

COMPANY REGISTRATION NUMBER 02939840



**THE NEUROLOGICAL ALLIANCE
(LIMITED BY GUARANTEE)
FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2020**

Charity Number 103903

THE NEUROLOGICAL ALLIANCE
TRUSTEE ANNUAL REPORT
LETTER FROM THE CHAIR

Undoubtedly, this has been a year of challenge and change for all of us and the world seems a very different place.

The same is true of course at the Neurological Alliance. The COVID-19 pandemic has significantly disrupted neurological treatment, care and support across the country, leaving many people with neurological conditions without the support they need.

With charity fundraising events delayed, shops closed and many feeling a squeeze on their personal finances, many of our voluntary sector members have experienced dramatic shortfalls in their income too while trying to cope with increased need for support as the NHS and social care have diverted resources to fighting the virus.

During this year, the Alliance has seen some changes too, but fortunately these were of a more positive nature. Firstly we were really delighted to welcome Georgina Carr as our new Chief Executive who has brought new ideas and introduced new positive initiatives. We were also able to recruit four excellent Trustees which has strengthened the skills and knowledge of the Alliance's board.

Despite the change and challenge we have all experienced this year, I am proud of the way the Alliance has responded, and the great resilience the neurological community has shown in these most trying of times.

The Neurological Alliance has shone a light on the experiences of people with neurological conditions during the pandemic, conducting a survey of more than 1600 people with neurological conditions in June 2020. The results showed many people had experienced delays to specialist care and support, with the majority of those who had experienced delays not knowing when they would next see their specialist. With huge waiting lists for both neurology and neurosurgery, as well as an overstretched neurological workforce, there remains a significant challenge ahead in returning services to pre-COVID levels (at the very least).

I am also proud of the fact that we have retained our financial sustainability this year, and, contrary to broader trends, have managed to achieve a surplus. This means we are in a strong position to continue to highlight the impacts of COVID-19, as well as continue to think about new ways to expand our reach and impact for people with neurological conditions.

Of course, much of our work prior to COVID-19 meant we were in a good position to respond. The 2018/2019 National Neurological Patient Experience survey continues to prove an invaluable resource for people with neurological conditions, commissioners, healthcare professionals and patient groups alike. This year, we have had the opportunity to showcase that work in a variety of events and work is already underway for the next survey.

Together with the National Neuroscience Advisory Group, we have developed new recommendations on how mental health services could be improved for people with neurological conditions, as well as supported the development of eight optimum clinical pathways in neurology. This work continues to be of the utmost importance, not least of all given the need to rebuild services following the COVID-19 disruption.

The Alliance has been able to thrive during these challenging and changeable times, and as I reflect back on my years as Chair, I am confident about the direction the Alliance is taking. Of course the heart of the Neurological Alliance is the staff team and I would like to say a

huge thank you to them for all their enthusiasm and expertise which has made the Alliance such an amazing organisation and finally to thank the board of Trustees for their knowledge, skill and their time and amazing support.

Best wishes,

Suzanne Dobson
Chair, The Neurological Alliance

**THE NEUROLOGICAL ALLIANCE
ANNUAL REPORT AND ACCOUNTS
YEAR ENDED JUNE 2020**

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name The Neurological Alliance

Charity registration number 1039034

Company registration number 02939840

Registered office The Junction
Station Road
Watford
Hertfordshire
WD17 1EU
Watford
WD12

Independent Examiner Martin Bailey FCA
Goodman Jones LLP
Chartered Accountants
29-30 Fitzroy Square
London
W1T 6LQ

Accountants Godfrey Wilson
5th Floor, Mariner House
62 Prince Street
Bristol
BS1 4QD

Bankers CAF Bank Ltd
25 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4JQ

Metro Bank PLC
One Southampton Row
London
WC1B 5HA

The Trustees present their report and independently examined financial statements for the Neurological Alliance for the year 1 July 2019 to 30 June 2020. The report and financial statements have been prepared in accordance with the Companies Act 2006 and the Charities Act 2011. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" (FRS 102) in preparing the report and financial statements. The report and financial statements will be laid before the members of the charity at the Annual General Meeting to be held on 18 November 2020. In preparation of this report, the Trustees had regard for the Charity Commission guidance on public benefit.

1. Our objects

Our principal objectives, as derived from the objects set out in our Articles of Association, are to advance the education of the public in all matters concerning neurological disorders by carrying out research and investigation into preventative procedures, treatment and the needs and care of persons affected by neurological conditions, and publishing the useful results thereof, and the relief of those persons in the United Kingdom of Great Britain and Northern Ireland who are receiving or have received treatment for neurological conditions.

We are the only collective voice for over 70 national charities, professional bodies, regional organisations and corporate organisations working together to transform neurological treatment, care and support.

2. What we set out to do in 2019-20

Our mission is to raise awareness and understanding of neurological conditions to ensure that every person diagnosed with a neurological condition has access to high quality, joined up services and information from their first symptoms, throughout their life.

Our strategic objectives, set at the Board away day in 2019, were:

1. To ensure all our activities are underpinned by a detailed and up to date understanding of the needs of people with neurological conditions.
2. To empower and support members to drive collective action that seeks to address the issues facing people with neurological conditions.
3. To ensure the voices of people with neurological conditions are at the centre of national neurology policy and service improvement initiatives in order to increase the prioritisation of neurology.
4. To support the translation of policy and improvement initiatives into improved outcomes for people with neurological conditions.
5. To build a sustainable organisation capable of bringing about change.

The Annual Report of the Trustees for 2019/20 is set out under these strategic objectives.

This year the Trustees have also included a section on our response to COVID-19. The pandemic had a profound impact on our planned activity, resulting in approximately a third of our work being delayed.

1. To ensure all our activities are underpinned by a detailed and up to date understanding of the needs of people with neurological conditions

"In the absence of robust data from the NHS about the provision of services to people with rare neurological problems, the NA Patient Experience Survey, not only provides a patient view, but gives much needed insights into what services people with ataxia are, and aren't, able to access from the NHS, and their quality in the eyes of patients."

Sue Millman, Chief Executive, Ataxia UK, Trustee of the Neurological Alliance

The main area of activity under our first goal is the National Neurological Patient Experience Survey. We launched the results of our fourth Patient Experience Survey – our most successful ever - in July 2019. More than 10,000 people with neurological conditions responded – the biggest response ever - and for the first time, we were able to provide regional level data. The survey continues to be one of the most valuable aspects of Alliance membership, and the strength and wide usage of the findings from the fourth survey are testament to that.

We secured excellent media coverage upon launch, including interviews with the team on a wide range of national and regional media outlets. We also managed to boost our social media following substantially – the survey contributed significantly to 1000 additional Twitter followers gained between January and October 2019.

We have presented at several regional STP and Trust level meetings, influencing commissioners and providers, and many of our members have utilised the results to engage in similar activities. At the time of writing, NHS RightCare are also preparing additional analysis of the CCG level data – this has undoubtedly been made possible due to the quality and robust nature of the survey's methodology.

The survey was also an important basis for similar patient experience surveys in the field. For example, we provided support to The Stroke Association in developing a stroke version of survey, mirroring our questions.

We've developed a range of academic posters utilising the data, presenting at the British Neuropsychiatry Association (BNPA) conference amongst others. We have also been able to develop further briefings using the data, including work looking at the differences in patient experience between men and women with neurological conditions – the first piece of research of this nature.

2. Empower and support members to drive collective action that seeks to address the issues facing people with neurological conditions

“Being part of the Neurological Alliance enables the charity to keep up to date with policy in a relevant and timely way. This is invaluable to us as a charity. Our involvement in the Policy Group, and both the Rare Disease and the Mental health policy subgroups allow us to come together with other charities with a shared interest. This enables the sharing of information and ideas, therefore allowing the Huntington's community to have a stronger voice.”

Ruth Abuzaid, Head of Service Development, Huntington's Disease Association

One of the greatest strengths of the Alliance is our ability to bring a diverse range of organisations and individuals together to discuss and take action on common issues of interest. With this in mind, this year we continued to convene policy groups looking at mental health and rare disease.

Using data from our patient experience survey, we developed further insights on the possible linkages between mental health support and experience of care more broadly. This was subsequently presented at the BNPA conference.

We also worked with the National Neuroscience Advisory Group (NNAG) to develop and publish its report on recommended improvements to mental health provision for people with neurological conditions. Published in July 2020, the report calls for improved recruitment and training of mental health professionals, as well as the integration of mental health support

into neurological pathways. The NNAG, with the Alliance as co-chair and support of the Alliance's mental health sub-group, is pursuing these recommendations in 20/21.

Members of our rare disease sub-group continued to work together to develop plans for a policy report, focusing on the specific experiences of people with rarer neurological conditions. This work has been underpinned by additional analysis of the Patient Experience Survey responses from people with neurological conditions – another indication of how valuable this dataset continues to be. The resulting report will be published before the end of 2020.

We continued to forge partnerships this year with the Specialised Health Care Alliance, Genetic Alliance UK, National Voices, the Care and Support Alliance, the Disability Benefits Consortium, as well as Neurological Alliances across the UK. Through these networks, we have been able to amplify the needs and experiences of people with neurological conditions, and our membership, even further. Collaborative work has included:

- Working with Epilepsy Action to develop a 'Neuro Pledge' during the 2019 General Election – the pledge successfully secured the support of more than 70 parliamentary candidates, 16 of which went on to become MPs.
- Supporting the Care and Support Alliance #GetSocialCareDone [Manifesto](#) during the 2019 General Election
- Joining forces with the Chartered Society of Physiotherapists (CSP) and 21 other national charities, unions and professional bodies to call for improvements to community rehabilitation
- Working with a coalition of charities, including Age UK and some of our own members such as the MS Society, on issues around 'shielders' and employment in the light of COVID-19, enabling us to respond quickly to fast-moving events.

3. To ensure the voices of people with neurological conditions are at the centre of national neurology policy and service improvement initiatives in order to increase the prioritisation of neurology

"Like many members of The Neurological Alliance, my organisation is small. We are dedicated to helping people with a rare neurological condition but without The Alliance would struggle to have a voice in the policy process. The Alliance make it easy for me to ensure the views of the people I represent are included in policy making."

Caroline Morrice, Chief Executive, Guillain-Barré & Associated Inflammatory Neuropathies (GAIN)

"Sue Ryder is a national Health and Social Care charity that specialises in the care and support of people with a variety of progressive neurological conditions and those with acquired brain injury. The work at the Alliance helps us have a stronger voice on policy issues than we would have independently. The views of our clients can be fed back, and they can actively contribute to the issues that concern them through the Alliance. Working collectively offers an invaluable source of knowledge and support."

Pamela McKenzie, Director of Neurological Services and Scotland, Sue Ryder Care

We have played a leading role in multiple national neuroscience policy initiatives this year, although some of this work was disrupted due to COVID-19.

We continued to sit on the NHS England Neurosciences Clinical Reference Group (CRG) as a patient representative, directly providing input into revisions of the neuroscience service specification and neuropsychiatry service specification, amongst others.

Work continued this year on the promised NHS England review of specialised neurosciences, although this was significantly disrupted by the virus. The Neurosciences Transformation Programme, as it is known, is seeking to identify how NHS England can best commission specialised neuroscience services that deliver the right care at the right place and right time, therefore improving outcomes for people with neurological conditions. As a member of the advisory group and patient engagement group, we have sought to ensure a continued focus on ensuring effective engagement with people with neurological conditions and patient groups throughout the review.

The NICE Quality Standards for suspected neurological conditions have been developed over the course of 2019/2020 although their finalisation has been delayed due to COVID-19. We secured a position on the Quality Standard Committee and submitted a response to the formal consultation on the draft standards in Spring 2020. As currently drafted, we do not believe the Standards will drive improvements to referral and have clearly articulated as much on both the Committee and as part of the consultation. We also supported members to engage in the consultation themselves.

We continued to support and Co-Chair the National Neuroscience Advisory Group (NNAG), a collaborative leadership group for neurosciences in England. The group has facilitated the development of a number of optimum clinical pathways, namely: multiple sclerosis (MS), epilepsy, autoimmune conditions, Motor Neurone Disease (MND) and muscular dystrophy, Functional Neurological Disorders (FND), Traumatic Brain Injury (TBI), headache, migraine and facial pain and movement disorders. The first three of these pathways were published in draft form for consultation at the beginning of July 2020.

The Group also hosted a national summit on mental health and neurology in June 2019. The recommendations from this meeting, published in 2020, were endorsed by multiple NNAG members, and will form an important bedrock for improvements to support for mental wellbeing, particularly important in the wake of COVID-19.

We continued to provide secretariat support to the Neurological Intelligence Collaborative (NIC), which brings together Public Health England, Rightcare, NHS England and Improvement, professional bodies, and patient groups to discuss improvements to data and evidence on neurological conditions. The group continues to focus on improvements to outpatient coding, as well as improved definitions and monitoring of neurological emergencies.

4. To support the translation of policy and improvement initiatives into improved outcomes for people with neurological conditions

"There has to be a silver lining in this huge dark cloud currently overhanging us all. Working digitally has been ours. The Gtr Mcr Neuro Alliance has had the opportunity to attend national and regional meetings and get our voices heard. We've been able to raise the profile of our organisation and provide a wide and diverse perspective on what's happening to people and places in our part of the country. It has to be the future and we look forward to it."

Deb Troops, Chair, GMNA

As commissioning of neurological services become more localised, so too has our focus on understanding how national improvements can support the local transformation of care.

The year saw the publication of numerous commissioning toolkits on neurological conditions. Developed primarily through the NHS Rightcare programme with the support of many of the Alliance's members, toolkits were published on progressive neurological conditions, community rehabilitation and headache and migraine. The Neurological Alliance has supported the publication and promotion of the toolkits online, and these continue to be cited as a valuable source of evidence for service improvement activities locally.

Rightcare have also been working with us to develop CCG level patient experience survey data. The datapacks, which will allow local commissioners to understand how their CCG compares to other socially and economically comparable CCGs, will be used by the local team within Rightcare to drive service improvement.

In October 2019, we worked with Oxygen Health to deliver a workshop on how to engage with and influence Integrated Care Systems (ICSs) and Sustainability Transformation Partnerships (STPs) on neurological issues. The findings from the workshop are currently being worked up into a broader workstream of support for members to engage with local commissioners.

Regional Alliances have continued to engage with local commissioners on a wide array of service improvement programmes. In parallel, we have supported Regional Alliances to engage with one another through the re-establishment of regular meetings regional representatives. This has proved an incredible valuable source of expertise throughout the year, including, of course, about how services have responded to COVID-19.

5. To build a sustainable organisation capable of bringing about change

“Being part of the Neurological Alliance has opened our eyes to understand the impact on neurology services and whether they are meeting patient needs, especially in these times of COVID uncertainty and the ability to influence policymakers to deliver change for the better of this community. As a rare epilepsy support group, it is both beneficial to network with larger organisations who support those with epilepsy and also to engage as part of the rare disease subgroup, bringing our knowledge of work within the European Reference Networks (ERN's), especially EpiCARE, to share within the Alliance. We are a small charity with much to learn and the Alliance allows us to expand our knowledge, whilst providing small tokens of insight from our own work.”

Allison Watson, Co-Founder/Trustee, Ring 20 Research and Support UK CIO (Member from 2018/19)

Thanks to strong focus on sustainability in recent years, and prudent financial management as the pandemic hit in March 2020, we have been able to cope with the immediate pressures of COVID-19. We have been able fortunate enough to maintain our voluntary sector membership too, despite the financial difficulties experienced throughout COVID-19. We have also had the pleasure of welcoming a new corporate member (Roche).

Our Articles of Association were also updated this year and were approved by our members in February 2020.

Our communications continue to go from strength to strength, and we have boosted our social media profile considerably throughout the year. This has been helped immeasurably

by our Communications and Digital volunteer, Kate Addison, who has provided valuable support and expertise since April 2020.

Members continued to report a positive experience with us in our annual membership survey, which was conducted in February and March 2020. 82% (91% in 2019) reported that they were satisfied or very satisfied with membership and 93% (96% in 2019) felt that membership was either good or excellent value for money. In particular, lots of our members reported that the National Neurological Patient Experience Survey was a big asset for our membership. Our ability to bring people together to develop common policy positions across neurology, as well as providing spaces for members to connect, were also highly valued. 86% of respondents felt that the Alliance is an effective national voice for the neurological community, and 4 in 5 felt the Alliance communicated effectively with its members.

Our members also helpfully indicated a number of areas of improvement, including greater transparency of our work and greater support to engage in local commissioning. This feedback, together with the insight and expertise of our Board and staff, has directly influenced our plans for 2020/21.

Our response to COVID-19

“People with neurological conditions have been massively affected during the pandemic. The Alliance acted quickly to bring the neuro community together to take action, from gathering data on the impact on patients, to speaking out on the need to resume services safely. The hard work of the Alliance team and their galvanising force has meant we’ve had much more impact than we would have alone, at a time when our separate voices and issues could have meant we were drowned out, together we’ve amplified them”

Fredi Cavender-Attwood, Policy Manager, MS Society

“During these challenging times, the Neurological Alliance continues to demonstrate their vital role in bringing together the neuro community and amplifying our collective voice. While times are tough for many organisations, the people we support need us more than ever and together we’re stronger.”

Sam Mountney, Senior Policy and Communications Officer, Epilepsy Action, Policy Group Co-Chair

Like so many, our team and our work have been substantially impacted by the COVID-19 crisis. People with neurological conditions have undoubtedly experienced profound disruptions to their care and support, and our members have faced unprecedented falls in their income.

We were quick to recognise our role in responding to these pressures, as well as ensuring we place ourselves on a sustainable footing for the years to come.

Our response has included:

- Developing new ways for members to connect with one another, provide peer support, and share experiences of COVID-19. This has primarily been via the Neuro COVID-19 Response forum – this forum has more than 70 members, with good representation across our membership.
- Reviewing the remainder of our workplan for 2019/20 and assessing impact on key pieces of work. We estimate that a third of work was delayed or no longer feasible due to COVID19 and adjusted our workplan and spend accordingly.
- Developing and agreeing our business continuity plan

- Replying to two parliamentary consultations on the impact of COVID-19 (by the Health and Care Select Committee and the Women and Equalities Select Committee), directly reflecting the concerns raised with us by our members about their beneficiaries' treatment and care during this time.
- Refocussing our policy efforts, prioritising key COVID-19 guidance and policies. This has included successfully securing an update to the NICE rapid critical care guideline for COVID-19, establishing direct lines of communication with key government departments (such as the DCMO, DEFRA, DHSC and NHSE), and developing a specialised neuroscience service spec for COVID-19 alongside the ABN and other key national bodies.
- Conducting a survey of more than 1600 people with neurological conditions, to understand what life has been like during the pandemic. This formed the basis of our 'NeuroRestart' campaign, which called on NHS England and NHS Improvement to set out their plans to restart neurological services. The campaign saw record support on social media, and more than 40 organisations wrote to NHS England and NHS Improvement in support of our policy calls.
- A short survey of our membership (in collaboration with National Voices, ARMA and the Richmond Group) about the impact of COVID-19 on the income and operations of the health and care charity sector. These findings were published in June 2020 and have formed the basis of much engagement with Government in calling for urgent support for the third sector.
- In collaboration with the Brain and Spine Foundation, we have started the development of a data collection platform (NeuroLifeNow) to collect patient reported data on disruptions to care.
- Re-establishing regular contact with our regional alliances to understand the impact of COVID-19 on their operations and the people they support.
- Working closely with neurological professional bodies to better understand the impact of redeployment, and what service models are currently in place to maintain some level of treatment and support for non-COVID neuro patients.

Thanks to previous investment in remote working, we have been able to move to working from home relatively painlessly. This new way of working has provided a number of positive lessons that we are taking forward into a post-COVID-19 era (such as improved use of technology to coordinate our work).

Overall, spend for 2019/20 was lower than expected due to delays in our work and reductions in staff costs. In particular, we delayed recruitment to our Communications Officer post, to ensure that we were able to manage any disruptions to income in the future.

What next?

The Trustees have developed a refreshed annual plan for the Alliance in the light of some of the challenges and opportunities presented by COVID-19. Our refreshed objectives for 20/21 are to:

- **Increase the influence and involvement of people with neurological conditions**

This will include fieldwork for our fourth Patient Experience Survey, as well as the development of the 'NeuroLifeNow' digital platform. The tool, born out of the need to understand disruptions to care due to COVID-19, has been developed in partnership with the Brain and Spine Foundation, and we hope it will represent a transformation in how the experiences of people with neurological conditions can be used to drive improvements to care.

- **Increase and strengthen the collective voice of the neurological community**

We will continue to support members to engage with one another through our mental health and rare disease policy groups. This will include pushing forward with the NNAG mental

health report recommendations, as well as the publication of a report on the experiences of people with rare neurological conditions.

In addition, we will continue working with other infrastructure bodies, to understand and articulate the continuing impact of COVID-19 on charitable income and operations. It's clear that the health and care voluntary sector have been experiencing a high need for support, whilst facing significant drops in their income. We will play our part in ensuring the sector gets the support it needs.

- **Increase and drive the national policy profile of neurology**

We will continue to play an active role on the NHS England Neuroscience Clinical Reference Group, Co-Chair NNAG and support NIC. This year, NNAG will focus on consolidating the 'lessons learnt' through COVID-19, ensuring that the restart of services and the adoption of innovative practices (for example, greater use of virtual consultations) does not leave any person with a neurological condition behind. NIC will continue with its vital work on outpatient coding and neuro-emergencies, as well as develop a 'Neuro Intelligence Strategy' – this will set out the improvements and activity we need to undertake in order for data and evidence to better support transformation in neurological care.

- **Increase and support local action to improve neurological services**

In parallel to the clinical pathway work undertaken via NNAG, we will work with partners across England to test these pathways within regions. This will allow us to better understand a) the levers for transformation within a locality, b) the right patient, clinical and commissioning outcomes associated with good care pathways locally, and c) understand how best to monitor such outcomes locally.

In addition, we will work with our membership to develop 'top tips' for engaging with local commissioners and health systems – support which our members were keen for us to develop, as shown by our membership survey.

- **Build a sustainable organisation capable of bringing about change**

Given the income challenges facing the sector, we have frozen our membership fees for 2020/21, and are aiming to maintain our current levels of membership.

We will also continue to build our online networks through greater utilisation of social media. Following the success of our online 'Neuro COVID-19 Response' forum, we will improve on this to ensure our members have space to connect with one another online.

3. Our structure, governance and management

3.1 Trustees selection

We are governed by a Board of Trustees, made up of a minimum of three and a maximum of 13 people nominated by our members, recommended by our Trustees and then elected by our members.

In advance of each Annual General Meeting (AGM), all members are invited to send in their nominations for the Board. Details of the Trustee candidates are then circulated to all members and votes are made by ballot at the AGM or sent in advance to the Chair using a proxy form; each member organisation is entitled to one vote, placed at the AGM.

After completing a three-year term, each Trustee will stand down from the Board. Trustees who have completed only one term may stand for re-election; those who have served two consecutive terms must stand down for one year before they may stand again for the Board.

On joining the Alliance Board, all new Trustees undertake a tailored induction programme. The Trustees, who are also directors for the purpose of the Companies Act, and who served during the year are listed in section 5.1.

3.2 Structure

We are a company limited by guarantee (no 02939840) and a registered charity (no 1039034). We are governed by Articles of Association and Byelaws. Our main activity is to secure the highest standards of care and treatment for every person affected by a neurological condition.

Our Board of Trustees is responsible for our governance and strategy and meets every quarter. Our Chief Executive is responsible for implementing the strategy and reports on its progress at the Board meetings. The Chief Executive reports directly to and is supervised by the Chair. They speak and meet regularly to discuss Alliance business.

Communication, both formal and informal, between Trustees and staff is frequent and effective.

3.2.1 Staff

Sarah Vibert	Chief Executive and Company Secretary (returned from maternity leave July 2018 – December 2019)
Georgina Carr	Chief Executive and Company Secretary (from January 2020 – present)
Katharine McIntosh	Senior Policy and Campaigns Advisor (from January 2018 – July 2019), Acting Chief Executive (December 2019 – January 2020), Policy and External Affairs Manager (July 2019 – present) (Maternity leave from May 2020)
Judith Abel	Policy and External Affairs Manager (Maternity leave cover from April 2020 – present)
Fiona Tate	Administration and Assistant (January 2017 – September 2019)
Caroline Davies	Administration and Membership Assistant (From October 2019 – present)
Adenike Adebisi	Policy and Campaigns Assistant (August 2019 – January 2020)

3.2.2 Members

Full membership is open to national voluntary organisations who represent patients, service users, families and carers (non-statutory, non-profit) organisations, who, in addition to the full benefits of membership, will have a right to vote at the AGM, have the right to nominate a trustee and an opportunity to influence our strategic direction. Subscriptions are income assessed.

- Full affiliate membership is open to Regional Neurological Alliances operating on a non-statutory, non-profit basis. Affiliate members will pay a subscription rate which is not income assessed.
- Associate status is open to non-profit organisations, including professional associations and statutory authorities, who will play an active part in the Alliance but do not have the right to nominate a trustee or vote at the AGM. Subscriptions are income assessed.
- Regional Associations of Neurological Organisations are also associates. They are staff led groups and will pay a subscription rate which is not income assessed.
- Corporate supporter status is open to for-profit organisations, who cannot vote at the AGM or nominate a trustee.
- Reciprocal partners are normally umbrella organisations whose aims and objectives match well with those of the Alliance. They cannot vote or influence our strategic direction.

Members 2019-2020

Ataxia UK	www.ataxia.org.uk
Autistica	www.autistica.org.uk
Batten Disease Family Association	www.bdfa-uk.org.uk
Brain and Spine Foundation	www.brainandspine.org.uk
Brain And Spinal Injury Centre (BASIC)	www.basiccharity.org.uk
Brain Research UK (formally Brain Research Trust)	www.brainresearchuk.org.uk/
British Polio Fellowship ²	www.britishpolio.org.uk
Cavernoma Alliance UK	www.cavernoma.org.uk
CMT United Kingdom	www.cmt.org.uk
Cure Parkinson's Trust	www.cureparkinsons.org.uk
The Daisy Garland	www.thedaisygarland.org.uk
Different Strokes	www.differentstrokes.co.uk
Downs Syndrome Research (DSRF)	www.dsrf-uk.org
Dravet Syndrome UK ¹	https://www.dravet.org.uk/
Dystonia Society	www.dystonia.org.uk
Epilepsy Action	www.epilepsy.org.uk
Epilepsy Research UK	www.epilepsyresearch.org.uk
FD UK	www.familialdysautonomia.co.uk
FND Action	www.fndaction.org.uk
FND Hope	www.fndhope.org
GAIN (Guillain-Barré and Associated Inflammatory Neuropathies)	www.gaincharity.org.uk
Huntington's Disease Association	www.hda.org.uk
IIH UK	https://www.iih.org.uk/
Matthew's Friends ¹	https://www.matthewsfriends.org/
Migraine Trust	www.migrainetrust.org
Motor Neurone Disease Association	www.mndassociation.org
Multiple Sclerosis National Therapy Centres	www.msntc.org.uk
Multiple Sclerosis Society	www.mssociety.org.uk
Multiple Sclerosis Trust	www.mstrust.org.uk
Multiple System Atrophy Trust	www.msatrust.org.uk
Myaware	www.myaware.org
Myelopathy.org	https://myelopathy.org/
Narcolepsy UK	www.narcolepsy.org.uk
The National Hospital for Neurology And Neurosurgery Development Foundation	www.nationalbrainappeal.org
National Tremor Foundation	www.tremor.org.uk
Parkinson's UK	www.parkinsons.org.uk
Pernicious Anaemia Society (PAS) ²	www.pernicious-anaemia-society.org

Members (continued)

Polio Survivors Network	www.poliosurvivorsnetwork.org.uk
PSP Association	www.pspeur.org
Restless Legs Syndrome UK ²	www.rls-uk.org
Ring 20 Research and Support UK CIO	ring20researchsupport.co.uk/
Spinal Muscular Atrophy Support UK	smauk.org.uk/
Spotlight YOPD	spotlightyopd.org/
SUDEP Action	www.sudep.org
Sue Ryder	www.sueryder.org
Tourettes Action	www.tourettes-action.org.uk
Transverse Myelitis Society	www.myelitis.org.uk
Trigeminal Neuralgia Association UK	www.tna.org.uk
UK Acquired Brain Injury Forum	www.ukabif.org.uk

Associates

Association of British Neurologists	www.theabn.org
British Paediatric Neurology Association	www.bpna.org.uk
Division of Neuropsychology (British Psychological Society)	www.bps.org.uk/networks-and-communities/member-microsite/division-neuropsychology

Associate Regional Groups

East Midlands Association of Neurological Organisations	
South West Alliance of Neurological Organisations	www.swano.org
Yorkshire and Humberside Association of Neurological Organisations	www.yhano.org.uk

Corporate supporters

AbbVie	www.abbvie.co.uk
Allergan Limited	www.allergan.co.uk
Bial Pharma UK Ltd ²	www.bial.com/en/
Biogen	www.biogen.uk.com
Genzyme	www.genzyme.co.uk
Merck Serono	www.merckserono.co.uk
Novartis	www.novartis.co.uk
Teva UK Limited	www.tevauk.com
Roche ¹	https://www.roche.com/
UCB Pharma Ltd	www.ucb.co.uk

Regional Neurological Alliances

Black Country Neurological Alliance	www.blackcountryneuroalliance.org.uk
Bolton Neuro Voices	www.boltoncvvs.org.uk
Cumbria Neurological Alliance	www.cumbrianeurologicalalliance.wordpress.com
Greater Manchester Neurological Alliance	www.gmna.co.uk/
Hampshire Neurological Alliance	www.hantsneuroalliance.hampshire.org.uk
Lincolnshire Neurological Alliance	www.lincolnshire-neurological-alliance.org.uk
Merseyside and Cheshire Neurological Alliance	www.neurosupport.org.uk
Neuro Key (formerly Tees Valley, Durham, and North Yorkshire Neurological Alliance)	www.na-tvdny.org.uk
West Berkshire Neurological Alliance	www.wbna.org.uk

Reciprocal members

Neurological Alliance of Ireland	www.nai.ie
Neurological Alliance of Scotland	www.scottishneurological.org.uk
Neurological Alliance of Wales	www.walesneurologicalalliance.org.uk

¹. New members in 2019-20

². Ceased members in 2019-20

³. Organisation closed in 2019-20

3.2.3 The way we work

As a membership organisation, our whole ethos is to work in partnership. We work across the neurological community to identify common priorities for people affected by a condition and then seek to influence, shape and support policy development to reduce inequalities, enhance their outcomes and, where possible, help them live for longer and in better health. Our activities are therefore based on a clear and shared sense of purpose. We work with the Trustees, the Policy Group and Policy Steering group to determine our strategy and plans.

3.2.3a The Policy Group

Any member of the Alliance can take be part of the Policy Group. The Group's purpose is to:

- Make recommendations to Alliance Trustees on Alliance policy and activity, ensuring that these reflect the needs and objectives of its member organisations
- Build collective ownership of the Alliance beyond staff and Trustees and to promote team-working across the member organisations
- Provide a forum for policy and campaigns staff of member organisations to share information and provide mutual support
- More closely align member organisations' priorities with the collective needs of the Alliance
- Ensure that all member organisations, large and small, can contribute to the work of the Alliance.

3.2.3.1ai Policy Group leads

Sammy Ashby	Deputy Chief Executive, SUDEP Action, Co-Vice Chair (from June 2018) Co-Chair (from October 2018)
Sam Mountney	Senior Policy and Campaigns Officer, Epilepsy Action, Co-Vice Chair (from November 2019) Co-Chair (from April 2020)
Fredi Cavander-Attwood	Policy Manager for Health and Care, MS Society Co-Vice Chair (from November 2018), Co-Chair (from July 2019- Feb 2020)

3.3 Risk management

The Trustees have assessed the major risks to which the charity is exposed and are satisfied that systems are in place to mitigate exposure to major risks. A risk management strategy, reviewed annually, is in place. We also have a risk-based reserves policy which mitigates one of our main financial risks in terms of having over three quarters of our income coming from just 13 funders (four charities, nine corporates).

4. Public benefit

Our work benefits people affected by a neurological condition and those who represent them. Sections 1 and 2 of this report set out our objectives, reports on our activities and successes, and set out our plans for the current financial year.

The Trustees consider that they have complied with their duty in s4 of the Charities Act 2011 to have due regard to the guidance on public benefit published by the Charity Commission. The Trustees have considered this matter and concluded:

- That the aims of the organisation continue to be charitable
- That the aims and the work done give identifiable benefits to the charitable sector and both indirectly and directly to individuals in need
- That the benefits are for the public, are not unreasonably restricted in any way and certainly not by ability to pay
- That there is no detriment or harm arising from the aims or activities.

5. Reference and administrative details

The Alliance is a registered charity (1039034) and company limited by guarantee (02939840) registered in England. The Alliance's registered office was, from 21st September 2019, The Junction, Station Road, Watford, WD17 1ET.

5.1 Trustees and the nominating organisation

Katharine Crawford	Parkinson's UK (appointed November 2019)
Suzanne Dobson	Tourette's Action (Chair)
Marc Smith	Brain and Spine Foundation (appointed November 2019)
Genevieve Edwards/Susan Kohlhaas	MS Society
Chris James	Motor Neurone Disease Association (appointed November 2019)
Pamela Mackenzie	Sue Ryder
David Martin	Multiple Sclerosis Trust
Sue Millman	Ataxia UK
Caroline Morrice	Guillain-Barre and Associated Inflammatory Neuropathies
Amanda Swain	UK Acquired Brain Injury Forum
Angie Pullen	Epilepsy Action (appointed November 2019))

During the year the Board, again, co-opted two independent Trustees with the aim of achieving greater diversity on the board in terms of the professional backgrounds of members. The two co-opted trustees are:

David Garmon-Jones appointed February 2018, reappointed February 2019
Ralph Gregory appointed February 2018, reappointed February 2019

5.2 Professional advisors

Bankers CAF Bank Ltd, PO Box 289, West Malling, Kent, ME19 4TA
Metro Bank PLC, One Southampton Row, London, WC1B 5HA

Accountants Godfrey Wilson, 5th Floor, Mariner House
62 Prince Street
Bristol
BS1 4QD

Independent Examiners Goodman Jones LLP, 29-30 Fitzroy Square, London W1T 6LQ

6. Finances

6.1 Investment

Article 5.1.23 empowers the Alliance, with advice from a financial expert, to invest the funds of the Alliance as it sees fit, with consideration of the the suitability of investments and the need for diversification.

6.2 Subscriptions

Subscription rates are determined by the organisational income of each member and associate. Subscriptions for affiliate members are at a fixed rate.

6.3 Reserves policy

A reserves policy was agreed by Trustees during 2016/17. This new policy is a risk-based policy, to reflect the reality that any reduction in income or increasing in costs would take place over a period of time.

Having considered the risks, Trustees consider it prudent that reserves should be maintained in order to cover the loss of income from one third of the significant income sources. This equates to approximately £55,000.

At the end of the year cash reserves of £60,824 were held. This is £5,824 above the level of reserves the Trustees calculate are required. Total unrestricted funds totalled £88,186. As such in approving the 2019/20 budget, £20,155 of the reserves have been allocated for expenditure in 2019/20 to support the Alliance's key projects, such as the National Neuro Advisory Group (NNAG).

6.4 Financial position

Income from membership subscriptions increased by 9% in the year to £96,945 (2019/20: £90,545). In parallel, the corporate funding has increased from £94,694 to £96,732. We also received charitable donations totalling £2,000. We would like to thank The Edith Lilian Harrison 2000 Foundation for funding our work for the third year running. We would also like to thank the Souter Trust for their support this year. In line with our relationships policy, income from our corporate membership remained at less than 50% of our unrestricted income.

We received restricted donations from four charity members to support the NNAG work. Unrestricted funds have however been used to support this work also. We would like to thank the charity members for their support of this important work.

We also received generous support from Novartis, Teva, and Allergan to develop a clinical pathway in headache and migraine. This totalled £15,000. Spending on the project has been lower than expected due to COVID-19, and we have agreed with funders for the project to continue to 2020/21.

Overall, there is a surplus of £9,434 (before transfers) on the unrestricted funds (2018/2019 deficit of £44,605) and a deficit of £7,948 (before transfers) on restricted funds (2018/2019: deficit of £3,244). This leaves an overall surplus of £1,486 (2018/19: deficit of £47,849) for the year.

6.5 Trustees' responsibilities statement

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

Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- there is no relevant information of which the charitable company's independent examiner is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant information and to establish that the independent examiner is aware of that information.

6.6 Independent Examiners

At the AGM in November 2019, members agreed to delegate responsibility for selecting the Neurological Alliance's Independent Examiners for the forthcoming year and 2019/2020 accounts to the Board of trustees.

The Board decided to appoint Goodman Jones LLP to be our independent examiner for 2019/20.

6.7 Small company provisions

This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies exemption.

On behalf of the Board of Trustees

David Martin

David Martin
Vice Chair, Board of Trustees

Date: 18 November 2020

INDEPENDENT EXAMINER'S REPORT
TO THE TRUSTEES OF THE NEUROLOGICAL ALLIANCE (the 'Charity')
YEAR ENDED 30 JUNE 2020

I report to the charity Trustees on my examination of the accounts of the Neurological Alliance for the year ended 30 June 2020.

This report is made solely to the Charity's Trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. My work has been undertaken so that I might state to the Charity's Trustees those matters I am required to state to them in an Independent Examiner's Report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Charity and the Charity's Trustees as a body, for my work or for this report.

Responsibilities and basis of report

As the Trustees of the Charity (and its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Charity are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the Charity's accounts carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I can confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities [applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)].

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Martin Bailey

Martin Bailey, FCA
Goodman Jones LLP
Chartered Accountants
29-30 Fitzroy Square
London W1T 6LQ

Dated: 20-11-20

THE NEUROLOGICAL ALLIANCE

**STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE
INCOME AND EXPENDITURE ACCOUNT)**

YEAR ENDED 30 JUNE 2020

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2020 £	Total Funds 2019 £
INCOME AND ENDOWMENTS FROM:					
Donations and legacies	2	2,000	-	2,000	14,694
Charitable activities	3	193,677	25,000	218,677	196,739
Investments	4	536	-	536	290
TOTAL		196,213	25,000	221,213	211,723
EXPENDITURE ON:					
Raising funds		8,962	-	8,962	10,878
Charitable activities		177,817	32,948	210,765	248,694
TOTAL	5	186,779	32,948	219,727	259,572
NET EXPENDITURE BEFORE TRANSFERS					
Transfers between Funds	15	9,434 (8,832)	(7,948) 8,832	1,486 -	(47,849) -
NET INCOME/EXPENDITURE		602	884	1,486	(47,849)
NET MOVEMENT IN FUNDS		602	884	1,486	(47,849)
RECONCILIATION OF FUNDS:					
Total funds brought forward		87,584	2,756	90,340	138,189
TOTAL FUNDS CARRIED FORWARD		88,186	3,640	91,826	90,340

The Statement of Financial Activities includes all gains and losses recognised in the year.

All income and expenditure derives from continuing activities.

The notes below part of these financial statements.

THE NEUROLOGICAL ALLIANCE

BALANCE SHEET

30 JUNE 2020

	Note	2020 £	2019 £
FIXED ASSETS			
Tangible assets	12	1,694	410
CURRENT ASSETS			
Debtors	13	36,394	56,110
Cash at bank and in hand		60,824	64,755
		<u>97,218</u>	<u>120,865</u>
CREDITORS: Amounts falling due within one year	14	<u>(7,086)</u>	<u>(30,935)</u>
NET CURRENT ASSETS		90,132	89,930
NET ASSETS		<u>91,826</u>	<u>90,340</u>
CHARITY FUNDS			
Restricted income funds	15	3,640	2,756
Unrestricted income funds	15	88,186	87,584
TOTAL FUNDS		<u>91,826</u>	<u>90,340</u>

The Charity's financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The Trustees consider that the Charity is entitled to exemption from the requirement to have an audit under the provisions of section 477 of the Companies Act 2006 ("the Act") applicable to small companies and members have not required the Charity to obtain an audit for the year in question in accordance with section 476 of the Act.

The Trustees acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The financial statements were approved and authorised for issue by the Trustees on and signed on their behalf, by:

David Martin

David Martin
Vice Chair, Board of Trustees

Date: 18 November 2020

Company Registration Number: 02939840

The notes below part of these financial statements.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

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 UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The financial statements are prepared on the going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charitable company and rounded to the nearest £.

The Neurological Alliance meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

1.2 Company status

The Charity is a company limited by guarantee. The members of the company are the Trustees named on page 1. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the Charity.

1.3 Going concern

The Trustees have assessed whether the use of the going concern assumption is appropriate in preparing these accounts and are of the opinion that the Charity will have sufficient resources to meet its liabilities as they fall due. The Trustees have made this assessment in respect of a period of one year from the date of approval of these accounts. The Trustees of the Charity 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.

1.4 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and which have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

1. ACCOUNTING POLICIES *(continued)*

1.5 Income

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably.

The following specific policies are applied to particular categories of income:

Subscription income is invoiced in line with the financial year and recognised in the period to which it relates.

Corporate support represents amounts invoiced in the year.

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the Charity which is the amount the Charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

1.6 Interest receivable

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.

1.7 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit 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. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity. Governance costs are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

1.8 Operating leases

Rentals under operating leases are charged to the Statement of Financial Activities incorporating Income and Expenditure Account on a straight-line basis over the lease term.

1.9 Tangible fixed assets and depreciation

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the Statement of Financial Activities incorporating Income and Expenditure Account.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Office equipment - 3 years straight line

1.10 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

1.11 Cash at Bank and in hand

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

1.12 Liabilities and provisions

Liabilities 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. Liabilities are recognised at the amount that the Charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

1.13 Financial instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

1. ACCOUNTING POLICIES *(continued)*

1.14 Pensions

The Charity operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

1.15 Critical accounting estimates and areas of judgement

In the application of the Charity's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

In the opinion of the Trustees, there are no significant areas of estimation, uncertainty and critical judgements in applying accounting policies that have significant effect on the amounts recognised in the financial statements.

2. INCOME FROM DONATIONS AND LEGACIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2020 £	Total Funds 2019 £
Donations	2,000	-	2,000	5,694
Gift in kind	-	-	-	9,000
	2,000	-	2,000	14,694
<i>Total 2019</i>	<i>5,694</i>	<i>9,000</i>	<i>14,694</i>	

3. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2020 £	Total Funds 2019 £
Corporate Support	96,732	-	96,732	94,694
Subscriptions	96,945	-	96,945	90,545
Projects	-	25,000	25,000	11,500
	193,677	25,000	218,677	196,739
<i>Total 2019</i>	<i>185,739</i>	<i>11,000</i>	<i>196,739</i>	

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

4. INVESTMENT INCOME

	Unrestricted Funds £	Restricted Funds £	Total Funds 2020 £	Total Funds 2019 £
Interest income	536	-	536	290

5. ANALYSIS OF EXPENDITURE BY EXPENDITURE TYPE

	Staff Costs £	Depreciation £	Other costs £	Total Funds 2020 £	Total Funds 2019 £
Expenditure on raising voluntary income	4,128	80	4,754	8,962	10,878
Costs of raising funds	4,128	80	4,754	8,962	10,878
Policy Development	68,805	320	51,151	120,276	164,043
Members' Activities	48,164	240	11,398	59,802	64,383
Charitable activities	116,969	560	62,549	180,078	228,426
Expenditure on governance	16,513	160	14,014	30,687	20,268
	137,610	800	81,317	219,727	259,572
<i>Total 2019</i>	<i>128,006</i>	<i>546</i>	<i>131,020</i>	<i>259,572</i>	

Expenditure on charitable activities attributable to unrestricted funds was £184,304 (2019: £212,283) and £32,948 (2019: £36,411) was attributable to restricted funds. All expenditure on raising funds was attributable to unrestricted funds in both the current and prior years.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

6. ANALYSIS OF EXPENDITURE BY ACTIVITIES

	Activities undertaken directly £	Support costs £	Total 2020 £	Total 2019 £
Policy Development	89,871	30,405	120,276	164,043
Members Activities	36,738	23,064	59,802	64,383
Total 2020	126,609	53,469	180,078	228,426
<i>Total 2019</i>	<i>196,341</i>	<i>32,085</i>	<i>228,426</i>	

7. DIRECT COSTS

	Policy Development £	Members Activities £	Total 2020 £	Total 2019 £
Project costs	36,883	738	37,621	86,811
Meeting costs	2,072	1,598	3,670	6,138
Telephone	-	-	-	2,026
Trustee meetings and AGM	-	-	-	2,000
Wages and salaries	44,952	30,373	75,325	84,425
National insurance	3,274	2,212	5,486	8,637
Pension cost	2,690	1,817	4,507	6,304
Total 2020	89,871	36,738	126,609	196,341
<i>Total 2019</i>	<i>144,973</i>	<i>51,368</i>	<i>196,341</i>	

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

8. SUPPORT COSTS

	Fundraising costs £	Governance £	Policy Development £	Members Activities £	Total 2020 £	Total 2019 £
Project costs	41	82	287	164	574	2,024
Subscriptions	137	137	-	-	274	870
Post, printing and stationery	21	41	82	62	206	367
Property costs	840	1,679	3,358	2,519	8,396	9,783
Bank charges	6	13	24	18	61	67
Insurance	126	252	504	378	1,260	1,214
Recruitment and training	413	709	3,781	2,458	7,361	2,153
ICO registration	2	4	18	16	40	40
Trustee meetings and AGM	-	5,502	-	-	5,502	4,041
Accountancy and payroll	274	548	2,466	2,192	5,480	7,012
Legal Fees	-	4,210	-	-	4,210	-
Marketing	419	837	1,675	1,256	4,187	4,000
Fundraising expenses	2,475	-	-	-	2,475	-
Wages and salaries	4,128	16,513	17,889	13,761	52,291	21,408
Depreciation	80	160	320	240	800	546
Total 2020	8,962	30,687	30,404	23,064	93,117	53,525
<i>Total 2019</i>	<i>1,172</i>	<i>20,268</i>	<i>19,070</i>	<i>13,015</i>	<i>53,525</i>	

9. GOVERNANCE COSTS

	Unrestricted Funds £	Restricted Funds £	Total Funds 2020 £	Total Funds 2019 £
Support costs - Governance	14,014	-	14,014	6,751
Wages and salaries	16,513	-	16,513	13,463
Depreciation	160	-	160	54
	30,687	-	30,687	20,268

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

10. NET INCOME/(EXPENDITURE)

This is stated after charging:

	2020	2019
	£	£
Depreciation of tangible fixed assets:		
- owned by the charity	800	546
Independent examination fee	1,800	1,840
	<u><u> </u></u>	<u><u> </u></u>

During the year, no Trustees received any remuneration (2019 - £NIL).

During the year, no Trustees received any benefits in kind (2019 - £NIL).

During the year, no Trustees received any reimbursement of expenses (2019 - £NIL).

11. STAFF COSTS

Staff costs were as follows:

	2020	2019
	£	£
Wages and salaries	121,492	113,065
Social security costs	8,849	8,637
Other pension costs	7,269	6,304
	<u><u>137,610</u></u>	<u><u>128,006</u></u>

The average number of persons employed by the Charity during the year was as follows:

	2020	2019
	No.	No.
Employees	4	3

No employee received remuneration amounting to more than £60,000 in either year.

Key management personnel remuneration incurred by the charity in the 2019/20 year amounted to £54,746. This compared to £72,445 during 2018/19.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

12. TANGIBLE FIXED ASSETS

	Office Equipment £
COST	
At 1 July 2019	1,737
Additions in the year	2,084
	3,821
At 30 June 2020	3,821
DEPRECIATION	
At 1 July 2019	1,327
Charge for the year	800
	2,127
At 30 June 2020	2,127
NET BOOK VALUE	
At 30 June 2019	1,694
At 30 June 2019	410

13. DEBTORS

	2020 £	2019 £
Trade debtors	13,748	52,740
Other debtors	-	1,705
Prepayments and accrued income	22,646	1,665
	36,394	56,110

14. CREDITORS: Amounts falling due within one year

	2020 £	2019 £
Trade creditors	60	3,666
Other creditors	2,776	2,072
Accruals and deferred income	4,250	25,197
	7,086	30,935

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

15. STATEMENT OF FUNDS

STATEMENT OF FUNDS – CURRENT YEAR

	Balance at 1 July 2019 £	Income £	Expenditure £	Transfers in/out £	Balance at 30 June 2020 £
Unrestricted funds					
General Funds	87,584	196,213	(186,779)	(8,832)	88,186
Restricted funds					
NNAG Events	2,756	2,500	(2,900)	-	2,356
NNAG Pathways	-	15,000	(10,716)	-	4,284
NNAG	-	7,500	(19,332)	8,832	(3,000)
	2,756	25,000	(32,948)	-	3,640
Total of funds	90,340	221,213	(219,727)	-	91,826

NNAG events - events and activities to support the development of an epilepsy pathway

PES Stroke Association - consultancy support to Stroke Association to develop a stroke version of The National Neurology Patient Experience Survey

NNAG support - programme management support for The National Neuro Advisory Group, includes organising meetings, workstreams and events.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
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15. STATEMENT OF FUNDS (continued)

STATEMENT OF FUNDS – PRIOR YEAR

	<i>Balance at 1 July 2018 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Transfers in/out £</i>	<i>Balance at 30 June 2019 £</i>
Unrestricted funds					
<i>General Funds</i>	132,189	191,723	(223,161)	(13,167)	87,584
Restricted funds					
<i>NNAG Events</i>	6,000	-	(3,244)	-	2,756
<i>PES Stroke Association</i>	-	3,500	(3,500)	-	-
<i>NNAG Support</i>	-	7,500	(20,667)	13,167	-
<i>NNAG Support - GIK</i>	-	9,000	(9,000)	-	-
	6,000	20,000	(32,911)	13,167	2,756
<i>Total of funds</i>	138,189	211,723	(259,572)	-	90,340

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS – current year

	Unrestricted funds £	Restricted funds £	Total funds 2020 £
Tangible fixed assets	1,694	-	1,694
Current assets	93,578	3,640	97,218
Creditors due within one year	(7,086)	-	(7,086)
	88,186	3,640	91,826

ANALYSIS OF NET ASSETS BETWEEN FUNDS – prior year

	<i>Unrestricted funds £</i>	<i>Restricted funds £</i>	<i>Total funds 2019 £</i>
<i>Tangible fixed assets</i>	410	-	410
<i>Current assets</i>	118,609	2,756	120,865
<i>Creditors due within one year</i>	(30,935)	-	(30,935)
	87,584	2,756	90,340

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2020

17. PENSION COMMITMENTS

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £7,269 (2019 - £6,304).

Contributions totalling £1,158 (2019 - £2,072) were payable to the fund at the balance sheet date and are included in creditors.

18. OPERATING LEASE COMMITMENTS

At 30 June 2019 the total of the Charity's future minimum lease payments under non-cancellable operating leases was:

	2020	2019
	£	£
Amounts payable:		
Within 1 year	9,000	5,115
Between 1 and 5 years	-	-
	<hr/>	<hr/>
Total	9,000	5,115
	<hr/> <hr/>	<hr/> <hr/>

19. RELATED PARTY TRANSACTIONS

Other than disclosed elsewhere in these financial statements, there were no related party transactions requiring disclosure during the current or previous year.