She didn't tell me what to do and what not to do – there was an understanding of how it is to be going through this.

"Knowing that there are people out there who are willing to listen is so important, because that's sometimes all you need. That somebody at the end of the phone to offload to.

"The Stroke Association Connect service understood what I was going through as a carer. You, as the carer, are just as important as the person who has had the stroke and they want to help you too. That's why these calls are key."



Stroke Association Connect

Our Stroke Association Connect service aims to ensure that all stroke survivors have access to follow-up and long-term stroke support once they have left hospital. Stroke survivors who've been recently discharged from hospital and live in an area where there is no Stroke Recovery Service are referred to us by NHS teams. We then get in touch to see how they're getting on and to make sure they know they're not on their own after their stroke.

This year, we supported 3,207 people (3,383 in 2021-22) being discharged from hospital and stroke units. We offer reassurance, help with any immediate questions or concerns, and crucially, connection to ongoing support, which can be accessed at any time in the weeks, months and years after stroke.

We constantly evaluate and seek feedback from service-users, staff and from our NHS partners, so we can continue to adapt and improve the service to best meet the needs of stroke survivors and carers. Feedback from the last year shows that stroke survivors, their families and our NHS partners have found the service invaluable.

Here for You

Our Here For You service offers a weekly phone conversation with one of our trained volunteers to help people affected by stroke to rebuild their lives after stroke. Talking things through on the phone can build confidence. It can help them feel more connected, supported and able to take the next step in their recovery.

This year, our 155 wonderful Here for You volunteers supported 849 people (938 people in 2021-22), giving them the opportunity to talk to someone who knows what they're going through. People who use the service tell us it makes them feel able to cope better with the impact of stroke and they feel more understood.



Annette's story

Annette has the language and communication disorder, aphasia, as a result of a haemorrhagic stroke in December 2020.

In early 2023, she decided to give our Here For You service a try. Here For You offers an eight-week block of telephone calls with a volunteer who has lived experience of stroke, either as a stroke survivor themselves or as the carer of a stroke survivor.

Annette says: "I wanted to try to meet people of my own age group who had suffered a stroke, and this was the perfect way to do it.

"With my aphasia, any situation that forces me into trying to talk to another person is good. It is very stressful, but very necessary. I think the calls have helped with my recovery and coming to terms with my stroke. The lady who rang me was so lovely. We immediately clicked and made a connection.

"It is vitally important to be able to talk to other stroke survivors. Otherwise, it is easy to sink into a dark place where you think it is only you who has suffered this terrible bad luck.

"These calls offered the genuine warmth and understanding that you can only get from another person in the same situation as yourself. I cannot recommend highly enough the importance of this service."



Online community

We have a thriving online community of around 14,000 people, who connect and chat on our forum. It's an opportunity for anyone affected by stroke to talk to others who understand stroke first hand. Day or night, they can talk about things that are important to them, ask questions and learn how people are managing their recoveries after stroke. They can also share their experiences and tips to help others.

People tell us that being part of an online community helps them feel more supported, confident and positive about the future.

Online Stroke Activities

Created during lockdown, we've been developing and expanding our Online Stroke Activities since 2020, and officially launched it as a new support service in January 2023.

Around 400 people have signed up to join our wide range of free activities, from sessions where you can learn more about the effects of stroke and a stroke exercise group, to social quizzes and more. We also have a session specifically for people aged 18-45, so they can meet people their age.

Stroke survivors and carers who take part in our activities tell us they understand more about stroke and feel more confident after joining these sessions and meeting new people.

Graham and Kay's story



When Graham had a stroke in April 2020 during lockdown, he and his wife, Kay, felt very isolated. At the suggestion of their Stroke Association Support Coordinator, they tried some of our online activities, and have been going along ever since.

Graham says: "You get to meet other people who've had a stroke and realise you're not the only one in this situation. Hearing their perspectives and recovery hints and tips gives you something else you can look into to help with your recovery. We enjoy the Friday quizzes the most – they're always a laugh!

Kay says: "The stroke couldn't have happened at a worse time, but the online activities have helped us see the light at the end of the tunnel. You get support from people who know what you're going through. And have a laugh with them.

"There are activities on every day. I did some of the genealogy sessions and we both did the Me and My Stroke sessions, which were really informative. The way they're delivered worked for us because they're light-hearted. Although it's a serious subject, you can also have a joke - you can take more in when you're relaxed."



We invested in vital stroke research

Our five year research strategy

- 1. Build capacity across multiple disciplines**
Establish talented research leaders of the future across all disciplines relevant to stroke, to enable us to accelerate the development and evaluation of innovations for people affected by stroke across the whole stroke pathway.
- 2. Increase funding and raise the profile of stroke research**
Strengthen and develop our relationships with other organisations to increase funds, effectively pool resources and expertise and give those affected by stroke a louder voice, to achieve maximum impact.
- 3. Support research that will achieve the greatest impact for everyone with stroke and improve life after stroke**
We will support applied and clinical research and continue our focus on rehabilitation and acute research.

Research can make stroke more preventable, treatable and recoverable

We're now over three years into our five-year research strategy that outlined three goals for research funding.

Although the pandemic hit our research budget hard, forcing us to reduce awards for new Project Grants for three years, we have steadily restored our research programme back to its former strength and we're determined to push further. We've prioritised our work to develop strategic funding partnerships, to increase investment in stroke research so we can fund projects that aim to break new ground and find innovative ways to improve the lives of people affected by stroke.

Following the 2021 James Lind Alliance Priority Setting Partnership for Stroke, a UK-wide project to map research priorities across the entire stroke care and treatment pathway, we continue to focus on two key areas of research:

- Stroke prevention, diagnosis, pre-hospital and hospital care.
- Stroke rehabilitation and long-term care.

We work closely with stroke survivors and carers in our Stroke Voices in Research panel, involving them in decisions on the research we fund from the start, to make sure it's relevant and important to those it aims to benefit.

This year, we started to introduce Equality, Diversity and Inclusion (EDI) factors into our research programme. We now ask research applicants how they are considering EDI and how they might address particular EDI issues within their research study. This aims to make the research more applicable to the wider stroke population. We are developing an EDI action plan for research over the coming year, so the research we fund and our processes have greater consideration for EDI and are ultimately more inclusive and diverse.

Looking ahead to 2023-24 we will:

- Significantly expand our stroke research budget, with an increased focus on leveraging more funding into stroke research.
- From our next grant round onwards, we're adding stroke-related childhood neurological disorders to our funding remit. Stroke can happen at any age – even before you're born – and it's important that we support research that addresses the unique challenges of childhood stroke.



Strategic research partnerships with NIHR and SBRI

We're committed to supporting the research leaders of the future. Our Fellowships allow talented people in the early stages of research to build their skills, networks and to continue work that will improve stroke treatments and care for new generations.

We work with strategic partners to drive additional funds into high priority areas of stroke research to increase our collective impact.

In 2021-22, we announced a £2.1 million funding partnership with the National Institute for Health and Care Research (NIHR), with a commitment to co-fund programme grants for applied research. During 2022-23, we asked for applications in the priority fields of acute stroke treatment and rehabilitation. And we funded the first of these – a project to reduce fatigue after stroke (see page 61). Another funding round will follow, with applications to open in autumn 2023.

We also began the second phase of our Accelerated Access Collaborative programme in partnership with the Small Business Research Initiative (SBRI), funded by NHS England. This programme has awarded over £5.2 million for research in pre-hospital diagnosis, rehabilitation, and life after stroke. Innovations include improved stroke imaging technology and a virtual therapy platform.

Overall, we contributed £650,000 in funding to our partnerships and leveraged £7.3 million from our funding partners for stroke research.



Our research

We have four main types of research awards, designed to support stroke clinicians and academics working across all disciplines of stroke research to become the research leaders of the future:

- **Postgraduate Fellowships** - help graduates develop the skills needed to start a career in stroke research.
- **Postdoctoral Fellowships** - offer further training to help stroke professionals who've completed a PhD to progress as independent researchers.
- **Lectureships** - play a critical role in supporting talented mid-career researchers as they develop the skills to lead their own research teams.
- **Project Grants** – for multidisciplinary teams who are addressing big questions across the whole spectrum of stroke research: from prevention, through to treatment and rehabilitation, both in hospital and longer-term in the community.



This year, we're proud to have funded the following research projects:

Grant type	Lead researcher	Institution	Research title
Postgraduate Fellowship	Triin Ojakäär	University of Oxford	Improving sleep and memory in stroke survivors
Postgraduate Fellowship	Kate Ledingham	University College London	Reporting communication impairments after stroke
Postdoctoral Fellowship	Dr Sabrina Eltringham	Sheffield Teaching Hospitals NHS Foundation Trust	Testing a Free Water Protocol for stroke survivors with dysphagia
Postdoctoral Fellowship	Dr Michael Stringer	University of Edinburgh	Understanding vascular dysfunctions that risk ischaemic stroke
Senior Clinical Lectureship	Dr Jatinder Minhas	University of Leicester	CHALLENGE-ICH: Preventing clotting strokes after bleeding strokes
Senior Clinical Lectureship	Dr Neshika Samarasekera	University of Edinburgh	SEARxCH: Finding a treatment for brain swelling after bleeding strokes
Project Grant	Dr Alan Cameron	University of Glasgow	ASPIRE: Targeted screening for people at heightened risk of stroke
Project Grant	Professor Philip James	Cardiff Metropolitan University	PREDICT-EV: Improving stroke prevention after transient ischaemic attack
Project Grant	Professor Antonio Belli	University of Birmingham	GHoST: Developing a lateral flow test for stroke
Project Grant	Professor Audrey Bowen	University of Manchester	WATERs-2: Group-based psychological support for stroke survivors
Project Grant	Professor Adam Gordon	University of Nottingham	TELSTAR: TELerehabilitation in STroke cARe
NIHR/Stroke Association Programme Grant for Applied Research	Dr Grace Turner	University of Birmingham	COMbAT Fatigue: Reducing the debilitating effects of fatigue in stroke survivors
	Professor Jonathan Mant	University of Cambridge	

Spotlight on our newly funded researchers

Postgraduate Fellow: **Triin Ojakäär**

Rehab after stroke involves a lot of learning, like controlling hand and arm movements. However, many stroke survivors have sleep difficulties, which can impact their memory and learning.

Triin's study aims to improve sleep quality by changing the rhythm of the brain's electrical activity. This could help stroke survivors learn rehab tasks more quickly, resulting in a faster return to independence.

Postdoctoral Fellow: **Dr Sabrina Eltringham**

About half of stroke survivors have trouble swallowing, known as dysphagia. It carries several health risks, like malnutrition and choking, and reduces quality of life. On stroke wards, survivors are often given thickened liquids. They're safer to swallow, but many find them sludgy and unpleasant.



As an alternative, Sabrina will be testing the Free Water Protocol on acute care wards, with non-thickened water being reintroduced in between mealtimes. It's hoped that this phased, controlled approach will help rehabilitate the swallow reflex, with improvements to health and mental wellbeing to follow.

Senior Clinical Lecturers: **Dr Jatinder Minhas and Dr Neshika Samarasekera**

We've funded two new lecturers who specialise in intracerebral haemorrhage (ICH) - a type of bleeding stroke that's considered the most serious. It has a high mortality rate, and survivors are often left with severe disabilities. Acute treatment options are limited, as ICH often happens deep in the brain, where the bleed is usually unreachable.

Jatinder is investigating why ICH can increase the risk of a clotting stroke, and whether the treatments for ICH actually contribute to the risk. Neshika is investigating the swelling that happens around the bleed, its impact on prognosis, and whether existing drugs could be repurposed to reduce the swelling.

Project Grant: PREDICT-EV

Transient ischaemic attack (TIA) is the same as a stroke, but the symptoms resolve by themselves within a few hours. Someone who's had a TIA is four times more likely to have another stroke within the next year.



Blood thinners can reduce that risk. But they come with side effects – and since not everyone who has a TIA will have a second stroke, this preventative measure can cause unnecessary problems.

The PREDICT-EV team is working to identify who is most at risk of another stroke after a TIA. They're exploring whether high levels of particles, called extracellular vesicles (EVs), seen in people who've recently had a stroke, may be the cause of future blood clots.

If correct, this could enable people to receive more personalised treatments to help reduce their risk of stroke after a TIA.

Stroke Association/NIHR Programme Grant for Applied Research: COMbAT Fatigue

Fatigue is common after a stroke, affecting the lives of one in two survivors.

The COMbAT Fatigue team, jointly funded by the Stroke Association and NIHR, will try to adapt a fatigue self-management programme for people with Multiple Sclerosis (MS) to address the specific challenges of fatigue after stroke. Researchers will work with people affected by stroke to co-develop a new web-based programme and test it in a randomised controlled trial.

Stroke Data Science Catalyst

We spent time this year preparing a new five-year research partnership with the British Heart Foundation (BHF) Data Science Centre and Health Data Research UK (HDR UK).

This initiative will establish national leadership in stroke data science by appointing an Associate Director within the Data Science Centre (DSC). There are currently very few people working in stroke data science in the UK, and none of them have senior positions in university or research institutes. The DSC Associate Director will lead on and galvanize stroke data science in the UK by setting the research priorities and providing expertise in stroke data. They'll also look to increase the number of experts working in this field and involve those with lived experience in their work.

This role will enable research teams to access health data from a range of real-world settings like hospitals, GP surgeries and pharmacies. Their analysis will improve our understanding of stroke risk factors and support new evidence-backed approaches to stroke prevention, treatment and care.

As we closed out the year, funding and agreements were in place, ready for the project's announcement in May 2023.





Amazing Brains: mental health after stroke

In April 2023, we hosted Amazing Brains at the Royal Society of Medicine, our first face-to-face event since the pandemic. It was a chance to celebrate progress and innovations in stroke research and discuss the latest research into mental health after stroke.

We're grateful to our wonderful host, the actor Victoria Broom, and our four brilliant speakers: stroke survivor Jason Parker and stroke researchers Dr Emma Patchwood, Professor Maggie Lawrence and Professor Mark Tarrant. Each speaker gave their perspective on the impact stroke can have on mental health, and how we can best support stroke survivors and their loved ones as they deal with its life-changing impacts.

This event gave us the chance to highlight our current and newly-funded stroke research projects – research that will make a difference to the lives of people affected by stroke in the years to come.

We built relationships with local communities and organisations



Community-based support can make a big difference to people's abilities to recover, adapt and move forward in the devastating aftermath of stroke. Opportunities for community connection, from social groups and hobbies, to practical help such as local transport schemes and housing support, provide people with a regular and reassuring presence, which can help them through loneliness, grief, confidence issues, stigma or caregiver fatigue.

We work with a broad range of people and organisations to create stroke-friendly communities across the UK. Together we work to raise awareness of the risks and impact of stroke, upskill and enhance local services, and make activities more accessible. In doing so, we aim to amplify the voice of stroke survivors and bring positive change to community life.

Looking ahead to 2023-24 we will:

- Continue to ensure that our Stroke Group Network is supporting a vibrant community of stroke groups to provide support to stroke survivors.
- Deliver our annual Stroke Group Network Conference, which brings together stroke group leaders and volunteers from across the UK to share information, resources and celebrate the difference they make to people affected by stroke.



Stroke Group Network

Our Stroke Group Network is a community of stroke groups across the UK that offer vital social and peer support to stroke survivors, carers, family and friends. Built on friendships and fun, they are a safe and supportive space to try things again, to learn more about stroke and self-care and to increase confidence.

There are 392 local groups across the UK, including 134 run by the Stroke Association and 258 that run independently. The network continues to grow, with 38 independent groups joining this year. Diversity is flourishing too, with groups led by local social prescribers, other charities and circles of friends.

Our Stroke Association groups are run by over 700 volunteers, who support nearly 3,500 people affected by stroke. Activities are tailored to what members want. From getting together for a cup of tea and a chat, to hearing from guest speakers, exercise sessions, gardening, singing and more. Stroke survivors and carers can also share tips and experiences, ask questions, and help each other with rebuilding life after stroke.



"Exceeded expectations, the event was a great way to connect everyone together and a great platform for volunteers."

Stroke Group Network
Conference attendee

This year, we've supported the network in various ways, including:

- Sharing good practice with group leaders and volunteers.
- Helping groups work together by setting up local forums, where volunteers can meet to share support and ideas.
- Giving volunteers easy access to local Stroke Association staff.
- Sharing knowledge through national online forums, on topics like salt awareness and how to encourage physical activity.
- Developing partnerships with national organisations like Table Tennis England (see page 69), to benefit local groups.

In October, we were joined by over 170 group leaders and volunteers at our annual online Stroke Group Network Conference. The event, co-designed with group leaders in the Conference Planning Group, was a chance to share information and resources to help volunteers run their groups, and to celebrate the difference groups are making to people affected by stroke.

"Great to meet others from different groups. Excellent programme, managed to cover a lot, with plenty of time for exchange and conversation. Got a lot of good ideas and suggestions on diverse challenges groups have to find new volunteers."

Stroke Group Network Conference attendee

Keith's story



Keith had a stroke in May 2020. Keen to continue his recovery, get out of the house and meet new people, he joined the Cuckfield Stroke Communication Support Group, which is local to him.

Keith says: "It's great to come here and talk to people. They have helped me be more confident. You can talk about what you like. They're not judgmental.

"You get to do things here that you wouldn't do at home, whether that's speech, singing, ballet or art. Some of the art I have done here, I have taken home. I have bought some brushes so I can do it myself.

"I've just turned 70 but I only feel about 50. I don't feel old. I don't want to do things that are for old age pensioners. And you don't have that here.

"To me, this group means freedom. I can be myself, right or wrong, it doesn't matter. You are free to be your own person."

Making connections in the community

We're working hard to establish connections with local businesses, organisations and health and social care settings so people affected by stroke can feel connected and supported by their communities.

Our local teams are always on the look-out for opportunities to strengthen relationships in their areas. As are our wonderful team of 50 Community Connectors, volunteers who build relationships with local people and organisations where they live and work, to raise awareness of stroke and the work we do in their community. These relationships play a crucial role in extending our support and improving the lives of local people affected by stroke.

Here are some examples of the community connections we've made throughout this year:

Southern Health and Social Care Trust

This health trust in Northern Ireland came to us looking for information and resources to help raise funds for us and build some awareness of the work we do. Over the past year, the trust's Craigavon Acute Hospital has arranged a fundraising sky dive and various other events. They are also looking at ways to give us a presence on their stroke ward and share our information with stroke survivors and their families.



Department for Work and Pensions (DWP)

The DWP wanted their staff to learn about the signs of stroke and stroke-specific impacts, so asked us to supply educational materials. We arranged for one of our team to deliver a digital presentation, with the help of a stroke survivor who volunteers as one of our Community Connectors. We received some great feedback from attendees who said the presentation was engaging and helped to fill gaps in their knowledge.

Table Tennis England (TTE)

In September 2022, our East of England team partnered with TTE to run a pilot project bringing the benefits of table tennis to local stroke support groups.

Table tennis offers light exercise that's good for health and wellbeing. For stroke survivors, it's also an enjoyable way to practice fine motor skills, hand-eye coordination and balance. It proved popular with members, so in March 2023 we developed the partnership further to include groups across the whole of England.

Since then, we've extended the offer to our other regions, with equipment requested by groups in Wales, Northern Ireland and Jersey. And we'll promote the opportunity further at our next Stroke Group Network Conference.

TTE have also offered to help stroke group members to access local table tennis clubs and will use our stroke awareness resources to inform their staff and volunteers about stroke.

"Partnering with the Stroke Association demonstrates our commitment to grow participation in table tennis among those living with long-term health conditions and disabilities. With the many benefits associated to playing, we hope to inspire stroke support groups to introduce and enjoy the game."

Colin Eley, Partnerships Manager at Table Tennis England



Raising money for stroke and awareness of our cause

How we boost our efforts with the help of donors, volunteers and media.



We broke fundraising records... thanks to over 48,000 new supporters

Our fundraisers and donors defied the odds this year, by achieving a record underlying income of £28.4 million in a challenging economic environment.

This year, we were delighted to welcome 48,000 new supporters, and grateful for the continued support from our stalwart base of regular givers. From bake sales and challenge events, to cash donations and supporters playing our weekly lottery, it's amazing to see so many people raising money for people affected by stroke and we're incredibly thankful for your support.

Looking ahead to 2023-24 we will:

- Continue to deliver our three-year plan to grow our overall fundraised income.
- Work to increase public awareness of the variety of ways in which they can support us – through leaving us a legacy in their wills, to playing our lottery or running a marathon in support of us.



Our **fundraisers** and **donors** defied the odds this year, by achieving a record underlying income of **£28.4 million**

Steve's story



Steve Davies had two strokes in January 2019 when he was just 35. Now he uses his passion for racing cars to raise awareness of stroke and money to help other stroke survivors.

Steve says: "I'd never raced before, but had always wanted to, so I bought a Ginetta G40 car. I decided to race and raise money for the Stroke Association, who supported me after my stroke."

Since then, Steve's taken part in races all over the country, raising over £10,000.

"I think of it as my job to raise money for the Stroke Association now, as not everyone's as lucky as I've been. I also want people to know that there is life after stroke."

Simon's story



Our amazing supporters, like Simon Galpin, often go to extraordinary efforts to raise money for people affected by stroke.

Simon, 55, raised almost £3,500 on a coast-to-coast cycle across the USA. His 3,400-mile, seven-week adventure from Los Angeles to Boston took him across 16 states, deserts, mountains, plains and around the great lakes.

Simon says: "I did this to get really fit, have an adventure and meet new people, but I also wanted to raise funds for the Stroke Association.

"My father Tony had two strokes a few years ago and I have witnessed first-hand how much a stroke impacts the individual and their families.

"It was an incredible adventure that I will cherish. The hardest parts were riding in the vast deserts of Los Angeles and Arizona. The temperatures were around 44 degrees!

"The highlights were the amazing rides, on great roads and epic views, especially in Sedona and New England.

"Thanks to those super generous supporters who have given almost £3,500 to the Stroke Association. This money will help to rebuild lives."



One of our biggest successes was growing the number of people who play our weekly lottery by almost 50%. This increase in popularity means we're able to raise more money for our cause - and grow the prize fund to attract new players.

The number of supporters choosing to celebrate and remember a loved one through tribute fund donations also increased by 50%. We are honoured to receive these very personal gifts, which have helped to raise £1.4 million.

Fundraising through community and third-party events, such as the London Marathon, has bounced back since the pandemic, with participant numbers growing by 35%. Raising money through virtual events and social media sites is continuing to be a big success – with Facebook fundraising alone bringing in over £300,000 between December 2022 and March 2023.



Supporters choosing to remember a loved one through tribute fund donations increased by **50%**



Photo credit: Buzz Bingo

We're grateful to a number of charitable trusts, philanthropists and corporate supporters for all they've helped us to achieve this year.



Highlights include our new partnership with Buzz Bingo, who raised money for us while helping to address the isolation that often follows a stroke.



We were pleased to partner with LoSalt again for a third year. They raised funds by selling special promotional tubs, which also helped to spread awareness of stroke and the benefits of a lower salt intake.



David Lloyd Leisure continued its generous gifting of advertising space, supporting a number of our campaigns over the course of the year.

Meanwhile, we were delighted that Johnson & Johnson and Stryker agreed to support our Saving Brains campaign.

And we would like to extend our thanks to PayPal for their contribution to Aphasia Awareness Month in June 2022.

Our thanks also go to the National Lottery Community Fund, which has supported our work in Scotland, Wales and Northern Ireland, and all the other charitable trusts that supported our research and life after stroke services.

Finally, we are grateful to all the philanthropists who made generous donations – including a significant gift to fund some exciting research on how we can better predict who's at risk of atrial fibrillation, so they can be offered screening and treatment to reduce their risk of a stroke.

We worked with 1,200 volunteers to rebuild lives after stroke

Volunteers are the life force of the Stroke Association. They run our support groups and deliver our Here For You service, helping stroke survivors and their families adapt to a new way of living. They work tirelessly in their communities, raising awareness of stroke and how it changes people's lives. While their fundraising efforts help to pay for research and support.

They're the reason we can rebuild so many lives after stroke.

Our 1,268 active volunteers come from all walks of life, many of them stroke survivors and carers themselves. Volunteering is part of their journey - a rewarding experience that teaches new skills, rebuilds confidence and forges new friendships.

We want to support our volunteers as best we can. In our 2021 volunteer survey, 77% agreed that our charity is a great place to volunteer – however, this still leaves almost a quarter who feel less positive about the way we work together.

We know there's a lot more we could do to improve volunteers' experience. As a first step, we ran a new research project to understand the experiences and expectations of our current volunteers and people who might be interested in volunteering.

"I feel the Stroke Association has invested quite a lot in training me, but I don't necessarily use that training as much as I would like."

"[Volunteering] is so rewarding and it also challenges me which, as a stroke survivor, is good for me."

Volunteer survey, 2021

The research has shown us important ways to tackle our volunteers' frustrations and build on the things they value. We will use this insight to help us improve the experience we give our volunteers, reach more volunteers and give them the tools to do even more for people affected by stroke.



Stroke
association



Our public campaigns helped us to raise money and awareness

We need more people to understand the risks of stroke, and its impact on the lives of survivors, carers and families. We need more people to see the vital work we do, and how it makes a difference. Our powerful PR, media and brand campaigns play a vital role in helping us support more people affected by stroke by raising awareness of stroke and increasing engagement with our charity. We ran two big campaigns in 2022-23:

May and June 2022 - Stroke research means everything

We are the only organisation dedicated to funding research into ongoing rehabilitation after stroke. We know our vital research means everything to stroke survivors and their families, because it means hope for a better recovery.

Our campaign aimed to put stroke, our charity and our research on the map, by bringing more awareness and support to more people, and by raising money. With the simple message #SupportStrokeResearch, this campaign hit every significant fundraising and awareness target, and exceeded many - despite the cost-of-living crisis, and the public's understandable focus on the war in Ukraine. Compared with equivalent activity in 2021, income was up by over one-third - while we engaged nearly twice as many people with our offer of support.





October 2022 – January 2023

Stroke changes everything, but so can your support

Stroke is a leading cause of adult disability in the UK. It can cost people their ability to move, communicate and work. For loved ones, it can mean suddenly finding themselves in the role of carer, costing their jobs or careers. But there is hope.

We used this campaign to raise awareness of the life-changing cost of stroke and raise funds so that we can reach more people with our specialist help and services.

Sharing stories from stroke survivors, this campaign struck a real chord with our audience. With the help of increased investment, our online content saw three times the engagement of previous years, with return on investment rising by 35%. Our TV and digital brand spend saw especially strong returns, despite the busy news cycle where changes in government and the football World Cup dominated the headlines.

Emmerdale stroke storyline

We also took advantage of opportunities as they arose to share our messages with the widest possible audience.

For example, ITV's Emmerdale ran an 11-month storyline from March 2022, following long-running character Marlon Dingle's stroke and the aftermath. We worked closely with actor Mark Charnock and the scriptwriters at Emmerdale to make this story as authentic as possible. We drew on the experience of stroke survivors, carers and consultants to highlight the risk of stroke and the daily struggles that follow.



Stroke survivor Nick Hounsfield supported Mark Charnock with his portrayal of a stroke survivor.

Nick had a stroke in 2020, aged 46. Advising on the Emmerdale storyline gave him the chance to work through "what was going on in my weird brain".

Nick says: "I talked to Mark and tried to describe the emotion you feel, what's going on in your head, how you feel after and how it affects the people around you," says Nick. "I know Mark feels a responsibility to get it right for stroke survivors and their families.

"I got really emotional watching the scenes of Marlon's stroke. Since the episode aired, I've had so many people thanking me for the awareness and recounting their own stories. I feel more connected to other stroke survivors."

The result was a highly acclaimed story that won multiple awards, generating awareness and media coverage throughout the year. Some 540 pieces in local and national media drew attention to stroke, including 16 features on flagship TV shows.

How we work

We're always looking to improve how we work together, to deliver more impact for more stroke survivors. This year we've focused on embedding new ways of working and strengthening our culture.



We are stroke to the core

We are in the conversation

We know how to make an impact

We unleash potential

We care for ourselves as for others

Looking ahead to 2023-24 we will:

- Continue to strengthen the leadership capability of our staff.
- Ensure that people affected by stroke are involved in our decision-making.
- Continue to upgrade our IT infrastructure and improve our processes so we are equipped with the systems and ways of working we need.

Our staff continue to tell us they enjoy working here. In our April 2023 staff survey, 84% said they'd recommend the charity as a great place to work – up from 82% in May 2022.

“[I feel] trusted to do my work autonomously, working with a great team who are supportive and respectful of each other. I love the culture, feel motivated and driven and overall, I am happy at work.”

April 2023 staff survey

While our survey generated some great feedback, it's also shaped some of our focus for the year.

Working practices

Our staff also told us they missed some of the face-to-face opportunities they had before the Covid-19 pandemic and our move to remote working.

So this year, our teams have been more intentional about working face-to-face, with more in-person meetings and more peer support between colleagues in the same area.

Teams are experimenting with digital tools, such as a new knowledge management system, to help us collaborate remotely. We've also set up a new database that gives our teams better data and insight, and enables us to provide a better experience to our supporters.

This year, we launched Thrive – a new wellbeing initiative - that brings all our support together in one place. We'll continue to develop this offer as staff tell us what they value most and suggest improvements.

“We treat people as whole people not just employees. There are opportunities to be nurtured and grow.”

April 2023 staff survey



Investing in skills

We've continued to invest in learning and development, to unleash the potential of our people. We've added new face-to-face and online courses to develop knowledge and skills, including two new leadership programmes that help colleagues at all levels to develop their leadership skills.

We also rolled out a new learning management system that equips our people to own and manage their personal development. After some great feedback from our staff, we've also been rolling this system out to our volunteers.

Meanwhile, we've carried out a capability review to identify areas for development. This will guide our investment in skills over the coming year.

"I feel I can be honest when making mistakes and am able to share lots of ideas of new ways of working."

April 2023 staff survey

Equality and diversity

During 2022, we had a lot of conversations with staff and volunteers about our commitments to equality and diversity – both internally and externally. We used our second Connectival, a virtual festival for staff and volunteers, to focus on diversity and inclusion, accessibility, and health inequalities, and co-create our approach to solving inequity in stroke.

Drawing upon insightful, honest and human discussions raised during this event, and in conversations with our staff network groups and people affected by stroke, we've now developed a new 'Solving inequity in stroke' strategy. Agreed by our Board in March 2023, this strategy will underpin everything we do. It addresses health inequality, accessibility, and how we work, and sets out some bold, exciting and challenging commitments.

It will enable us to prioritise actions and objectives that will help us to support more people affected by stroke. The approach will help shape how we work with excluded and marginalised communities and ensure we're working to reduce the health inequalities they experience. And help to identify and prioritise changes we can make to improve how accessible, diverse, and inclusive we are for our staff and volunteers.

We've got a lot of work to do to make this happen, but we've made a positive start this year:

- We commissioned a literature review to understand the evidence base for the key inequalities in stroke.
- We're testing new ways to recruit and making the application and interview stages for prospective staff simpler.
- We're supporting and empowering our staff networks to ensure their voices are heard and views accounted for in our decisions and activities.
- We ran a webinar to support staff using our interpreting services, so we can better support people who speak languages other than English.
- We developed a number of new accessible resources, including aphasia-friendly stroke information guides and picture books to help people with communication difficulties, which we launched in May 2023.
- We created a more accessible way to receive feedback from the stroke survivors and carers we support so that more people have the opportunity to share their valuable views and experiences with us.





Working in partnership with others

We can't fix all the challenges facing people affected by stroke on our own, so we collaborate with other organisations and charities to pool our resources, give us a stronger voice and increase our impact.

We're a member of the Richmond Group of Charities, a coalition of 12 charities in England representing people with long-term health conditions. We work together to collectively represent more than 15 million people living with long term conditions who face common challenges to access the services and support they need to live well and thrive.

We focus on the issue of multiple long-term conditions because we recognise that the majority of the people we work with have more than one health problem and that they need more holistic solutions than we can provide on our own.

Key 2022-23 achievements for the group included:

- Our Chief Executive, Juliet Bouverie OBE, was appointed as the new Chair of the Richmond Group of UK Health charities in early 2022. Since then, Juliet has represented the coalition by presenting at NHS ConfedExpo, NHS Confederation and NHS England's flagship health and care conference. Juliet has also led a series of policy discussions with system leaders to explore how to better align services and structures, so people with multiple health conditions have a better experience of using health and care services, and those services achieve better outcomes for all patients.



- In Autumn 2022, the Richmond Group published 'No time to lose: changing the trajectory for people living with long-term health conditions' alongside an open letter to Prime Minister, Rishi Sunak, urging him to protect health and social care in the Autumn budget. This report drew together data, insight and patient stories from the coalition's 12 member charities, to illustrate how people living with long-term, chronic or complex illnesses were amongst the hardest hit by the pandemic and still now find themselves lagging far behind in terms of recovering their health and well-being.
- In February 2023 the Richmond Group hosted a roundtable discussion with Wes Streeting, Shadow Secretary of State for Health and Social Care, on how to improve care for people living with multiple conditions. Juliet also represents the Richmond Group on the External Advisory Board for the UK Government's forthcoming Major Conditions Strategy.
- A key part of the Richmond Group's work is 'Movement for All', a partnership with Sport England. This programme aims to support people with multiple long-term conditions to become and remain more physically active. Our work has focused on supporting individuals to change their behaviour by providing practical support and resources through our 'We Are Undefeatable' campaign. We also aimed to create systemic change by spotlighting the obstacles in policy and professional practice that make it harder for people with long-term conditions to be active.

Involving stroke survivors

We are committed to involving people affected by stroke in our work. Hearing from people with lived experience provides a unique and vital perspective for us and increases our understanding of stroke and its impacts. We involve people affected by stroke in projects across the charity, to make sure our actions are shaped by their insight, needs and advice.

Over the past year we have worked hard to establish our Stroke Views Involvement Network. This is a network of over 400 people with lived experience of stroke who work on projects with different teams within our charity.

The network has helped us with over 40 projects this year, including:

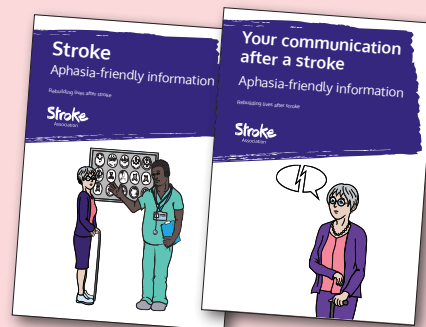
- Designing videos to help families, friends and stroke survivors better understand stroke.
- Making improvements to our website.
- Helping us to create new stroke information based on real stroke experience including brain fog and stroke, women and stroke, and smoking and the risk of stroke.



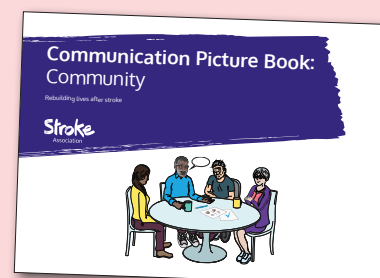
87% of Stroke Views members have a **positive experience** and want to stay involved, according to our annual **evaluation survey**.

We started to set-up long-term involvement groups in each of our ten regions in the UK called Locality Stroke Voices. The aim of these groups is to support us to make decisions on local priorities. We currently have four groups (East of England, Midlands, Wales and Scotland) and aim to set up other local groups throughout 2023-24. This will ensure that we are listening to the voice of lived experience in all our local areas.

We also worked with our Aphasia and Accessible Voices group, made up of over 60 people affected by communication difficulties, to develop new communication tools, including:



- Aphasia-friendly guides on stroke and communication.



- Communication picture books for hospitals and the community.



- An animated video about how stroke affects communication.



- A video called 'Communication tips after a stroke', showing how to converse with a person with aphasia.

We piloted a new group this year called Strategic Voices. Members of this group are helping to influence strategic decisions within our charity, with a focus on key projects like our volunteer approach and thrombectomy campaign.

Meanwhile Childhood Stroke Voices is co-developing new services for parents of stroke-surviving children, and Stroke Voices in Research continues to influence our research grants and awards.

"All of the members of the group are willing to share their thoughts freely and respectfully. We get a lot out of the group and have many laughs together during our meetings. It's great to feel our contributions are making a big difference to the work of the Stroke Association."

Colin, Aphasia and Accessible Voices group member

Financial review of the year

In 2022-23, we began to realise the full benefits of the growth we've achieved since the Covid-19 pandemic and our organisational re-design. We started a major programme to increase our impact by raising awareness of stroke and building our base of long-term supporters, so that we can reach all people who have been diagnosed with a stroke. This programme will be funded through designated reserves that first arose from our surplus in 2021-22 and our smaller surplus in 2022-23.

This is the second year in a row that our income has been above £40 million. We have used this increased income to grow our expenditure on charitable activities from £25.0 million to £30.2 million. Our expenditure on direct services to stroke survivors increased from £14.8 million to £16.8 million and we also increased expenditure on research grants, raising awareness of stroke, community development and our campaigns to ensure that the health systems and governments respond to the needs of stroke survivors.

Expenditure on raising funds increased from £6.6 million to £8.1 million, as we invested in increasing the number of people who give to us regularly, which will produce sustained long-term income. We also achieved a surplus of £2.3 million (2022: £9.6 million). These surpluses are being reinvested so that we can increase the numbers of stroke survivors we reach and improve their care and treatment.



Income

Our principal sources of revenue are legacies, fundraising activities and local services contracts. Our total income for the year was £40.7 million (2022: £41.2 million).

Legacy income this year was £16.8 million (2022: £19.3 million). The 2021-22 figure was boosted by several large estates who settled just after the pandemic backlog started to clear. Also, £2.2 million was added in 2021-22 as we changed our treatment of accrued legacy income to recognise all estates where grant of probate had been made for over six months. Excluding this one-off legacy adjustment, income has performed well, and we are seeing growth in our pipeline and in the number of pledgers.

Other fundraising activities contributed £11.6 million (2022: £10.9 million) of gross income with an influx of new lottery players increasing income to £1.2 million (2022: £0.8 million).

Our local services contracts are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Local services contract income achieved £10.8 million (2022: £10.1 million). These contracts are primarily awarded by local NHS providers and local authorities.

The net effect of realised and unrealised movements on our charity's investments was a loss of £0.5 million (2022: £2.1 million gain). This loss was due to the economic uncertainty arising from the war in Ukraine and concerns over the UK economy.

Expenditure

Total expenditure was £38.4 million (2022: £31.6 million), including £30.3 million (2022: £25.0 million, which represents 21% growth) on charitable activities supporting the key objectives of the charity, and £8.1 million (2022: £6.6 million, 22% growth) on raising funds.

The increase in the cost of charitable activities reflected our ambitions to increase our Stroke Support Line staffing (for our Helpline, Stroke Association Connect and Childhood Stroke phone support services) and to provide more support and cover to front-line staff. In addition, salary costs have increased due to the impact of inflation, growth in services and a reduced vacancy rate. Direct costs of support services to stroke survivors increased by 8%.

Finally, we have begun to restore our research ambition with the total cost of new grants and the research team increasing by 71% to £2.5 million (2022: £1.4 million). New grants awarded increased by 61% to £2.0 million (2022: £1.2 million).

The commercial trading operations carried out through the Stroke Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £130,000 (2022: £132,000) to net income as detailed in note 3.

Outlook

We approved a financial strategy this year, which guides our long-term financial direction. The financial strategy is designed to ensure that we maintain our reserves targets, and then breakeven over three years and keep staff costs at a consistent proportion of overall expenditure. Should our free reserves be deficient, we have three years to restore them. Likewise, excess free reserves should be designated and released over the foreseeable future.

Our financial goals are to maintain long-term sustainability and increase income so that we reach everyone as soon as possible after their stroke. To do this we need to invest in new ways of reaching stroke survivors, raising awareness of stroke, maintaining and growing legacy income and increasing the number and value of donations from individuals and trusts and foundations.

We expect the next three years will be a challenging environment in which to grow. Inflation remains high and cost of living difficulties are affecting our supporters as much as everyone else. However, we are confident that we can continue to increase our supporter base, particularly from lottery players, regular givers and legacies.

We are also seeing delays in the processing of legacies, which is beginning to cause a liquidity challenge. We have increased our free reserves requirement to mitigate these challenges. The changes in legacy recognition and the longer times taken to receive accrued legacies means that debtors are taking a larger part of our balance sheet. We have been funding the legacy delays initially by reducing bank balances, but we will need to fund designated funds expenditure and delays in legacy receipts by selling investments.

We are the only charity that provides support to stroke survivors across the UK. We continue to improve our quality of service to stroke survivors, resulting in increases in local service grants from the NHS and local authorities. These increases are hard won, but welcome. We recognise that spending constraints are having an impact on the ability of statutory bodies to fully fund services.

Given the quality of our service as the leading stroke survivor charity, we will continue to advocate for a greater role in providing these services. However, this uncertainty means that we have not made any assumptions on underlying increases in support for these services in future years.

Our current plans include how we use the unexpected surpluses from the last two years to make the changes needed to reach more stroke survivors and their carers, to raise awareness of stroke as the fourth biggest cause of death in the UK, to campaign to ensure that thrombectomy is made available across the entire UK on a 24/7 basis and to increase our supporter base.

We are in the process of determining the scale of our ambitions and the full cost that they would entail. Once we have determined these, we will make decisions on how best to fund ongoing support for stroke survivors. We have designated £7.9 million into the Strategy Acceleration Fund (see note 25) from accumulated surpluses to be spent over the next three years to tackle these challenges.

Balance sheet

The consolidated balance sheet shows total group funds of £35.0 million (2022: £33.1 million).

Included in total funds are £2.8 million (2022: £4.3 million) of restricted funds. These monies have either been raised for, and their use restricted to, specific purposes, or they comprise donations subject to donor-imposed conditions. Full details of these restricted funds are in note 27 to the financial statements, together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2023 amounted to £32.1 million (2022: £28.8 million) of which £11.5 million (2022: £13.0 million) has been designated for strategy acceleration, to underwrite future legacy income fluctuations, for transition projects and other activities. Our fixed asset reserve is £2.9 million (2022: £3.2 million), which represents the cost of our fixed assets after depreciation and amortisation. Our free reserves have increased to £17.7 million (2022: £12.6 million).

The investment portfolio has risen to £27.5 million (2022: £25.1 million). All £27.5 million is held with our investment managers (2022: £24.6 million with £0.5 million on fixed term deposit with our bankers). During the year we invested a net additional £3.0 million (2022: £1.0 million) with the investment managers and we reinvested income from the portfolio of £0.6 million (2022: £0.4 million). However due to macroeconomic conditions arising from the war in Ukraine and economic uncertainty within the UK the portfolio made a loss on investments of £0.5 million (2022: £2.1 million gain).

We continued to take advantage of short-term interest rates by putting excess funds on short-term deposit. This produced interest income of £32,000 (2022: £3,000).

Following the review of our legacy accruals policy in 2022, we decided to recognise all legacies, irrespective of likely value, where we had received grant of probate for more than six months. This is recognised as income and the amount owed is shown as a debtor, the value of this debtor has risen to £7.4 million (2022: £5.1 million). The increased accrued income and fall in bank balances mean that our current assets fell to £15.4 million (2022: £15.7 million).

Research grant liabilities fell to £6.3 million (2022: £6.9 million), despite an increase in new awards. This represents payments to awards made in prior years.

Cash flows

Our bank balances fell to £5.4 million (2022: £8.9 million), primarily due to the decision to reinvest excess balances in the investment portfolio. The increase in legacy accruals and other debtors of £3.2 million (2022: £3.6 million) and the reduction in research grant commitments of £0.5 million has meant that much of our surplus has not yet been realised into cash.

Going concern

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

Maintaining the long-term financial viability of the charity and its status as a going concern has been a key focus for trustees and management. This has involved continued analysis of the emerging context, regular monitoring of results and adjusting plans, forecasts and budgets as the situation evolved. Trustees approved a financial strategy this year that ensure that risks, reserves and financial plans are ambitious, coherent and sustainable.

Reserves policy

Our charity faces risks that we manage through a risk register. Our reserves policy is designed to ensure that we have sufficient reserves to ensure that:

1. We can respond to unforeseen events, without jeopardising our ability to continue to support people affected by stroke.
2. To provide sufficient liquidity to meet our obligations as they fall due.
3. To fund planned deficits in future years.

The trustees reviewed the reserves policy in March 2022 and concluded that a risk-based reserves policy was the most appropriate way of managing reserves. The policy states that the Stroke Association should keep sufficient reserves to cover:

- Restricted reserves.
- Designated funds to support the future development of the Stroke Association, to ensure continuity of the UK Stroke Forum and to ensure the financial independence of stroke groups across the country.
- Fixed assets reserves.
- Free reserves to cover:
 - Working capital needs.
 - Weighted risk requirements.

The weighted risk reserve requirement is based upon the expected cost should a risk arise. This is weighted by the likelihood of the risk occurring. These risks are considered as part of the risk register, as explained below under Principal Risks and Uncertainties (page 96).

The free reserves requirement is reviewed regularly throughout the year and at 31 March 2023 is £14.4 million as set out below:

	£ million	£ million
	At 31 March 2023	At 31 March 2022
Total reserves (charity only)	34.9	33.1
Restricted funds	2.8	4.3
Designated funds	11.5	13.0
Fixed asset fund	2.9	3.2
Free reserves	17.7	12.6
Reserves requirement		
Working capital	5.5	2.5
Risks	8.5	8.5
2023-24 planned unrestricted deficit	0.4	0.0
Total reserves requirement	14.4	11.0
Excess or deficit (-) against policy	3.3	1.6

The working capital requirement has increased by £3.0 million because of increased fluctuations in in-year income (£0.5 million) and delays in legacy processing at the probate office (£2.5 million). The delays in legacy processing are expected to be temporary and this requirement will be subject to ongoing review. The risk requirement has stabilised at £8.5 million primarily because the removal of the risk on not responding adequately to Covid-19 has been removed, but the risks and costs from a cybersecurity attack have increased.

Our free reserves are above target. However, management and trustees are developing plans to best support our core ambitions to:

1. Increase awareness of stroke.
2. Invest in targeted fundraising areas where income growth opportunities have been identified.
3. Campaign to ensure thrombectomy is available 24/7 for all stroke patients in the UK.
4. Ensure that we can support everyone in the UK as soon as possible after their stroke, and their carers.
5. Improve our digital and data capacity.

We expect these plans to be developed during 2023-24. We will designate any excess free reserves to deliver on them and expect our free reserves to return to their target level at that point.

We have several designated funds that trustees have set aside. These are:

Strategy Acceleration Fund - £7.9 million

This fund is providing immediate support to our ambitions listed above. It funds partnership work with the NHS in Scotland and Wales and the joint research data science catalyst with the British Heart Foundation.

Operating model - £1.2 million

This fund was designated to pay for the restructuring costs in 2021-22 and for the new IT investments required to modernise our systems. Provision is made in the fund for the depreciation of those investments and for the introduction of new investments such as a People System and a replacement for the Customer Relationship Management System, which is vital for the efficient delivery of our services.

Legacy Stabilisation Fund - £1.3 million

This fund is designed to iron out the fluctuations in the receipt of large legacies: the timing of legacies is always uncertain and can cause distortions in our financial performance. This fund allows us to manage these fluctuations without causing disruption to services.

Voluntary Groups and Clubs - £695,000

The Stroke Associations supports local stroke groups across the UK. Some of these are independent but 134 are part of the Stroke Association.

As these groups are part of the charity their income and expenditure are included in our financial statements. However, we recognise that these funds have been raised by the groups and should remain under their control.

Northampton Resource Centre Relocation - £321,000

Our distribution and fulfilment facility is based in a warehouse in Northampton, which is no longer fit for purpose. These funds are designated to provide for the costs of procuring, fitting out and moving to new premises, and for the exit costs of the existing building.

United Kingdom Stroke Forum (UKSF) Fund - £125,000

The UKSF is an annual conference where practitioners and organisations connected to stroke meet to discuss new developments and challenges. It is hosted jointly by the Stroke Association and the British and Irish Association of Stroke Physicians.

This fund accumulates surpluses and deficits of each event over the previous five years in order to underwrite costs and risks with each year's event.

Investment policy

The investment strategy is set by the trustees and considers income requirements, the risk profile and the investment managers' view of market prospects in the medium term. We reviewed the investment strategy and switched to a more aggressive annual target of CPI+3.5%. The investments are not required primarily to generate short-term income but to underwrite our research liability and our reserves requirement, both of which are long-term objectives. This allows us to move to embracing a higher short-term risk approach in return for an expected higher long-term return. With CPI running at 7.9% at June 2023, the annual target will not be met this year. However, we expect the target to be met in the medium-to-long term should inflation stabilise.

The portfolio holds £0.5 million in cash (2022: £1.0 million) or highly liquid assets to cover short-term cash demands. We also have negotiated a £1.0 million overdraft facility with Barclays to prevent the sale of long-term investments for short-term cash demands.

A committee of trustees and independent advisors meets regularly with the investment managers to review the performance of the portfolio and the investment strategy. Each quarter the chairs of the Investment and Financial Performance Committees meet with the Executive Director – Finance to review investment and liquidity levels. All our investment decisions are guided by our Ethical and Responsible Investment Policy (see page 107).

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 and providing reserves to cover risks, while acknowledging that exposure to risk is inevitable and should not prevent our charity from pursuing new opportunities.

The trustees believe that by monitoring reserve levels, ensuring controls exist over key financial systems and processes, and examining the organisational risks the charity faces on a regular basis as documented in the charity's Risk Register, risks can be mitigated and effectively managed. The Risk Register is regularly reviewed by the Executive Team and monitored by the Audit and Risk Committee and the Board. Risks are ranked on a score allocated by assessing the level of impact and likelihood.

Every risk on the register has been reassessed and a number of risk ratings and controls have been adjusted. The top ranked risks at the end of 2022-23 were:

Risk	Actions and mitigations
A successful security breach due to a cyber-attack	<p>Cyber-attacks are increasing in frequency and sophistication and could potentially disable the charity's IT systems. To mitigate the risk, we have a continuous improvement program to keep our technology defences against cyber security risks under review.</p> <p>We have implemented new ways of controlling spam, web access and administrative access control using Multi-Factor Authentication. We have been removing vulnerable services and have concluded annual penetration testing.</p> <p>Our charity achieved Cyber Essentials accreditation and will be moving toward Cyber Essentials Plus accreditation and incorporating principles from the ISO27001 Information Security Management System framework. We have also recently employed a dedicated resource for managing our cyber security risk.</p>
Failure of the investment in fundraising to deliver the required returns and the charity runs at an underlying deficit on free reserves.	Mitigation comes from regular scenario-based financial modelling, and improvements we are making to better understand the needs of different customer groups, monitor the performance of our fundraising activities and be more responsive to new opportunities.
Breach of our duty of care to our volunteers and beneficiaries.	Mitigation comes from effective HR policies, health and safety policies and safeguarding procedures, as well as appropriate management systems and an effective compliance framework to ensure that we comply with all legal and regulatory requirements and good practice.
Fraud	We have seen several external attempts to defraud the charity through phishing, vishing and other sophisticated scams. We counter this threat through fraud prevention training provided by our bankers for all finance staff who handle payments; online fraud awareness training for all staff; internal controls that are reviewed by internal audit; anti-fraud and counter fraud polices and by having a fraud response plan that advises staff how to act if they detect or suspect a fraud.

Our structure, governance and management

We've prepared this 'Trustees' Annual Report' according to 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. Our report also meets the requirements for a directors' report set out in the Companies Act 2006. Sections on 'Financial review for the year' and 'Principal risks and uncertainties' included within the 'Trustees' report' meet the requirements for a strategic report as outlined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013. We prepared the financial statements in accordance with the accounting policies set out on pages 125 to 131 of the attached financial statements.

Status

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

Objects of the charity

Our charity is governed in accordance with our Articles of Association (last amended 18 November 2019), which sets our structure and purpose.

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

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



Trustees and governance

The trustees govern our charity and act as directors under company law. Collectively our trustees constitute the Board of the Stroke Association.

Trustees have a duty to act in a way that promotes the charity's purposes and are responsible for:

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

When reviewing our aims, objectives and future plans, the trustees confirm they've complied with their duty under the Charities Act 2011 and have referred to the Charity Commission's general guidance on public benefit.

Our Board meets four times a year, as well as meeting for a strategy away day dedicated to focusing on our long-term plans. Board and committee meetings are a mix of face-to-face and remote meetings on Microsoft Teams.

Our governance arrangements comply with the Charity Governance Code for Large Charities and are reviewed annually. We comply fully with the code except that the size of our Board is larger than recommended in order to reflect the breadth of our activities and geographical spread. We are also working towards improving the diversity of our Board.

We engaged Patrick Dunne of Boardelta to undertake an external review of our governance this year. We are pleased that his review concluded that our charity is fundamentally well governed and tightly controlled, with a high quality and committed governance function. The review made some suggestions on ways in which we can ease the administrative burden on the executive and trustees, so that trustees can focus more on strategic matters. It also recommended that we review the scope and remit of our committees. We will start the implementation of these recommendations in the coming year.

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

Our committees

Our Board has four committees that meet regularly throughout the year to focus on aspects of the charity in more depth. These are:

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

Recruitment and appointment of trustees

We regularly review the skills and diversity of our Board to guide us when recruiting trustees and committee members. This also supports our succession planning. This year we have appointed new recruitment advisors to help us ensure that our Board and committees have a strong and diverse mix of people, skills and expertise.

We have a rigorous and competitive trustee recruitment process set out in our Trustee Recruitment Policy and Procedure documents.

This generally includes public advertising and the use of executive search specialists to identify suitable candidates. Selected candidates attend interviews.

We have independent advisors to bring additional expertise and diversity to our committees. We also have a programme of support and training for volunteers interested in trusteeship in the future.

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

Trustee induction and development

New trustees receive induction training to inform them about the charity and our work, and to ensure they have an appropriate level of understanding of charity governance and the legal duties of charity trustees. This includes training in the charity's activities and operations, governance, strategy and finances.

Our Board development programme ensures that all trustees have access to ongoing training, using internal and external resources to support them in their duties and responsibilities. Development of trustees is a regular item in all appraisal discussions with trustees.

Our trustees and non-trustee independent advisors

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

Trustee	Office	Appointed/ resigned/ retired	Committee membership
Andrew Archibald			FPC
Dr David Buckle MBBS DRCOG MRCP	Vice Chair (Medical)		GRC, ARC, IC, FPC
Hannah Catchpool BSc MSc DChA MAAT CA	ARC Chair	Appointed 30 June 2022	ARC
Professor Avril Drummond PhD MSc Dip COT FCOT			ARC
Ed Garcez			FPC
Katherine Gillespie MA MSc			FPC
Ceri Jackson			FPC
Professor Martin James BM MRCP MD CCST FRCP			
Stephen King MBA FCMI	Chair, Chair GRC		GRC, FPC, IC
Ian Lee BA (Hons) CA	FPC Chair		FPC, IC, GRC
Virginia McVie		Appointed 4 April 2022, Resigned 21 March 2023	
Harvinder Rattan ACCA			ARC
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO			
George Spentzos	IC Chair		IC, FPC
Liz Stanley BA ACA	ARC Chair	Resigned 30 June 2022	ARC
Peter Troy MBE	Vice Chair (Lay)		GRC, ARC, IC, FPC

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

Non-trustee independent advisor	Appointed/ resigned/ retired	Committee membership
Hannah Catchpool BSc MSc DChA MAAT CA	Became Trustee 30 June 2022	ARC
Helena Eaton	Appointed 30 August 2022	IC
Victoria Hoskins	Resigned 14 April 2022	IC
Charles Maisey	Resigned 20 October 2022	IC
Ben Matthews	Appointed 30 August 2022	IC
Liz Stanley BA ACA	Reappointed 30 June 2022 and resigned 20 July 2023.	ARC
Christopher Queree	Appointed 30 August 2022	IC

Committee membership key

ARC – Audit and Risk Committee

FPC – Financial Performance Committee

IC – Investment Committee

GRC – Governance and Remuneration Committee

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

Statement of responsibilities of the trustees

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

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

In preparing financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice, 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 that show and explain with reasonable accuracy the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the charity's assets and for taking reasonable steps to prevent and detect fraud and other irregularities.

The trustees confirm that:

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

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

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

Our leadership team

On 31 March 2023, the members of our Executive Directors Team (EDT) were:

Juliet Bouverie OBE BA (Oxon) DMS	Chief Executive
Dominic Brand BSc (Hons)	Executive Director, Strategy, Insight and Technology
Andrew Cook BSc (Hons) MSc (Cantab)	Executive Director, Customer Experience
Christopher Fyfe BSc MSc CPFA	Executive Director, Finance
Alexis Kolodziej BA	Executive Director, Locality Impact
Christopher Rennison CIPD FCMI	Executive Director, People

See stroke.org.uk/our-people for more information about our leadership team.

Our people

We're privileged to have 766 staff and 1,268 active volunteers across the UK, including Jersey and the Isle of Man, (as of 31 March 2023), who work hard to get the best for stroke survivors, their families and friends. We want to make sure our staff feel valued, heard and supported, so they can do their best work for people affected by stroke.

We regularly consult employees via LINK, our staff consultation forum. LINK is made up of 15 representatives from around the organisation, covering all levels and localities. To make sure we represent different lived experiences, the LINK panel includes dedicated positions for colleagues from different backgrounds and experiences, including stroke survivors. LINK listens to feedback from our staff and meets with senior leaders and EDT at least four times a year (or more frequently at times of significant change) to inform and consult on the issues they raise.

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

We also have staff networks who offer peer support to each other as well as influencing staff policy and processes. This includes stroke survivor, Black, Asian and Minority Ethnic communities, LGBTQ+ and disabilities staff networks, as well as peer support groups for menopause, parental leave, carers, and neurodiversity.

Opportunities are available to all of our staff including those with disclosed disabilities or specific needs, for training, career development and promotion. We make reasonable adjustments for people with additional needs during the application process and when they start at our charity. We review the adjustments regularly to make sure they're meeting the individual's current needs.

If an existing employee becomes disabled, we continue to provide employment wherever practicable – in the same or an alternative position – and provide appropriate training and adjustments as required. We also provide access to health benefits and support to all of our staff, including critical illness cover.

We engage our staff and volunteers in many different ways, to connect them to our strategy, our work and each other. Every year, we run Connectival - a multi-day remote event where staff can dial into sessions on a range of topics. They can learn from stroke survivors, stroke professionals and researchers, and hear directly from our staff networks. Staff can also attend monthly 'Ask Juliet' Q&A sessions with our Chief Executive and executive team, as well as regular webinars with internal and external speakers.

We hold similar webinars for our volunteers, on role-specific topics, and keep them informed of the charity's work through regular newsletters.

Wherever appropriate, we involve people affected by stroke in designing and implementing programmes, so we can make sure they work for people affected by stroke, meet their needs and have a positive impact on their lives. There's more information about how we support and engage with our stakeholders throughout this report.

Our approach to pay

We're committed to being open and transparent about the work that we do, about the money that we raise and how we spend it.

We believe the charity sector should not and cannot compete with the commercial sector on pay. However, we want to make sure that we're able to attract and retain the best people, so we regularly review our pay and benefits to bring them in line with other charities.

We need to be financially sustainable, but we know that the rising cost of living is a real worry for many of our people. After careful consideration and consultation with LINK, we were pleased to raise salaries by 5% for all staff on all salary grades from 1 April 2023.

Executive pay

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

Our Chief Executive's salary for 2022-23 was £148,104 (excluding employer's pension and National Insurance contributions). Following the April 2023 5% salary uplift, her salary for 2023-24 is now £155,509 (excluding employer's pension and National Insurance contributions), which remains within the median salary range for the sector. Guided by the Association of Charity Chief Executives' (ACEVO) best practice advice on pay transparency, we publish our Chief Executive's current salary on our website (stroke.org.uk/executive-pay).

Our Executive Directors' (Key Management Personnel) salaries for 2022-23 (excluding employer's pension and National Insurance contributions) were within the range of £88,959 and £113,254, depending on their experience and market benchmark. Following the April 2023 5% salary uplift, the salary range for 2023-24 is now £93,256 and £118,917 (excluding employer's pension and National Insurance contributions).

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

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

Our Ethical and Responsible Investment Policy

Our Ethical and Responsible Investment Policy guides the investment decisions of our charity's investment manager and all staff, trustees and advisors who are involved in planning or authorising investment of our charity's funds.

It reflects the principles of our charity's Ethical Policy to behave in a socially responsible way, and to make decisions that protect our beneficiaries, demonstrate our integrity and values, and inspire public trust and confidence.

Our ethical and responsible investment principles are:

- We will not invest in organisations if there is evidence to link their main products or services to a significant increase in the risk of stroke or poor stroke outcomes.
- We support and promote public health initiatives to reduce stroke risk factors. We will not invest in companies that undermine or frustrate these initiatives.
- We may invest in organisations, programmes or projects that could significantly improve stroke outcomes.
- We favour organisations with a positive attitude towards Environmental, Social and Governance (ESG) matters, especially if they act to reduce stroke risk in their workforce or society.
- We try to avoid investments that could be seen as unsuitable for a health-promoting charity. This includes high stakes gambling, high interest money lending, or companies with a reputation for poor ESG compliance.

Our Environmental, Social and Governance (ESG) principles

Our charity aims to help rebuild people's lives after stroke. Environmental, social and governance issues are at the heart of ensuring we do this properly. We believe these issues are everyone's responsibility and it's our job as a charity to try to lead by example.

We already try to be as sustainable, equitable, accountable and transparent as we can in our working practices to make sure we're living our values:

- We are human.
- We believe in better.
- We give it our all.
- We say it as it is.

There are examples of how we're doing this throughout our report. These include commissioning an external governance review to ensure we adhere to best practice and remain sector leading (see page 100), launching our 'Solving inequity in stroke' strategy, improving our recruitment policies and practices by sharing interview questions with prospective staff in advance, and launching new aphasia-friendly resources to improve accessibility (see page 83).

We will continue to build, develop and improve on this work in the year to come to help us to ensure the sustainability of our charity and improve our ability to build on our charitable objectives.

Energy and Carbon Reporting

We want to become a more environmentally conscious organisation and so monitor the impact of our activities.

We comply with the Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018, and the UK Government's Streamlined Energy and Carbon Reporting (SECR) framework, by reporting on our energy use and greenhouse gas emissions.

Opposite is our current UK-based annual energy usage and associated annual greenhouse gas emissions from 1 April 2022 to 31 March 2023. This relates to our office location-based consumption and vehicle mileage. It is also covers the period in which we were unable to operate from office locations due to Covid-19.

Energy data relating to transport was collated via existing mechanisms. Where building energy is directly metered by a supplier, invoices have been used. However, the majority of our buildings are not supplied in this way. Instead, the supply and cost of energy is included within the rental or service charge, so we've had to use estimates based on benchmarked data. In some cases, data has been pro-rated to match the reporting period.

Breakdown of energy consumption used to calculate emissions (kWh):

Energy type	2020-21	2021-22*	2022-23
Mandatory requirements:			
Gas	405,507	648,568	386,468
Purchased electricity	746,780	374,803	264,200
Transport fuel	40,358	15,785	601,472
Total energy (mandatory)	1,192,645	1,039,156	1,252,140

Breakdown of emissions associated with the reported energy use (tCO₂e)

Emission source	2020-21	2021-22*	2022-23
Mandatory requirements:			
Scope 1			
Gas	74.6	118.8	70.5
Transport - Company owned vehicles	0.2	13.6	0.0
Scope 2			
Purchased electricity (location-based)	174.1	79.6	51.1
Scope 3			
Transport – Employee-owned vehicles	9.8	0.3	148.4
Total gross emissions (mandatory)	258.7	212.3	270.0
Intensity ratios (mandatory emissions only)			
Tonnes of CO ₂ e per number of employees	0.40	0.28	0.33

*These figures for 2021-22 differ from those presented in our 2021-22 Annual Report as there was a miscalculation in last year's energy and carbon report that has since been rectified.

Intensity ratio

The intensity ratio is total gross emissions in metric tonnes CO₂e (mandatory emissions) per employee. The calculation is tonnes of carbon divided by the total number of employees. This metric is considered the most relevant to the charity's energy consuming activities and provides a good comparison of performance over time.

Our environmental aims

We're committed to improving our environmental sustainability, so we can play our part in limiting the damaging effects of climate change and creating a greener world for all of us.

Moving to remote working and disposing of over 95% of our properties has helped us to reduce our direct emissions per employee by almost two-thirds since 2020. As part of our commitment to supporting the UK Government's net zero strategy, we continue to look for ways to become more energy efficient by monitoring energy use and setting decreasing targets for the future.

In June 2022, our 'Green Plan' environmental strategy, outlining our objectives to help us achieve this, was approved by our Board. This includes improving our purchasing practices and internal processes to reduce our carbon footprint and improving environmental training and awareness throughout the charity. In June 2023 we launched an implementation group to focus on the plan and to help us set achievable objectives and timescales.

Compliance information

Governance and compliance

Each year the Board receives an annual compliance report, a consolidated report covering all compliance issues affecting the charity, such as data breaches, serious incidents reported to the Charity Commission, safeguarding and whistleblowing, NHS information governance requirements, complaints, health and safety, and compliance with UK GDPR.

The report on the year 2022-23 showed strong overall compliance. In the last year, we have made improvements to our restricted income administration processes, our procedures to ensure that all our policies are kept up to date, our complaints procedures, and our data protection training.

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

Safeguarding and whistleblowing

Our safeguarding and whistleblowing procedures aim to:

- Protect our service users from abuse or health concerns from others or themselves.
- Address internal issues when a concern directly relates to our employees and/or volunteers.

In October 2022, we updated our Safeguarding Policies for Adults and for Children to align with new legislation and regulations.

We recorded 44 reported safeguarding cases between June 2022 and May 2023. None of these cases relate to our employees or volunteers; rather, these are safeguarding issues that we identify in the lives of beneficiaries that we support. An overview of cases is discussed at our safeguarding governance meeting every quarter, where organisational learning is shared and also reported to the Board through the annual governance report.

We had no whistleblowing cases in 2022-23.

Serious incidents and fraud

In this financial year we had no serious incidents that we needed to report to the Charity Commission.

Data protection

Our Information Governance Board is chaired by our Executive Director - Strategy, Insight and Technology. Data protection is discussed regularly at Executive Director Team and Board meetings. Our Associate Director of Legal and Governance is the charity's Data Protection Officer. During 2022-23, there were no data breaches that we had to report to the Information Commissioner's Office.

Fundraising

We raise money for our charity in a variety of ways, including working with corporate supporters, philanthropists, trusts and many generous individuals who donate through our appeals and take part in fundraising events.

Fundraising on our behalf

Where we engage 'professional fundraisers' (agencies) to fundraise on our behalf, such as face-to-face, door-to-door and telephone activities, we continually monitor and review our activities to make them as effective as possible. In line with the Fundraising Regulator's recommendations, we also monitor our agencies through training, regular meetings and 'mystery shopping' to ensure they meet our standards and high expectations.

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

Our supporter promise

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

Fundraising regulation

We're registered with the Fundraising Regulator and adhere to its Code of Fundraising Practice and Fundraising Promise. We have a dedicated monitoring programme in place to ensure compliance with the code and with best practice in fundraising generally. We strive for best practice in fundraising and comply with all relevant statutory regulations, including the Charities Act 2011, the Charities (Protection and Social Investment) Act 2016, the Data Protection Act 2018, UK GDPR and the Privacy and Electronic Communications Regulations 2003. We also screen against the Telephone Preference Service, the Mail Preference Service and the Fundraising Preference Service. Different areas of fundraising activity are reviewed on an ongoing basis, including policies, procedures and outbound communications.

Complaints and feedback

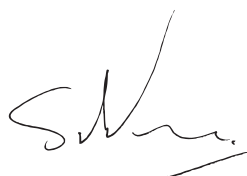
We value feedback from our beneficiaries and stakeholders to help us develop and improve. Our complaints policy and procedures make it easy for people to raise concerns with us and help us to resolve complaints quickly and efficiently. We also hold regular 'lessons learned' meetings to better understand where we can develop in the future.

During the year, we received a total of 73 complaints, down slightly from 80 complaints last year. Of these, 45 complaints related to our fundraising activities (2021-22: 45). The highest number of complaints were around door-to-door fundraising activity (40 complaints) being unwanted by the complainants.

In relation to our support services, we received 19 complaints, down 22 from last year. Common themes include a perceived lack of support, poor communication or issues relating to volunteering/volunteer groups. All complaints were investigated thoroughly, but there were no clear cases of poor quality of support.

We have learned from these complaints, working with managers and staff to ensure we are providing the best possible support and that our service users know what they can expect from us. Learnings are also used in guidance and training for our staff.

This report constitutes the statutory reports described on page 98. This Trustees Report, incorporating a Strategic Report was approved on behalf of the Board by:



Stephen King
Chair of the Board
Approved on 18 October 2023

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 Dame Averil Mansfield DBE ChM FRCS FRCP Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP Jon Barrick MBA DPRP (h.c.) FCMI Professor Pippa Tyrrell MBE MD FRCP
Chair	Stephen King MBA FCMI
Trustees	As listed on page 102
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the management team	As listed on page 105
Company Secretary	Jan-Willem Jonker LLM
Registered office	Stroke Association House 240 City Road London EC1V 2PR
Telephone	0207 5660 300
Website	stroke.org.uk
Email	supporter.relations@stroke.org.uk
Company registration number	61274 (England and Wales)
Charity registration numbers	211015 (England and Wales) SC037789 (Scotland) 945 (Isle of Man) 221 (Jersey)
Auditor	Moore Kingston Smith LLP 9 Appold Street London EC2A 2AP
Bankers	Barclays Bank PLC 1 Churchill Place London E14 5HP
Investment managers	Waverton Investment Management 16 Babmaes Street London SW1Y 6AH

Independent auditor's report

Opinion

We have audited the financial statements of the Stroke Association (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2023, which comprise the Group Statement of Financial Activities, the Group Summary Income and Expenditure Account, the Group and Parent Charitable Company Balance Sheets, the Group Cash Flow Statement and notes to the financial statements, including significant accounting policies. 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 the parent charitable company's affairs as at 31 March 2023 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.

- Have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended) and regulations 6 and 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 charitable company 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

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.



Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained in the annual report. 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.

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 course of 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 themselves. 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 strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The strategic report and the trustees' annual report have 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 parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the trustees' annual report.

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

- The parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company's financial statements are not in

agreement with the accounting records 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 set out on page 104, the trustees (who are also the directors of the charitable company for the purposes of company law) 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 and parent charitable 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 parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the group and parent charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting

estimates and related disclosures made by the trustees.

- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit report.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended), regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended), the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.

- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

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 charitable company's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which we are required to state to them in an auditor's report addressed to them and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, and the charity's trustees, as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Luke Holt
(Senior Statutory Auditor)

For and on behalf of
Moore Kingston Smith LLP,
Statutory Auditor
9 Appold Street,
London, EC2A 2AP

18 October 2023

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Consolidated statement of financial activities

	Notes	Unrestricted funds £'000	Restricted funds £'000	2023 Total funds £'000	Unrestricted funds restated £'000	Restricted funds restated £'000	2022 Total funds restated £'000
Income from:							
Donations and legacies	1	26,429	1,946	28,375	26,109	4,054	30,163
Charitable activities – local services	2	429	10,383	10,812	217	9,896	10,113
Other trading activities	3	85	-	85	121	-	121
Investments	4	611	-	611	451	-	451
Other	5	798	-	798	305	9	314
Total income		28,352	12,330	40,681	27,203	13,959	41,162
Expenditure on:							
Stroke support services	6	5,705	11,106	16,811	4,334	10,438	14,772
Community development and volunteering	7	2,805	291	3,096	2,182	480	2,662
Research grants and awards	8	960	1,504	2,464	51	1,390	1,441
Systems influencing	9	1,483	248	1,730	1,237	60	1,297
Awareness and engagement with stroke	10	6,160	-	6,160	4,700	110	4,810
Raising funds	11	8,104	-	8,104	6,611	4	6,615
Total expenditure	12	25,217	13,149	38,365	19,115	12,482	31,597
Net income before (losses)/gains on investments		3,135	(819)	2,316	8,088	1,477	9,565
Net (losses)/gains on investments	19	(473)	-	(473)	2,144	-	2,144
Net income and net movement in funds		2,662	(819)	1,843	10,232	1,477	11,709
Reconciliation of funds:							
Funds brought forward at 1 April		28,819	4,301	33,120	18,053	3,358	21,411
Movement between funds	27	597	(597)	-	293	(293)	-
Capital expenditure	27	78	(78)	-	241	(241)	-
Net movement in funds in year		2,662	(819)	1,843	10,232	1,477	11,709
Total funds carried forward at 31 March		32,156	2,807	34,963	28,819	4,301	33,120

All of the group's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report consolidates the activities of the Stroke Association and Stroke Association Trading Limited.

Charity statement of financial activities

	Unrestricted Funds £'000	Restricted Funds £'000	2023 Total funds £'000	Unrestricted funds restated £'000	Restricted funds restated £'000	2022 Total funds restated £'000
Income from:						
Donations and legacies	26,287	1,946	28,233	25,958	4,054	30,012
Charitable activities – local services	428	10,383	10,812	217	9,896	10,113
Investments	611	-	611	451	-	451
Other	765	-	765	419	9	428
Total income	28,091	12,330	40,421	27,045	13,959	41,004
Expenditure on:						
Stroke support services	5,658	11,106	16,764	4,320	10,438	14,757
Community development and volunteering	2,798	291	3,089	2,180	480	2,660
Research grants and awards	954	1,504	2,458	51	1,390	1,441
Systems influencing	1,479	248	1,727	1,239	60	1,299
Awareness and engagement with stroke	6,032	-	6,032	4,665	110	4,776
Raising funds	8,034	-	8,034	6,503	4	6,507
Total expenditure	24,956	13,149	38,105	18,958	12,482	31,440
Net income before (losses)/gains on investments	3,135	(819)	2,316	8,087	1,477	9,564
Net (losses)/gains on investments	(473)	-	(473)	2,144	-	2,144
Net income and net movement in funds	2,662	(819)	1,843	10,231	1,477	11,708
Reconciliation of funds:						
Funds brought forward at 1 April	28,806	4,301	33,107	18,041	3,358	21,399
Movement between funds	597	(597)	-	293	(293)	-
Capital expenditure	78	(78)	-	241	(241)	-
Net movement in funds in year	2,662	(819)	1,843	10,231	1,477	11,708
Total funds carried forward at 31 March	32,142	2,807	34,949	28,806	4,301	33,107

All of the group's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. This report shows the activities of the Stroke Association only, excluding the activities of Stroke Association Trading Limited.

Consolidated balance sheet

	Notes	2023 £'000	2022 £'000
Fixed assets			
Tangible fixed assets	17	2,467	2,683
Intangible fixed assets	18	448	548
Investments	19	27,473	25,102
Total fixed assets		30,388	28,332
Current assets			
Debtors	20	9,944	6,792
Cash at bank and short-term deposits		5,416	8,870
Total current assets		15,360	15,662
Liabilities			
Creditors: amounts falling due within one year	21-22	(7,825)	(6,554)
Provisions for liabilities	24	(54)	(246)
Total current liabilities		(7,879)	(6,800)
Net current assets		7,481	8,862
Total assets less current liabilities		37,869	37,194
Creditors: amounts falling due in more than one year			
Research grants payable	8,23	(2,436)	(3,743)
Provisions for liabilities	23-24	(470)	(332)
Total creditors due after one year		(2,906)	(4,075)
Total net assets		34,963	33,120
The funds of the charity:			
Unrestricted funds			
-Designated funds	25	11,505	12,966
-Fixed asset fund	26	2,915	3,231
-General fund (free reserves)		17,722	12,608
		32,142	28,805
Restricted income funds	27	2,807	4,301
		34,949	33,106
Funds retained within a non-charitable subsidiary	3	14	14
	37	34,963	33,120

This represents the consolidated position for the Stroke Association group at 31 March 2023.

The notes on pages 132 to 164 form part of the financial statements.

Approved by the trustees on 18 October 2023 and signed on their behalf by:

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



Charity balance sheet

	Notes	2023 £'000	2022 £'000
Fixed assets			
Tangible fixed assets	17	2,467	2,683
Intangible fixed assets	18	448	548
Investments	19	27,473	25,102
Total fixed assets		30,388	28,333
Current assets			
Debtors	20	10,073	6,941
Cash at bank and short-term deposits		5,288	8,702
Total current assets		15,361	15,643
Liabilities			
Creditors: amounts falling due within one year	21-22	(7,840)	(6,548)
Provisions for liabilities	24	(54)	(246)
Total current liabilities		(7,894)	(6,794)
Net current assets		7,467	8,849
Total assets less current liabilities		37,855	37,182
Creditors: amounts falling due in more than one year			
Research grants payable	8,23	(2,436)	(3,743)
Provisions for liabilities	23-24	(470)	(332)
Total creditors due after one year		(2,906)	(4,075)
Total net assets		34,949	33,107
The funds of the charity:			
Unrestricted funds			
-Designated funds	25	11,505	12,966
- Fixed asset fund	26	2,915	3,231
-General fund (free reserves)		17,722	12,609
		32,142	28,606
Restricted income funds	27	2,807	4,301
	37	34,949	33,107

This is the financial position of the Stroke Association only, excluding Stroke Association Trading Limited. The notes on pages 132 to 164 form part of the financial statements. Approved by the trustees on 18 October 2023 and signed on their behalf by:

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



Consolidated statement of cash flows

	Notes	2023 £'000	2022 £'000
Cash flows from operating activities			
Net cash (used by)/provided by operating activities	A	(1,033)	4,714
Cash flows from investing activities			
Investment income		579	448
Purchase of tangible fixed assets		(26)	(144)
Purchase of intangible fixed assets		(130)	(260)
Proceeds from the disposal of investments		8,270	4,648
Purchase of investments		(11,571)	(6,411)
Net cash provided by investing activities		(2,878)	(1,719)
Change in cash and cash equivalents in year		(3,911)	2,995
Cash and cash equivalents at 1 April 2022	B	9,866	6,871
Cash and cash equivalents at 31 March 2023	B	5,955	9,866

A. Reconciliation of net cash flow from operating activities

	2023 £'000	2022 £'000
Net income in year (as per the consolidated statement of financial activities)	1,843	11,709
Adjustment for:		
Net loss/(gains) on investments	473	(2,144)
Depreciation charge	242	220
Amortisation charge	230	246
Impairment of fixed assets and investments	-	60
Dividends and interest from investments	(579)	(448)
(Increase) in debtors	(3,152)	(3,590)
Increase in creditors	510	159
(Decrease) in research grant commitments	(547)	(1,139)
(Decrease) in provisions	(53)	(359)
Net cash (used by)/provided by operating activities	(1,033)	4,714

B. Analysis of cash and cash equivalents and analysis of change in net debt

	2023 £'000	Cashflow £'000	2022 £'000
Cash at bank and short-term deposits	5,416	(3,454)	8,870
Cash held by investment managers	539	(457)	996
	5,955	(3,911)	9,866

Principal accounting policies

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

Basis of preparation

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

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

The charity and its subsidiaries constitute a public benefit group entity as defined by FRS 102.

The financial statements are presented in sterling, the charity's functional currency and are rounded to the nearest thousand pounds.

The prior year expenditure categories were reviewed, and a number of items have been reclassified to better represent the underlying costs incurred. This has not resulted in any change to the prior year surplus per the comparative SOFA.

Events after the balance sheet date

We are required to consider conditions that have arisen between the balance sheet date (31 March 2023) and the date the accounts are signed (18 October 2023).

There have been no events that require adjustment to the financial statements, impact our assessment of the charity as a going concern, or indicate a material change that has arisen since the balance sheet date.

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 130. With regard to the next accounting period, the year ending 31 March 2023, 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 96 and the risk management sections of the 'Trustees' report' for more information).

Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary, Stroke Association (Trading) Limited Company Reg No 00898941.

Dormant subsidiaries have not been consolidated on the basis of materiality.

Income

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

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

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

Donations and grants, including those in respect of participation events, are recognised when the charity has confirmation of both the amount and the settlement date. In the event of donations and grants pledged but not received, the amount is accrued for where the receipt is probable.

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

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

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition has 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, 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, salaries, direct costs and support costs associated with these activities.
- 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 full time equivalent (FTE) allocation and expenditure ratios.

An exercise was carried out during the year to identify costs that had been classified as fundraising but that do largely contribute to awareness and engagement these costs have been reallocated accordingly and the prior year figures restated.

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.

Donated goods and services received were valued at £Nil (2022: £Nil).

Taxation

The charity is considered to meet the definition of a charitable company for UK corporation tax purposes. Accordingly, to the extent that income and gains fall within Part 11 of the Corporation Tax Act 2010 and section 256 of the Taxation of Chargeable Gains Act 1992, the charity is exempt from UK taxation on such income and gains provided they are applied for charitable purposes. Furthermore, any subsidiary company that is trading makes qualifying donations of all taxable profits to its parent company and thus will not incur any corporation tax.

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.

The Stroke Association undertakes an annual reporting review for all grants. Any under performance is investigated, which may involve an external review by stroke research experts. This may, very occasionally lead to the reduction or cancellation of a grant.

Tangible fixed assets

All tangible fixed 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 assets to their intended use. Depreciation is calculated on a straight-line basis over their 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.

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.

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 assets may not be recoverable.

Intangible fixed assets

All intangible fixed assets costing more than £5,000 and with an expected useful life exceeding one year are capitalised. These include 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 fixed 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.
- 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 fixed assets are assumed to have useful lives of between five and 10 years and are amortised accordingly at an annual rate of between 20% and 10%.

An annual impairment review is carried out for each asset after it has been brought into use to re-assess its remaining useful life and that it still meets the definition of an intangible asset.

Fixed assets research joint venture

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

In August 2022, it was agreed by all parties involved in the joint venture to cease trading, see note 14. As the conditions post year end have not changed since the year end, the investment has been fully impaired.

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

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

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

Significant accounting estimates and areas of judgement

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

Significant areas of estimation and judgement include:

- Assessing the possibility of receiving legacies of which the charity has been notified.
- The split between current and non-current liabilities for grant awards that mainly extend over three or more years.
- Determining the basis for allocating support costs.
- The useful economic life of tangible and intangible fixed assets.
- Provision for dilapidation on the leasehold properties is based on historic data, ongoing monitoring of the conditions of the properties and discussions with property developers and landlords.
- Estimating the onerous lease provisions on mothballed properties.
- Assessment of the charity's ability to continue as a going concern.

Onerous leases

An onerous lease provision has been made this year for all those properties that are not in use and will not be put into use before the end of their lease. The provision is based on all contractual cost from the balance sheet date to the end of the lease.

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	2023 Total funds £'000	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
General donations	1,318	33	1,351	1,058	210	1,268
In memoriam	1,385	16	1,401	1,371	1	1,372
Lottery and raffle	1,168	-	1,168	835	-	835
Direct mail	647	-	647	798	-	798
Committed giving	1,449	71	1,520	920	447	1,367
Corporate income and trusts	970	658	1,628	645	1,011	1,656
Events	2,069	-	2,069	1,469	2	1,471
Gift Aid	799	-	799	783	6	789
Legacies	16,624	161	16,785	17,599	1,704	19,303
Grants	-	1,007	1,007	631	673	1,304
Total	26,429	1,946	28,375	26,109	4,054	30,163

The Legacies income in 2022 was boosted by a one-off favourable adjustment of £2.2 million due to the way we changed how we accrued for legacies to which we were entitled but had not yet received.

Legacies worth £3.1 million (2022: £5.3 million) are in our pipeline where the grant of probate is within six months and can be contested. As we cannot be certain of their value, we have recognised these as a contingent asset. (See note 39).

To provide additional clarity, income from our national lottery has been moved from 'Direct mail' to 'Lottery and raffle', which also includes income from our national raffle.

2. Charitable activities

Community services income, which mainly comes from Stroke Recovery and Communication Support services, was £10.8 million (2022: £10.1 million). All income from contracted community services in this and the prior accounting period was restricted.

3. Other trading income

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

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

	2023 Total funds £'000	2022 Total funds £'000
Turnover	85	121
Cost of sales	(31)	(36)
Gross profit	54	85
Other income – corporate sponsorship	305	167
	359	252
Selling, distribution and administration expenses	(229)	(120)
Net profit paid to the Stroke Association under gift aid	130	132
Net assets at 31 March	14	14

4. Investment income

	2023 Total funds £'000s	2022 Total funds £'000s
Investment income receivable	579	448
Interest receivable	32	3
	611	451

5. Other income

	Unrestricted £'000	Restricted £'000	2023 Total funds £'000	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Covid-19 Job Retention Scheme income	-	-	-	-	9	9
Delegate fees	473	-	473	109	-	109
Training income	13	-	13	1	-	1
Publication sales	11	-	11	12	-	12
Room hire	210	-	210	112	-	112
Sundry income	91	-	91	71	-	71
	798	-	798	305	9	314

The charity did not benefit from the UK Government's Covid-19 Job Retention Scheme in 2022-23 (2021-22: £9,000). In 2021-22, the charity topped up the salary of those on furlough to 100% of their normal salary.

6. Stroke support services

	Unrestricted £'000	Restricted £'000	2023 Total funds £'000
Commissioned services	-	8,289	8,289
Regional and management support	990	1,285	2,275
Universal services including Helpline	540	723	1,263
Support costs (note 12)	4,174	810	4,984
Total – 2022-23	5,705	11,106	16,811

	Un-restricted restated £'000	Restricted restated £'000	2022 Total funds restated £'000
Commissioned services	-	7,359	7,359
Regional and management support	222	1,643	1,865
Universal services including Helpline	885	141	1,026
Support costs (note 12)	3,227	1,295	4,522
Total – 2021-22	4,334	10,438	14,772

7. Community development and volunteering

	Un-restricted £'000	Restricted £'000	2023 Total funds £'000
Community development	978	263	1,241
Volunteering	1,090	28	1,118
Support costs (note 12)	737	-	737
Total – 2022–23	2,805	291	3,096

	Un-restricted restated £'000	Restricted restated £'000	2022 Total funds restated £'000
Community development	719	316	1,035
Volunteering	880	131	1,011
Support costs (note 12)	584	32	616
Total – 2021–22	2,182	480	2,662

8. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	2023 Total funds £'000	2022 Total funds £'000
Total – 2022–23	960	1,504	2,464	1,441
Total – 2021–22 (restated)	51	1,390	1,441	-

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

	Unrestricted £'000	Restricted £'000	2023 Total funds £'000	Unrestricted restated £'000	Restricted £'000	2022 Total funds restated £'000
Grants	614	1,409	2,023	-	1,249	1,249
Direct support costs	274	95	369	42	103	145
Indirect support costs (see note 12)	72	-	72	9	38	46
	960	1,504	2,464	51	1,390	1,441

Research grant commitments

	2023 Total funds £'000	2022 Total funds £'000
Commitments at 1 April	6,896	8,035
Written back during the year	(105)	(493)
Paid during the year	(2,532)	(2,433)
Approved during the year	2,091	1,787
Commitments at 31 March	6,349	6,896

Payable as follows:

	2023	2022
Within one year (note 21)	3,913	3,153
After more than one year (note 22)	2,436	3,743
	6,349	6,896

8. Research grants and awards continued

Related party transactions

Postdoctoral Fellowship:

- Claudia Bruns for £214,747 at University College London (UCL) with David Werring (Research Awards Pool).

Postgraduate Fellowship:

- Kerry Corley (now Kerry Dathan) for £114,996 at University College London (UCL) with David Werring (Research Awards Pool).
- Margarita Saranti for £98,799 at University of Birmingham.

Lectureship:

- Nicholas Evans for £235,000 at University of Cambridge with Hugh Markus (Research Awards Pool), Tom Manly (Funding Panel), Stephen Morris (Funding Panel).
- Kieron South for £200,000 at University of Manchester with Andy Vail (Research Awards Pool), Audrey Bowen (Research Awards Pool), Hiren Patel (Research Awards Pool), Stuart Allan (Research Awards Pool), Adrian Parry-Jones (Research Awards Pool).

Project Grants:

- Alan Cameron for £151,884 at University of Glasgow with Jesse Dawson (Research Awards Pool), Terry Quinn (Research Awards Pool)
- Antonio Belli for £195,986 at University of Birmingham.
- Adam Gordon for £233,915 at University of Nottingham with Avril Drummond (Trustee), Niki Sprigg (Research Awards Pool), Shirley Thomas (Research Awards Pool), Tim England (Funding Panel).
- Audrey Bowen for £225,766 at University of Manchester with Andy Vail (Research Awards Pool), Hiren Patel (Research Awards Pool), Stuart Allan (Research Awards Pool), Adrian Parry-Jones (Research Awards Pool).
- Philip James for £242,894 at Cardiff Metropolitan University.

None of the above-mentioned research awards pool members took part in the review or adjudication of their own research applications or if from an associated institution, and were excluded from the entire review, adjudication and awards panel process for the respective award rounds.

9. Systems influencing

	Un-restricted £'000	Restricted £'000	2023 Total funds £'000
Staff costs	988	248	1,236
Other direct costs	184	-	184
Support costs (note 12)	311	-	311
Total – 2022–23	1,483	248	1,730

	Un-restricted restated £'000	Restricted restated £'000	2022 Total funds restated £'000
Staff costs	873	60	933
Other direct costs	100	-	100
Support costs (note 12)	264	-	264
Total – 2021-22	1,237	60	1,297

10. Awareness and engagement with stroke

	Un-restricted £'000	Restricted £'000	2023 Total funds £'000
Staff costs	2,687	-	2,687
Advertising and marketing	1,878	-	1,878
Other direct costs	766	-	766
Support costs (note 12)	829	-	829
Total – 2022–23	6,160	-	6,160

	Un-restricted restated £'000	Restricted restated £'000	2022 Total funds restated £'000
Staff costs	2,295	69	2,364
Advertising and marketing	1,332	37	1,369
Other direct costs	348	4	352
Support costs (note 12)	725	-	725
Total – 2021–22	4,700	110	4,810

11. Costs of raising funds

	Unrestricted £'000	Restricted £'000	2023 Total funds £'000	Unrestricted restated £'000	Restricted restated £'000	2022 Total funds restated £'000
Staff costs	3,300	-	3,300	2,910	4	2,914
Brochures, materials and other costs	3,725	-	3,725	2,853	-	2,853
Fundraising trading	25	-	25	66	-	66
Support (note 12)	1,054	-	1,054	782	-	782
	8,104	-	8,104	6,611	4	6,615

12. Allocation of support costs

	Stroke support services £'000	Community development and volunteering £'000	Research grants and awards £'000	Systems influencing £'000	Awareness and engagement with stroke £'000	Raising funds £'000	2023 Total £'000
Direct costs	11,827	2,359	2,392	1,420	5,330	7,050	30,378
Support costs:							
Management	413	61	6	26	69	87	662
Property	583	86	8	36	97	123	934
HR	1,225	181	18	76	204	259	1,963
Finance	1,037	153	15	65	172	219	1,661
IT	1,230	182	18	77	205	260	1,971
Governance	497	73	7	31	83	105	796
	4,984	737	72	311	829	1,054	7,988
Total – 2022-23	16,811	3,096	2,464	1,730	6,160	8,104	38,365

	Stroke support services restated £'000	Community development and volunteering restated £'000	Research grants and awards restated £'000	Systems influencing restated £'000	Awareness and engagement with stroke restated £'000	Raising funds restated £'000	2022 Total £'000
Direct costs	10,250	2,047	1,395	1,033	4,085	5,831	26,641
Support costs:							
Management	376	51	4	22	60	65	578
Property	501	68	5	29	80	87	770
HR	1,303	177	13	76	209	226	2,005
Finance	895	122	9	52	144	155	1,377
IT	949	129	10	56	152	164	1,460
Governance	497	68	5	29	80	86	764
	4,522	616	46	264	725	782	6,956
Total – 2021-22	14,772	2,662	1,441	1,297	4,810	6,613	31,597

Full time equivalent (FTE) allocation, locations and activities form the basis of allocation for the functions listed above.

13. Governance costs

	2023 Total funds £'000	2022 Total funds £'000
Chief Executive Office	189	215
Internal audit	42	47
External audit	45	36
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance)	520	466
	796	764

14. Net movement in funds

This is stated after charging:

	2023 Total funds £'000	2022 Total funds £'000
Current year's auditor's remuneration including irrecoverable VAT	45	36
Tax computation and advice from auditors including irrecoverable VAT	3	11
Other financial services from auditors including irrecoverable VAT	-	1
Depreciation (note 17)	242	220
Impairment (see below)	-	60
Amortisation (note 18)	230	246
Operating lease rentals	424	386

During the year ended 31 March 2020, Stroke Association Limited invested in Digital Health Assistant Limited (Co No 121824590) acquiring 17% of the share equity at a cost of £60. This was part of a joint venture with MS Society UK, Muscular Dystrophy UK, Parkinson's UK and Reason Digital.

During 2021-22 it was agreed by all parties that the software development would cease, this was ratified by all parties post year end. The software was developed using the funds invested by each party, it is unlikely therefore that the investment will be recovered. The full value of the investment has been provided for and impaired in 2021-22.

15. Employee and key management remuneration

Staff costs during the year were as follows:

	2023 £'000	2022 £'000
Wages and salaries	20,799	18,541
Social security costs	1,931	1,640
Pension costs	1,220	1,172
Redundancy and termination costs	74	444
	24,024	21,797
Payments to agency staff	25	78
	24,049	21,875

Non-taxable statutory redundancy payments totalled £60,000 (2022: £255,000).

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

	2023 Full time equivalent	2022 Full time equivalent restated	2023 Head count	2022 Head count restated
Charitable activities				
- Stroke support services	397	379	482	457
- Community development and volunteering	59	51	66	63
- Research grants and awards	6	4	6	5
- Systems influencing	25	22	26	29
- Awareness and engagement with stroke	66	61	71	74
Raising funds	84	65	88	78
	637	582	739	706

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.

15. Employee and key management remuneration continued

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

	2023 number	2022 number (restated)
£60,001 - £70,000	11	6
£70,001 - £80,000	4	3
£80,001 - £90,000	-	2
£90,001 - £100,000	3	1
£100,001 - £110,000	2	2
£110,001 - £120,000	1	-
£130,001 - £140,000	-	1
£140,001 - £150,000	1	-

Key management personnel are the members of the Executive Team. In 2023, there were six full time equivalent (FTE) members of this team (2022: six). See page 105 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 £791,000 (2022: £721,000).

16. Trustee remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £2,552 (2022: £755) were reimbursed to trustees.

The charity has purchased insurance to protect it from any loss arising from the neglect or default of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium for the year was £25,000 (2022: £25,000) 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 the approval of the Research Awards Committee and the Board. Research grants awarded to trustees during the year are detailed in note 8.

17. Tangible fixed assets

Group and charity

	Freehold premises £'000	Short leasehold premises £'000	Office fixtures, fittings and equipment £'000	2023 Total £'000
Cost				
At 1 April 2022	1,947	2,850	458	5,255
Additions	-	-	26	26
At 31 March 2023	1,947	2,850	484	5,281
Depreciation				
At 1 April 2022	423	1,835	314	2,572
Charge for year	39	173	30	242
At 31 March 2023	462	2,007	344	2,814
Net book values				
At 31 March 2023	1,485	842	140	2,467
At 1 April 2022	1,524	1,015	143	2,683

18. Intangible fixed assets

Group and charity

	2023 Total £'000
Cost	
At 1 April 2022	2,437
Additions	130
At 31 March 2023	2,567
Amortisation	
At 1 April 2022	1,889
Charge for year	230
At 31 March 2023	2,119
Net book values	
At 31 March 2023	448
At 1 April 2022	548

19. Fixed asset investments

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

Group and charity

	2023 £'000	2022 £'000
Market value at 1 April	24,106	20,199
Acquisitions	11,571	6,411
Sales proceeds	(8,270)	(4,648)
Net movement in market values (see below)	(473)	2,144
Market value at 31 March	26,933	24,106
Cash held by investment managers for re-investment	539	996
Market value at 31 March	27,473	25,102
Cost of investments at 31 March	23,800	19,300

Net movement in market values in year:

	2023 £'000	2022 £'000
Realised (loss)/gains	(369)	382
Unrealised (loss)/gains	(104)	1,762
	(473)	2,144

19. 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 on recognised stock exchanges and comprised the following:

	2023 £'000	2022 £'000
Equities	20,059	15,263
Government stock	1,478	1,431
Non-government bonds	2,504	2,369
UK property funds	296	1,071
Multi asset holdings	2,596	3,972
	26,933	24,106
UK stock exchange	7,455	7,434
Non-UK stock exchanges	16,586	11,629
UK property funds	296	1,071
Multi asset holdings	2,596	3,972
	26,933	24,106

20. Debtors

	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Trade debtors	1,313	653	1,280	635
Amounts owed by trading subsidiary	-	-	163	167
Other debtors	26	22	26	22
Prepayments and accrued income	8,604	6,117	8,604	6,117
	9,944	6,792	10,073	6,941

21. Creditors: amounts falling due within one year

	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Trade creditors	741	774	741	774
Research grants (note 8)	3,913	3,153	3,913	3,153
Taxation and social security	533	519	558	519
Pension commitments	182	165	182	165
Other creditors	38	14	36	14
Accruals and deferred income (note 22)	2,418	1,929	2,409	1,923
	7,825	6,554	7,840	6,548

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

22. Movement in accruals and deferred income

Group	Opening balance 1 April 2022 £'000	Released £'000	Additional £'000	Closing balance 31 March 2023 £'000
Deferred income - commissioned contracts	193	(12,187)	12,909	915
Other deferred income	146	(640)	702	208
Holiday accrual	727	(727)	373	373
Accrued expenditure	827	(20,036)	20,075	867
Lottery deferred income	36	(880)	899	55
	1,929	(34,470)	34,959	2,418

Group	Opening balance 1 April 2021 £'000	Release £'000	Additional £'000	Closing balance 31 March 2022 £'000
Deferred income - commissioned contracts	302	(4,914)	4,805	193
Other deferred income	17	(136)	265	146
Holiday accrual	784	(784)	727	727
Accrued expenditure	945	(17,746)	17,628	827
Lottery deferred income	30	(525)	531	36
	2,078	(24,105)	23,956	1,929

22. Movement in accruals and deferred income continued

Charity	Opening balance 1 April 2022 £'000	Release £'000	Additional £'000	Closing balance 31 March 2023 £'000
Deferred income - commissioned contracts	193	(10,942)	11,664	915
Other deferred income	146	(268)	328	206
Holiday accrual	727	(727)	373	373
Accrued expenditure	821	(18,963)	19,001	860
Lottery deferred income	36	(880)	899	55
	1,923	(31,780)	32,265	2,409

Charity	Opening balance 1 April 2021 £'000	Release £'000	Additional £'000	Closing balance 31 March 2022 £'000
Deferred income - commissioned contracts	303	(4,915)	4,805	193
Other deferred income	17	(136)	265	146
Holiday accrual	784	(784)	727	727
Accrued expenditure	939	(17,747)	17,629	821
Lottery deferred income	30	(525)	531	36
	2,073	(24,107)	23,957	1,923

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

	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Research grants (note 8)	2,436	3,743	2,436	3,743
Provisions for liabilities (note 24)	470	332	470	332
	2,906	4,075	2,906	4,075

24. Provisions for liabilities

Group and charity

	Less than one year £'000	More than one year £'000	2023 Total provision £'000	Less than one year £'000	More than one year £'000	2022 Total provision £'000
Onerous lease provision	10	-	10	26	9	35
Property dilapidations	44	470	514	220	323	543
	54	470	524	246	332	578

The charity has built up a dilapidation provision for works required at the end of the lease, or at its break clause if earlier, to bring the property to the state it was at the commencement of the lease as required under lease agreement.

The provision is based on historic data, ongoing monitoring of the conditions of the property and discussions with property developers and landlords.

25. Designated funds

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

Group and charity

	2023 £'000	2022 £'000
Future cost of operating model over next three years	1,168	1,436
Legacy Stabilisation Fund	1,280	4,498
Strategy Acceleration Fund	7,916	6,000
Northampton Resource Centre location costs	321	321
Funds voluntary support groups	695	636
UK Stroke Forum	125	75
	11,505	12,966

26. Fixed asset fund

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

Group and charity

	2023 £'000	2022 £'000
Fixed asset fund	2,915	3,231

27. Restricted funds

Group and charity

	At 1 April 2022 restated £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2023 £'000
Medical and other research						
- Donations and legacies	1,053	(453)	1,152	-	(1,752)	-
	1,053	(453)	1,152	-	(1,752)	-
Other restricted funds						
- Commissioned services	-	-	10,383	-	(10,383)	-
- Stroke services and programmes	283	817	560	-	(694)	966
- Other donations and legacies	2,891	(993)	235	-	(320)	1,813
- Capital projects	74	32	-	(78)	-	28
	3,248	(144)	11,178	(78)	(11,397)	2,807
Total 2022-23	4,301	(597)	12,330	(78)	(13,149)	2,807

During the year, additional funding was received for research grants that had previously been fully funded from unrestricted funds. This has been reflected in a transfer between funds.

27. Restricted funds continued

Group and charity	At 1 April 2021 restated £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2022 £'000
Medical and other research						
- Donations and legacies	1,066	(368)	1,745	-	(1,390)	1,053
	1,066	(368)	1,745	-	(1,390)	1,053
Other restricted funds						
- Commissioned services	3	-	9,895	-	(9,898)	-
- Programme related investments	60	-	-	-	(60)	-
- Stroke services and programmes	386	-	568	-	(671)	283
- Other donations and legacies	1,843	75	1,436	-	(463)	2,891
- Capital projects	-	-	315	(241)	-	74
	2,292	75	12,214	(241)	(11,092)	3,248
Total 2021-22	3,358	(293)	13,959	(241)	(12,482)	4,301

The 2021-22 opening balance has been restated to reflect the purpose of the restricted funds rather than the source of those funds.

During the year, additional funding was received for research grants that had previously been fully funded from unrestricted funds. This has been reflected in a transfer between funds.

The income on commissioned service contracts is for operating communication and family support services. Income for other stroke services and programmes includes Hand in Hand funded in part by NESTA ii, Life After Stroke partly funded by the Royal Mail, Community Steps, Here For You, and supporting the Stroke Group Network.

Other restricted donations and legacies are received for specific regional voluntary groups and services, general education and training, along with enhancing awareness and information.

28. Analysis of net assets between funds

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2023 Total £'000
Tangible fixed assets	-	-	2,467	-	2,467
Intangible fixed assets	-	-	448	-	448
Fixed asset investments	15,967	11,505	-	-	27,473
Current assets	12,553	-	-	2,807	15,360
Creditors: amounts falling due within one year	(7,823)	-	-	-	(7,823)
Provisions for liabilities	(525)	-	-	-	(525)
Creditors: amounts falling due after one year	(2,436)	-	-	-	(2,436)
	17,736	11,505	2,915	2,807	34,963

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2022 Total £'000
Tangible fixed assets	-	-	2,683	-	2,683
Intangible fixed assets	-	-	548	-	548
Fixed asset investments	12,136	12,966	-	-	25,102
Current assets	11,361	-	-	4,301	15,662
Creditors: amounts falling due within one year	(6,554)	-	-	-	(6,554)
Provisions for liabilities	(578)	-	-	-	(578)
Creditors: amounts falling due after one year	(3,743)	-	-	-	(3,743)
	12,622	12,966	3,231	4,301	33,120

28. Analysis of net assets between funds continued

Charity	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	Total 2023 £'000
Tangible fixed assets	-	-	2,467	-	2,467
Intangible fixed assets	-	-	448	-	448
Fixed asset investments	15,967	11,505	-	-	27,473
Current assets	12,555	-	-	2,807	15,361
Creditors: amounts falling due within one year	(7,840)	-	-	-	(7,840)
Provisions for liabilities	(525)	-	-	-	(525)
Creditors: amounts falling due after one year	(2,436)	-	-	-	(2,436)
	17,722	11,505	2,915	2,807	34,949

Charity	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	Total 2022 £'000
Tangible fixed assets	-	-	2,683	-	2,683
Intangible fixed assets	-	-	549	-	549
Fixed asset investments	12,136	12,966	-	-	25,102
Current assets	11,342	-	-	4,301	15,643
Creditors: amounts falling due within one year	(6,549)	-	-	-	(6,549)
Provisions for liabilities	(578)	-	-	-	(578)
Creditors: amounts falling due after one year	(3,743)	-	-	-	(3,743)
	12,609	12,966	3,231	4,301	33,107

29. Tax

The charity is unable to reclaim all VAT incurred on expenditure. Irrecoverable VAT incurred during the year amounted to £1,161,000 (2022: £821,000).

30. Leasing commitments

At 31 March 2023, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	Property 2023 £'000	Property 2022 £'000	Cars 2023 £'000	Cars 2022 £'000	Office equipment 2023 £'000	Office equipment 2022 £'000
Operating leases which expire:						
Within one year	495	382	-	15	242	191
Within two to five years	1,532	1,967	-	-	413	365
After five years	-	339	-	-	-	-
	2,027	2,688	-	15	655	556

31. Reconciliation of movements on unrealised gains

	2023 £'000	2022 £'000
Unrealised gains at 1 April	4,788	3,671
Less: in respect to disposals in year	(1,580)	(645)
Add: net gains on revaluations in year	(104)	1,762
Total unrealised gains at 31 March	3,104	4,788

32. Liability of members

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

33. Dormant subsidiary companies

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

34. Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 8 and 16 respectively. During the year the charity received £48,268 community services income (2022: £48,000) from West Essex Clinical Commissioning Group, of which Stephen King (Stroke Association Chair) is a governor. This contract was entered into before he became a trustee.

During the year, costs totalling £116,000 (2022: £57,000) were charged from Stroke Association Limited to Stroke Association (Trading) Limited representing costs incurred by the charity that relate to its subsidiary's activities.

During the year, costs totalling £9,000 (2022: £70,000) were charged from Stroke Association (Trading) Limited to Stroke Association Limited representing costs incurred by the Trading Company that relate to the charity's activities.

During the year, £132,000 (2022: £40,000) was paid to Stroke Association by Stroke Association (Trading) Limited being profits gift aided by the subsidiary.

At 31 March 2023, £204,000 (2022: £132,000) has been accrued in the books of the charity being gift aided profits from its trading subsidiary.

35. Agency arrangements

During the year, the Stroke Association received £116,000 (2022: £150,000) 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 £91,000 in the year (2022: £402,000), and cash held by the Stroke Association on behalf of BHF at the year end amounted to £246,000 (2022: £574,000), which is included within grant commitments.

During the year, the Stroke Association also received £Nil (2022: £72,000) from the Alzheimer's Society (AS) as part of an agency relationship.

Cash payments from these AS receipts to grantees amounted to £Nil in the year (2022: £42,000), and cash held by the Stroke Association on behalf of AS at the year end amounted to £133,000, (2022: £138,000), which is included within grant commitments.

36. Contract and grant income acknowledgement

The Stroke Association was awarded many grants and contracts during the year including the following that have requested a formal acknowledgment in these accounts:

- Bedfordshire and Luton Community Foundation (Luton)
- Central Bedfordshire Council
- Leeds Community Healthcare NHS Trust (Leeds)
- Mid and South Essex ICB
- Wakefield Council

During 2021-22 the following grants and contracts were awarded:

- Bedfordshire and Luton Community Foundation (Luton)
- Manchester City Council
- Shropshire Council
- Wakefield Council

37. Movement in funds

Group	Opening balance 1 April 2022 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2023 £'000
Unrestricted funds					
- Designated funds	12,966	411	(1,704)	(168)	11,505
- Fixed asset fund	3,231	-	(472)	155	2,915
- General funds (free reserves)	12,608	27,077	(22,651)	687	17,722
	28,805	27,488	(24,827)	675	32,141
Restricted income funds	4,301	12,330	(13,149)	(675)	2,807
	33,106	39,817	(37,975)	-	34,949
Funds retained within a non-charitable subsidiary	14	390	(390)	-	14
	33,120	40,207	(38,366)	-	34,963
Group	Opening balance 1 April 2021 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2022 £'000
Unrestricted funds					
- Designated funds	2,262	210	(728)	11,222	12,966
- Fixed asset fund	3,293	-	(466)	404	3,231
- General funds (free reserves)	12,484	28,849	(17,633)	(11,092)	12,608
	18,039	29,059	(18,827)	534	28,805
Restricted income funds	3,358	13,959	(12,482)	(534)	4,301
	21,397	43,018	(31,309)	-	33,106
Funds retained within a non-charitable subsidiary	14	288	(288)	-	14
	21,411	43,306	(31,597)	-	33,120

37. Movement in funds continued

Charity	Opening balance 1 April 2022 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2023 £'000
Unrestricted funds					
- Designated funds	12,966	411	(1,704)	(168)	11,505
- Fixed asset fund	3,231	-	(472)	155	2,914
- General funds (free reserves)	12,609	27,207	(22,780)	687	17,722
	28,806	27,618	(24,956)	675	32,142
Restricted income funds					
	4,301	12,330	(13,149)	(675)	2,808
	33,107	39,948	(38,105)	-	34,949
Charity					
Charity	Opening balance 1 April 2021 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2022 £'000
Unrestricted funds					
- Designated funds	2,262	210	(728)	11,222	12,966
- Fixed asset fund	3,293	-	(466)	404	3,231
- General funds (free reserves)	12,486	28,979	(17,764)	(11,092)	12,609
	18,041	29,189	(18,958)	534	28,806
Restricted income funds					
	3,358	13,959	(12,482)	(534)	4,301
	21,399	43,148	(31,440)	-	33,107

38. Income and expenditure for the three devolved nations

	Wales 2023 £'000	Scotland 2023 £'000	Northern Ireland 2023 £'000	Wales 2022 £'000	Scotland 2022 £'000	Northern Ireland 2022 £'000
Income from:						
Donations and legacies	677	436	223	1,251	560	363
Charitable activities – local services	564	6	84	574	1	92
Other trading activities	5	5	2	4	5	1
Other	5	-	-	7	-	-
Total income	1,251	447	309	1,836	566	456
Expenditure on:						
Stroke support services	773	166	511	778	96	357
Community development and volunteering	115	138	120	257	168	88
Research grants and awards	-	-	-	-	-	-
Systems influencing	83	85	93	65	57	61
Awareness and engagement with stroke	11	-	-	-	-	-
Raising funds	-	-	-	-	-	-
Total expenditure	982	389	724	1,099	321	506
Surplus/(Deficit)	269	58	(415)	737	244	(49)

38. Income and expenditure for the three devolved nations continued

Income includes all donations where the registered address of the donor can be determined as one of the devolved nations.

Expenditure includes all costs that can be directly attributed to the nation. Property costs have been treated as overheads and have not been allocated to the nation where they are located as various activities operate from them.

Each expenditure line also includes an overhead allocation. We calculated the direct expenditure of the devolved nation as a proportion of the overall charity spend. We then took the same proportion of the total overhead cost of the charity and added this to the devolved nation expenditure.

Overheads include HR, IT, property finance and management.

The surplus or deficit for each devolved nation represents their contribution towards or utilisation of the charity's universal services across the UK.

Reserves are not allocated across the nations but are held centrally and are available across the organisation.

Where reserves have been restricted to a devolved nation these have been applied to expenditure in that devolved nation.

Research grant awards have been treated as universal costs. However, it should be noted that this year £546,000 (2021-22: £459,000) was awarded to Edinburgh University with a further £347,000 to Glasgow University (2021-22: £331,000), £116,000 to Glasgow Caledonian University (2021-22: £80,000) and £17,000 to Cardiff University (2021-22: £14,000).

39. Contingent asset

During the reporting period, we have been notified of legacies that could total £3.1 million (2022: £5.3 million) where either no grant of probate has been received or the grant of probate has been received within six months of the end of the financial year. This gives rise to a contingent asset as it is a possible asset arising from a past event (the notification of the legacy by the solicitors for the deceased legators), but the outcome will be determined by an uncertain future event (any debts owed by the legator or challenges from family members).

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

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