

COMPANY REGISTRATION NUMBER 02939840



THE NEUROLOGICAL ALLIANCE
(LIMITED BY GUARANTEE)
FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2018

Charity Number 1039034

taylorcocks | chartered accountants
chartered tax advisers

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THE NEUROLOGICAL ALLIANCE
FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

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THE NEUROLOGICAL ALLIANCE

LETTER FROM CHAIR

YEAR ENDED 30 JUNE 2018

Dear all

Collaboration is the Neurological Alliance's founding value. There are many ways this plays out in our work – we bring together our members to amplify our collective voice, we work with clinicians and industry to achieve our shared goals of improving patient care, and we work collaboratively with policy makers to ensure patient voice is central to decision making. This year I believe our collaborative approach has enabled us to shift up a gear and we are now uniquely placed at the heart of neurology decision making and able to set the agenda. We have used our position as co-Chair of the National Neuro Advisory Group (NNAG), and as a member of the Neurosciences Clinical Reference Group and Neurology Intelligence Collaborative, to ensure the conversation starts from the perspective of the millions of patients living with a neurological condition in England.

NNAG is an example of our collaborative work – bringing together as it does patients, clinicians, commissioners and others to improve patient outcomes. It has become one of the key national policy levers to influence change in neurology, and the Alliance has not only become the co-Chair, but also put in resources to support NNAG to be a success, as well as hosting regular patient group consultative events to enable the wider patient community to influence NNAG's work. I am delighted NNAG is now focussing on mental health and on care planning – two issues Alliance members strongly pushed to be on the agenda. Through the condition-specific workstreams, NNAG has started to identify what good looks like and the blocks in the system that need to be addressed. A new national focus on rehabilitation, working in partnership with stroke, is another achievement – and one that is urgently needed to improve this part of the pathway for neurology patients. NNAG has some way to go in terms of delivering better outcomes and experience for patients but I believe we have the foundations in place – and the Alliance is in a strong position to influence developments over the next year.

Our members' meeting back in November provided an opportunity for the Alliance to further develop our work on primary care. For many neurology patients, this is the first point of contact – and often gatekeeper – to the rest of the health service. Their experience in primary care is often a contributing factor to their overall experience and outcomes in the health service, which is why getting the forthcoming NICE guidance on suspected neurological conditions in primary care right is so important to the Alliance. The Alliance worked collaboratively with members as well as the wider neurological community, to press for changes to the draft guidance so that it would better support diagnosis and referral of neurology patients. To date we have been successful in delaying the publication of this guideline. While we remain encouraged that guidance is being developed in this critical part of the pathway for neurology patients, we remain steadfast that it must be fit for purpose if it is to translate to appropriate and timely referrals and diagnosis for neurology patients.

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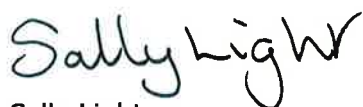
LETTER FROM CHAIR

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The Alliance's flagship project is our Patient Experience Survey – the only one of its kind in England. It provides us with rich data with which to speak authoritatively about the state of neurology services. It is now widely used by members and policy makers alike to improve services for people with neurological conditions. Yet we've always been aware of its limitations – those who complete the survey are not a representative sample of all people living with neurological conditions and the data is not rich enough to provide a regional breakdown of results. I am hugely excited that for 2018, we have built on our previous two surveys and have piloted a new methodology to survey patients in outpatient clinics. Full roll out is due later this year and it is because of the partnerships we have built with clinicians and staff working in outpatient departments that we are able to achieve this development.

With eight new members joining, our Alliance has gone from strength to strength this year. We start our new financial year with a review of neurosciences underway, a new long term plan for the NHS, and NNAG as an established lever for neurology. All of this gives us new opportunities to influence improvements to neurology patient care. We also anticipate patient experience survey data that is richer than ever before, enabling us to influence change at regional and local level – so important in the new landscape of STPs and ICOs. Finally we look forward to the launch of our new website providing a professional front door for our work and an information hub for the whole neurological community.

Best wishes



Sally Light
Vice Chair, Neurological Alliance

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REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name	The Neurological Alliance
Charity registration number	1039034
Company registration number	02939840
Registered office	c/o The British Polio Fellowship The Xchange Wilmington Close Watford Hertfordshire WD18 0FQ
Independent Examiner	Mr S. Mehta FCA H.W. Fisher & Company Accountants Acre House 11-15 William Road London NW1 3ER
Accountants	Taylorcocks Chartered Accountants Abbey House Hickleys Court South Street Farnham Surrey GU9 7QQ
Bankers	CAF Bank Ltd 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ Metro Bank PLC One Southampton Row London WC1B 5HA

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TRUSTEES ANNUAL REPORT

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The Trustees present their report and independently examined financial statements for the Neurological Alliance for the year 1 July 2017 to 30 June 2018. 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 21 November 2018. In preparation of this report, the Trustees had regard for the Charity Commission guidance on public benefit. The Trustees are delighted to report that the year 2017-18 has been a successful one.

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 80 national and regional organisations working together to make life better for millions of people in England with a neurological condition.

2. What we set out to do in 2017-18

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 were set at the Board away day in 2017, as follows:

1. Inform and lead the national policy agenda to drive neurology service improvement
2. Influence the development of commissioning strategies to ensure neurology is included and proportionately prioritised
3. Empower and support members to drive collective action that raises the profile of neurology and the issues facing people with neurological conditions
4. Improve the collection, analysis and use of data to provide a robust evidence base to inform improvement of neurology services
5. Build a sustainable organisation capable of bringing about change

The Annual Report of the Trustees for 2017/18 is set out under these new strategic objectives.

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2.1 What we did in 2017/18

- 1. Inform and lead the national policy agenda to drive neurology service improvement**
- 2. Influence the development of commissioning strategies to ensure neurology is included and proportionately prioritised**

The National Neuro Advisory Group (NNAG) provides a mechanism to align all current initiatives relating to neurology as well as being a forum to develop and champion new projects to improve patient experience and outcomes. As such, it has been one of the main levers for national policy activity, as well as influencing commissioning regionally and locally, over the past 12 months. During this year, the Alliance has become co-Chair of the group, working closely with Professor Adrian Williams to achieve a renewed national focus on neurology.

Early in the year we identified a need for increased resources to support NNAG to achieve its goals. Along with members, The Alliance has funded programme management support for NNAG. The programme management support is six months in and is starting to deliver results in terms of coordination of NNAG activity, as well as improved transparency and stakeholder management. We have also driven the development of an industry forum for NNAG which provides another perspective on the health system as well as further resource to deliver projects.

The Alliance has pushed for opportunities for patient involvement through hosting a series of patient group meetings with Professor Williams and NHS England. As a result of the patient group meetings, NNAG has agreed to set up a mental health workstream. We have also taken advantage of our position on the core NNAG to present our own patient experience survey research, this has resulted in a care planning workstream being set up to tackle some of the issues highlighted by our research. More recently we have highlighted the need for further patient representation on the NNAG core group resulting in NNAG now having four patient representatives. We have also pushed for a proper terms of reference to ensure transparency.

The Alliance was instrumental in planning and then chairing NNAG's inaugural clinical leaders away day in September with over 150 delegates. This meeting, along with subsequent patient organisation meetings, helped to shape the initial priorities for NNAG including clarifying specialised and non-specialised services, variation in service quality, transfer to and from regional centres, workforce issues and a lack of data. Following this meeting the Alliance spearheaded the development of a new national neurosciences data group, to act as a subgroup of NNAG. (More about this group below under our data objective).

Overall NNAG's key achievement this year has been to identify what good provision looks like, what the current blocks in the system are, and how to overcome these. NNAG has started to develop guidance on the next steps both locally and nationally. Following the clinical leaders' national away day, our programme management team has developed a series of work-streams involving experts in different aspects of neurology and patient experience to develop condition specific improvement initiatives. So far, these away days have included a neuromuscular day

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in February, a neurorehabilitation day in March and a Parkinson's/dementia/psychiatry day in July. Planning is currently underway for an epilepsy day in October. The next steps from these condition specific workstreams are to develop a set of outcome indicators to measure progress. The Alliance also plans to use this work to develop a clear ask for NHS England in terms of national support required.

Through NNAG another opportunity has arisen for neurology patients. Stroke has a ten-year strategy for improvement which ended in 2017. Having lobbied hard, the stroke community has reached agreement with NHS England to develop a new national plan for stroke. This will tackle various parts of the stroke pathway needing improvement, including rehabilitation. The stroke community approached NNAG to work with them on the rehabilitation part of the stroke plan, to drive improvement across the whole of neuro rehabilitation. The Neurological Alliance has joined the NHS England group overseeing the stroke plan, which represents a huge opportunity to improve rehabilitation for all neurology patients.

In parallel to our membership of NNAG, we continue to sit on the CRG, representing our members as a patient and public voice CRG member. We continue to provide input on the suite of new service specifications currently being drafted. This includes a neurology service specification, a neuropsychiatry (and neuropsychology) service specification, and a neurosurgery service specification. Our aim is for the neurology service specification, which due out at the end of the year, to be as clear as possible about who is responsible for commissioning what, to avoid confusion and inconsistencies. On neuropsychiatry/neuropsychology we have been guided by the pressing need for increased capacity and clearer pathways.

A major achievement for the CRG this year has been that Thrombectomy – a procedure for treating stroke – has now been rolled out to all neurosciences centres, and over the next year they will be moving to 24/7 provision. The CRG has been overseeing the rollout, and is looking for ways to resolve issues that will affect further roll out, such as the shortage of neurointerventional radiologists. The introduction of thrombectomy is significant development for neurology as a discipline and will have strong benefits for patient care in stroke and beyond – reducing deaths and severe disability.

Through our role on the CRG we have also overseen the production of the multiple sclerosis treatment algorithm, which provides a framework to aid decision-making for MS specialists and patients, to help reduce variations in practice, and thereby to improve uptake and outcomes for patients.

The Alliance has worked to ensure patient voice is fed in at every step of the process, involving members in commenting on proposals and policies. Early this year NHS England announced there would be a service review of specialised neurosciences. The Alliance has worked with NHS England to ensure patient involvement as the scope of this review is developed. We will be co-hosting a workshop for patient organisations and also, patients, later this year.

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We have also seen a change in leadership within the NHS policy makers this year. Sir Bruce Keogh stepped down as Medical Director, replaced by Professor Steven Powis. The Alliance secured an early meeting with Steven, in which we gained an insight into his thinking on neurology. More recently we have seen a new Secretary of State for Health in post, and the Alliance wrote to him during his first month in office to offer our support and set out how his early priorities could support the neurology patient priorities. The Alliance will shortly be publishing our hopes for the NHS long term plan.

3. Empower and support members to drive collective action that raises the profile of neurology and the issues facing people with neurological conditions

In addition to our regular all member policy group meetings we have instituted additional sub-groups this year to enable members to network and develop projects in areas that are of particular interest to them.

- Our mental health, emotional and cognitive needs subgroup has developed a workplan to deliver the recommendations of our *Pariety of Esteem* report from 2017 and begun to put in place the actions within this plan.
- A new rare disease subgroup has been established and has begun to set its priorities.
- Working with Alliance member Autistica, we have continued to lead the neurodevelopmental conditions coalition. The Alliance has chaired a policy workstream which has identified a number of shared policy aims particularly in relation to diagnostic overshadowing.

Our annual member's meeting took primary care as its subject. The outcomes of this day were fed into our work on the NICE Guideline for Suspected Neurological Conditions in Primary Care. Working with members, the Association of British Neurologists and other members of NNAG, The Alliance developed a comprehensive response to NICE consultation on this new guideline. We highlighted a number of concerns, the headlines of which were:

- The Guideline was not appropriately pitched for a non-specialist audience and as such would not overcome the current issues with delays in diagnosis and referral of patients with neurological conditions.
- Several symptoms of neurological conditions were entirely absent from the guidance, most significantly headache was missing. Some rare conditions were included but others we not.
- We had serious concerns with the way the guidance covered information and support, referring only to notifying the DVLA and employers. A valuable opportunity to sign post to third sector support was missed.

The Alliance also coordinated a response from NNAG members requesting a further consultation session with the NNAG core group. NICE agreed to this but to date few of the changes we requested have been taken up.

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4. Improve the collection, analysis and use of data to provide a robust evidence base to inform improvement of neurology services

Cancer, stroke and diabetes services have all been subject to national improvement programmes, driven by rich patient experience data. We want to achieve this for neurology patients, which is why we established our neurology patient experience survey in 2014 and repeated it in 2016. Our patient experience survey data is unique – it is the only comprehensive England-wide data about neurology patient experience. This first-hand evidence of patient experience informs our work with policy makers and the data has been widely used across the NHS and amongst patient organisations to improve care for people with neurological conditions. Yet our current survey has methodological flaws – our data sampling methods do not enable us to generalise for the whole neurology patient population, nor can we produce valid regional or local data for commissioners. While we reach 7,000 patients, this is a low response rate as a proportion of the millions of patients with neurological conditions in England.

This is why for 2018 our patient experience survey has been more ambitious than ever. Working with our steering group of Alliance members, we are developing a new methodology, which will run alongside our online survey, involving surveying patients in outpatient neurology clinics. Over the summer we have been piloting this new approach in five neurology clinics and will be reporting on the pilot in the autumn. The full roll out – and online survey – will go live in the autumn, with data available in 2019.

Our patient experience survey data is just one of several data sets that has been further developed this year. Right Care is developing a number of optimal value pathways relating to neurology. These include headache and migraine, progressive neurology (MND, Parkinson's, MS), and epilepsy. Getting it Right First Time (GIRFT) has begun preparing for its data collection in inpatient neurology departments, aiming to highlight variation across the country in order to take steps to improve services. The Neurology Intelligence Network has published a new report *Deaths in Neurological Conditions*. Perhaps the starkest finding of this report was that deaths from neurological conditions are 35% more likely to be premature. The report also reveals huge health inequalities for patients with epilepsy in relation to premature death. The Alliance has been a member of the Neurology Intelligence Network and worked with members to publicise the findings of this shocking report. We have also been working closely with GIRFT and Right Care to ensure we capitalise on opportunities to collaborate.

While more data for neurology can only be a good thing, The Alliance, and others working in neurosciences, shared a concern that these data initiatives were largely operating in isolation from each other. Earlier this year The Alliance supported the formation of the Neurology Intelligence Collaborative. This brings together all of the above data programmes, along with others working in the neurology data field such as the Association of British Neurologists. Since its inception in January, the group has sought to align the current data projects, find synergies and ensure there is no duplication. This group ultimately aims to produce and deliver a data plan for neurology.

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We will also be shortly publishing an update to our 2014 Neuronumbers publication. This publication is widely quoted as an authoritative source of information about neurology services and the number of neurological cases.

5. Build a sustainable organisation capable of bringing about change

Earlier this year we undertook a survey of members which found that over 80% of members are satisfied or very satisfied with their membership of the Neurological Alliance, with no members saying they were dissatisfied. Over 85% agree we are an effective national voice for the neuro community and over 80% agree we conduct useful research into neurological issues. Members told us that the main benefits of being a member of the Neurological Alliance were: having the opportunity to affect change through taking part in consultations and meetings with policy makers, receiving information about policy developments, and provision of condition specific data about patient experience. Over 90% said their membership represented good value for money.

One of the key areas of improvement highlighted by the survey was our website, which is old fashioned and difficult to navigate. In response, over the last six months we have been developing a new website which reflects that Alliance's status as a leading patient organisation. It will be launched in the autumn and will include a dedicated NNAG section to enable better sharing of up to date information about activities. In parallel we developed a new brand for the Alliance, which is already in use.

Eight new members joined the Alliance in 2017/18 – this included a new professional members The British Chapter of the International League Against Epilepsy, which is an association of healthcare professionals and scientists working in epilepsy. New members also included charities representing conditions including brain tumour, spinal injury, Downs Syndrome and Pernicious Anaemia. We also welcomed Medday Pharma as a new corporate member.

The Alliance has also taken steps to diversify our income by undertaking fundraising activity from charitable trusts and foundations. This has had limited success to date but will be expanded further in 2018/19.

What next in 2018/19?

1. Inform and lead the national policy agenda to drive neurology service improvement
 - Using our role as Co-Chair of NNAG to ensure the group is focused, transparent, and with patient involvement at the forefront of its activities.
 - Using our role on the Clinical Reference Group to ensure the national service review of neurosciences delivers improved outcomes for patients.
 - Publishing our demands for the NHS long term plan and then maintaining pressure on NHS England to include our demands in the plan.

2. Influence the development of commissioning strategies to ensure neurology is included and proportionately prioritised

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- Supporting STP/ICOs to use available data, including regional level patient experience data, and auditing their plans to ensure they will deliver change for patients.

3. Empower and support members to drive collective action that raises the profile of neurology and the issues facing people with neurological conditions

- Continuing our special interest groups in rare disease, mental health, emotional and cognitive needs and our membership of the neurodevelopmental conditions coalition.
- Deliver our annual members' meeting taking 'translating data into improve patient outcomes' as the theme.

4. Improve the collection, analysis and use of data to provide a robust evidence base to inform improvement of neurology services

- Using the data from our enhanced patient experience survey to produce a 'state of the nation' neurology report, followed by a series of more focused reports on specific issues
- Take a leading role on the new Neurology Intelligence Collaborative to ensure a comprehensive plan is developed for neurology data

5. Build a sustainable organisation capable of bringing about change

- Launch our new website and brand in order to provide an information hub for the neurological community.

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.

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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 (both of which were updated in 2011). 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 (maternity leave January-July 2018)
Joe Korner	Acting Chief Executive and Company Secretary – maternity cover (January-July 2018)
Katharine McIntosh	Senior Policy and Campaigns Advisor (from January 2018)
Elaine Cooper	Senior Policy and Campaigns Advisor (to August 2017)
Fiona Tate	Administration and Communications Assistant

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 can't vote or influence our strategic direction.

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Members

Action Duchenne	www.actionduchenne.org
Ann Conroy Trust ²	www.theannconroytrust.org.uk
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 Trust	www.brt.org.uk
British Polio Fellowship	www.britishpolio.org.uk
The Brain Tumour Charity ¹	www.thebraintumourcharity.org
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) ¹	www.dsrf-uk.org
Dystonia Society	www.dystonia.org.uk
Epilepsy Action	www.epilepsy.org.uk
Epilepsy Research UK ¹	www.epilepsyresearch.org.uk
Epilepsy Society ²	www.epilepsysociety.org.uk
FD UK ¹	www.familialdysautonomia.co.uk
FND Action	www.fndaction.org.uk
FND Hope ¹	www.fndhope.org
GAIN (Guillain-Barré and Associated Inflammatory Neuropathies)	www.gaincharity.org.uk
Hemihelp ²	www.hemihelp.org.uk
I Have IIH Foundation	www.ihaveiih.com
Independent Fetal Anti-Convulsant Trust	www.facsa.org.uk
The Meath Epilepsy Charity	www.meath.org.uk
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
Narcolepsy UK	www.narcolepsy.org.uk
National Tremor Foundation	www.tremor.org.uk
Pain Concern ²	www.painconcern.org.uk
Parkinson's UK	www.parkinsons.org.uk
Pernicious Anaemia Society (PAS) ¹	www.pernicious-anaemia-society.org
Polio Survivors Network	www.poliosurvivorsnetwork.org.uk

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Members (continued)

PSP Association	www.pspeur.org
Restless Legs Syndrome UK	www.rls-uk.org
Spinal Injuries Association ¹	www.spinal.co.uk
SUDEP Action	www.sudep.org
Sue Ryder	www.sueryder.org
Tourettes Action	www.tourettes-action.org.uk
Tranverse Myelitis Society	www.myelitis.org.uk
Trigeminal Neuralgia Association UK	www.tna.org.uk
Tuberous Sclerosis Association ²	www.tuberous-sclerosis.org
UK Acquired Brain Injury Forum	www.ukabif.org.uk

Associates

Association of British Neurologists	www.theabn.org
Association of Independent Healthcare Organisations (AIHO) ²	www.aiho.org.uk
British Paediatric Neurology Association	www.bpna.org.uk
Chartered Society of Physiotherapists ²	www.csp.org.uk
Division of Neuropsychology (British Psychological Society)	www.bps.org.uk/networks-and-communities/member-microsite/division-neuropsychology
ILAE British Chapter ¹	ilaebritish.org.uk
The National Hospital for Neurology and Neurosurgery Development Foundation	www.nationalbrainappeal.org
Stoke Mandeville Spinal Research ²	http://lifeafterparalysis.com

Associate Regional Group

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
Biogen	www.biogen.uk.com
Coloplast	www.coloplast.co.uk
Genzyme	www.genzyme.co.uk
MedDay Pharmaceuticals ¹	www.medday-pharma.com
Merk Serono	www.merckserono.co.uk
Novartis	www.novartis.co.uk
UCB Pharma Ltd	www.ucb.co.uk

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Regional Neurological Alliances

Black Country Neurological Alliance	www.blackcountryneuroalliance.org.uk
Bolton Neuro Voices	www.boltoncvcs.org.uk
Cumbria Neurological Alliance	www.cumbrianeurologicalalliance.wordpress.com
Gloucestershire Neurological Alliance ³	www.glosna.org.uk
Greater Manchester Neurological Alliance ¹	www.gmna.co.uk/
Hampshire Neurological Alliance	www.hantsneuroalliance.hampshire.org.uk
Lancashire and South Cumbria Neurological Alliance ²	www.lascna.co.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
Northern Neurological Alliance	www.northernna.org.uk
Oxfordshire Neurological Alliance ³	www.oxna.org.uk
Staffordshire Neurological Alliance	www.staffsneurologicalalliance.org.uk
Swindon and Wiltshire Neurological Alliance	www.swna.org.uk
West Berkshire Neurological Alliance	www.wbna.org.uk

Reciprocal members

National Voices	www.nationalvoices.org.uk
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 2017-18

². Ceased members in 2017-18

³. Organisation closed in 2017-18

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.

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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

Hannah Verghese	Advocacy and Policy Manager, The Migraine Trust, Chair
Duncan Lugton	Policy and Campaigns Manager, Sue Ryder, Vice Chair
Sammy Ashby	Deputy Chief Executive, SUDEP Action, Vice Chair (from June 2018)
Jack Doughty	Senior Policy Officer (Medicines and Clinical Pathways), MS Society, Vice Chair (from June 2018)
Ahmad Butt	Head of Support Services, British Polio Fellowship, Vice Chair (to May 2018)

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. The main risks facing the Alliance during 2017-18 were:

3.3.1 Income is insufficient to cover Alliance costs

During 2017/18 one larger member left the Alliance. This was largely mitigated by recruiting a new larger member. However, having 12 funders (four charities, eight corporates) who make up more than three quarters of the Alliances income means there is always a risk that income may be lower than budgeted if one or more of the larger members decide to leave the Alliance. The Alliance mitigates this risk in several ways:

- Having a risk-based reserves policy.
- Reforecasting our budget to reduce expenditure in line with reforecast income when required.
- Developing a pro-active stakeholder management approach to working with members to ensure the Alliance is responding to changing priorities of members, and developing new projects to align with member interests.
- Actively recruiting new members to the Alliance – with eight new members joining during 2017/18
- Working with a fundraiser to diversify our income through seeking support from trusts and foundations

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3.3.2 The Alliance's policy and influence activity is ineffective

Neurology has never been a named priority for NHS England and with a tight funding climate, it is unlikely to become a priority in the short term. We therefore have to use other policy levers in order to achieve the changes we want to see put in place to improve patient care. The National Neuro Advisory Group is one such lever and is now more embedded in the health system. In parallel we maintain a breadth of relationships across Government, NHS England and beyond. We also continuously monitor the policy environment and respond – often at short notice – to emerging opportunities.

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 is the c/o The British Polio Fellowship, The Xchange, Wilmington Close, Watford, Hertfordshire, WD18 0FQ.

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5.1 Trustees and the nominating organisation

Val Buxton	Parkinson's UK
Suzanne Dobson	Tourette's Action
Alice Doyle	Brain and Spine Foundation
Genevieve Edwards	MS Society (appointed November 2017)
Ruth Ingledew	Myaware (resigned August 2018)
Sally Light	Motor Neurone Disease Association (Vice-Chair)
Sue Millman	Ataxia UK
Caroline Morrice	Guillain-Barre and Associated Inflammatory Neuropathies
Matt O'Neill	Narcolepsy UK
Guy Parckar	Dystonia Society (resigned January 2018)
Nick Rijke	MS Society (resigned September 2017)
Amanda Swain	UK Acquired Brain Injury Forum (resigned November 2017)
Simon Wigglesworth	Epilepsy Action (Treasurer)
David White	Cavernoma Alliance UK

The during the year the Board also 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
Ralph Gregory	appointed February 2018

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	Taylorcocks Chartered Accountants, Abbey House, Hickleys Court, South Street, Farnham, Surrey, GU9 7QQ
Independent Examiners	HW Fisher & Company, Acre House, 11-15 William Road, London, NW1 3ER

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 new reserves policy was agreed by Trustees during our last financial year (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 £50,000.

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At the end of the year unrestricted reserves of £132,189 were held. This is £82,000 above the level of reserves the trustees calculate are required. As such in approving the 2018/19 budget, £38,000 of the reserves have been allocated for expenditure in 2018/19 to support the Alliance's key projects, supporting the National Neuro Advisory Group and the Patient Experience Survey.

6.4 Financial position

Income from membership subscriptions fell by 2% in the year to £98,841 (2016-17: £100,597). As noted in the risk management section, this was due to one large charity member leaving the Alliance. The corporate funding is continuing, with £82,480 core and £6,000 restricted (NNAG) funding being committed in the year. In addition, we received Gift in Kind support from The Strategy Unit, NHS Midlands to support the NNAG work. We would like to thank The Strategy Unit for their support. We also received restricted donations from UCB and three charity members to support the NNAG work. We would like to thank UCB and the charity members for their support of this important work. Overall there is a deficit of £8,618 on the unrestricted funds (2016/17: surplus of £1,209) and a surplus of £6,000 on restricted funds (2016/17: £nil). This leaves an overall deficit of £2,618 (2016/17: surplus of £1,209) 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;
- 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.

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In so far as the trustees are aware:

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

6.6 Independent Examiners

At the AGM in November 2017, members agreed to delegate responsibility for selecting the Neurological Alliance's Independent Examiners for the forthcoming year and 2017-18 accounts to the Board of trustees.

The Board decided that H.W. Fisher and Company continues as the organisation's Independent Examiner.

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

Sally Light

Sally Light
Vice Chair, Board of Trustees

Date: *20th February 2019*

INDEPENDENT EXAMINER'S REPORT
TO THE TRUSTEES OF THE NEUROLOGICAL ALLIANCE
YEAR ENDED 30 JUNE 2018

I report to the charity trustees on my examination of the accounts of the Neurological Alliance for the year ended 30 June 2018, which are set out on pages 22-32.

Responsibilities and basis of report

As the charity trustees of the company (and also 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 company 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 your company's accounts as 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 confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

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.



Sailesh Mehta, FCA
C/o H W Fisher & Company
Chartered Accountants
Acre House
11-15 William Road, London, NW1 3ER

Dated:

26 February
2019

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

YEAR ENDED 30 JUNE 2018

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2018 £	Total Funds 2017 £
INCOME AND ENDOWMENTS					
FROM:					
Donations and legacies	3	5,433	16,000	21,433	-
Charitable activities	4	181,921	17,500	199,421	170,597
TOTAL		187,354	33,500	220,854	170,597
EXPENDITURE ON:					
Charitable activities	5	190,972	27,500	218,472	164,388
Fundraising costs		5,000	-	5,000	5,000
TOTAL		195,972	27,500	223,472	169,388
NET					
INCOME/EXPENDITURE		(8,618)	6,000	(2,618)	1,209
NET MOVEMENT IN FUNDS		(8,618)	6,000	(2,618)	1,209
RECONCILIATION OF FUNDS					
Total funds brought forward		140,807	-	140,807	139,598
TOTAL FUNDS CARRIED					
FORWARD	15	132,189	6,000	138,189	140,807

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

All income and expenditure derives from continuing activities.

The notes on page 24 to 32 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE

BALANCE SHEET

30 JUNE 2018

	Note	2018 £	2017 £
FIXED ASSETS			
Tangible assets	11	956	1,502
CURRENT ASSETS			
Debtors	12	62,019	63,403
Cash at bank		101,288	85,338
		<u>163,307</u>	<u>148,741</u>
CREDITORS: Amounts falling due within one year	13	(26,074)	(9,436)
		<u>137,233</u>	<u>139,305</u>
NET CURRENT ASSETS		137,233	139,305
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>138,189</u>	<u>140,807</u>
NET ASSETS		<u>138,189</u>	<u>140,807</u>
FUNDS			
Restricted income funds	15	6,000	-
Unrestricted income funds	15	132,189	140,807
		<u>138,189</u>	<u>140,807</u>
TOTAL FUNDS		<u>138,189</u>	<u>140,807</u>

For the year ending 30 June 2018 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

Directors' responsibilities:

- The members have not required the company to obtain an audit of its accounts for the year in question in accordance with section 476;
- The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

The Trustees approved the financial statements on 1st November 2018 and signed on its behalf by:



Sally Light
Vice Chair, Board of Trustees



Simon Wigglesworth
Treasurer, Neurological Alliance

Company Registration Number: 02939840

The notes on pages 24 to 32 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

1. ACCOUNTING POLICIES

Basis of accounting

The Neurological Alliance is a charitable company limited by guarantee incorporated in England and Wales. In the event of winding up, each member may be required to contribute an amount, not exceeding £10, towards the settlement of the company's liabilities. The registered office is c/o The British Polio Fellowship, The Xchange, Wilmington Close, Watford, Hertfordshire, WD18 0FQ.

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 note(s).

Going concern

The trustees have assessed the charity's ability to continue as a going concern and there are no material uncertainties.

Funds accounting

Unrestricted funds are those funds that can be used in accordance with the charitable objects at the discretion of the Trustees.

Restricted funds are those funds that can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purpose.

Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies are applied to particular categories of income:

Subscription income is invoiced annually in advance and recognised on receipt.

Corporate support represents amounts invoiced in the year.

Grants towards revenue expenditure and general donations are treated as income when they are receivable, and allocated over the period to which they relate.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

1. ACCOUNTING POLICIES *(continued)*

Resources expended

Resources expended are included in the Statement of Financial Activities on an accruals basis inclusive of any VAT that cannot be recovered. Certain expenditure is directly attributable to specific activities and has been included in those cost categories. Where costs are attributable to more than one activity, those costs are apportioned on the basis of the time spent on those activities.

Governance costs are those incurred in connection with the administration of the charity and compliance with constitutional and statutory requirements.

Tangible fixed assets

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write-off the cost of each asset over its expected useful life as follows:

Office equipment - 3 years straight line

Pensions

The charity operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the charity in an independently administered fund.

Taxation

The charity is an exempt charity within the meaning of schedule 3 of the Charities Act 2011 and is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK tax purposes.

Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term liquid investments with original maturities of three months or less.

Financial instruments

The charitable company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charitable company's balance sheet when the charitable company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts recognised in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

1. ACCOUNTING POLICIES *(continued)*

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future receipts discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Trade creditors are obligations to pay for goods or services that have been acquired from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities.

Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

2. CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS

In the application of the charitable company'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.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

3. INCOME FROM DONATIONS

	Unrestricted Funds £	Restricted Funds £	Total Funds 2018 £	Total Funds 2017 £
Donations	5,433	-	5,433	-
Gift in kind	-	16,000	16,000	-
	<u>5,433</u>	<u>16,000</u>	<u>21,433</u>	<u>-</u>

Income from charitable donations was 21,433 (2017 - £nil) of which £5,433 (2017 - £nil) was attributable to unrestricted funds and £16,000 (2017 - £nil) was attributable to restricted funds.

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2018 £	Total Funds 2017 £
Corporate Support	82,480	-	82,480	70,000
Subscriptions	98,841	-	98,841	100,597
Projects	600	17,500	18,100	-
	<u>181,921</u>	<u>17,500</u>	<u>199,421</u>	<u>170,597</u>

Income from charitable activities was £199,421 (2017 - £170,597) of which £181,921 (2017 - £70,597) was attributable to unrestricted funds and £17,500 (2017 - £nil) was attributable to restricted funds.

5. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2018 £	Total Funds 2017 £
Staff costs	109,821	-	109,821	111,764
Other costs	66,923	27,500	94,423	38,425
Governance (note 6)	14,228	-	14,228	14,199
	<u>190,972</u>	<u>27,500</u>	<u>218,472</u>	<u>164,388</u>

Expenditure on charitable activities was £218,472 (2017 - £164,388) of which £190,972 (2017 - £127,258) was attributable to unrestricted funds and £27,500 (2017 - £42,130) was attributable to restricted funds.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

6. ANALYSIS OF CHARITABLE ACTIVITIES BY ACTIVITY

	Staff Costs (note 9) £	Depreciation £	Other costs £	Total Funds 2018 £	Total Funds 2017 £
Policy development	36,000	-	22,026	58,026	50,332
Members activities	67,021	546	71,851	139,418	93,055
	103,021	546	98,877	197,444	143,387
Governance (note 7)	6,800	-	14,228	21,028	21,001
	109,821	546	98,877	218,472	164,388

7. GOVERNANCE COSTS

	2018 £	2017 £
Staff costs	6,800	6,802
Property costs	1,763	1,965
Accountancy and payroll	5,155	5,792
Independent examination fees	2,100	1,854
ICO registration fees	35	35
Trustees meetings & AGM expenses	5,175	4,553
	21,028	21,001

8. NET INCOMING RESOURCES FOR THE YEAR

This is stated after charging:

	2018 £	2017 £
Staff pension contributions	4,616	2,229
Independent examination fees	2,100	1,854
Accountancy and payroll	5,155	5,792
Depreciation	546	137

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

9. STAFF COSTS AND TRUSTEE REMUNERATION AND EXPENSES

Total staff costs were as follows:

	2018	2017
	£	£
Wages and salaries	98,143	101,260
Social security costs	7,062	8,275
Other pension costs	4,616	2,229
	<u>109,821</u>	<u>111,764</u>

The average number of employees during the year was 3 (2017 - 2).

No employees received remuneration of more than £60,000 during the year (2017 - Nil).

No trustee received any emoluments in the year (2017 - Nil). No Trustees received out of pocket expenses in the year (2017 - Nil) for travelling to board or trustee meetings.

10. RELATED PARTY TRANSACTIONS

There were no related party transactions during the year.

11. TANGIBLE FIXED ASSETS

	Office Equipment £	Total £
COST		
At 1 July 2017 and at 30 June 2018	<u>1,737</u>	<u>1,737</u>
DEPRECIATION		
At 1 July 2017	235	235
Charge for the year	546	546
At 30 June 2018	<u>781</u>	<u>781</u>
NET BOOK VALUE		
At 31 July 2018	<u>956</u>	<u>956</u>
At 31 July 2017	<u>1,502</u>	<u>1,502</u>

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

12. DEBTORS

	2018	2017
	£	£
Other debtors and prepayments	10,469	1,598
Corporate funding debtors	51,550	61,805
	<u>62,019</u>	<u>63,403</u>

13. CREDITORS: Amounts falling due within one year

	2018	2017
	£	£
Trade creditors	7,478	1,270
Other creditors and accruals	18,596	8,166
	<u>26,074</u>	<u>9,436</u>

14. PENSION COSTS

The company operates a defined contribution scheme for all qualifying employees. The total pension charge for the year was £4,616 (2017 - £2,229). There is £2,026 (2017 - £1,191) included within other creditors and accruals in respect of outstanding pension contributions at the year-end.

15. ANALYSIS OF CHARITABLE FUNDS

ANALYSIS OF MOVEMENT IN UNRESTRICTED INCOME FUNDS

	Balance at 1 July 2017	Incoming resources	Outgoing resources	Transfer to Restricted Funds	Balance at 30 June 2018
	£	£	£	£	£
General funds	140,807	187,354	(195,972)	-	132,189

ANALYSIS OF MOVEMENT IN UNRESTRICTED INCOME FUNDS – previous year

	Balance at 1 July 2016	Incoming resources	Outgoing resources	Transfer from Restricted Funds	Balance at 30 June 2017
	£	£	£	£	£
General funds	97,468	170,597	(127,258)	-	140,807

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

15. ANALYSIS OF CHARITABLE FUNDS (continued)

ANALYSIS OF MOVEMENT IN RESTRICTED INCOME FUNDS

	Balance at 1 July 2017 £	Incoming resources £	Outgoing resources £	Transfer from Unrestricted Funds £	Balance at 30 June 2018 £
NNAG Events	-	33,500	(27,500)	-	6,000

The Restricted funds are available for future expenditure in relation to specific activities and projects that the Charity will undertake.

ANALYSIS OF MOVEMENT IN RESTRICTED INCOME FUNDS – previous year

	Balance at 1 July 2016 £	Incoming resources £	Outgoing resources £	Transfer to Unrestricted Funds £	Balance at 30 June 2017 £
Corporate support	42,130	-	(42,130)	-	-

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted income funds £	Restricted income funds £	Total £
Tangible fixed assets	956	-	956
Cash at bank and in hand	98,288	3,000	101,288
Current assets	59,019	3,000	62,019
Current liabilities	(26,074)	-	(26,074)
Total funds	132,189	6,000	138,189

ANALYSIS OF NET ASSETS BETWEEN FUNDS – previous year

	Unrestricted income funds £	Restricted income funds £	Total £
Tangible fixed assets	1,502	-	1,502
Cash at bank and in hand	85,338	-	85,338
Current assets	63,403	-	63,403
Current liabilities	(9,436)	-	(9,436)
Total funds	140,807	-	140,807

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018

17. OPERATING LEASE COMMITMENTS

At the reporting end date the charitable company had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2018	2017
	£	£
Within one year	6,820	-
Between two and five years	5,115	-
	<hr/> 11,935 <hr/>	<hr/> - <hr/>

