

Annual Report and Financial Statements

Year ending 31 March 2022

Stroke
Association



Contents

Introduction

Chair and Chief Executive's welcome	4
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Our charity

How we're rebuilding lives after stroke	8
Our achievements	10
Funding our work	12

Strategic report

Goal A – Make stroke the priority it needs to be	14
Goal B – Ensure that everyone affected by stroke has access to the rehabilitation and lifelong support they need	30
Goal C – Partner with people and communities to help them take action on stroke	48
Our challenges and aims for the future	68
How we work	70
Financial review of the year	82

Governance

Our structure, governance and management	90
------------------------------------------	----

Financial statements

Independent auditor's report	106
Consolidated statement of financial activities	112
Charity statement of financial activities	113
Consolidated balance sheet	114
Charity balance sheet	115
Consolidated statement of cash flows	116
Principal accounting policies	117
Notes to the financial statements	124



Every five minutes
stroke destroys lives.

We help to rebuild them.

Chair and Chief Executive's welcome

With the ongoing disruption caused by Covid-19, 2021-22 was a challenging year for many stroke survivors. But thanks to our supporters, we reached more people affected by stroke, raised more money than ever before, significantly reduced our overhead costs, and influenced positive policy change across the UK.

The stroke clinical community have worked tirelessly to restore stroke services following the 2020-21 pandemic disruption. However, despite their heroic efforts, too many people who have a stroke face poor outcomes because they aren't getting the treatment and care they need, when they need it. Thrombolysis rates fell to an all-time low. Ambulance response times deteriorated to worrying levels. Thrombectomy rates increased, but much slower than planned. And although national data showed some improvements in post-acute care, timely access to adequate community stroke rehabilitation and follow-up remained unacceptably rare.

Advocating and influencing for stroke survivors

It is clear that stronger advocacy by stroke survivors and the Stroke Association is needed. So, we have re-organised the way we work to create a much stronger focus on working with health and care systems, so we can influence decisions about stroke treatment and care across the UK.

We're encouraged by our influence on landmark policy documents published in the last year: the National Stroke Service Model in England; the Progressive Stroke Pathway in Scotland; the Quality Statement in Wales; and most recently, Northern Ireland's publication of a dedicated Action Plan for Stroke. We're now focused on making sure that these policy commitments translate into tangible service improvements.

We've worked hard to build relationships with the new stroke networks in England, helping them start to implement national stroke policy and engage with stroke survivors to ensure that improvements made locally are the ones that matter most to people affected by stroke.

We welcomed a new All-Party Parliamentary Group on Stroke in Westminster and an equivalent Cross-Party Group in Scotland. We used the elections in Wales and Scotland in 2021 and the May 2022 elections in Northern Ireland to raise the political priority of stroke and push for improvements at all stages of the stroke care and treatment pathway – from prevention and diagnosis to rehabilitation and long-term support.

Improving our support services

Our stroke support services helped 43,425 stroke survivors and carers (42,602 in 2020-21), with more home visits offered for those in greatest need. We've had an incredible response to Stroke Association Connect and Here For You, the services we launched in 2020 for newly diagnosed stroke survivors (anyone who's had a stroke in the last 12 months). Stroke survivors, carers and volunteers have all benefited from them immensely.

We improved the productivity of our local commissioned services during the year by substantially reducing management costs. We explored ways to improve consistency of service and operational resilience by investing in additional staff to support service delivery and administration when vacancies occur. We've also started to see a small increase in longer-term contracts enabling more stroke survivors to benefit from a key worker and decent life after stroke support when they get home from hospital.

We strengthened our commitment to supporting stroke-friendly and active communities across the UK, with innovative projects in Cornwall, Wales and Northern Ireland. We also launched a new Stroke Group Network to enable the many independent stroke groups across the UK to start to connect and learn from each other.

Stroke research priorities

Research is a priority for our charity. We've worked with our supporters and the stroke research community on activities including our 'Save Research. Rebuild Lives' campaign, to help stroke research get back on track after the interruption caused by Covid-19. After two years of consultation with the stroke community, we published the flagship Stroke Priority Setting Partnership report, describing the future priorities for stroke research.

We used this report to secure further financial investment from the NHS Small Business Research Initiative and the National Institute for Health and Care Research. Our own research spend is also now recovering, with more new research grants approved and almost double the amount of existing research grants paid out than in 2020-21.

Collaborating to succeed

We simply can't tackle the challenge of stroke on our own. We're so thankful for the successful partnerships we have with many other organisations, including Mind, the Richmond Group of Charities, Chest Heart Stroke Scotland, Northern Ireland Chest Heart Stroke, and a Stroke of Luck – together we're able to achieve more for stroke survivors. We strengthened our partnership with the NHS both nationally and locally in all four countries of the UK and maintained strong relationships with the European and World Stroke Organisations.

We're particularly proud of a very special partnership with ITV and Emmerdale. Character Marlon Dingle (played by Mark Charnock) had a stroke at the end of March 2022. We worked closely with the production team to ensure the story was authentic, involving stroke survivors and clinicians, who reviewed scripts and provided on-set advice. Marlon's stroke storyline is ongoing, but has already generated considerable positive media coverage.

This is one of several successful activities we've run this year to engage people with stroke as a cause and the Stroke Association as a charity. Other activities include campaigns focused on raising awareness of research and hope after stroke.

Investing in our people

We continued our work to create a culture of trust and empowerment, with coaching and distributed leadership at its heart. We also completed our move to permanent home-based working for most people, which significantly reduced the money we spent on offices.

The big investment was to redesign the way we work together to deliver our strategy. We took 320 staff through consultation on new team structures and roles in April – June 2021. Most staff were successfully redeployed, though sadly, we did lose some valued staff. We had 12 compulsory redundancies and a further 35 voluntary redundancies.

Overall staff engagement was 82% in March 2021, dropped slightly to 79% in September 2021 following the structural consultation, and rose to an all-time high of 88% in May 2022. We're pleased that the changes are now bedding in, and we're confident that our new structure will help us to maximise our reach, influence and impact.

Managing our resources and finances

We continued work to improve our data and technology systems. Throughout the year, we've been developing a new fundraising IT system, which was delivered in May 2022 on time and within budget. We also re-doubled our focus on cyber security.

Despite all the change during the year, our governance and compliance remained strong, with the Charity Commission finding no notable areas for improvement after its review initiated by the regulatory alert into safeguarding and whistleblowing in larger charities.

The uncertainty caused by Covid-19 meant we were cautious with our 2021-22 financial plans, budgeting a small surplus.

We ended the year with an unexpected surplus of £9.6 million. Our total income achieved a record high of £41.2 million, 19% up on the previous year (£34.6 million). Legacy income rose from £12.1 million (2020-21) to £19.3 million, due mostly to a significant increase in the value and volume of legacies received. This prompted us to review the method for calculating accrued legacies, where we had been notified but the amount had not been received. This change in method accounted for £2.2 million of the increase.

Other fundraising income, excluding the Covid-19 related grants received in 2020-21, rose by £1.9 million. We also achieved considerable productivity gains, with staff costs falling by £2.0 million and property costs down by £1.8 million.

Within the operating surplus of £9.6 million, free reserves rose to £12.6 million. We have created two designated funds: a Legacy Stabilisation Fund of £4.5 million to help manage the volatility of legacy income; and a Strategy Acceleration Fund of £6.0 million to invest in projects to accelerate strategy delivery over the next three years.

Our plans for the future

Our single biggest ambition is to reach and offer support to every newly diagnosed stroke survivor. At the moment, we only connect with about 30% of stroke survivors across the UK during the first year after their stroke. This means that the majority of stroke survivors (around 55,000 every year) aren't aware of us and the support we offer, even though our expertise and support has the potential to make a real difference to their lives.

We want and need to do better. After the financial success of this year, we now have the resources and capacity to make this happen. We're building an ambitious new plan that we hope will help us towards our vision (more on this on page 68).

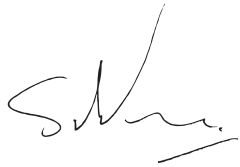
Thank you

Rebuilding lives is a team effort and our work is only possible thanks to the determination and generosity of the stroke community. Our thanks in particular to our independent advisers and trustees, including Helen Sanders, Stephen Torrans, Mark Smith, Niraj Shah, and Victoria Hoskins who stood down during the year.

We were deeply saddened by the passing of our charity's Patron, Her Majesty Queen Elizabeth II, on 8 September 2022. We thank her for her years of loyalty and service to us, charities and organisations around the world, and to the country.

Thank you to all of our supporters, staff, volunteers and partners for your commitment and loyalty to our cause. 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.

Signed:



Stephen King,
Chair of Trustees



Juliet Bouverie OBE,
Chief Executive



How we're rebuilding lives after stroke

Our vision is for there to be fewer strokes, and for people affected by stroke, including families, friends and carers, to get the help they need to live the best life they can. We do this by:

Making your voices heard

Jean Sherrington

Patient and Public Voice Representative

"People affected by stroke can bring insight that others don't have. Now our voices are heard, listened to and regarded as important when making decisions. That is wonderful - it will ensure the best treatment and care for us all."

We are working to ensure that everything our charity does is informed by those with lived experience of stroke. From evaluating research award proposals, to co-designing and testing products and services, we regularly consult and collaborate with you to ensure your views shape and influence our work.

We work hard to ensure that your voices are heard by key policy makers, so you have an opportunity to influence decisions and use your insight and empathy to drive improvements in stroke care locally and nationally. We also actively campaign for better stroke care, working with politicians of all parties to ensure stroke remains high on the political agenda.

Building partnerships and inspiring action

Niki Turner

Allied Health Professional Lead for Stroke in Wales.

"The expertise and insight provided by the Stroke Association means I am confident we will be able to give people affected by stroke the help they need to live the best lives they can."

We know we can't tackle all the challenges facing people affected by stroke on our own. So, we partner with local, national and international organisations, professionals and communities to raise money and awareness of stroke, lobby for change and share knowledge.

Our amazing volunteers and fundraisers are invaluable in helping us to run our stroke groups, events and campaigns, raise awareness of stroke and much-needed funds to support stroke survivors.

Giving practical and emotional support

Michael Pursey

Stroke survivor

"I couldn't walk, I couldn't talk. I was at rock bottom but with the help of the Stroke Association and my amazing support coordinators I have found there is a way to have a future, albeit different but just as rewarding."

We understand stroke and know how it can turn your world upside down without warning. But you're not alone. We're here to support you.

We'll help you find reliable answers to your questions, give you practical information and support to help you move forward and provide a listening ear when you just need to talk.

You can speak to our friendly Helpline team, join a Stroke Association Support Group, connect with volunteers who have faced what you're facing now, or be part of our vibrant online community - whatever's right for you.

Wherever you are in your stroke journey, we want you to make the best possible recovery and get back to the things that are important to you.

Funding life-changing research

Lauren Hepworth

Researcher

"My research wouldn't be possible without the Stroke Association and that's why it's so important to continue to fund stroke research, so that we can make sure every stroke survivor has the best possible life after a stroke."

We invest in vital research to find new ways to stop strokes happening, and improve treatment, care and support for people after stroke. In fact, we're the only organisation dedicated to funding research into ongoing rehabilitation for stroke survivors.

We fund researchers to develop their careers and establish themselves as the research leaders of the future, and invest in people from different research backgrounds to broaden the range of expertise and experience within stroke research.

We partner with other organisations to increase funding for stroke research. And we work with stroke survivors and those closest to them to decide what research we fund, and to help stroke researchers involve people affected by stroke in their research.

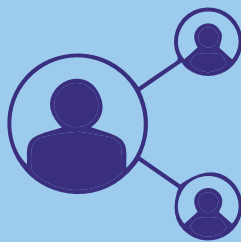
Our achievements



Our Helpline supported people with **18,106 enquiries.**



Our 183 coordinator led services helped **43,425 people.**



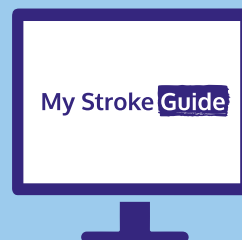
Stroke Association Connect supported **3,496 people** being discharged from **140 hospitals** and stroke units.



Our telephone peer support service, Here For You, has helped **1,555 people** since it launched in April 2020.



Our Stroke Association Support Groups provided peer support to **3,257 people.**



Our online stroke support tool, My Stroke Guide, recorded **42,347 new visitors.**



We invested **£1.4 million**
in stroke research.



We funded
16 research projects
at 5 higher education institutions
and 9 other organisations in the UK.

Thank you!



Our supporters
helped us to raise
£30.2 million!
(2020-21: £22.3 million)

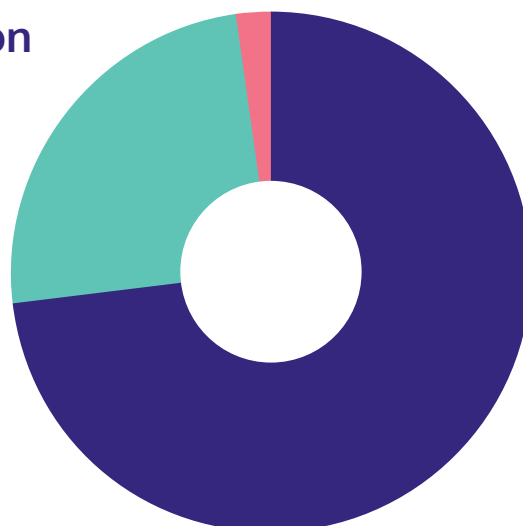


2,004 volunteers
gave their time to
help us.

Funding our work

How we raised our money

- Donations and legacies: **£30.2 million**
- Community service: **£10.1 million**
- Other income (including trading, investments and the UK Government's furlough grant): **£0.9 million**



Total income: £41.2 million



For every **£1**
we receive we
spend **78p** on
our charitable
work
(2021-22: 78p).

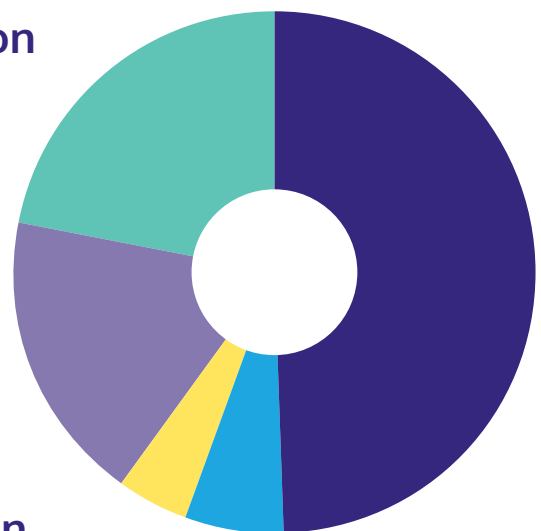




How we spent our money

- Stroke Support Services: **£15.7 million**
- Community development and volunteering: **£1.9 million**
- Research grants and awards: **£1.4 million**
- Systems influencing and engagement with stroke: **£5.7 million**
- Raising funds: **£6.9 million**

Total expenditure: £31.6 million



Goal A

Make stroke the priority it needs to be

Stroke is one of the leading causes of death and disability in the UK. But health inequalities and historic under-resourcing of the condition lead to a huge variation in how it's treated across the nations.

Before the Covid-19 pandemic, the level of care, rehabilitation and mental health support available was already letting down thousands of stroke survivors. With health and care systems swamped by the post-pandemic demand for services, the situation has worsened. Ambulance services remain under significant pressure across the UK with response times for those having a stroke more than double what they should be. And many stroke survivors aren't receiving follow-up care when they are discharged from hospital.

Consequently, far too many people are left feeling alone and abandoned, without the vital rehabilitation and support they need to rebuild their lives. On top of this, the general public have a much lower level of understanding about stroke as a condition, compared to cancer or heart disease.

Throughout 2021-22, we've been keeping the pressure on governments and decision-makers to make stroke a priority, improve access to life-changing treatments and therapies, and fund vital stroke research to protect people's lives and recoveries. We've also partnered with other charities and raised awareness of stroke and stroke risk factors at every opportunity so that we can reach and support more stroke survivors and their families.



We worked with UK governments to make sure stroke is a priority

We strengthened our political engagement and influenced the implementation of stroke policy across the UK:

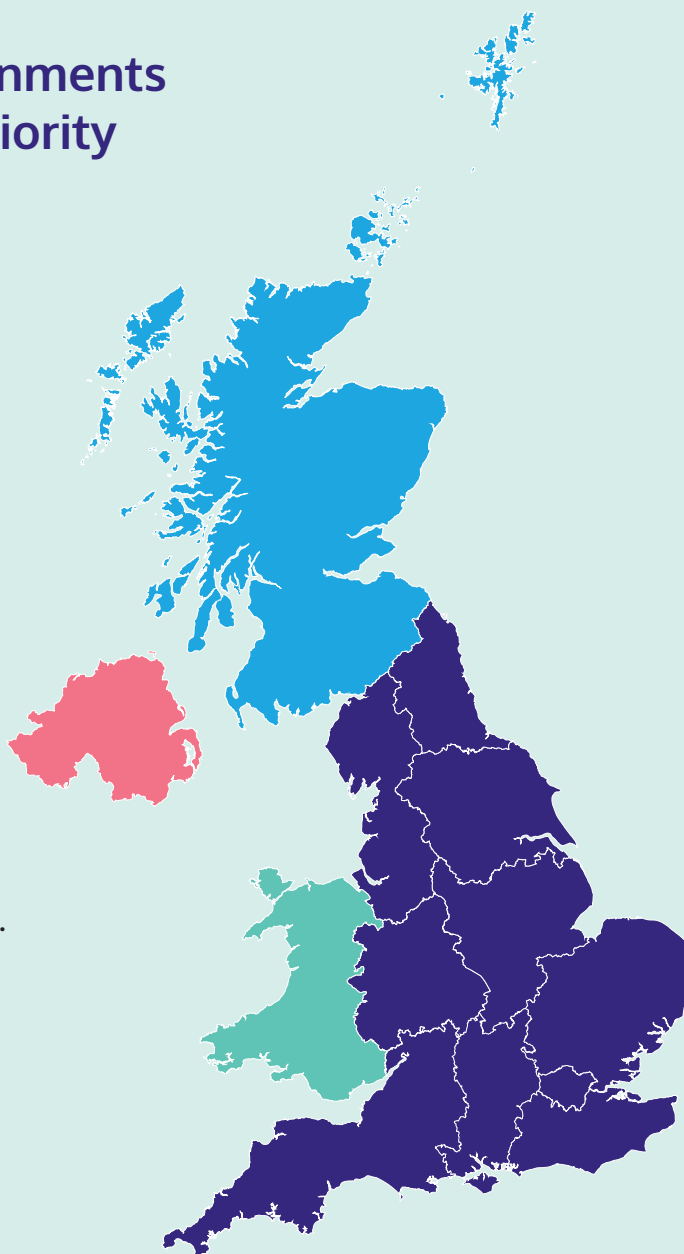


Wales

In September 2021, we celebrated the publication of the Wales Quality Statement on Stroke, the Welsh Government's new long-term plan for how stroke services will improve in Wales.

We first started campaigning for this in 2019, as the previous Stroke Delivery Plan was due to end in 2020 and it wasn't clear if anything would replace it. We've worked closely with the Welsh Government and the Welsh Clinical Lead on Stroke, Dr Shakeel Ahmad, on the development of the new Quality Statement. The new statement takes onboard many of the points made by the Senedd's Cross-Party Group on Stroke in the report we supported in 2019-20, such as the vital importance of access to rehabilitation, including early supported discharge.

This major success is due to the work of our campaigners and supporters, who've helped us to get the Welsh Government to publicly confirm their commitment to making stroke a priority.



But our work doesn't stop there. While the Quality Statement has been published, we're still awaiting the publication of the delivery plan to implement it. We remain concerned by the high level of variation of stroke care, availability of treatment and ambulance response times across Wales. We'll continue to push for changes to ensure stroke survivors and carers get the care and support they need.



Northern Ireland

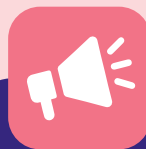
During the 2019 Reshaping Stroke Care consultation, the Northern Ireland government committed to delivering more stable, sustainable stroke services that would enable better outcomes for people by 2022. Unfortunately, due to the Covid-19 pandemic and ongoing political instability, stroke has slipped off the political agenda in Northern Ireland over the past few years, which means these commitments are yet to be met.

However, we've continued to engage with politicians and decision-makers to highlight the lack of progress and call for stroke to be a priority at Stormont. Over the past year we've met with members of the Health Committee on a number of occasions and written letters to the Health Minister.

In May 2021, we held two parliamentary group briefing sessions with DUP and Sinn Féin MPs, encouraging them to write to the Health Minister calling for progress on stroke reform.

We also wrote to the Northern Ireland Affairs Committee at Westminster and all Northern Ireland MPs in March 2022. This led to the committee and some individual MPs writing to the Health Minister asking him to prioritise stroke reform.

We engaged with policy staff from the political parties ahead of the May 2022 Assembly elections with the aim of influencing their party election manifestos. We released our own manifesto 'Make Stroke a Priority' in February 2022 and shared this widely with politicians, candidates and decision-makers in Northern Ireland.



Post-election update

Following engagement with all political parties ahead of the Assembly elections, we were pleased that two parties pledged to push for progress with stroke reform in their election manifesto. 26 May 2022 marked 1000 days since the Reshaping Stroke Care consultation closed. We sent an open letter to the Health Minister that was signed by 75 other charities, clinicians, stroke survivors and supporters calling for urgent progress.

We're delighted that, thanks to the tone and timing of our lobbying, the Northern Ireland Government published a stroke action plan in June. This sets out the way forward for improving stroke care in six priority areas including thrombectomy and long-term support. There's still lots of work to do to make stroke the priority it needs to be in Northern Ireland. But this action plan is a positive first step and we look forward to working with the stroke community over the coming months to see these actions implemented.

"I am really pleased that the further expansion of the thrombectomy service is included in the new action plan. It is a life-changing procedure, which I was fortunate enough to access when I had my stroke five years ago and everyone who is eligible should have that same opportunity."

Kim Colhoun, stroke survivor



Scotland

We've made encouraging progress with our political influencing and engagement in Scotland.

Our manifesto for the Scottish elections in May 2021 called for the next Scottish Government to quickly establish a new, progressive stroke service. One in which all patients receive timely access to evidence-based, stroke specialist treatment, rehabilitation and support.

We've been heavily involved since then in the development of an ambitious stroke improvement vision document, which was officially published as the Scottish Government's Progressive Stroke Pathway in March 2022.

"I took up my role with the Cross-Party Group (CPG) on Stroke to help support stroke improvements in Scotland. Members of the CPG have a lot of experience in stroke care and share a passion for positive change. Together, I hope we can play a part in driving forward stroke improvements, giving stroke the attention it deserves."

Gillian Mackay, MSP for Central Scotland and Convenor of the Cross Party Group on Stroke

This sets out a clear vision of what stroke services and support should look like, from prevention, to acute and emergency care, to rehabilitation in hospital and the community. We commented on drafts of the document as members of the National Advisory Committee for Stroke and worked with Chest Heart and Stroke Scotland (CHSS) to ensure people with lived experience were involved.

The next step is for the Scottish Government to publish an action plan, which will set out what each health board must do to deliver this vision. We're involved with this too. We expect that action plan to be published this year. To encourage that and to keep an eye on things, we've established and supported a new Cross-Party Group on Stroke in the Scottish Parliament. Made up of MSPs, clinicians, researchers and people affected by stroke, the group's purpose is to provide, oversight, encouragement and support for the implementation of that progressive stroke service in all health boards. We'll also be working directly with health boards to make sure the action plan is implemented.



England

We launched the All-Party Parliamentary Group on Stroke in Westminster. The group, co-chaired by Sir Bob Neill MP and Baroness Wheeler, brings together a cross-party group of politicians to speak up for stroke in Parliament. We provide Secretariat support to the group, including briefing the co-chairs for a meeting with a Health Minister about thrombectomy.

We also supported Sir Bob to lead two debates in Westminster, about stroke rehabilitation and the pandemic's impact on people with long-term conditions. He used our briefings in both debates, emphasising the importance of high-quality stroke rehabilitation to the Minister.

Our Chief Executive, Juliet Bouverie OBE, continues to co-chair NHS England's National Stroke Programme, overseeing the strategic direction of stroke care nationally.

In May 2021, NHS England published the National Stroke Service Model (NSSM) - the blueprint for what stroke services should be available for every person affected by stroke. We helped to develop this model, which aims for stroke services to provide joined up, personalised patient care. At a local level, we've continued to strengthen our relationships with England's 20 new stroke networks, called Integrated Stroke Delivery Networks (ISDNs). ISDNs are responsible for transforming stroke prevention, treatment and care in their region, and we're helping them to put the NSSM into action. We also supported many ISDNs to put stroke survivors' voices at the heart of their decision-making.

We continued to work with NHS England on a patient-reported experience measures (PREMs) survey. This will help to drive improvements to services based on what stroke survivors say is important. The findings of this survey will be available in summer 2023.



We collaborated with other health and care charities

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. Key 2021-22 achievements for the group included:

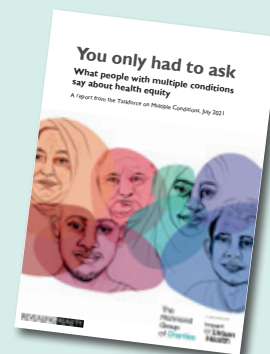
Contributing to the long-term recovery from Covid-19, providing information to people waiting for care. The Richmond Group also held the system to account for balancing progress on tackling waiting lists with maintaining and advancing routine care and support services.



Extending the 'Movement for All' partnership programme with Sport England to encourage more people with long-term conditions to get physically active. This included launching a series of Make Your Move physical activity videos specially designed for people with health conditions. The group continued to promote the We Are Undefeatable campaign stories, tools and resources. And they're publishing a set of Physical Activity and Long-Term Conditions resource packs to help professionals to support people with health conditions to be active



Publishing the research report 'You only had to ask: What people with multiple conditions say about health equity', exploring how the challenges of multiple long-term conditions intersect with issues of health equity. The group of charities also facilitated a digital events series on the same topic, designed to help system leaders take action and improve care for people living with multiple conditions.





Our Chief Executive, Juliet Bouverie OBE, was appointed as the new Chair of the Richmond Group in January 2022. Juliet commissioned a strategic review with the aim of making sure that the Richmond Group's work is as impactful as possible. The review concluded that the coalition's role is to influence policy, practice and systems change, with a focus on people with multiple long-term conditions and addressing the health inequalities that they face.



We identified the priorities for stroke research in the UK

We completed our James Lind Alliance Stroke Priority Setting Programme - the first UK-wide project to map research priorities across the entire stroke care and treatment pathway.

Over 1,400 people affected by stroke and stroke professionals took part in the project, as well as individuals and organisations representing stroke patients, carers and professionals in stroke.

We published our findings in our 'Shaping stroke research to rebuild lives: The Stroke Priority Setting Partnership results for investment' report, identifying the top priorities for future research in stroke prevention and acute care, and rehabilitation and long-term care.

Since the report was published in June 2021, we've shared our findings at leading international conferences and gave one of the keynote speeches at the European Scientific Organisation Conference (ESOC) in September 2021. We also published the findings in *The Lancet Neurology*, a leading scientific journal. This is helping us to build relationships with other research funders, particularly government bodies, and leverage additional funding, expertise and resources for the priorities so we can fund more, better quality, stroke research.

For example, we've funded nine pilot research awards thanks to our partnership with the Small Business Research Initiative (SBRI). These projects include virtual reality games to support stroke rehabilitation at home, and a new diagnostic blood test that could help paramedics to identify large artery stroke patients who could have a thrombectomy. Our collaboration with SBRI, came about as a result of the report and the activity we've done to share it. Through our initial investment of around £90,000, we've leveraged over £800,000. These awards will receive more large-scale funding in 2022-23 to develop their ideas further.

In March 2022, we set up a new funding partnership with the National Institute for Health and Care Research (NIHR). We put out a call for research into a number of priority areas including psychological and emotional well-being and fatigue. We have committed £250,000 into this scheme, and expect to be able to leverage an additional £1.2 - £2.2 million in the next five years towards research to improve the lives of stroke survivors.



We continued to support the next generation of stroke researchers

We funded six new research fellows. Our fellowships are part of our commitment to supporting research leaders of the future. These talented and dedicated early career researchers will build their skills and networks to continue their work driving improvements in stroke treatment and care.

We funded two postgraduate fellows:



Sam Webb,
University of Oxford

"I'm working on a new test that will accurately assess a stroke survivor's ability to do complex thinking tasks. The test will enable us to understand the thinking problems stroke survivors struggle with daily, so we can develop new tailored treatments that allow stroke survivors to live their best possible lives after a stroke."



Lauren Lucas,
University of Manchester

"I'm exploring the importance of the relationship between physiotherapists and stroke survivors receiving therapy at home, and how this impacts recovery in the long-term. I hope this will help therapists, like myself, to understand how our interactions might support longer-term stroke recovery and self-management."

We also funded four postdoctoral fellows, to help them take the next steps towards an independent stroke research career:

Dr Claire Mitchell, University of Manchester

"Dysarthria is a type of speech problem where speech is less clear, slurred or sounds different. I'm looking at how people recover from dysarthria over time, and how we can improve our understanding of how to measure the impact of dysarthria on a stroke survivor's life. This can help pull dysarthria out of the shadows of stroke care so stroke survivors can get the support they need."



Dr Osian Llwyd, University of Oxford

"Injury to small blood vessels in the brain can contribute to about 30% of acute strokes and 40% of dementia cases. I'm developing ways of assessing how well blood vessels are working in the brain to make it easier to detect if people are at risk of stroke, so they can get better treatment and support."



Dr Josephine Mayer, University of Liverpool
– co-funded with ABN and Epilepsy UK

Josie is investigating why people who begin having seizures late in life are more likely to go on to have a stroke. This could provide information to help reduce the number of people who have a stroke after a late-onset seizure.



Dr Sheharyar Baig, University of Sheffield – co-funded with ABN

"My research tests a potential new treatment for arm weakness after stroke called transcutaneous vagus nerve stimulation (tVNS). This involves electrically stimulating the vagus nerve through the skin. I'm looking forward to working with stroke survivors as we try to understand whether tVNS can improve arm recovery and the effects it has on the brain."



We raised awareness about the devastating impact of stroke

It's vital that everyone, from governments and decision-makers to communities and individuals, understands the massive impact stroke has on millions of people around the UK. And the difference that having regular access to quality stroke treatments and services can have on stroke survivors' recoveries.

Throughout 2021-22, we've run powerful PR and media campaigns, hosted events for the stroke community and beyond and taken advantage of opportunities, which have helped us to increase awareness of stroke, raise vital funds and inspire action. Here are some highlights:

May 2021

Save Research. Rebuild Lives



The pandemic significantly impacted our ability to fundraise. This jeopardised stroke research, essential in saving and rebuilding lives. We shared stories about our researchers and stroke survivors to raise money and awareness.

We had a really positive response from the stroke community, and raised **over £256,000**.

Amazing Brains



Hosted by BBC sports presenter, Mike Bushell, our flagship research event in May 2021 celebrated progress and innovation in the latest stroke research, with presentations from four leading stroke researchers. We also had a very special talk between two inspiring stroke survivors: one of the faces of our 'Save Research. Rebuild Lives' campaign, Ronnie Staton, and Olympic world champion sprinter, Michael Johnson.

October 2021

Hope After Stroke

We continued to spread the word about how we support people to find hope and rebuild their lives through TV and digital advertising. Our PR campaign, sharing inspirational stroke survivor stories, was our most successful to date, with over 450 pieces of coverage. And when radio presenter Zeb Soanes spoke about his stroke on BBC Radio 2, we received the highest ever number of visitors to our website!



November 2021

Air pollution policy

There's evidence of a link between air pollution and the risk of stroke, so in the run-up to COP26, we refreshed our air pollution policy.

We also called for the government to adopt the new World Health Organization (WHO) air quality guidelines and make them legally binding - crucial to public health and preventing strokes. We'll continue to monitor the progress of this, as well as the delivery of commitments addressing air pollution in the Environment Bill.



November 2021 - March 2022

Winter pressures and stroke

With the strain on the NHS reaching crisis point, we ran a campaign to highlight ambulance delays as a threat to the acute care of stroke patients. We reminded people that stroke is a medical emergency, urging them to Act FAST and ring 999 if they saw signs of a stroke in themselves or someone else, despite the scary stories in the news about ambulance response times.

We also worked with NHS England, the Welsh Ambulance Service and others to share local intelligence and advocate for stroke patients to mitigate the worst of the effects of these winter pressures and an inconsistent ambulance response.



January 2022



Stroke Prevention Day

For our second Stroke Prevention Day on 14 January 2022, we ran a PR and social media campaign to raise awareness of the lifestyle factors that can increase your risk of stroke.

We surveyed 5,330 stroke survivors about their personal risk of stroke and the changes they would urge their younger self to make and shared the results in the press to encourage people to make 'one small change' to reduce their risk of stroke.

Our campaign achieved coverage across the UK, reaching **1.46 million people**.



4 out of 5 people surveyed said they didn't know they were at risk of a stroke.



9 out of 10 have made lifestyle changes since their stroke.

March 2022



Emmerdale's stroke storyline

On ITV's Emmerdale, popular character Marlon Dingle, played by actor Mark Charnock, had a stroke. We worked closely with the Emmerdale team, involving stroke survivors, stroke consultants and teams across the charity, to help them to make the story as realistic and authentic as possible. This collaboration has given us some exceptional media coverage, with over 430 pieces so far, and really helped us to raise awareness of stroke with a mass audience. We received a lot of positive feedback from people affected by stroke. We used our social media channels to share stroke information and offer support to those who've reached out to us after seeing the programme. Plus, in June, Mark Charnock's portrayal of Marlon's stroke won Best Dramatic Performance at the British Soap Awards 2022.



"I have found filming this storyline very emotive and the bravery of the survivors in dealing with their strokes is incredible. I found them amazing to talk to and I hope we can do this story justice."

Mark Charnock on Emmerdale's stroke storyline

Goal B

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

Stroke changes lives in an instant. Recovery is tough, but with the right specialist support, the brain can adapt. That's why it's vital that everyone who has a stroke can access rehabilitation and ongoing support.

We want all stroke survivors to get the physical and emotional help they need to help them rebuild their lives. Throughout 2021-22, we continued to develop our support and partner with service providers to reach as many people as possible. We also increased our focus on influencing for much-needed improvements in rehabilitation and life after stroke support across the UK.





We continued to help people through our local support services

Local support services like our Stroke Recovery Service, Communication Support Service and Emotional Support Service ensure that stroke survivors get personalised and specialist care and support when they need it most.

While we were still under lockdown, we provided most of our support remotely but were able to offer occasional home visits to those who really needed them. As the pandemic restrictions eased, our wonderful coordinators continued to provide personalised phone and online support but increased the number of home visits to ensure our services were accessible to as many people as possible.

Despite the funding challenges in the NHS, in England we successfully maintained most of our commissioned service contracts, while retiring some of our smaller services. In April, we launched a new partnership service with Bristol After Stroke, providing a stroke recovery service across the whole of Bristol, North Somerset and South Gloucestershire for the first time. We also secured a long-awaited two-year contract in North Coast West Sussex, which will enable us to create life after stroke services in an area that hasn't had a recovery service before. And our stroke recovery service in Lincolnshire won a national award for being an example of a truly integrated person-centred community support service.



In response to commissioning trends for longer-term outcomes-based contracts, we've increased the length of some of our service contracts. For example, over one-third of our contracts in the North West are now three-year contracts, providing more stability and security for both staff and service users. We also explored options for how best to provide continuity and resilience for our commissioned service contracts when there are staff vacancies.

We maintained all of our services in Wales too. In Northern Ireland, we continued to develop our joint support package with Northern Ireland Chest Heart and Stroke. In 2020-21, we combined our services to ensure that stroke survivors received long-term support. This year, as part of this collaboration, we secured funding to develop our STEPs project, which provides stroke specific emotional support to people in Northern Ireland.

Lincolnshire case study:

In 2019, NHS and other stroke support service providers in Lincolnshire, worked together to create a united, integrated stroke service that was 'fit for our own families'.

Three years on, our award-winning service is thriving. We've put aside professional and provider boundaries and created a single team who work together to ensure that stroke survivors and their families get the support they need, when they need it.

"The sudden shock of going home without any support scared the hell out of me. Once the dust had settled, I realised there were many questions that I needed answers to, but who could I contact? Then the phone rang and I was greeted by a lady's voice saying she was from the Stroke Association and would be there to help with any questions. The level of care, attention to detail and continuity of service given to me is incredible."

A stroke survivor 2021



Our Emotional Support Service

Stroke can have a huge emotional impact on stroke survivors and their families. Better access to timely and effective emotional support services has always been a high priority for stroke survivors and this need has only increased as a result of the pandemic, a lack of other services and the wider impact of pressures in the NHS.

In response to this, we're piloting Emotional Support Services around the UK to test what works and generate the evidence to influence their rollout in other parts of the UK. Provided by qualified counsellors, these services help those affected by stroke to come to terms with what has happened to them. In 2021-22, we supported 263 people through existing counselling services in Liverpool, Colchester and Northern Ireland.

We've also been exploring partnership opportunities to offer emotional support on a larger scale. For example, we have partnered with Mind in Neath Port Talbot, south-west Wales, to deliver a pilot project based on their eight-week My Generation Programme.



Emotional support in Cornwall

We were awarded £850,000 from the Elwyn Thomas memorial fund programme, to set up a five-year emotional support project for stroke survivors in Cornwall.

Our new service will offer specialist counselling, as well as bespoke information and additional support in the community and at home, to help people adjust to life after a stroke or to caring for loved ones affected by stroke. We'll continually review and develop our offer in response to people's needs, to ensure we are offering support when and where people need us most.

As well as working closely with the NHS in Cornwall to develop the project, we've built relationships with local organisations, including Volunteer Cornwall and Disability Cornwall, to help us reach people in rural locations.

The project, which aims to improve wellbeing, build resilience and reduce isolation, was tailored to specifically address the mental health needs of stroke survivors. We intend to build on the success of this and are working with Mind to explore options for working together to widen support to more stroke survivors.

In the longer-term, we're influencing governments and health bodies to ensure adequate NHS emotional and psychological support is available for everyone who needs it.

We influenced for better post-stroke support across the UK

As well as providing much-needed, quality services directly to stroke survivors and their families, we are growing capacity and capability to influence the system to provide better rehabilitation and life after stroke services too. This includes ensuring our services are well integrated into the NHS and social care pathways to make sure everyone gets the support they need.

We sit on the Guideline Committee responsible for updating the 2013 stroke rehabilitation guideline for England and Wales by NICE, the National Institute for Health and Care Excellence. We've also worked to ensure that post-stroke support is included in key stroke policy developments, including the Wales Quality Statement for Stroke, Progressive Stroke Pathway in Scotland, Reshaping Stroke Care in Northern Ireland and the National Stroke Service Model in England (see page 16).



As part of developing the National Stroke Programme in England, we collaborated with key stakeholders, including people affected by stroke, ISDNs and other voluntary organisations to develop a detailed description of what life after stroke services should look like. This includes an important recommendation that every stroke survivor should have access to a key worker, a role proven to improve people's outcomes and experiences. This document will soon be available as a set of principles to support local systems and we will prioritise influencing its implementation so that life after stroke support is available to every stroke survivor.

We also led on the creation of a Stroke Association-branded Personal Stroke Record, alongside NHS England and stroke survivors. Now in the final stages of development, the Personal Stroke Record will give all newly diagnosed stroke survivors personalised information about their stroke and next steps in their care, including available support to help them with their recovery. We plan to launch the tool later in 2022. Not only will it give stroke survivors more information about their own care, but it will enable them to advocate for more and better services as they will know what should be available to support their recovery.



We started to develop our approach to health inequalities

Stroke can happen to anyone of any age, background, race, ethnicity, gender and sexual orientation. But avoidable, unfair and systemic health inequalities mean that your personal characteristics, as well as where you live and work, can affect your ability to access stroke treatment, support and health and social care services. For example, some socio-economic and ethnic communities, particularly people from Black and South East Asian backgrounds, may be more at risk of stroke or have poorer experiences and outcomes. While ambulances may take longer to arrive in some areas of the UK than in others.

The reality is that there are many stroke survivors who are not well-supported by the health and social care system and whom we're not reaching with our own services. We're determined to change that.

In November 2021, we started to consider our approach to health inequalities as part of our wider strategic work so that we can weave this into everything we do. We want our own services to be accessible and inclusive to everyone. Although many of our health publications are available in large print or audio versions and we have some specific aphasia-friendly resources, we can and want to do more. We've developed an Accessibility Maturity Model to help us to assess where we are now, define where we want to be and, most importantly, the steps we need to take to get there.

We're working closely with stroke survivors in our Aphasia and Accessible Voices Network. This year, they've helped us to improve the accessibility of a number of internal projects, including adapting surveys to be more accessible and aphasia-friendly, reviewing new support offers and developing new aphasia-friendly guides.

We also want to become an organisation that leads on reducing the inequalities gap in stroke by influencing change and working in partnership with others, including health and care services, communities and other charities, to understand and overcome barriers locally and nationally.

To help us achieve this, we've begun by working with the Cochrane Stroke Review Group to search the academic literature about health inequalities and stroke. We've also identified the next steps, which include commissioning a review of that literature, analysing our data on who we do and don't support, and gathering patient insight through survey and focus groups with communities that we don't engage with, to identify priority groups to work with.





Health inequalities and stroke is a complex field, and we won't be able to address it overnight. We need to grow our knowledge by testing and learning as we go. In 2021-22, we started to do this by leading and collaborating on a number of projects around the UK. These included:

Manchester

In March 2022, we launched an eight month pilot study commissioned by the Greater Manchester ISNDN (Integrated Stroke and Neuro-Delivery Network). The aim is to get a better understanding of the impact of health inequalities on accessing support services for life after stroke, particularly in some of the most deprived postcodes, where there's an ethnically diverse population.

We're working with relevant community-based organisations and clinicians to hold 'listening events'. Stroke survivors will be invited to share online, on the phone or face-to-face, their experiences of receiving post-stroke support. This will help us to build a better picture of what needs to change, what actions we need to take to achieve this, and where we can influence others to make those changes.

East of England

We're on the board of local Integrated Stroke Delivery Networks (ISDNs) in this area. In January 2022, we began discussions about how the ISDNs could best spend money from NHS England to start working on health inequalities. Together with the ISDNs, we started by defining what we meant by the term 'health inequalities' and how to decide where to focus the limited budget.

There is still much to do and much to be considered as part of this project, including access to services, patient experience, areas of deprivation, ethnicity and stroke prevalence. We will continue to work alongside the ISDNs as a 'critical friend', to advise, challenge and influence the outcomes of this work to ensure it can have a positive impact on stroke survivors in under-served communities.



"I can't thank you enough for all of your help. Your kindness brought so much comfort and reassurance to my parents and me and we feel more positive armed with all the information you've sent."

Catrin, Stroke Association
Helpline caller

We continued to develop our phone and online support

Our phone and digital services are vital for helping us to reach and support more people, especially in areas we don't have face-to-face services.

Our Helpline

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



During **2021-22**, our team supported people with **18,106 enquiries** (18,055 in 2020-21). They helped people with all sorts of stroke-related topics, from understanding a stroke, to accessing local stroke support services.



Stroke Association Connect

During the pandemic, many stroke survivors were being discharged from hospital early and urgently needed support. In response, we set up Stroke Association Connect to offer reassurance, assistance with immediate concerns, and connection to ongoing support. Since our service began in 2020, we've received over 10,000 stroke survivor referrals to our connectors. Of these referrals, we successfully reached 6,177 people by phone and supported them following their discharge from hospital.

During 2021-22, we supported 3,496 people. As of March 2022, over 140 NHS Trusts and Teams have registered with us in order to access support for their patients where no other Stroke Recovery Service or similar support existed.

We're continually evaluating the service and gathering feedback from clinical teams, our staff and service users to help us improve the referral process and deliver a seamless journey for stroke survivors and their families.

With this insight, and supported by a generous £450,000 grant from the Garfield Weston Foundation to fund Stroke Association Connect and Here For You over the next three years, we'll continue to develop and grow these services so we can support even more people.

"I feel reassured. It's nice to get these phone calls. This call makes you feel like you are not abandoned. The Stroke Association is so important."

Stroke Association Connect service user



"I've recently spoken to somebody and it really brought it back to me, how lost you can be. This is what the Here For You service is all about. Being able to speak to somebody who's gone through that experience in their life."

Lived Experience volunteer



"Fantastic service, it has helped me enormously. The only regular contact I've had since having a stroke with people who know about stroke. I can't thank you enough."

Stroke survivor

Here For You

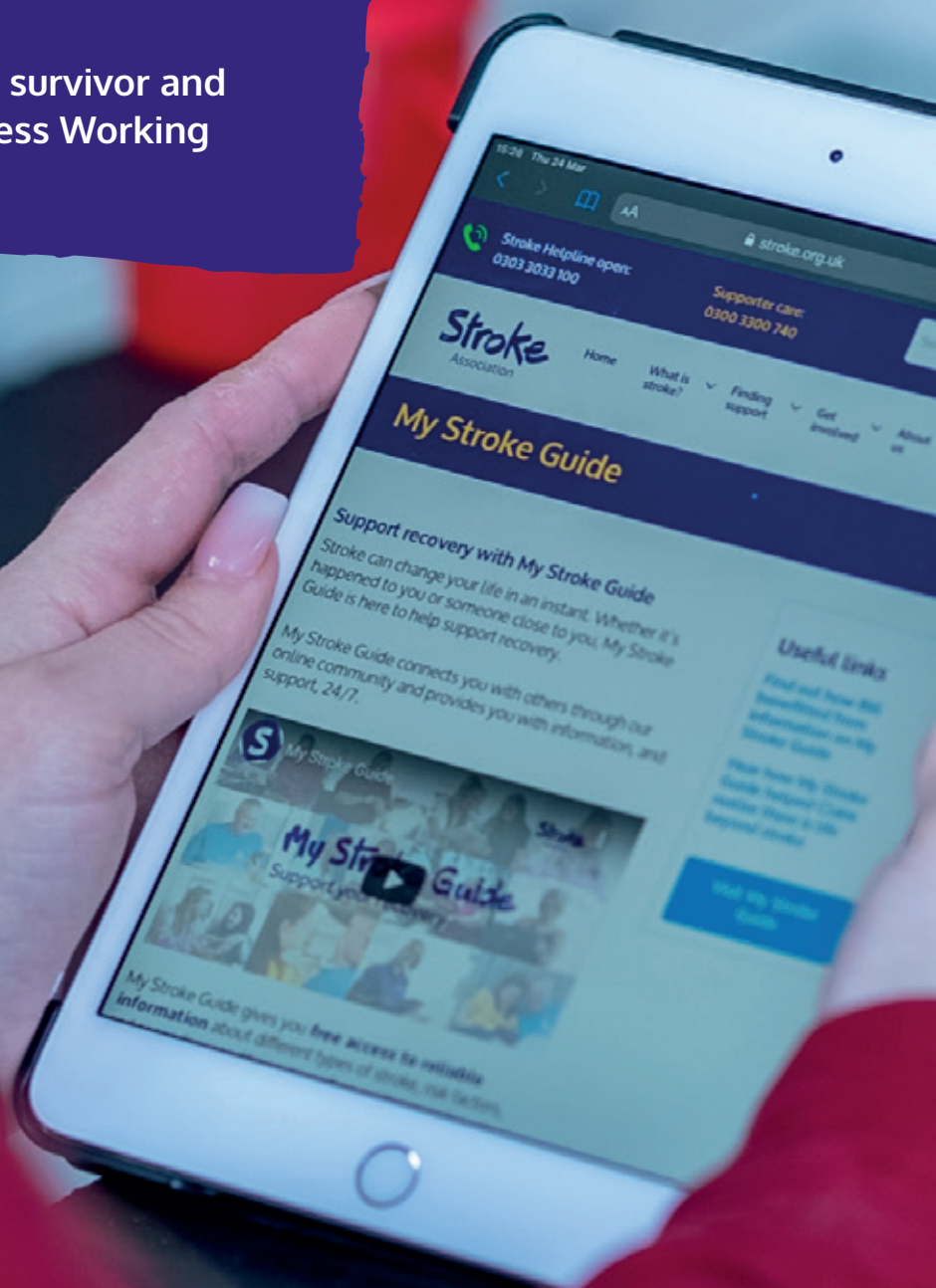
Our volunteer telephone support service, Here For You, connects stroke survivors and carers to trained volunteers, providing peer support and helping them to feel less isolated. From its launch in April 2020 to 31 March 2022, Here For You supported over 1,500 people and recruited and trained over 600 volunteers.

In November 2021, we carried out an evaluation to check the service was still meeting people's needs and providing effective support. The majority of the feedback was very positive. Many said that the regular conversations helped them understand how to cope better with the impacts of stroke, reduced loneliness and improved their mental wellbeing.

Volunteers offer 30 minutes of telephone support once a week, for up to eight weeks, with the option of a further eight-week extension if needed. However, some people found it unsettling when this support came to an end, so we're looking at ways for people to carry on receiving other types of support if they need it.

"[The Aphasia Digital Access Working Group is a] helpful, diverse and educational group, that has helped me enormously throughout my stroke recovery journey. Listening and working with people affected by speech problems really can help drive improvements overall in stroke recovery."

Steve Smith, Stroke survivor and Aphasia Digital Access Working Group member





My Stroke Guide

Our online stroke support tool, My Stroke Guide (MSG), gives people access to reliable information about stroke and its effects, as well as guidance for keeping healthy. There's also a friendly forum, where you can share experiences or ask questions to our stroke community.

We redesigned MSG to enable people to access all of the videos and information more easily, without having to log in. We also made improvements to make the forum more secure.

We also expanded the accessibility of our information by launching a new aphasia and communication section, including an aphasia form filling activity. People with aphasia told us filling in forms online was a major barrier to accessing services and information. So, we worked with our Aphasia Digital Access Working Group, which included people with aphasia, researchers and speech and language therapists, to co-design this activity to support them.

We set ourselves an ambition to reach all newly diagnosed stroke survivors

In the UK approximately 80,000 newly diagnosed stroke survivors leave hospital each year. As a charity, we currently only manage to engage and support 30% of those newly diagnosed stroke survivors within the first year after their stroke, and our ability to reach and support them varies significantly across the UK.

We know that this isn't good enough. It means that approximately 56,000 people each year do not receive any support from the Stroke Association. We've been working hard to develop a strategy that will enable us, by 2025, to engage and support 100% of newly diagnosed stroke survivors no matter where they live.

And by every, we truly mean every, not just the stroke survivors who are easiest to reach or who access and are discharged from hospital. We will factor health inequalities into every part of our work to reach every newly diagnosed stroke survivor, so that we can support stroke survivors in hardly reached communities and ensure that as an organisation we don't embed or exacerbate existing problems.

Goal C

Partner with people and communities to help them take action on stroke

The pandemic highlighted just how valuable and important compassionate communities can be. They provide a regular and reassuring presence, which can help people through loneliness, grief, confidence issues, stigma or caregiver fatigue.

During 2021-22, we've explored different ways to inspire more people to give their time, money or voice to raise money and awareness. To encourage stroke survivors to share their lived experience to benefit others and themselves. And to build connected stroke communities where organisations, groups, professionals and stroke survivors can come together to take action on stroke.





We supported our Stroke Group Network

Our Stroke Group Network is a community of stroke support groups across the UK. During 2021-22, our Stroke Group Network has gone from strength to strength. 180 Stroke Association support groups, run by 843 hard-working volunteers, helped over 3,200 stroke survivors, as well as carers, family and friends. Through our Stroke Group Network we also worked with over 200 independently run groups too.

The resilience, commitment and care that groups have shown to their members throughout the pandemic and beyond is incredible. While most groups are back to meeting face-to-face now, some are continuing to support members online, or have opted for a mixture of online and in-person, to suit everyone's needs.

Our network provides groups with information and helps them to build connections so they can be there for people affected by stroke in their local area and beyond. This year, we ran engagement events to help strengthen the stroke support group community. This included more online and face-to-face local forums across the UK, bringing together group volunteers to share best practice, top tips, local information and opportunities

We also launched new online sessions, focusing on salt awareness, healthy eating and physical activity. And we've been working to lay the foundations so we can welcome new independently run groups into the network in 2022-23.



Getting data and feedback is key to helping us improve our network. So we worked with our Stroke Group Voices involvement representatives and Exeter University to help us learn more about how groups help stroke survivors. We looked at reasons why taking part in a group might influence how people feel about themselves, looking, in particular, at their sense of connection to their group and how this may contribute to loneliness and wellbeing.

"I joined the Aberdeen Speak-ability group some ten years ago and oversaw its transition to Grampian Stroke Club. The group organises regular meetings over coffee and cake, and the occasional outing.

Stroke Group Voices struck me as a positive way to widen the Stroke Association's reach. Organisations have a tendency to be insular, and to believe that they are run as well as they can be. I hope to learn from other groups in the Stroke Group Network. I have high expectations that we can improve the way stroke support groups are run. And provide better support for stroke survivors and their carers across the UK."

David Jones, Grampian Stroke Club volunteer

"Stroke Group Network is a fantastic way to connect with others and share best practice, discuss challenges and tips to overcome them. Anything is possible."

Stroke Group Network Conference 2021 attendee



We built relationships with local communities and organisations

This year, we developed our Communities Approach. This outlines our vision, ways of working and principles that will guide how we will work with communities. We want people affected by stroke to feel connected, supported and part of their communities. And to feel confident and have the ability to access opportunities or take action on stroke connected issues that matter to them.

Partnering with people and communities is fundamental to ensuring that lifelong support is available to everyone affected by stroke. We work with groups and organisations at a local and national level to create opportunities for stroke survivors and carers to access activities and support to help them to reconnect with their community and rebuild their lives.

We have a huge range of partnerships, relationships and connections across our localities, based on the needs of the people in these areas and the strengths that exist within communities because of the good work being done by other organisations.

Here are a couple of examples of our work from 2021-22:

Canal and River Trust in Nottingham

We built a new relationship with the Canal and River Trust with a view to sharing stroke awareness opportunities, and to help them to support the needs of stroke survivors when planning their community activities.

The Canal and River Trust helps people in the area to get involved in activities on the canal from fishing and paddle boarding to art and photography sessions. We spoke to them about connecting with and offering their services to stroke survivors, and put them in touch with our Art 4 Stroke Folk group in Nottingham to discuss how the partnership could work. This has not only enabled the group to enjoy a day out on the canal, but has given them a community connection and access to new spaces.



The Wave Project in Devon

Before the pandemic, we built a good relationship with the Wave Project in North Devon to give stroke survivors in the area the opportunity to go surfing. This year, we secured funding to work with them again to help more stroke survivors to try a sport that many believed wasn't possible for them.

The Wave Project is a charity that predominantly works with children with physical and mental health needs. However, since working with us, they're now looking to expand their services so they can provide adapted surfing opportunities to more adults. They have also increased their knowledge of working with stroke survivors and are able to support stroke survivors who want to access surf sessions independently.

"The surfers looking after us were absolutely brilliant. I loved every minute of it. I didn't think I would ever be able to do anything like that again.

"When I told my wife I was going to be going surfing she said, 'Don't be so stupid!'. Now I've done it she says 'Right, you're going swimming with us!'"

Peter Frackrell,
stroke survivor and surfer

We supported our volunteers - and they supported us

We have an incredible team of volunteers who give their time to support our work, including Here For You, stroke support groups, helping at events, campaigning and raising money and awareness.

In June 2021, we joined the Shaping the Future of Volunteering coalition of charities. Together with 18 of the UK's leading volunteer-involving charities, we launched a shared commitment to support all communities across the UK to be dynamic and welcoming places for volunteering. This partnership is enabling us to gain valuable connections and insights into how we can better support our volunteers and ensure opportunities are accessible to everyone.

"I so wish I knew about the Stroke Association at the time of my stroke. Working as a volunteer for Here for You has taught me how valuable support after having a stroke is – I wish I had had that. It's amazing how quickly you bond with the people you speak to. It now feels like talking to a friend and as a stroke survivor!"

Jade Apperley, Here For You volunteer



Stroke
Association

We involved people affected by stroke in our work

We're committed to ensuring that the voice of lived experience is at the heart of everything that we do. We regularly involve people affected by stroke in projects across the charity, so we can ensure that what we're doing is shaped by their insight, advice and needs. We're also pushing for stroke survivors to have a stronger voice in NHS decisions about stroke by influencing for local and national forums to be set up and supporting the individuals to have their say.

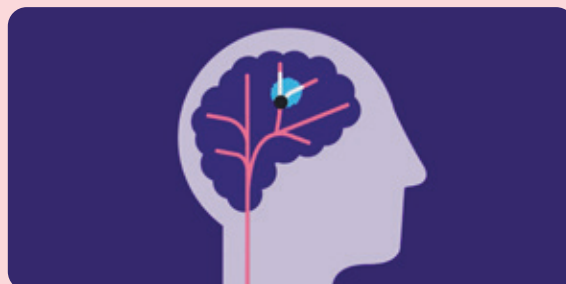
Here are some of the exciting projects that people affected by stroke have been involved in this year:

'What is a stroke?' video

Stroke survivors and carers helped us to create our new 'What is a stroke?' video for newly diagnosed stroke survivors and their loved ones. Through interviews and discussion groups, they reviewed the script, selected the music and gave their input on the first and second drafts of the video.

"It was lovely to see so much of what we said and suggested in the video. We have been made to feel really special throughout this and that we have really been listened to."

Involvement participant (carer)





Patient Reported Experience Measures survey

Stroke survivors helped us to develop questions and content for a survey that will enable people who use our services to self-report their experiences of our support, and the difference it has made in their lives.

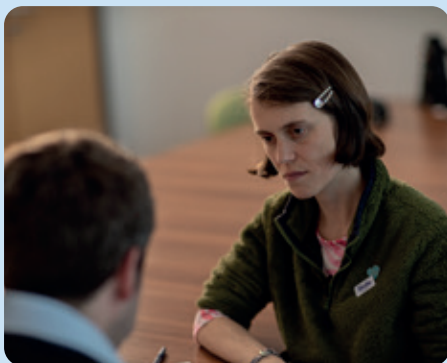
Designing Locality Stroke Voices

People affected by stroke were involved in helping us to plan a new network of long-term involvement groups across the UK. Using their expertise, ideas and experiences, they're helping us to develop tools, resources and processes to support each of our localities to recruit to, develop and support their own Locality Voices involvement groups. These groups will help us make decisions on and develop projects in their area in the future.



"Being a part of the Locality Impact Task and Finish Group has made me really aware of how Stroke Association values the views of a person living with stroke. They've been eager to hear the positive and the less positive outcomes and make every effort to make sure that every voice counts. I'm really impressed with the team's dedication to inspire and empower people."

Rick, stroke survivor and Locality Stroke Voices member



Scotland Advisory Group

People with lived experience of stroke are part of a group who provide a sounding board for staff in the Scotland Team. This ensures that the voice of lived experience can be heard across our work. We have similar advisory groups in Northern Ireland and Wales too.

We secured funding to expand and continue our community projects

We successfully applied for a £100,000 grant from the National Lottery Community Fund in Wales. We'll use this to fund a new three-year project called Next Steps, a continuation of our Community Steps project that ended in March 2022.

Over the last four years, Community Steps has enabled more stroke survivors and carers to take part in activities including golf, bowls, sailing and art therapy, as well as virtual sessions during the pandemic.

The project has helped us to establish new stroke cafes and groups, which now support over 1,500 people, and recruit new volunteers. It's also raised awareness of stroke across Wales, and led to the creation of a campaigns forum for people with lived experience of stroke. They're currently working with health boards to promote the Personal Stroke Record and ensure that it becomes part of the hospital discharge process across Wales.

Next Steps will build on our learnings from Community Steps and stroke survivors' feedback to ensure they receive the support they need throughout the project.





We connected communities through conferences and events

We used our events to showcase our work, amplify the voice of stroke survivors and to help make stroke more publicly visible.

Stroke Group Network Conference

Stroke support group leaders and volunteers connected with us and each other at our annual Stroke Group Network Conference (formerly called the UK Stroke Club Conference) in November 2021. Hosting the two-day event online again allowed more people to attend and enjoy the sessions in a way that suited them from the comfort of their own homes.

This year we were joined by 219 group leaders, volunteers and staff representing 120 stroke support groups from across the UK, many of whom had never attended before.

The programme, co-designed with group leaders in the Conference Planning Group, included updates about our charity and the new Stroke Group Network.

Attendees also shared experiences about getting back to face-to-face group activities, learned more about running online groups and celebrated their achievements together.





"We attended the virtual Stroke Club Network Conference run by the Stroke Association. It was really great. Loved hearing the news back from the stroke clubs and their return to face-to-face. Brilliantly put together too. Inspiring speakers, lots of hard work and a huge thank you goes out to them. Highlighted lots of initiatives being done by the Stroke Association that are not immediately obvious from their website. Fantastic to be part of it."

**Caroline and Mark Chappell,
Say Aphasia Charity – Skipton**

"My highlights from this year's conference included Professor Dame Caroline Watkin's lecture on how well we're delivering multi-discipline stroke care, with calls for greater investment in and support for our stroke work force. It was good to hear about some of the research that's looking into identifying stroke risk factors in younger people, as well as what stroke survivors across the globe want from stroke services and care professionals looking after them. I particularly enjoyed the training workshops about the advanced roles available for the stroke workforce and how stroke survivors and their carers are helping to improve services."

Lisa Kidd, UKSF Chair Elect





UK Stroke Forum

Stroke care professionals from around the UK joined us for our second fully online UK Stroke Forum (UKSF) and the 16th UKSF to date. This three-day event is an opportunity to network, share ideas and learn from each other, with the aim of improving the standard of care for stroke survivors.

We convened an incredible line up of world class speakers, headlined by Professor Chris Whitty, who shared the latest in stroke research and service development with 1,812 delegates from the healthcare professional community.



£211,800

raised in
celebration
of a birthday



Over **835 million**
steps taken during Stride
for Stroke raising **£82,413**

300 fundraisers
Walked Your
Marathon raising

£21,211



20,685 minutes
skipped by **1,379**
people raising

£89,066





Our supporters helped us to raise over £30 million

Thank you to:

Our amazing donors and fundraisers

Despite the continued disruption of the pandemic, it was amazing to see so many people getting back out there to raise money for stroke survivors and their loved ones. From bake sales to the London Marathon, we've been overwhelmed by your support.

We've been so pleased that our individual supporters, including loyal regular givers, lottery players and cash donors have continued to fund our work. And their support is growing - we recruited over 16,000 new individual supporters during the year.

Our virtual events and online fundraising continue to be popular too. We have continued to innovate with new virtual challenges and applied what we learned from virtual events in 2020-21, growing such income to over £505,000. Our Facebook fundraising challenges in particular have gone from strength to strength, generating more than £290,000, with 2,881 people supporting us this way. Over 80% of these supporters haven't donated to us before.

Supporters continued to celebrate and remember loved ones by donating to us. Overall, a total of £1,475,500 was given for these reasons and we are especially honoured to receive these very personal gifts.

Overall our fundraising income increased by an incredible £7.9 million from 2020-21.



3,933 bakers,
walkers, streamers
and more raised

£467,950

Everyone who has left us a gift in their Will



This has been an exceptional year for legacies. We received 412 legacies from our wonderful supporters, resulting in over £19.3 million in legacy income (£7.2 million more than 2020-21). Due to a change in the nature, volume and value of legacies, we reviewed the method for calculating legacy income. This accounted for £2.2 million of the increase. Another 436 people have generously pledged to leave us a gift in their will, the highest ever number of pledges received in a single year, which will help to support our work for years to come.

412 legacies from our wonderful supporters, resulting in over

£19.3 million

in legacy income

Our trusts, foundations, major donors and corporate partners

The generous support of our charitable trusts, philanthropists and corporate supporters makes a huge difference to our work. We are particularly grateful to the Garfield Weston Foundation for their support for our telephone-based services to stroke survivors – vital during the pandemic and beyond. We are also grateful to those charitable foundations who have supported our research and other services.

Once again this year, we benefited from steadfast support from a range of national and local companies. This included a donation of £100,000 from Barclays' Covid-19 Community Aid Package to help establish a vibrant network of new and existing stroke support groups. Betfred also donated £33,000 as we were once again selected as the beneficiary charity of the Betfred World Matchplay darts tournament in Blackpool.

Too much salt can lead to high blood pressure and increase your risk of stroke, which is why we've partnered with LoSalt since 2020. They supported us again this year by selling special promotional tubs in supermarkets across the UK, raising awareness of stroke and £50,000. LoSalt also continued to support Stroke Prevention Day, as did OMRON Healthcare. David Lloyd Leisure generously gifted digital advertising space in all their clubs across the country, enabling their members to see our Rebuilding Lives campaign.

This year we said a fond farewell to our partner of the last four years, ISS UK, who have raised over £250,000 and volunteered on a range of initiatives including our Here For You telephone befriending service. We remain hugely grateful for everything that they, and our other partners, have contributed to our cause.



Rebuilding lives after stroke

"The Stroke Association were there with advice and support from the time I was in hospital right up until now and the help and support they give to people is absolutely amazing. It's been great to give something back with my fundraising!"

Stevie Carver, fundraiser

Our challenges and aims for the future

Without a doubt, the state of the NHS and social care system are our biggest challenges in accomplishing our mission for there to be fewer strokes, and for more people affected by stroke get the help they need to live the best life they can.

Since the beginning of the pandemic, all aspects of stroke treatment and care have been negatively impacted – from increased wait times for ambulances, to a drop in the amount of money that goes into stroke research, to a lack of follow-up care once stroke survivors are discharged from hospital. This leaves them feeling alone and without adequate support to come to terms with what is happening to them.

These challenges weren't new in 2021-22 and aren't unique to stroke. Almost all acute and long-term health conditions face these same challenges because of both the increasing pressure on the NHS and chronic underfunding of our health and social care systems.

Stroke as a cause also suffers from significantly less awareness and support from the general public than other medical conditions, like cancer, heart disease or dementia. Low levels of understanding of stroke and low awareness of the Stroke Association mean that it's harder for us to give support to stroke survivors, it's harder for us to get support and fundraise, and it's harder for us to engage with healthcare professionals.

Nevertheless, we need to stand up for stroke survivors and those at risk of stroke and find innovative ways to ensure everyone receives the services they need.



Rates of thrombectomy in the UK are shockingly low, with only **2%** of all stroke patients receiving this game-changing treatment.



Over the next three years, we're going to focus our efforts to help to address some of these problems:

- We currently only manage to support 30% of newly diagnosed stroke survivors in the UK – by 2025 we want to be supporting 100%.
- Rates of thrombectomy in the UK are shockingly low, with only 3% of all stroke patients receiving this game-changing treatment - and this varies significantly across the regions and countries of the UK. We want to see greater access to thrombectomy and for that access to be equal no matter where you live.
- We desperately need to raise greater awareness and understanding of stroke as a medical condition and of ourselves as a charity with the general public. This will help us to reach more newly diagnosed stroke survivors because they'll know who we are and what we can offer them. It'll enable us to influence for greater rates of thrombectomy because we're a trusted partner and critical friend to the health and social care system. And we can raise more money to enable us to achieve those aims.



How we work

We continued to change and improve how we work

In 2019, we developed a bold new strategy built on our guiding principles. Our three new goals provided strategic direction, but we knew we needed to work and organise ourselves differently if we were going to deliver our strategy at the pace and scale required by stroke survivors and be financially sustainable. That's why we introduced our new operating model.

Delivering a new operating design

After extensive data gathering and conversations with our staff and customers (stroke survivors and their loved ones, supporters and decision makers in the wider health and care system), we began consultation with staff across the charity on a new structure in April 2021. Our proposals were based on a number of principles, including:

- Prioritising value for stroke survivors then carers over the needs of other parties, including our own.
- Enabling the Stroke Association to be primarily a system leader that ensures that support to stroke survivors and carers is provided - whether delivered directly by us or indirectly through others.
- The need to be locally responsive while also growing our universal services to address stroke's current postcode lottery.
- Creating a culture built on trust and confidence in our people, rather than hierarchy and compliance.

Anyone who was affected by the proposed new structure was taken through an individual consultation process to enable them to feedback on the proposals, share ideas, questions, concerns and counter-proposals. We tried to minimise compulsory redundancies and keep alternative roles open for staff by introducing a hiring freeze before we began this work.

We held over 700 consultation meetings, with colleagues being matched into new roles, confirmed in redesigned roles, or leaving us to pursue new challenges. Overall, 35 staff decided to take voluntary redundancy and 12 left as a result of compulsory redundancy - far less than we anticipated. We've now reduced our headcount from 814 employees (August 2020) to 730 (March 2022).

We're already seeing improvements, with more collaboration internally within our teams and externally with local and national partners and decision-makers. We've been laying the groundwork for ensuring that we put our customers first and to empower our people to be the best they can be. And we've been working to improve our systems, process and culture. All so we can rebuild more lives after stroke long into the future.

Our guiding principles



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

We engaged with our staff to make our charity a better place to work

In September 2021, we sent out a staff engagement survey to find out how people were feeling about working and volunteering for our charity following the restructure.

Understandably, positive responses had fallen since the previous survey in March 2021, with 70%, (down from 77%) saying they'd recommend our charity as a great place to work and our overall engagement down by 3% to 79%. But we were encouraged to see that 12% of staff indicated that the lower rating was given 'for now' due to the uncertainty caused by the operating model work, with many saying they expected things to improve. This has since proved to be true, with 83% of staff now recommending our charity as a great place to work in our latest survey in May 2022.

Despite the challenges faced by staff internally, in the September 2021 survey, 96% of respondents agreed that we positively impact the lives of people affected by stroke. More staff than ever also agreed that we support people to build on their strengths, and that we know what our customers' priorities are and how our work helps to meet their needs. This was reassuring to see as it shows that no matter what, as an organisation we're pulling in the same direction, we have an empowering approach, and we're confident our work makes a difference.

We used the results of this survey to prioritise areas for improvement. These included more efficient systems, processes and decision making, clarity and understanding of everyone's roles and how we can connect meaningfully with colleagues when working remotely. We're now working with staff to improve these areas and establish new ways of working together.







We established ourselves as a remote working organisation

As a result of our collective staff consultation process and decision in September 2020, most of our staff now work from home. This has reduced our energy consumption and emissions (see page 100), and has helped us cut costs so that we can spend more money on supporting people affected by stroke. Working from home has also made us a more flexible and accessible organisation to work for. For example, we're not restricted to seeking staff based on the location of our offices, but can instead open out recruitment to enable us to find the best people anywhere in the UK.

We've continued to connect and collaborate through use of new technologies. We also recognise that face-to-face collaboration is important, so since the pandemic lockdowns have lifted, we've been able to give people greater access to collaboration spaces for team meetings.

We wanted to make sure that our approach to remote working worked for our people. So we set up a Remote Working Task and Finish Group to ensure that key areas such as learning, training, technology, knowledge sharing and wellbeing were regularly addressed and were considered when shaping our new ways of working.

We continued to develop our culture and capabilities

We're working to build a culture that promotes coaching, supports greater trust and empowerment, and enables everyone to be a leader.

We have an engaged group of regular attendees at monthly lunchtime conversations on culture, as well as a volunteer group working on how to put our ideas into action. We published a document for staff and volunteers, outlining our approach to culture change and next steps to encourage everyone to engage with the suggestions and get involved.

We expanded our leadership training to give more of our people opportunities to develop within their roles and beyond. In 2021-22, 100 leaders from across all directorates at different levels completed our leadership development programme, with highly positive feedback. We also supported 21 colleagues to achieve a formal level 3 or 5 management qualification as part of our 'Realising Potential' programme.





18-21 October 2021

Let's work together to **#ReimagineOurFuture**
for people affected by stroke



We reconnected with colleagues across the charity

In October, we held our first virtual staff and volunteer festival, Connectival. This four day event gave our people a chance to reconnect with colleagues, celebrate our work, and explore how we can work together to make a bigger difference to people affected by stroke and better connect with communities. We also ran wellbeing activities to give our teams a break from their screen including mindfulness sessions and nature bingo.

"Culture is an integral part of any organisation, and a shift in culture can improve the work we do and how we do it. By guaranteeing everyone is on the same page and aligned with our values, we can help promote a sense of belonging, ensuring we are caring for ourselves and our peers."

Cass Saunders, Stroke Association



We're working together to become a more equal, diverse and inclusive organisation

Our purpose is to drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke. We need to champion equality and fairness for all stroke survivors and better understand the main communities and cultures affected by stroke. We aim to strengthen diversity and inclusion in our staff and volunteers to position us as a more credible provider and partner to people and communities facing inequalities. We strive to be an inclusive employer that values the diversity of all our people, and embeds equality, diversity, and inclusion (EDI) into our culture and behaviours, policies, processes and systems.

We know that currently, we're not always getting this right, and we have a lot to do to achieve this. But we're working hard to create an environment where everyone, from any background, can do their best work:

- We carried out an Equality Impact Assessment to make sure changes to our operating model, policies and practices were fair and didn't disadvantage or disproportionately affect people with protected characteristics.
- We appointed a new Diversity and Inclusion Lead and are developing a sustainable approach to tackle exclusion head on.



- We carried out an equal pay internal audit, which confirmed that we don't have individual equal pay issues in our charity. However our gender pay gap is 8.8% higher than other charities and organisations in the third sector. This is because, although women make up 82.3% of our workforce, they are over-represented in junior roles, while men hold more positions in the higher pay bands. To tackle this, we've encouraged women from across the charity to join our professional development initiatives (see page 76). For the first time, as part of our Gender Pay Gap report, we committed to reflecting the experiences of our non-binary staff.
- We supported our people to create staff network groups to provide support for those who share an identity or lived experience. We're supporting them to address issues impacting their network group, and are working with them to improve how we work across the charity. So far, we're working with the Carers Network, the Stroke Survivors Network, the LGBTQ+ Network, the BAME Network, and the Disability and Abilities Network.
- We're exploring new systems and tools that will help us to improve the way we capture data, and the types of information we capture, so we can use it to shape our recruitment process and reach more diverse candidate pools.
- We are determined to 'make your week work for you'. This initiative has helped many of our people address the challenges around finding a 'work-life' balance and it will continue to be a priority.
- We reviewed our governance arrangements against the EDI requirements of the Charity Governance Code and have started to implement changes to address our findings. We're partnering with a new search agency to embed EDI in our recruitment of new trustees and independent advisors.
- We've also begun to develop our charity's approach to equality, diversity and inclusion. This approach, co-created with staff and volunteers, will be clear about the changes we hope to see in our charity, and about the challenges we face. Importantly, it will help us to embed clear and transparent EDI objectives into every aspect of our work.





We improved our IT systems

In response to staff feedback, and thanks to generous funding from the Fidelity Foundation, we began a project to update our supporter record management with a modern system to support our needs as an organisation.

We held regular workshops with staff throughout its development to make sure it fitted their needs and offered training to ensure everyone is confident using the new system.

As well as helping to make our systems more efficient and effective, the new database will improve our ability to analyse our data and allow us to provide more tailored communications to our supporters.

We introduced a new online learning management system. The system, known as LEARN, is far more user-friendly and intuitive than its predecessor and is enabling us to better support staff and volunteers with their learning and development needs.

As mentioned on page 75, we also invested in technologies such as Microsoft Teams and Zoom to enable us to be effective in working remotely, reducing our core costs and our carbon footprint.

Financial review of the year

2021-22 was a year of recovery for our charity. Through the operating model changes, we've rebuilt the organisation to be more efficient and to meet the challenges this poses, particularly in a post-Covid world.

We raised £7.9 million more than 2020-21, despite spending £0.7 million less on fundraising, this includes an additional £2.2 million due to changing how we calculate legacies. We reduced our expenditure by £2.5 million while maintaining the level of direct expenditure on supporting stroke survivors and their carers, and increasing new research grants awarded by £0.3 million, from £1.5 million to £1.8 million.

Thanks to our efficiency measures and an increase in income, we made an operating surplus of £9.6 million (2020-21: £0.5 million). Combined with a £2.1 million increase in investments (2020-21: £2.2 million), our reserves increased by £11.7 million to £33.1 million (2020-21: £2.7 million increase rising to £21.4 million).

The operating surplus was £8.6 million better than our original budget. Our income increased from £34.6 million to £41.2 million - our highest ever annual income. This was primarily due to increased legacy income, along with increases in public fundraising, particularly in events, in memory giving and grants.

We significantly reduced our expenditure from £34.1 million to £31.6 million. Through our operating model redesign, we reduced staff costs to £21.9 million (2020-21: £23.9 million). With nearly all staff switching to remote working, we also reduced property costs to £0.8 million (2020-21: £2.6 million). The reductions in staff and property costs affected all areas of the charity.



Income

Our principal sources of revenue are legacies, fundraising activities and local services contracts. Our total income for the year was £41.2 million (2020-21: £34.6 million).

Legacy income this year was £19.3 million (2020-21: £12.1 million – see note 1). The main reason this has grown so much is because we received several high value gifts. And we're pleased that we continue to see strong growth in pledgers. The post-pandemic delays to legacy processing are still affecting us and we expect these delays to take two more years to clear. However, Will-writing has increased in response to the pandemic and that is helping to increase our projected receipts. As mentioned above, we have reviewed our approach to recognising accrued legacies. This has contributed £2.2 million to the increase in legacy income.

Other fundraising activities contributed £10.9 million (2020-21: £10.2 million) of gross income.

Our local services contracts are a direct help to stroke survivors, their families and carers and a major source of income and expenditure. Community services contract income achieved £10.1 million (2020-21: £10.3 million).

The net effect of realised and unrealised movements on our charity's investments was a gain of £2.1 million (2020-21: £2.2 million). We deposited an additional £1.0 million with the investment portfolio during the year and didn't withdraw any of the income from the fund. Since year-end we continue to see volatility and retrenchment in share values and this uncertainty is reflected in our reserves' requirement.

Expenditure

Our total expenditure was £31.6 million (2020-21: £34.1 million), including £24.7 million (2020-21: £26.5 million) on charitable activities supporting the key objectives of the charity, and £6.9 million (2020-21: £7.6 million) on raising funds. We reduced the cost of our charitable activities through a £1.0 million reduction in regional management costs (note 6) and a £1.2 million reduction in support costs (note 12), following our organisational redesign. Our commitment to home working reduced property costs to £0.8 million (2020-21: £2.6 million, see note 12). We maintained our direct costs of support to stroke survivors and increased our research grant approvals.

The commercial trading operations carried out through the Stroke Association's trading subsidiary, Stroke Association (Trading) Limited, contributed £132,000 (2020-21: £40,000) to net income as detailed in note 3. We paid out £2.4 million to support research projects (2020-21: £1.2 million) as detailed in note 8. We also approved £1.8 million in research grants (2020-21: £1.5 million).

Outlook

We made a difficult decision to reduce staff numbers and property costs, but we're now in a position of financial stability, which is vital with the challenges that the cost of living increases present. Our future plans include how we use the surpluses from 2020-21 and 2021-22 to make the changes needed to reach more stroke survivors and their carers. And to raise awareness of stroke as the fourth biggest cause of death in the United Kingdom, and the leading cause of adult disability. Income modelling remains challenging within the current economic conditions, so we're carefully planning on the basis of increased income.

Once we are more certain of our income position, we'll make decisions on how best to fund ongoing support for stroke survivors. However, we have designated £6.0 million of accumulated surpluses to be spent over the next three years to find ways to reach more stroke survivors, to raise public awareness of stroke, increase awareness and response to stroke with key decision makers in the health sector, and increase income to spend on these initiatives in the longer term.

Balance sheet

The consolidated balance sheet shows total group funds of £33.1 million (2021: £21.4 million). Included in total funds are £4.3 million (2021: £3.4 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 28 to the financial statements, together with an analysis of movements in the year.

Unrestricted funds of the charity at 31 March 2022 amounted to £28.8 million (2021: £18.0 million) of which £13.0 million (2021: £2.3 million) has been designated for strategy acceleration, to underwrite future legacy income fluctuations, for transition projects and other activities. Our fixed asset reserve is £3.2 million (2021: £3.3 million), which represents the value of our fixed assets after depreciation and amortisation.

Our free reserves have risen slightly to £12.6 million (2021: £12.5 million). The investment portfolio has risen to £25.1 million (2021: £20.6 million). Bank balances also increased to £8.9 million (2021: £6.5 million).

Research grant liabilities fell to £6.9 million (2021: £8.0 million). Accrued income rose to £6.1 million (2021: £2.2 million) primarily due to increased legacy accruals.

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.

Ensuring the long-term financial viability of the charity and its status as a going concern has been a key focus for trustees and management. We continually analysed the impact of external factors (such as the pandemic), and monitored results and adjusted plans, forecasts and budgets as the situation evolved.

Our strong opening reserves served their purpose as they allowed the charity to make decisions that protected our support to stroke survivors in the short-term, while maintaining our status as a going concern and ensuring the long-term viability of the charity.

Reserves policy

We need reserves to manage the risks set out in our risk register, and our reserves policy is designed to protect the charity should the risks arise. We need 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 ensure liquidity so we can meet our obligations as they fall due.

The trustees updated the reserves policy in March 2021 and concluded that a risk-based reserves policy was the most appropriate way of managing reserves. Since then, the trustees have reviewed the reserve requirements under the policy, and will review the policy each year. The policy states that the Stroke Association should keep sufficient reserves to cover:

- Restricted reserves.
- Any major designated funds to support the future development of the charity, 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.

The calculation of this cover under the reserves policy at 31 March 2022 is as follows:

	£ million	£ million
	At 31 March 2022	At 31 March 2021
Total reserves (charity only)	33.1	21.4
Less		
Restricted funds	4.3	3.4
Designated funds	13.0	2.3
Fixed asset fund	3.2	3.3
Free reserves	12.6	12.5
Reserves requirement		
Working capital	2.5	2.0
Risks	8.5	7.0
Total reserves required	11.0	9.0
Excess or deficit (-0) against policy	1.6	3.5

The working capital requirement has increased by £0.5 million because of increased fluctuations in in-year income. The risk requirement has increased from £7.0 million to £8.5 million because of the increased impact of inflation on our financial planning and because our increased turnover increases the impact of financial losses caused by risks materialising. The free reserves reflect an excess of £1.6 million against the reserves requirement at 31 March 2022, which reflects the increased turmoil in the investment market.

The increase in designated funds is shown in note 26. Following the surplus this year, the trustees have agreed to designate £6.0 million into a Strategy Acceleration Fund to help accelerate delivery of our strategic priorities, including reaching more stroke survivors, increasing public awareness of stroke, influencing stroke to be a priority, and increasing our regular income. The trustees have also designated £4.5 million into a Legacy Stabilisation Fund to help iron out the variability in legacy income, which fluctuates in line with the receipt of very large legacies that may not arrive in a predictable pattern. Should legacy income fall short of target, then the funds are available to transfer into free reserves. The Legacy Stabilisation Fund covers fluctuations in legacy income over the next three years and its size will be reviewed every year.

We also continue to invest in IT systems as part of our organisational redesign. This is funded from a designated fund of £1.4 million (2021: £1.2 million). Small funds are also held for the relocation of our Northampton Resource Centre, to protect the income raised by voluntary groups and to use profits from the UK Stroke Forum to underwrite future events.

Investment policy

Our investment portfolio has risen to £25.1 million (2021: £20.6 million) due to improved investment values, a deposit of £1.0 million made during the year and £0.4m of investment income that was not drawn down. £0.5 million was placed with Barclays in January on a fixed-term deposit and is included within the investment portfolio figure. Bank balances also increased to £8.9 million (2021: £6.5 million).

The investment strategy is set by the trustees and takes into account income requirements, the risk profile and the investment managers' view of market prospects in the medium term. This was reviewed in 2019–20 in light of the reserves policy and three-year plan. We agreed to retain the existing long-term investment objective to achieve total returns of RPI +3% through a diversified portfolio of assets, while maintaining a prudent and balanced investment strategy. We recognise that with inflation much higher, an RPI+ or CPI+ strategy is unrealistic in the short-term but should remain as a long-term target.

The portfolio holds £1.0 million in cash (2021: £0.4 million) or highly liquid assets to cover short-term cash demands. We've also negotiated a £1.0 million overdraft facility with Barclays to prevent the sale of long-term investments for short-term cash demands.

Our Investment Committee 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. We also approved an Ethical and Responsible Investment Policy during this financial year (details on page 99).

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. But, we also acknowledge 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 re-assessed and a number of risk ratings and controls have been adjusted. The top ranked risks at the end of 2021-22 were:

Risk	Actions and mitigations
Serious cyber security breach.	We have a continuous improvement program to keep our technology defences against cyber security risks under review. We have achieved Cyber Essentials accreditation, and are moving toward incorporating principles from the ISO27001 Information Security Management System framework in 2022-23. We have also recently employed a dedicated resource for managing our cyber security risk.
Failure to maintain long-term financial stability in a rapidly changing internal and external environment.	To ensure we can adapt to changes around us, our Executive Directors Team review our management accounts monthly, and our Financial Performance Committee and Board review them quarterly. We also prepare a three year plan and budget annually, and present quarterly forecast updates to the Financial Performance Committee and Board.
Failure of the fundraising programme to deliver as planned.	We closely monitor our fundraising performance and regularly review our progress against our goals. We've also developed new donor acquisition plans that we intend to test in 2022-23. We continue our work to understand more about our supporters.
Unacceptable behaviour or quality of work by staff and volunteers (including trustees) and supporters.	We have clear codes of conduct for staff, trustees and volunteers, and regularly communicate our values, expectations of behaviour, and the culture of our organisation to everyone who works for or on behalf of our charity. Our robust whistleblowing, anti-bullying and harassment policies are communicated and applied consistently across the organisation. These policies are regularly reviewed and easily accessible on our intranet. We also ensure and monitor compliance with fundraising good practice and the Fundraising Regulator's Code.

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 117 to 123 of the attached financial statements.

Status

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

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. In 2021-22, our trustees met remotely on Microsoft Teams apart from in October 2021 when the Board met face-to-face.

Our governance arrangements comply with the Charity Governance Code for Large Charities and are reviewed annually. During 2021-22, we complied 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. However, we're committed to reducing the size of the Board over time, while maintaining an appropriate mix of skills and diversity. At the year end, the total number of trustees was 14, close to our intended target.

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

Recruitment and appointment of trustees

We regularly review the skills and diversity of our Board and use this to guide us when recruiting trustees and members of our committees. This helps us ensure that our Board and committees have a strong and diverse mix of people, skills and expertise, and supports our succession planning.

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 may include 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. The trustees also agreed to a programme of support and training for volunteers interested in trusteeship in the future. This programme will commence in 2022-23.

In 2021–22, the Board appointed three new trustees. Four trustees resigned or retired during the year.

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

Trustee	Trustee officers	Appointed/ resigned/ retired	Committee membership at the year end
Andrew Archibald		Appointed 15 December 2021	
Dr David Buckle MBBS DRCOG MRCP	Vice Chair (Medical)		GRC, ARC, IC, FPC
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		GRC (Chair), FPC, IC
Ian Lee BA (Hons) CA			ARC (Chair) (until 7/10), FPC (Chair) (from 7/10), IC, GRC
Harvinder Rattan ACCA			FPC
Professor Thompson Robinson B Med Sci BM BS MRCP MD FRCP FESO			
Helen Sanders MSc		Resigned 7 October 2021	FPC (Chair), GRC, IC
Niraj Shah MA (Cantab) CFA		Resigned 7 October 2021	IC (Chair)
Mark Smith Grad. Dip. Phys MPhil MCSP		Resigned 7 October 2021	
George Spentzos		Appointed 7 October 2021	IC (Chair), FPC
Liz Stanley BA ACA		Appointed 7 October 2021	ARC (Chair)
Stephen Torrans		Resigned 7 October 2021	GRC
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 at the year end
Hannah Catchpool BSc MSc CA	Appointed 7 October 2021	ARC
Niraj Shah MA (Cantab) CFA	Appointed 7 October 2021 (on retirement from the board)	IC
Liz Stanley BA ACA	Became Trustee 7 October 2021	ARC
Charles Maisey		IC
Victoria Hoskins		IC

After the end of the financial year, there were the following changes:

- Virginia McVea was appointed as a trustee on 4 April 2022.
- On 30 June 2022 Liz Stanley resigned as a trustee and became a non-trustee independent advisor on the ARC and Hannah Catchpool became a trustee and Chair of ARC.
- Victoria Hoskins resigned as a non-trustee independent advisor to the Investment Committee on 14 April 2022.
- Christopher Queree, Helena Eaton and Ben Matthews were appointed as non-trustee independent advisors on the IC on 30 August 2022.

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 confirms 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 2022, 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 730 staff and over 2,000 volunteers across the UK, including Jersey and the Isle of Man, who work hard to get the best for stroke survivors, their families and friends. We want to make sure we're doing all we can to empower, support and listen to them.

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. We also have dedicated positions on our LINK panel for stroke survivors, people affected by disability, LGBTQ+ and BAME representatives to ensure everyone has their voice heard.

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 our organisational decisions.

We also have BAME, LGBTQ+ and Disabilities and Abilities staff networks, as well as Menopause, Parental Leave and Staff Stroke Survivor peer support groups on our internal social network platform, Yammer, to enable staff to connect with and give and get support from colleagues.

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

Wherever appropriate, we involve beneficiaries 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 5.5% for our lower salary grades and 5% for higher salary grades from April 2022.

Executive pay

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

Our Chief Executive Officer's salary (excluding employer's pension and National Insurance contributions) remains at £141,051, which falls 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 CEO's current salary on our website (stroke.org.uk/executive-pay).

Our Executive Directors' (Key Management Personnel) salaries (excluding employer's pension and National Insurance contributions) continue to fall within a range of £83,787 and £107,861, depending on their experience and market benchmark.

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

We introduced a new Ethical and Responsible Investment Policy to guide 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, from considering the environmental impact of moving to homeworking, to improving our services and employment practices, to our investment decisions.

However, we know we can and should be doing more. Building ESG into our strategy will help us to ensure the sustainability of our charity and improve our ability to build on our charitable objectives. But we're still figuring out how to do this. Over the next year, we're hoping to take a step closer to ensuring ESG principles guide our decision-making, commitments and objectives for the future.

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.

Below is our current UK-based annual energy usage and associated annual greenhouse gas emissions from 1 April 2021 to 31 March 2022. This relates to our office location based consumption and vehicle mileage. It 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	2019-20	2020-21	2021-22
Mandatory requirements:			
Gas	1,095,882	405,507	869,438
Purchased electricity	866,427	746,780	418,256
Transport fuel	1,241,305	40,358	14,456
Total energy (mandatory)	3,203,614	1,192,645	1,302,240

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

Emission source	2019-20	2020-21	2021-22
Mandatory requirements:			
Scope 1			
Gas	201.5	74.6	159.2
Transport - Company owned vehicles	22.8	0.2	13.6
Scope 2			
Purchased electricity (location-based)	221.5	174.1	88.8
Scope 3			
Transport – Business travel in employee owned vehicles	327.7	9.8	0.0
Total gross emissions (mandatory)	773.5	258.7	261.6
Intensity ratios (mandatory emissions only)			
Tonnes of CO ₂ e per number of employees	0.97	0.45	0.35

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 for the future

We're committed to continuously improving the way we work, so we can minimise our negative impact on the environment.

Moving to remote working and disposing of over 95% of our properties has helped us to reduce our emissions per employee by almost two-thirds since 2020. We'll continue to look for ways to become more energy efficient by monitoring energy use and setting decreasing targets for the future.

In January 2022, we began developing a new draft of our 'Green Plan' environmental strategy, outlining our objectives to help us achieve this. This includes improving our purchasing practices and internal processes to reduce our carbon footprint and improving environmental training and awareness throughout the charity. We'll continue to develop our strategy in 2022-23.

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 GDPR readiness.

The report on the year 2021-2022 showed strong overall compliance. Improvements made in the last year include improvements to our processes for the administration of restricted income, improved procedures to ensure that all our policies are kept up to date, improvements to our complaints procedures and improved data protection training.

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

In line with our procurement policy, the trustees re-tendered our audit services, and appointed Moore Kingston Smith LLP, who took over from Buzzacott LLP in December 2021. Our thanks to Buzzacott for 20 years of excellent service.

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 2021, we updated our Safeguarding Policies for Adults and for Children to align with new legislation and regulations.

We recorded 161 reported safeguarding cases in 2021–22. 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 2021–22.

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.

In this financial year, we have updated our data protection policies, including our Privacy Policy and Cookie Policy. We also improved our data protection training to make it more engaging for staff and volunteers.

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. We have set up an annual programme of compliance reviews of all our segments of fundraising activities.

Complaints and feedback

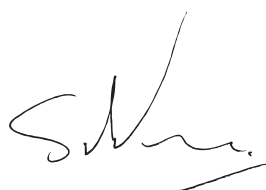
We value feedback from our beneficiaries and stakeholders to help us develop and improve. Our complaints policy and procedures make it easy for people to raise concerns with us and help us to resolve complaints quickly and efficiently. We also hold regular 'lessons learned' meetings to better understand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

During the year, we received a total of 80 complaints, down from 132 complaints last year. Of these, 54 complaints related to our fundraising activities (2020–21: 91). The highest number of complaints was around direct marketing (29 complaints) and door-to-door fundraising activity (21 complaints) being unwanted by the complainants.

In relation to our support services, we received 22 complaints, down 15 from last year. Common themes include a breakdown in communications or a lack of clear expectations provided to beneficiaries. Fourteen of these were complaints from beneficiaries that said our staff did not meet their needs or provided poor service. 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 90. This Trustees Report, incorporating a Strategic Report was approved on behalf of the Board by:



Stephen King

Chair of the Board

Approved on 20 October 2022

Patron	Her Majesty The Queen ¹
President	HRH The Duke of Kent KG GCMG GCVO
Vice Presidents	<p>Professor Tony Rudd CBE MA (Cantab) MB BChir FRCP</p> <p>Professor Sir Charles George MB ChB MD</p> <p>Professor Averil Mansfield CBE MB ChB ChM</p> <p>Margaret Goose OBE MA FHSM FRSA Hon MFPH Hon FRCP</p> <p>Jon Barrick MBA DPRP (h.c.) FCMI</p> <p>Professor Pippa Tyrrell MBE MD FRCP</p>
Chair	Stephen King MBA FCMI
Trustees	As listed on page 94
Chief Executive	Juliet Bouverie OBE BA Hons (Oxon) DMS
Members of the leadership team	As listed on page 97
Company Secretary	Jan-Willem Jonker LLM
Registered office	<p>Stroke Association House</p> <p>240 City Road</p> <p>London</p> <p>EC1V 2PR</p>
Telephone	020 7566 0300
Website	stroke.org.uk
Email	info@stroke.org.uk
Company registration number	61274 (England and Wales)
Charity registration numbers	<p>211015 (England and Wales)</p> <p>SC037789 (Scotland)</p> <p>945 (Isle of Man)</p> <p>221 (Jersey)</p>
Auditor	<p>Moore Kingston Smith LLP</p> <p>9 Appold Street</p> <p>London</p> <p>EC2A 2AP</p>
Bankers	<p>Barclays Bank PLC</p> <p>1 Churchill Place</p> <p>London</p> <p>E14 5HP</p>
Investment managers	<p>Waverton Investment Management</p> <p>16 Babmaes Street</p> <p>London</p> <p>SW1Y 6AH</p>

¹ Her Majesty Queen Elizabeth II was Patron of our charity for many years, and throughout the 2021-22 financial year, until her passing in September 2022. We are very grateful for her years of loyalty and service.

Independent auditor's report

Opinion

We have audited the financial statements of Stroke Association (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2022 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 2022 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; and
- 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; and
- 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 96, 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

Date: 20 October 2022

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	2022 Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	2021 Total funds £'000
Income from:							
Donations and legacies	1	26,109	4,054	30,163	18,616	3,682	22,298
Charitable activities – local services	2	217	9,896	10,113	3,031	7,234	10,265
Other trading activities	3	121	-	121	123	-	123
Investments	4	451	-	451	533	-	533
Other	5	305	9	314	202	1,152	1,354
Total income		27,203	13,959	41,162	22,505	12,068	34,573
Expenditure on:							
Stroke support services	6	5,429	10,265	15,694	8,960	9,113	18,073
Community development and volunteering	7	1,346	508	1,854	1,576	415	1,991
Research grants and awards	8	-	1,390	1,390	764	1,037	1,801
Systems influencing	9	1,178	133	1,311	755	54	809
Awareness and engagement with stroke	10	4,234	182	4,416	3,052	757	3,809
Raising funds	11	6,928	4	6,932	7,126	516	7,642
Total expenditure	12-16	19,115	12,482	31,597	22,233	11,892	34,125
Net income before gains on investments		8,088	1,477	9,565	272	176	448
Net gains on investments	20	2,144	-	2,144	2,209	-	2,209
Net income and net movement in funds		10,232	1,477	11,709	2,481	176	2,657
Reconciliation of funds:							
Funds brought forward at 1 April		18,053	3,358	21,411	15,430	3,324	18,754
Movement between funds	28	293	(293)	-	142	(142)	-
Capital expenditure	28	241	(241)	-	-	-	-
Net movement in funds in year		10,232	1,477	11,709	2,481	176	2,657
Total funds carried forward at 31 March		28,819	4,301	33,120	18,053	3,358	21,411

All of the charity's activities derived from continuing operations during the above two financial periods. All recognised gains and losses are included in the statement of financial activities. All income and expenditure in the statement of financial activities and notes to the financial statements is unrestricted unless stated otherwise. 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	2022 Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	2021 Total funds £'000
Income from:						
Donations and legacies	25,958	4,054	30,012	18,527	3,682	22,209
Charitable activities – local services	217	9,896	10,113	3,031	7,234	10,265
Other trading activities	-	-	-	-	-	-
Investments	451	-	451	533	-	533
Other	419	9	428	247	1,152	1,399
Total income	27,045	13,959	41,004	22,338	12,068	34,406
Expenditure on:						
Stroke support services	5,411	10,265	15,676	8,960	9,113	18,073
Community development and volunteering	1,344	508	1,852	1,576	415	1,991
Research grants and awards	-	1,390	1,390	765	1,037	1,802
Systems influencing	1,163	133	1,296	755	54	809
Awareness and engagement with stroke	4,231	182	4,413	3,015	757	3,772
Raising funds	6,809	4	6,813	6,995	516	7,511
Total expenditure	18,958	12,482	31,440	22,066	11,892	33,958
Net income before gains on investments	8,087	1,477	9,564	272	176	448
Net gains on investments	2,144	-	2,144	2,209	-	2,209
Net income and net movement in funds	10,231	1,477	11,708	2,481	176	2,657
Reconciliation of funds:						
Funds brought forward at 1 April	18,041	3,358	21,399	15,418	3,324	18,742
Movement between funds	293	(293)	-	142	(142)	-
Capital expenditure	241	(241)	-	-	-	-
Net movement in funds in year	10,231	1,477	11,708	2,481	176	2,657
Total funds carried forward at 31 March	28,806	4,301	33,107	18,041	3,358	21,399

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

Consolidated balance sheet

	Notes	2022 £'000	2021 £'000
Fixed assets			
Tangible assets	17	2,683	2,759
Intangible fixed assets	18	548	534
Programme-related investments	19	-	60
Investments	20	25,102	20,603
Total fixed assets		28,333	23,956
Current assets			
Debtors	21	6,792	3,202
Cash at bank and short-term deposits		8,870	6,467
Total current assets		15,662	9,669
Liabilities			
Creditors: amounts falling due within one year	22-23	(6,554)	(6,146)
Provisions for liabilities	25	(246)	(754)
Total current liabilities		(6,800)	(6,900)
Net current assets		8,862	2,769
Total assets less current liabilities		37,195	26,725
Creditors: amounts falling due in more than one year			
Research grants payable	8, 24	(3,743)	(5,131)
Provisions for liabilities	24-25	(332)	(183)
Total creditors due after one year		(4,075)	(5,314)
Total net assets		33,120	21,411
The funds of the charity:			
Unrestricted funds			
-Designated funds	26	12,966	2,262
-Fixed asset fund	27	3,231	3,293
-General funds (free reserves)		12,608	12,484
		28,805	18,039
Restricted income funds	28	4,301	3,358
		33,106	21,397
Funds retained within a non-charitable subsidiary	3	14	14
	38	33,120	21,411

This represents the consolidated position for the Stroke Association group at 31 March 2022.

The notes on pages 124 to 156 form part of the financial statements.

Approved by the trustees on 20 October 2022 and signed on their behalf by:

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



Charity balance sheet

	Notes	2022 £'000	2021 £'000
Fixed assets			
Tangible assets	17	2,683	2,759
Intangible fixed assets	18	548	534
Programme-related investments	19	-	60
Investments	20	25,102	20,603
Total fixed assets		28,333	23,956
Current assets			
Debtors	21	6,941	3,299
Cash at bank and short-term deposits		8,702	6,373
Total current assets		15,643	9,672
Liabilities			
Creditors: amounts falling due within one year	23	(6,548)	(6,161)
Provisions for liabilities	25	(246)	(754)
Total current liabilities		(6,794)	(6,915)
Net current assets		8,849	2,757
Total assets less current liabilities		37,182	26,713
Creditors: amounts falling due in more than one year			
Research grants payable	8, 24	(3,743)	(5,131)
Provisions for liabilities	24,25	(332)	(183)
Total creditors due after one year		(4,075)	(5,314)
Total net assets		33,107	21,399
The funds of the charity:			
Unrestricted funds			
-Designated funds	26	12,966	2,262
-Fixed asset fund	27	3,231	3,293
-General funds (free reserves)		12,609	12,486
		28,606	18,041
Restricted income funds	28	4,301	3,358
	38	33,107	21,399

This is the financial position of the Stroke Association only, excluding Stroke Association Trading Limited.

The notes on pages 124 to 156 form part of the financial statements.

Approved by the trustees on 20 October 2022 and signed on their behalf by:



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

Consolidated statement of cash flows

	Notes	2022 £'000	2021 £'000
Cash flows from operating activities			
Net cash provided by operating activities	A	4,714	2,305
Cash flows from investing activities			
Investment income		448	533
Purchase of tangible fixed assets		(144)	-
Purchase of intangible fixed assets		(260)	-
Proceeds from the disposal of investments		4,648	6,404
Purchase of investments		(6,411)	(6,183)
Net cash provided by investing activities		(1,719)	754
Change in cash and cash equivalents in year		2,995	3,059
Cash and cash equivalents at 1 April 2021	B	6,871	3,812
Cash and cash equivalents at 31 March 2022	B	9,866	6,871

A. Reconciliation of net cash flow from operating activities

	2022 £'000	2021 £'000
Net income in year (as per the consolidated statement of financial activities)	11,709	2,657
Adjustment for:		
Net (gains) on investments	(2,144)	(2,209)
Depreciation charge	220	330
Amortisation charge	246	250
Impairment of fixed assets and investments	60	81
Dividends and interest from investments	(448)	(533)
(Increase)/decrease in debtors	(3,590)	1,028
Increase in creditors	159	284
(Decrease)/increase in research grant commitments	(1,139)	32
(Decrease)/increase in provisions	(359)	385
Net cash provided by operating activities	4,714	2,305

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

	2022 £'000	Cashflow £'000	2021 £'000
Cash at bank and short-term deposits	8,870	2,403	6,467
Cash held by investment managers	996	592	404
	9,866	2,995	6,871

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.

Events after the balance sheet date

We are required to consider conditions that have arisen between the balance sheet date (31 March 2022) and the date the accounts are signed 20 October 2022.

In August 2022, it was agreed by all parties involved in the Digital Health investment to close down the project, see note 19. As the conditions post year end have not changed since the year, the investment has been fully impaired.

There have been no other 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 122. 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 88 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 being 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.

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 (2021: £44,000).

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 five years and are amortised accordingly at an annual rate of 20%.

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

Fixed assets research joint venture

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

In August 2022, it was agreed by all parties involved in the joint venture to cease trading, see note 19. 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	2022 Total funds £'000	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
General donations	1,058	210	1,268	1,127	89	1,216
In memoriam	1,371	1	1,372	1,030	18	1,048
National raffle	312	-	312	282	-	282
Direct mail	1,321	-	1,321	1,445	-	1,445
Committed giving	920	447	1,367	883	470	1,353
Corporate income and trusts	645	1,011	1,656	781	837	1,618
Events	1,469	2	1,471	886	3	889
Regional fundraising	-	-	-	55	-	55
Gift Aid	783	6	789	668	1	669
Legacies	17,599	1,704	19,303	11,413	651	12,064
Covid-19 related grants	-	-	-	-	1,253	1,253
Grants	631	673	1,304	46	360	406
Total	26,109	4,054	30,163	18,616	3,682	22,298

Due to changes in the nature, value and volume of legacy income, we reviewed the method for calculating accrued legacies. This change in method accounted for £2.2 million of the increase. In addition, we have been informed of legacies worth £5.3 million 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 40).

2. Charitable activities

Community services income, which mainly comes from Stroke Recovery and Communication Support services, was £10.1 million (2021: £10.3 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.

	2022 Total funds £'000	2021 Total funds £'000
Turnover	121	123
Cost of sales	(36)	(99)
Gross profit	85	24
Other income – corporate sponsorship	167	89
	252	113
Selling, distribution and administration expenses	(120)	(73)
Net profit paid to the Stroke Association under gift aid	132	40
Net assets at 31 March	14	14

4. Investment income

	2022 Total funds	2021 Total funds
Investment income receivable	448	533
Interest receivable	3	-
	451	533

5. Other income

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Covid-19 Job Retention Scheme income	-	9	9	-	1,152	1,152
Delegate fees	109	-	109	84	-	84
Affiliation fees	-	-	-	5	-	5
Training income	1	-	1	9	-	9
Publication sales	12	-	12	7	-	7
Room hire	112	-	112	-	-	-
Sundry income	71	-	71	97	-	97
	305	9	314	202	1,152	1,354

The charity benefited from the UK Government's Covid-19 Job retention scheme in 2021-22 and in 2020-21. In both years, the charity topped up the salary of those on furlough to 100% of their normal salary.

6. Stroke Support services

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Commissioned services	-	7,299	7,299
Regional and management support	1,026	1,647	2,673
Universal services including Helpline	1,031	75	1,106
Support costs (note 12)	3,372	1,244	4,616
Total – 2021-22	5,429	10,265	15,694

	Unrestricted £,000	Restricted £'000	2021 Total funds £'000
Commissioned services	-	7,234	7,234
Regional and management support	3,246	471	3,717
Universal services including Helpline	213	1,116	1,329
Support costs (note 12)	5,501	292	5,793
Total – 2020-21	8,960	9,113	18,073

7. Community development and volunteering

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Community development	276	306	582
Volunteering	744	132	876
Support costs (note 12)	326	70	396
Total – 2021–22	1,346	508	1,854

	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Community development	260	318	578
Volunteering	733	66	799
Support costs (note 12)	583	31	614
Total – 2020–21	1,576	415	1,991

8. Research grants and awards

	Unrestricted funds £'000	Restricted funds £'000	2022 Total funds £'000	2021 Total funds £'000
Total – 2021–22	-	1,390	1,390	1,801
Total – 2020–21	764	1,037	1,801	-

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	2022 Total funds £'000	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Grants	-	1,249	1,249	263	1,013	1,276
Direct support costs	-	103	103	382	18	400
Indirect support costs (see note 12)	-	38	38	119	6	125
	-	1,390	1,390	764	1,037	1,801

Research grant commitments		
	2022 Total funds £'000	2021 Total funds £'000
Commitments at 1 April	8,035	8,003
Written back during the year	(493)	(181)
Paid during the year	(2,433)	(1,241)
Approved during the year	1,787	1,454
Commitments at 31 March	6,896	8,035

Payable as follows:

Within one year (note 22)	3,153	2,904
After more than one year (note 24)	3,743	5,131
	6,896	8,035

8. Research grants and awards continued

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

Related party transactions

Postdoctoral Fellowship:

Claire Mitchell for £212,170.00 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)
Osian Llwyd for £214,300.56 at the University of Oxford with Alison Halliday (Research Awards Pool), Jacinta O'Shea (Research Awards Pool).

Postgraduate Fellowship:

Lauren Lucas for £115,000.00 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).

Sam Webb for £110,844.67 at University of Oxford with Alison Halliday (Research Awards Pool), Jacinta O'Shea (Research Awards Pool).

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

9. Systems influencing

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Staff costs	673	133	806
Other direct costs	58	-	58
Support costs (note 12)	447	-	447
Total – 2021–22	1,178	133	1,311

	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Staff costs	509	54	563
Other direct costs	70	-	70
Support costs (note 12)	176	-	176
Total – 2020-21	755	54	809

10. Awareness and engagement with stroke

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000
Staff costs	2,255	139	2,394
Advertising and marketing	943	39	982
Other direct costs	332	4	336
Support costs (note 12)	704	-	704
Total – 2021–22	4,234	182	4,416

	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Staff costs	1,185	757	1,942
Advertising and marketing	867	-	867
Other direct costs	264	-	264
Support costs (note 12)	736	-	736
Total – 2020–21	3,052	757	3,809

11. Costs of raising funds

	Unrestricted £'000	Restricted £'000	2022 Total funds £'000	Unrestricted £'000	Restricted £'000	2021 Total funds £'000
Staff costs	2,724	4	2,728	3,098	449	3,547
Brochures, materials and other costs	3,377	-	3,377	2,743	-	2,743
Fundraising trading	71	-	71	21	-	21
Support (note 12)	756	-	756	1,264	67	1,331
	6,928	4	6,932	7,126	516	7,642

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	2022 Total £'000
Direct costs	11,078	1,458	1,352	864	3,712	6,176	24,640
Support costs:							
Management	383	33	4	37	58	63	578
Property	511	44	4	50	78	84	771
HR	1,332	114	11	128	204	217	2,006
Finance	914	78	7	89	139	150	1,377
IT	969	83	8	94	148	159	1,461
Governance	507	44	4	49	77	83	764
	4,616	396	38	447	704	756	6,957
Total – 2021-22	15,694	1,854	1,390	1,311	4,416	6,932	31,597

	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	2021 Total £'000
Direct costs	12,280	1,377	1,676	633	3,073	6,311	25,350
Support costs:							
Management	640	68	14	19	81	147	969
Property	1,718	182	37	52	219	395	2,603
HR	1,220	129	26	37	155	281	1,848
Finance (Restated)	787	83	17	24	100	181	1,192
IT	913	97	20	28	116	209	1,383
Governance (Restated)	515	55	11	16	65	118	780
	5,793	614	125	176	736	1,331	8,775
Total – 2020-21	18,073	1,991	1,801	809	3,809	7,642	34,125

Full time equivalent (FTE) allocation, locations and activities forms the basis of allocation for the functions listed above. Last year's support costs have been restated moving external audit costs from Finance to Governance.

13. Governance costs

	2022 Total funds £'000	2021 Total funds £'000
Chief Executive Office	215	228
Internal audit	47	48
External audit (Prior year restated)	36	40
Other costs incurred servicing charity's committees and statutory affairs (including salaries and general insurance) (Prior year restated)	466	464
	764	780

Last year's support costs have been restated moving external audit costs from Finance to Governance.

14. Net movement in funds

This is stated after charging:

	2022 Total funds £'000	2021 Total funds £'000
Current year's auditor's remuneration including irrecoverable VAT	36	35
Prior year's auditor's remuneration including irrecoverable VAT	-	5
Tax computation and advice from auditors including irrecoverable VAT	11	19
Assurance services other than statutory audit from auditors including irrecoverable VAT	-	4
Other financial services from auditors including irrecoverable VAT	1	-
Depreciation (note 17)	220	330
Impairment (note 19)	60	81
Amortisation (note 18)	246	250
Operating lease rentals	386	1,361

15. Employee and key management remuneration

Staff costs during the year were as follows:

	2022 £'000	2021 £'000
Wages and salaries	18,541	20,433
Social security costs	1,640	1,843
Pension costs	1,172	1,282
Redundancy and termination costs	444	322
	21,797	23,880
Payments to agency staff	78	15
	21,875	23,895

Redundancy costs are recognised when a constructive obligation arises. At 31 March 2022 an accrual for £NIL (2021: £47,000) was made and represents the costs for those staff members who had received confirmation of redundancy prior to the year end. Non-taxable statutory redundancy payments totalled £255,000 (2021: £165,000).

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

	2022 Full time equivalent	2021 Full time equivalent	2022 Head count	2021 Head count
Charitable activities				
- Stroke support services	387	425	480	521
- Community development and volunteering	33	45	35	56
- Research grants and awards	3	9	3	10
- Systems influencing	37	13	49	14
- Awareness and engagement with stroke	59	54	73	60
Raising funds	63	98	72	102
	582	644	712	763

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:

	2022 number	2021 number (Restated)
£60,001 - £70,000	6	12
£70,001 - £80,000	3	3
£80,001 - £90,000	2	2
£90,001 - £100,000	1	1
£100,001 - £110,000	2	2
£110,001 - £120,000	-	1
£140,001 - £150,000	1	1

Key management personnel are the members of the Executive Team. In 2022, there were six full time equivalent (FTE) members of this team (2021: seven). See page 97 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 £721,000 (2021: £1,066,000 restated).

The prior year figures have been restated to remove the costs associated with annually accrued holidays that had not been taken at the year end.

16. Trustee remuneration

None of the trustees received any remuneration for their services during the year. Travelling expenses amounting to £755 (2021: £391) 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 (2021: £16,000) 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 7.

17. Tangible fixed assets

Group and charity

	Freehold premises £'000	Short leasehold premises £'000	Office fixtures, fittings and equipment £'000	2022 Total £'000
Cost				
At 1 April 2021	1,947	2,850	314	5,111
Additions	-	-	144	144
At 31 March 2022	1,947	2,850	458	5,255

Depreciation

At 1 April 2021	384	1,654	314	2,352
Charge for year	39	181	-	220
At 31 March 2022	423	1,835	314	2,572

Net book values

At 31 March 2022	1,524	1,015	144	2,683
At 1 April 2021	1,563	1,196	-	2,759

18. Intangible fixed assets

Group and charity		2022 Total £'000
Cost		
At 1 April 2021		2,177
Additions		260
At 31 March 2022		2,437
Amortisation		
At 1 April 2021		1,643
Charge for year		246
At 31 March 2022		1,889
Net book values		
At 31 March 2022		548
At 1 April 2021		534

19. Programme-related investments

Group and charity		2022 £'000	2021 £'000
Joint venture acquisition of shares in DHA Limited.		-	60

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

During the year ended 31 March 2022, 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 in the year.

20. Fixed asset investments

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

Group and charity

	2022 £'000	2021 £'000
Market value at 1 April	20,199	18,211
Acquisitions	6,411	6,183
Sales proceeds	(4,648)	(6,404)
Net movement in market values (see below)	2,144	2,209
Market value at 31 March	24,106	20,199
Cash held by investment managers for re-investment	996	404
Market value at 31 March	25,102	20,603
Cost of investments at 31 March	19,300	16,508

Net movement in market values in year:

	2022 £'000	2021 £'000
Realised gains	382	117
Unrealised gains	1,762	2,092
	2,144	2,209

20. Fixed asset investments continued

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

	2022 £'000	2021 £'000
Equities	15,263	12,115
Government stock	1,431	1,995
Non-government bonds	2,369	2,040
UK property funds	1,071	854
Multi asset holdings	3,972	3,195
	24,106	20,199

UK stock exchange	7,434	6,725
Non-UK stock exchanges	11,629	9,425
UK property funds	1,071	854
Multi asset holdings	3,972	3,195
	24,106	20,199

21. Debtors

	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Trade debtors	653	938	635	914
Amounts owed by trading subsidiary	-	-	167	124
Other debtors	22	28	22	28
Prepayments and accrued income	6,117	2,236	6,117	2,233
	6,792	3,202	6,941	3,299

22. Creditors: amounts falling due within one year

	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Trade creditors	774	382	774	382
Research grants (note 8)	3,153	2,904	3,153	2,904
Amount owed to trading subsidiary	-	-	-	-
Taxation and social security	519	491	519	511
Pension commitments	165	137	165	137
Other creditors	14	154	14	154
Accruals and deferred income (note 23)	1,929	2,078	1,923	2,073
	6,554	6,146	6,548	6,161

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

23. Movement in accruals and deferred income

Group	Opening balance 1 April 2021 £'000	Released £'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

Group	Opening balance 1 April 2020 £'000	Release £'000	Additional £'000	Closing balance 31 March 2021 £'000
Deferred income - commissioned contracts	96	(8,258)	8,464	302
Other deferred income	116	(513)	414	17
Holiday accrual	339	(339)	784	784
Accrued expenditure	902	(14,169)	14,212	945
Lottery deferred income	18	(385)	397	30
	1,471	(23,664)	24,271	2,078

23. Movement in accruals and deferred income continued

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

Charity	Opening balance 1 April 2020 £'000	Release £'000	Additional £'000	Closing balance 31 March 2021 £'000
Deferred income - commissioned contracts	97	(8,258)	8,464	303
Other deferred income	116	(513)	414	17
Holiday accrual	339	(339)	784	784
Accrued expenditure	890	(13,962)	14,011	939
Lottery deferred income	18	(385)	397	30
	1,460	(23,457)	24,070	2,073

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

	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Research grants (note 8)	3,743	5,131	3,743	5,131
Provisions for liabilities (note 25)	332	183	332	183
	4,075	5,314	4,075	5,314

25. Provisions for liabilities

Group and charity

	Less than one year £'000	More than one year £'000	2022 Total provision £'000	Less than one year £'000	More than one year £'000	2021 Total provision £'000
Onerous lease provision	26	9	35	232	79	311
Property dilapidations	220	323	543	522	104	626
	246	332	578	754	183	937

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.

26. Designated funds

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

Group and charity

	2022 £'000	2021 £'000
Future cost of operating model over next three years	1,436	1,158
Legacy Stabilisation Fund	4,498	-
Strategy Acceleration Fund	6,000	-
Northampton Resource Centre location costs	321	321
Funds voluntary support groups	636	669
UK Stroke Forum	75	114
	12,966	2,262

27. 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

	2022 £'000	2021 £'000
Fixed asset fund	3,231	3,293

28. Restricted funds

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 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.

28. Restricted funds continued

Group and charity

	At 1 April 2020 £'000	Fund Transfers £'000	Income £'000	Capital £'000	Expenditure £'000	At 31 March 2021 £'000
Medical and other research						
- Donations and legacies	563	-	1,237	-	(734)	1,066
Princess Margaret Fund	95	-	-	-	(95)	-
	658	-	1,237	-	(829)	1,066
Other restricted funds						
- Commissioned services	-	-	7,234	-	(7,231)	3
- Covid-19 grant support including Furlough	-	-	2,440	-	(2,405)	35
- NESTA ii	175	-	168	-	(95)	248
- Royal Mail Group	601	(252)	-	-	(263)	86
- W G P McGowan	17	-	-	-	-	17
Programme related investments	-	60	-	-	-	60
- Other donations and legacies	1,873	50	989	-	(1,069)	1,843
	2,666	(142)	10,831	-	(11,063)	2,292
Total 2020-21	3,324	(142)	12,068	-	(11,892)	3,358

The income on commissioned service contracts is for operating communication and family support services.

Income for other stroke services and programmes include services such as the Hand in Hand programme funded in part by NESTA ii, Life After Stroke partly funded by the Royal Mail, the Community Steps project, 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.

29. Analysis of net assets between funds

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
Joint venture investment	-	-	-	-	-
Fixed asset investments	12,136	12,966	-	-	25,102
Current assets	11,361	-	-	4,301	15,622
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

Group	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	2021 Total £'000
Tangible fixed assets	-	-	2,759	-	2,759
Intangible fixed assets	-	-	534	-	534
Joint venture investment	-	-	-	60	60
Fixed asset investments	18,341	2,262	-	-	20,603
Current assets	6,371	-	-	3,298	9,669
Creditors: amounts falling due within one year	(6,146)	-	-	-	(6,146)
Provisions for liabilities	(937)	-	-	-	(937)
Creditors: amounts falling due after one year	(5,131)	-	-	-	(5,131)
	12,498	2,262	3,293	3,358	21,411

29. Analysis of net assets between funds continued

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
Joint venture investment	-	-	-	-	-
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

Charity	General funds £'000	Designated funds £'000	Fixed asset fund £'000	Restricted funds £'000	Total 2021 £'000
Tangible fixed assets	-	-	2,759	-	2,759
Intangible fixed assets	-	-	534	-	534
Joint venture investment	-	-	-	60	60
Fixed asset investments	18,341	2,262	-	-	20,603
Current assets	6,374	-	-	3,298	9,672
Creditors: amounts falling due within one year	(6,161)	-	-	-	(6,161)
Provisions for liabilities	(937)	-	-	-	(937)
Creditors: amounts falling due after one year	(5,131)	-	-	-	(5,131)
	12,486	2,262	3,293	3,358	21,399

30. Tax

The charity is unable to reclaim all VAT incurred on expenditure. Irrecoverable VAT incurred during the year amounted to £821,000 (2021: £678,000).

31. Leasing commitments

At 31 March 2022, the charity had total future commitments under non-cancellable operating leases as follows:

Group and charity	Property 2022 £'000	Property 2021 £'000	Cars 2022 £'000	Cars 2021 £'000	Office equipment 2022 £'000	Office equipment 2021 £'000
Operating leases which expire:						
Within one year	382	470	15	32	191	170
Within two to five years	1,967	1,555	-	15	365	505
After five years	339	688	-	-	-	-
	2,688	2,713	15	47	556	675

32. Reconciliation of movements on unrealised gains

	2022 £'000	2021 £'000
Unrealised gains at 1 April	3,671	1,893
Less: in respect to disposals in year	(645)	(314)
Add: net gains on revaluations in year	1,762	2,092
Total unrealised gains at 31 March	4,788	3,671

33. 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.

34. 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.

35. Related party transactions

Details of related party transactions involving research grants and trustees' expenses are provided in notes 11 and 16 respectively. During the year the charity received £48,000 community services income (2021: £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 £57,000 (2021: £5,000) were charged from Stroke Association Limited to Stroke Association (Trading) Limited representing costs incurred by the charity that relate to its subsidiaries activities.

During the year, costs totalling £70,000 (2021: £Nil) 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, £40,000 (2021: £253,000) was paid to Stroke Association by Stroke Trading Limited being profits gift aided by the subsidiary.

At 31 March 2022, £132,000 (2021: £40,000) has been accrued in the books of the charity being gift aided profits from its trading subsidiary.

36. Agency arrangements

During the year, the Stroke Association received £150,000 (2021: £908,000) 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 £402,000 in the year (2021: £300,000), and cash held by the Stroke Association on behalf of BHF at the year end amounted to £574,000 (2021: £827,000), which is included within grant commitments.

During the year, the Stroke Association also received £72,000 (2021: £211,000) from the Alzheimer's Society (AS) as part of an agency relationship.

Cash payments from these AS receipts to grantees amounted to £42,000 in the year (2021: £211,000), and cash held by the Stroke Association on behalf of AS at the year end amounted to £138,000 (2021: £248,000), which is included with in grant commitments.

37. 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
- Manchester City Council
- Shropshire Council
- Wakefield Council

38. Movement in funds

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

Group	Opening balance 1 April 2020 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2021 £'000
Unrestricted funds					
-Designated funds	2,618	153	(406)	(103)	2,262
- Fixed asset fund	4,014	-	(661)	(60)	3,293
-General funds (free reserves)	8,784	24,349	(20,954)	305	12,484
	15,416	24,502	(22,021)	142	18,039

Restricted income funds	3,324	12,068	(11,892)	(142)	3,358
	18,740	36,570	(33,913)	-	21,397

Funds retained within a non-charitable subsidiary	14	212	(212)	-	14
	18,754	36,782	(34,125)	-	21,411

38. Movement in funds continued

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
Charity	Opening balance 1 April 2020 £'000	Income £'000	Expenditure £'000	Fund transfers £'000	Closing balance 31 March 2021 £'000
Unrestricted funds					
-Designated funds	2,618	153	(406)	(103)	2,262
- Fixed asset fund	4,014	-	(661)	(60)	3,293
-General funds (free reserves)	8,786	24,394	(20,999)	305	12,486
	15,418	24,547	(22,066)	142	18,041
Restricted income funds	3,324	12,068	(11,892)	(142)	3,358
	18,742	36,615	(33,958)	-	21,399

39. Income and expenditure for the three devolved nations

	Wales 2022 £'000	Scotland 2022 £'000	Northern Ireland 2022 £'000	Wales 2021 £'000	Scotland 2021 £'000	Northern Ireland 2021 £'000
Income from:						
Donations and legacies	1,251	560	363	1,649	542	194
Charitable activities – local services	574	1	92	640	5	131
Other trading activities	4	5	1	-	-	-
Investments	-	-	-	-	-	-
Other	7	-	-	-	-	-
Total income	1,836	566	456	2,289	547	324
Expenditure on:						
Stroke support services	778	96	105	1,166	154	851
Community development and volunteering	255	167	19	222	114	119
Research grants and awards	-	-	-	-	-	-
Systems influencing	65	57	21	80	44	74
Awareness and engagement with stroke	-	-	-	77	43	72
Raising funds	-	-	-	97	90	65
Total expenditure	1,098	320	145	1,642	445	1,181
Surplus/(Deficit)	738	246	311	647	103	(857)

39. 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. Income for UKSF has been treated as universal.

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, £242,000 (2020-21 £60,000) was awarded to Edinburgh University, with a further £15,000 to Glasgow University (2020-21 £240,000).

40. Contingent Asset

During the reporting period, we have been notified of legacies that could total £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.

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

We're here for you.

Stroke Helpline: **0303 3033 100**

From a textphone: **18001 0303 3033 100**

Email: **helpline@stroke.org.uk**

Rebuilding lives after stroke

Stroke
Association