

COMPANY REGISTRATION NUMBER 02939840

THE NEUROLOGICAL ALLIANCE
(LIMITED BY GUARANTEE)
FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2016

Charity Number 1039034

taylorcocks | chartered accountants
chartered tax advisers

Abbey House
Hickleys Court
South Street
Farnham
Surrey
GU97QQ

THE NEUROLOGICAL ALLIANCE
FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2016

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THE NEUROLOGICAL ALLIANCE

LETTER FROM CHAIR

YEAR ENDED 30 JUNE 2016

Dear All

I'll be honest - it has been a tough, challenging and at times very frustrating year for the Alliance and the neurological community. However, as a result of several months of campaigning and engagement with our members and key decision makers, I believe we are now in a very strong position to take neurology further forward once again.

This time last year we were talking about our hopes for the future. Through our neurology national clinical director (NCD) and strategic clinical networks (SCNs), we had in place an NHS England clinical leadership model which was growing in strength and momentum, supported by improved data from Public Health England's neurology intelligence network. These three nationally supported initiatives were in place laying the solid foundations on which improvements to neurological services could be built.

Then, in December, we heard the news that NHS England would axe both the neurology NCD and the SCNs, dismantling all the hard work we all had done in the previous three years to build these up. At this point the neurological community rallied fiercely and collectively campaigned against this decision, engaging supporters in the House of Commons and the House of Lords, including the Public Accounts Committee.

Disappointingly, despite a clear recommendation from the Public Accounts Committee and strong support in parliament for our position, NHS England did not change its decision. This left neurological services in a vacuum with no clear source of national leadership, jeopardising progress on improving services and outcomes. Neurological conditions appeared to be side-lined again, just as our 2005-2015 National Service Framework for Long Term Conditions had been in 2012.

To our members, industry partners and people with neurological conditions, this seeming de-prioritisation of neurology made no sense. Patient experience and outcomes are persistently poor, pathways continue to be disjointed and commissioners remain disengaged with neurology. Through our engagement with the neurological community, it also became clear that a new approach was needed in order to address this longstanding lack of prioritisation of neurology in a way that would be sustainable.

With that in mind, along with Arlene and Alex, I met with Sir Bruce Keogh in July where it transpired that our campaigning had not fallen on deaf ears. We had demonstrated to NHS England that the issues that neurological patients are experiencing in the health service, such as highly variable access to services, cannot be ignored. As a result, we have been given a golden opportunity - to lead on the development of a new and alternative leadership approach to improve neurology services - one that will be collaborative, effective and sustainable. This puts the Alliance in the driving seat, working in partnership with national decision makers.

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LETTER FROM CHAIR

YEAR ENDED 30 JUNE 2016

As we move into 2016-17, the Alliance is stronger and more determined than ever, and will focus on four exciting key elements over the next five years:

- Lead on the development of effective national leadership and advice - to improve services and outcomes it is essential that the NHS focuses strategically on neurology, at a national level, driven by strong, effective, co-ordinated, collaborative leadership
- Develop a collective ambition for neurological conditions - to ensure our work is driven by the needs and priorities of people with neurological conditions, we must strategically and collectively agree on what must be done to improve their wellbeing, experiences of care, and health outcomes.
- Develop a strategy around data and intelligence - in order to understand the problems faced by people with neurological conditions and to solve them, we need national and local data, research and intelligence that is easy to understand and will help to identify problems and drive improvements in services, experiences and outcomes.
- Influence commissioning - in order to ensure that our national work is translated into improved commissioning of neurological services we must continue to influence key decision-makers in the NHS, in particular commissioners at both the national and local levels.

With this, my last report as your chair, I'd like to thank all our members, supporters and trustees for your tireless support of the Alliance over the last nine years. I'd like to thank Arlene for everything that she has done for the Alliance over the last six year years. She has been a fantastic Chief Executive and has had a massive impact. We will miss the way in which she has been able to pull us together to speak authoritatively and passionately for our common cause. The Alliance is in a much stronger position that when she started. We wish her every success in her exciting new role at the Migraine Trust. I am delighted to welcome our new Chief Executive, Sarah Vibert, to the Alliance and to what I believe is a very exciting five years ahead.

It has been my great honour to be your chair and leave you in the knowledge that the Alliance is stronger than ever and, with its members, will be at the forefront of bringing about change which will result in improvements to services and outcomes for those with neurological conditions.

Best wishes

Steve

Steve Ford
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 Parkinson's UK 215 Vauxhall Bridge Road London SW1V 1EJ
Independent Examiner	Mr S. Mehta FCA H.W. Fisher & Company Accountants Acre House 11-15 William Road London NW1 3ER
Accountants	tgs 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

THE NEUROLOGICAL ALLIANCE

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The Trustees present their report and independently examined financial statements for the Neurological Alliance for the year 1 July 2015 to 30 June 2016. The report and financial statements have been prepared in accordance with the Companies Act 2006 and the Charities Act 2011. The report and financial statements will be laid before the members of the charity at the Annual General Meeting to be held on 23 November 2016. 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 2015-16 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 2015-16

Our vision and mission is to improve the lives of people affected by neurological conditions and work towards their prevention and eradication; and 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.

To achieve this, our strategy sets our four goals that guide our activities:

- Neurology is embedded in health and social care services and that improvements in services can be demonstrated
- People with neurological conditions report that their needs are better understood by the general public and professionals with whom they come into contact with
- A five year strategy for neurological research is developed and implemented
- The charity is adequately resourced and financially sustainable.

The annual report of the Trustees will outline the work of the Alliance in 2015-16, covering our national, regional and local work, as well as outlining a key focus on long term sustainability.

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2.1 What we did in 2015-16

2.1.1 Summary

Throughout the past year we have worked, in partnership with our members and key partners, to improve neurology services by focusing on three main areas:

1. Making sure that neurology is given enough focus and attention at the national level.
2. Improving our understanding of the experiences and concerns of people living with neurological conditions.
3. Influencing how services are organised and delivered on the ground.

2.1.2 National focus on neurology

In order to improve services for people living with neurological conditions, it is essential that the NHS gives enough focus and attention to neurology at the national level. The national priorities and agendas set by NHS England influence services throughout the health system, including at regional and local levels.

Having national leadership for neurology is an important lever to support a national focus on neurology. Consequently, we were concerned when NHS England suggested in 2015 that they would no longer have a National Clinical Director (NCD) for neurology. NCDs ensure that NHS England focuses on the right issues, by bringing their expert knowledge into important decision-making and processes, and by providing clinical leadership. We felt that the loss of our NCD would hold back neurology service and outcome improvement, disadvantaging people with neurological conditions in comparison to other health conditions.

We demonstrated the neurological community's opposition to this change by organising letters of support from patient groups, doctors and other health professionals, and MPs with an interest in neurology. These were sent to the Government's Secretary of State for Health and to the NHS England Chief Executive. We also worked with peers and MPs to place parliamentary questions on the issue in the Houses of Commons and Lords.

In addition, we worked with the National Audit Office (NAO) and the House of Commons Public Accounts Committee (PAC) to secure a progress review of neurology services, as pledged by the PAC in 2012. As a result, the NAO published their progress report, [Services for people with neurological conditions: progress review](#), in July 2015 and the PAC held a committee hearing on neurology in December 2015. Our Chief Executive, Arlene Wilkie, gave evidence in person, emphasising the importance of strong clinical leadership for neurology services. We also provided the PAC with written briefings demonstrating the impact of the NCD's work. This resulted in the PAC including a clear recommendation in its February 2016 report on neurology, [Services to people with neurological conditions: progress review](#), that NHS England should retain the NCD role.

Despite this high profile work, NHS England axed the neurology NCD post in March 2016.

However, after a meeting with Sir Bruce Keogh, NHS England's National Medical Director, in July 2016, he mandated the Alliance to lead a piece of work with colleagues in his team to make alternative arrangements replace the functions of the NCD. We have been given an exciting opportunity to design and develop a new way forward for national leadership and advice to support the improvements required in neurological services. Led by the Alliance, and with representation from professional bodies, clinicians, research and academics, a

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national group will emerge that will provide a pivotal role in aligning a wide range of national neuroscience programmes across the sector in order to share best practice and evidence.

2.1.3 Understanding neurology

For too long there has been a lack of data on neurology services, which has made it more difficult to understand the problems in neurology and how to solve them. In 2015-16 we worked to produce new data to improve our understanding of how well services are performing and the experience of neurology patients. This information helps commissioners, providers and other key decision-makers to plan and deliver better neurology services for patients.

In June 2016 we launched our second neurological patient experience survey, with over 50 questions covering a wide range of issues, ranging beyond healthcare to social care, housing, home adaptations and access to benefits. The results of this survey will be presented in a report in January 2017 and the raw data will be made available for others to work with and analyse.

We have a position on the [Neurology Intelligence Network](#) (NIN) leadership group, which is comprised of representatives from the Department of Health, NHS England, Public Health England and Rightcare, all working to improve the availability of neurology data and intelligence which will improve service planning at the local level. For example, we championed the need for up-to-date figures on common different neurological conditions and the NIN will start working on a prevalence project in late 2016. We also engaged directly with Public Health England and NHS England to campaign for continued funding for the NIN's work in 2016-17, which was subsequently confirmed in March 2016.

The NIN leadership group also helped develop other key sources of data in 2016, such as the [Commissioning for Value](#) 'neurology focus packs' produced by RightCare, giving local commissioners a wealth of data to help them understand how to improve neurology locally.

In order to better understand the issues affecting CCG commissioning, in July 2016 we also sent Freedom of Information questions to every CCG in England on their local neurology services. This information will be presented alongside our patient experience survey results.

By the end of 2016, we will also publish an updated version of our neurology prevalence report *Neuro Numbers*, which will update our 2014 figures, presenting the latest estimates of neurology's prevalence by condition, and providing updated key statistics on the burden and impact of neurology as a whole.

2.1.4 Improving services

This year we have focused on primary care (GP) and community services for people with neurological conditions. Our 2014 patient experience survey, [Invisible Patients: Revealing the state of neurology services](#), showed very long waits for people to see a specialist after going to see their GP, so we wanted to understand what was happening and make recommendations for how to improve it for neurology patients.

We conducted a poll of 1,001 GPs across the country in December 2015, and held a discussion with experts to help us understand the findings. We discovered some very striking

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results, such as the fact that 85 per cent of GPs in England are either 'somewhat concerned' or 'extremely concerned' about the time taken from referral of a patient to seeing a consultant neurologist. In August 2016, we published [Neurology and primary care: Improving the transition from primary care for people with neurological conditions](#) which sets out how to improve GP services for people with neurological problems.

We were also part of a leadership group, led by NHS England's Thames Valley Clinical Network, in partnership with NHS England, which in June 2016 published [Transforming community neurology](#), a set of guidelines aimed at helping local commissioners understand how to improve community care for neurology patients. In 2016-17 we will continue to support the group which is looking to develop local pilots to test these ideas in practice.

Finally, we worked with NHS England's neurology clinical reference group to develop guidance aimed at improving specialised neurology services. Although this work has been delayed due to changes within NHS England during quarter one and two of 2016, we expect it to resume shortly and have applied to continue representing neurology patients on the group. The group will also resume work on other outputs including the neuropsychiatry service specification and potentially an algorithm to guide the use of MS drugs.

2.2 What next in 2016-17?

In response to our work and findings in 2015-16, and in partnership with our members and key stakeholders, we will commit to:

1. Working with NHS England to design and develop a new way forward for national leadership and advice, a National Neurology Advisory Group, to support the improvements required in neurological services.
2. Publishing, in collaboration with the newly formed National Neurology Advisory Group, our collective ambitions for neurology, a Five Year Ambition for Neurology, which will act as our guide to improve services.
3. Updating Neuronumbers and publishing a directory of neurological conditions which will provide annually updated information on neurological conditions and services.
4. Working closely with our members, the National Neurology Advisory Group, Public Health England, Department of Health and NHS England and parliamentarians to:
 - Clarify the commissioning responsibility of neurology services between NHS England and clinical commissioning groups, through our membership of the Neurosciences Clinical Reference Group
 - Influence the provision of neurology data through the Neurology Intelligence Network and RightCare, and deliver products that will influence commissioners and improve neurology services for all. We will do this through our role on the Mental Health Dementia and Neurology Intelligence Network Partnership Board and the Neurology Leadership Group

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- Helping to shape what better community care looks like. We will do this by working with NHS England's Thames Valley Clinical Network's *Transforming community neurology* project
 - Ensuring that neurology receives greater local attention by calling for more incentives in the accountability architecture and improved provision of data for clinical commissioning groups. We will do this by working with the London Neurosciences Clinical Network to development of measure which will demonstrate improvements in outcomes
5. Publishing the findings of our second patient experience survey and commissioning audit to measure and evaluate improvements to neurology services and outcomes.

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.

The Board has established one sub committee: the Human Resources Committee advises the Trustees and the Alliance on all matters relating to Human Resources, including recruitment and development of staff

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.

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3.2.1 Staff

Arlene Wilkie	Chief Executive and Company Secretary (left September 2016)
Sarah Vibert	Chief Executive and Company Secretary (from October 2016)
Alex Massey	Senior Policy and Campaigns Advisor

HR support from Parkinson's UK is gratefully received.

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.

Members

Action Duchenne	www.actionduchenne.org
Action for Dystonia, Diagnosis, Education and Research ²	www.actionfordystonia.co.uk
Action for M.E.	www.actionforme.org.uk
Alzheimer's Research UK	www.alzheimersresearchuk.org
Ann Conroy Trust	www.annconroytrust.org.uk
Ataxia UK	www.ataxia.org.uk
Batten Disease Family Association	www.bdfa-uk.org.uk
Brain and Spine Foundation	www.brainandspine.org.uk
Brain Research Trust	www.brt.org.uk
Brain And Spinal Injury Centre	www.basiccharity.org.uk
British Acoustic Neuroma Association ²	www.bana-uk.com
British Polio Fellowship	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
Different Strokes	www.differentstrokes.co.uk
Dystonia Society	www.dystonia.org.uk
Epilepsy Action	www.epilepsy.org.uk

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Epilepsy Society	www.epilepsysociety.org.uk
GAIN (Guillain-Barré and Associated Inflammatory Neuropathies)	www.gaincharity.org.uk
Headway – the brain injury association ²	www.headway.org.uk
Hemihelp	www.hemihelp.org.uk
I Have IIH Foundation ¹	www.ihaveiih.com
IIH UK ¹	www.iih.org.uk
Independent Fetal Anti-Convulsant Trust ¹	www.facsa.org.uk
Migraine Trust	www.migrainetrust.org
Motor Neurone Disease Association	www.mndassociation.org
Multiple Sclerosis National Therapy Centres ¹	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 ¹	www.narcolepsy.org.uk
National ME Centre ²	www.nmec.org.uk
National Tremor Foundation	www.tremor.org.uk
Pain Concern	www.painconcern.org.uk
Parkinson's UK	www.parkinsons.org.uk
Polio Survivors Network	www.poliosurvivorsnetwork.org.uk
PSP Association	www.pspeur.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
Tuberous Sclerosis Association	www.tuberous-sclerosis.org
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
Chartered Society of Physiotherapists	www.csp.org.uk
Division of Neuropsychology (British Psychological Society)	www.bps.org.uk/networks-and-communities/member-microsite/division-neuropsychology
Forward M.E.	www.forward-me.org.uk
The National Hospital for Neurology and Neurosurgery Development Foundation	www.nationalbrainappeal.org
Royal Hospital for Neuro-disability	www.rhn.org.uk
Stoke Mandeville Spinal Research	http://lifeafterparalysis.com
Association of Independent Healthcare Organisations (formally Independent Healthcare Advisory Services)	www.independenthealthcare.org.uk

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East Midlands Association of Neurological Organisations ¹	
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
Biogen ¹	www.biogen.uk.com
Coloplast ¹	www.coloplast.co.uk
Genzyme	www.genzyme.co.uk
Merk Serono	www.merckserono.co.uk
Novartis	www.novartis.co.uk
UCB	www.ucb.co.uk

Regional Neurological Alliances

Black Country Neurological Alliance	www.blackcountryneuroalliance.org.uk
Cumbria Neurological Alliance	www.cumbrianeurologicalalliance.wordpress.com
Gloucestershire Neurological Alliance	www.glosna.org.uk
Hampshire Neurological Alliance	www.hantsneuroalliance.hampshire.org.uk
Hounslow and Richmond Neurological Partnership	
Lancashire and South Cumbria Neurological Alliance	www.lascna.co.uk
Lincolnshire Neurological Alliance	www.lincolnshire-neurological-alliance.org.uk
Merseyside and Cheshire Neurological Alliance	www.neurosupport.org.uk
Northern Neurological Alliance	www.northernna.org.uk
Oxfordshire Neurological Alliance	www.oxna.org.uk
Staffordshire Neurological Alliance	www.staffsneurologicalalliance.org.uk
Swindon and Wiltshire Neurological Alliance	www.swna.org.uk
Tees Valley, Durham, and North Yorkshire Neurological Alliance	www.na-tvdny.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
Pain UK	www.painuk.org
Specialised Healthcare Alliance	www.shca.info

¹. New members in 2015-16

². Ceased members in 2015-16

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,

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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 and the Policy 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

Preth Rao Head of Development and Policy, Sue Ryder, Chair (resigned May 2016)

Ahmad Butt Head of Support Services, British Polio Fellowship, Vice Chair

Hannah Verghese Advocacy and Policy Manager, The Migraine Trust, Vice Chair

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 are:

3.3.1 Loss of accommodation

In July 2015, the Alliance was served notice by the Science Museum from the Dana Centre where it has been based since 2009. Parkinson's UK generously offered two spaces at their offices, as of the December 2015. This rental agreement is now in place, for two years and costs £10,000 per annum.

3.3.2 Inability to retrieve our funds

In 2016, the Alliance reviewed its banking arrangements. We held one bank account with CAF bank where our bank balance could peak around £150,000 and fall to around £50,000 depending on when our subscriptions come in. Under the Financial Services Compensation Scheme, CAF bank would only cover deposits of up to £75,000 should the bank wind up.

The trustees agreed that the Alliance required two bank accounts: one savings account (for surplus funds) and a current account (this would have all of the income and expenditure movement).

After reviewing several options, the trustees agreed to open the second bank account with the Metrobank as this savings account offered the highest interest rate (0.5% AER), no transactions fees (so we can transfer funds from this account to our Caf Bank account) and £75k covered by Financial Services Compensation Scheme. The new account was opened in August 2016.

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3.3.3 Policy makers cannot deliver our objectives

As outlined in section 2 of this annual report, we have lost our NCD for neurology within NHS England, as the individual paid for by NHSE England; he was the only person accountable for any neurology initiatives and improvements within NHS England. The uncertainty about the future of this role since the end of 2015 meant that there was no clear focus for neurology for almost six months. This has taught the community about the risk of being overly reliant on one person at the very national level. We met with Sir Bruce Keogh to discuss this, and he has given us the mandate to develop a leadership model, which will include clinical and patient voice, and not be reliant on any one individual. We aim to establish this group by the end of the 2016.

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 Parkinson's UK, 215 Vauxhall Bridge Road, London, SW1V 1EJ.

5.1 Trustees and the nominating organisation

Suzanne Dobson	Tourette's Action
Lyndsey Easton	Brain Research Trust (resigned May 2016)
Ruth Ingledew	Myaware (appointed November 2015)
Steve Ford	Parkinson's UK (Chair)
Sally Light	Motor Neurone Disease Association (Vice-Chair)
Sue Millman	Ataxia UK (appointed November 2015)
Caroline Morrice	Guillain-Barre and Associated Inflammatory Neuropathies
Guy Parckar	Dystonia Society (appointed November 2015)
Nick Rijke	MS Society
Mike Smeeton	Sue Ryder (resigned May 2016)
Amanda Swain	UK Acquired Brain Injury Forum
Simon Wigglesworth	Epilepsy Action (Treasurer)
David White	Cavernoma Alliance UK

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5.2 Professional advisors

Bankers	CAF Bank Ltd, PO Box 289, West Malling, Kent, ME19 4TA
Accountants	tgs taylorcocks Chartered Accountants, Abbey House, Hickleys Court, South Street, Farnham, Surrey, GU97QQ
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

The Trustees will seek to ensure a minimum reserve of three months planned expenditure in order that we can deliver our core activities in the event of a significant shortfall in income. At the end of the year reserves equal to 10 months of planned expenditure was held. The Trustees, in 2016-17, will consider within the new strategy how best to use these reserves.

6.4 Financial position

Income from membership subscriptions grew by 20% in the year to £110,232 (2014-15: £91,867). This is in line with our three increase in subscriptions strategy of which this was the final year. The corporate funding (restricted fund) is continuing, with each company donating £10,000. Of the £120,000 invoiced in the year, £50,000 was in relation to the programme set for 2015, with £70,000 being in relation to the agreed programme for 2016. Overall there is a surplus of £64,761 (deficit of £71,917 in 2014-15) for the year.

Our office accommodation was provided free of charge by the European Dana Alliance for the Brain, an initiative of the Dana Foundation, until December 2015. We moved to Parkinson's UK in December 2015 our rental agreement is £10,000 per annum.

6.5 Independent Examiners

H.W. Fisher and Company continues as the organisation's Independent Examiner and a resolution proposing its reappointment will be put to the Annual General Meeting.

6.6 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

Steve Ford

Chair, Board of Trustees Date:

THE NEUROLOGICAL ALLIANCE
INDEPENDENT EXAMINER'S REPORT
YEAR ENDED 30 JUNE 2016

I report on the accounts of the Neurological Alliance for the year ended 30 June 2016, which are set out on pages 18-24.

Respective responsibilities of Trustees and examiner

The Trustees (who are also directors of the Neurological Alliance for the purposes of company law) are responsible for the preparation of the accounts. The Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- (i) examine the accounts under section 145 of the 2011 Act;
- (ii) to follow the procedures laid down in the general Directions given by the Charity Commission under section 145 (5)(b) of the 2011 Act; and
- (iii) to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as Trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out below.

Independent examiner's statements

In connection with my examination, no matter has come to my attention:

- (a) which gives me reasonable cause to believe that in any material respect the requirements:
 - (i) to keep accounting records in accordance with section 386 of the Companies Act 2006; and
 - (ii) to prepare accounts which accord with the accounting records and comply with the accounting requirements of the section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities have not been met; or
- (b) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

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

Dated:

THE NEUROLOGICAL ALLIANCE

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

YEAR ENDED 30 JUNE 2016

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2016 £	Total Funds 2015 £
INCOME AND ENDOWMENTS					
FROM:					
Donations and legacies	2	1,120	-	1,120	6,253
Charitable activities	3	110,232	120,000	230,232	91,687
TOTAL		111,352	120,000	231,352	98,120
EXPENDITURE ON:					
Charitable activities	4	88,721	77,870	166,591	170,037
TOTAL		88,721	77,870	166,591	170,037
NET INCOME/EXPENDITURE		22,631	42,130	64,761	(71,917)
Transfers between funds		-	-	-	-
NET MOVEMENT IN FUNDS		22,631	42,130	64,761	(71,917)
RECONCILIATION OF FUNDS					
Total funds brought forward		74,837	-	74,837	146,754
TOTAL FUNDS CARRIED FORWARD		97,468	42,130	139,598	74,837

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 20 to 24 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE

BALANCE SHEET

30 JUNE 2016

	Note	2016 £	£	2015 £
FIXED ASSETS				
Tangible assets	9		-	-
CURRENT ASSETS				
Debtors	10	31,020		990
Cash at bank		125,589		77,728
		<u>156,609</u>		<u>78,718</u>
CREDITORS: Amounts falling due within one year	11	<u>(17,011)</u>		<u>(3,881)</u>
NET CURRENT ASSETS			139,598	74,837
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>139,598</u>	<u>74,837</u>
NET ASSETS			<u>139,598</u>	<u>74,837</u>
FUNDS				
Restricted income funds	13		42,130	-
Unrestricted income funds	14		97,468	74,837
TOTAL FUNDS			<u>139,598</u>	<u>74,837</u>

For the year ending 30 June 2016 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 2016 and signed on its behalf by:

Steve Ford
Chair, Board of Trustees

Simon Wigglesworth
Treasurer, Neurological Alliance

Company Registration Number: 02939840

The notes on pages 20 to 24 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2016

1. ACCOUNTING POLICIES

Basis of preparation

The accounts have been prepared under the historical cost convention.

The accounts 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 for Smaller Entities published on 16 July 2014, the Financial Reporting Standard for Smaller Entities (effective January 2015) and the Companies Act 2006.

Income

Income represents subscriptions, revenue grants, corporate support and donations receivable.

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.

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. All assets have been fully depreciated in previous years.

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.

Operating lease

Rentals payable under operating leases are charged on a straight term basis over the term of the lease.

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.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2016

2. INCOME FROM DONATIONS

	Unrestricted Funds £	Restricted Funds £	Total Funds 2016 £	Total Funds 2015 £
Donations	1,120	-	1,120	6,253

3. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2016 £	Total Funds 2015 £
Corporate Support	-	120,000	120,000	-
Subscriptions	110,232	-	110,232	91,867
	110,232	120,000	230,232	91,867

4. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2016 £	Total Funds 2015 £
Staff costs	67,995	42,070	110,065	109,877
Other costs	11,995	35,800	47,795	52,243
Governance	8,731	-	8,731	7,917
	88,721	77,870	166,591	170,037

5. ANALYSIS OF CHARITABLE ACTIVITIES BY ACTIVITY

	Staff Costs £	Depreciation £	Other costs £	Total £	Total Funds 2015 £
Policy development	42,070	-	35,800	77,870	40,819
Members activities	67,995	-	11,995	79,990	121,301
	110,065	-	47,795	157,860	162,120
Governance	-	-	8,731	8,731	7,917
	110,065	-	56,526	166,591	170,037

Included within governance costs are payments to the examiner totalling £1,343 (2015 - £1,163) for the Independent Examination Fees.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2016

6. NET INCOMING RESOURCES FOR THE YEAR

This is stated after charging:

	2016	2015
	£	£
Staff pension contributions	4,848	4,800
Independent examination fees	1,343	1,163
Accountancy fees	4,638	4,630
	<u><u> </u></u>	<u><u> </u></u>

7. STAFF COSTS AND TRUSTEE REMUNERATION AND EXPENSES

Total staff costs were as follows:

	2016	2015
	£	£
Wages and salaries	96,960	96,068
Social security costs	8,257	9,009
Other pension costs	4,848	4,800
	<u><u>110,065</u></u>	<u><u>109,877</u></u>

The average number of employees during the year was 2 (2015: 2).

One employee received remuneration of more than £60,000 during the year (2015: One).

No trustee received any emoluments in the year (2015: Nil). No Trustees received out of pocket expenses in the year (2015: Nil) for travelling to board or trustee meetings.

8. RELATED PARTY TRANSACTIONS

Chair of the Trustees, Mr S. Ford is the Chief Executive of Parkinson's UK. During the year the company entered into a rental agreement for office space with Parkinson's UK at an annual cost of £10,000. This commenced in December 2015, and as such there is a charge of £5,000 included in these financial statements. The transaction took place under normal commercial terms. Mr Ford was absent for the discussion and abstained from the vote on the decision to enter the rental agreement with Parkinson's UK.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2016

9. TANGIBLE FIXED ASSETS

	Office Equipment £	Total £
COST		
At 1 July 2015 and 30 June 2016	98	98
	<u>98</u>	<u>98</u>
DEPRECIATION		
At 1 July 2015 and 30 June 2016	98	98
	<u>98</u>	<u>98</u>
NET BOOK VALUE		
At 31 July 2016	-	-
	<u>-</u>	<u>-</u>
At 31 July 2015	-	-
	<u>-</u>	<u>-</u>

10. DEBTORS

	2016 £	2015 £
Prepayments	1,020	990
Corporate funding debtors	30,000	-
	<u>31,020</u>	<u>990</u>
	<u>31,020</u>	<u>990</u>

11. CREDITORS: Amounts falling due within one year

	2016 £	2015 £
Trade creditors	7,551	433
Other creditors and accruals	9,460	3,448
	<u>17,011</u>	<u>3,881</u>
	<u>17,011</u>	<u>3,881</u>

12. PENSION COSTS

The company operates a defined contribution scheme for all qualifying employees. The total pension charge for the year was £4,848 (2015 - £4,800).

There is £1,078 (2015 - £696) included within other creditors and accruals in respect of outstanding pension contributions at the year-end.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2016

13. RESTRICTED INCOME FUNDS

	Balance at 1 July 2015	Incoming resources	Outgoing resources	Transfer to Unrestricted Funds	Balance at 30 June 2016
	£	£	£	£	£
Restricted funds	-	120,000	77,870	-	42,130

The restricted income funds are fully explained in note 6.4 of the Trustees Report.

14. UNRESTRICTED INCOME FUNDS

	Balance at 1 July 2015	Incoming resources	Outgoing resources	Transfer from Restricted Funds	Balance at 30 June 2016
	£	£	£	£	£
General funds	74,837	111,352	88,721	-	97,468

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Tangible fixed assets	Net current assets	Total
	£	£	£
Restricted income funds	-	42,130	42,130
Unrestricted income funds	-	97,468	97,468
Total funds	-	139,598	139,598

16. LEASING COMMITMENTS

	2016	2015
	£	£
Due after 5 years	10,000	-