

MEDICAL JUSTICE NETWORK LIMITED

England & Wales · Charity number 1132072

Details

Other names	MEDICAL JUSTICE
Status	Registered
Legal form	Charitable company
Company number	06073571
Registered	2009-10-12
Register	View on the Charity Commission register

Contact

Address	Medical Justice Network Resource Centre 86 Durham Road London N7 7DT
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Website	www.medicaljustice.org.uk

Activities

Objects: THE OBJECTS FOR WHICH THE CHARITY IS ESTABLISHED ARE:(A) THE ADVANCEMENT OF HEALTH OR THE SAVING OF LIVES BY PRESERVING AND PROTECTING THE PHYSICAL AND MENTAL HEALTH OF THOSE SEEKING ASYLUM AND FOREIGN NATIONALS HELD IN IMMIGRATION REMOVAL CENTRES AND WHO LIVE IN THE COMMUNITY, AND THEIR DEPENDANTS (ASYLUM SEEKERS) THROUGH:(I) REVIEWING, MONITORING, VISITING, CARRYING OUT RESEARCH AND FACILITATING ASYLUM SEEKERS' ACCESS TO MEDICAL, HEALTH AND SOCIAL CARE SERVICES FROM APPROPRIATELY TRAINED PROFESSIONALS;(II) SUPPORTING AND COMPILING MEDICAL EVIDENCE FOR THE RELEASE FROM DETENTION IN IMMIGRATION REMOVAL CENTRES OF VULNERABLE ASYLUM SEEKERS WHO HAVE SUFFERED TORTURE, RAPE, INSTITUTIONAL ABUSE AND/OR VIOLENCE, TRAUMATIC INCARCERATION OR OTHER ABUSE.(B) THE RELIEF OF THOSE IN NEED BY REASON OF YOUTH, AGE, ILL-HEALTH, DISABILITY, FINANCIAL HARDSHIP OR OTHER DISADVANTAGE BY PROVIDING THEM WITH AND FACILITATING THE PROVISION OF LEGAL ADVICE AND REPRESENTATION).(C) THE ADVANCEMENT OF HUMAN RIGHTS (AS SET OUT IN THE UNIVERSAL DECLARATION OF HUMAN RIGHTS AND SUBSEQUENT UNITED NATIONS CONVENTIONS AND DECLARATIONS) FOR, BUT NOT LIMITED TO, ASYLUM SEEKERS BY ALL OR ANY OF THE FOLLOWING MEANS:(I) MONITORING ABUSES OF HUMAN RIGHTS;(II) OBTAINING REDRESS FOR THE VICTIMS OF HUMAN RIGHTS ABUSE;(III) RELIEVING NEED AMONG THE VICTIMS OF HUMAN RIGHTS ABUSE;(IV) RESEARCH INTO HUMAN RIGHTS ISSUES;(V) RAISING AWARENESS OF HUMAN RIGHTS ISSUES;(VI) PROMOTING PUBLIC SUPPORT FOR HUMAN RIGHTS;(VII) PROMOTING RESPECT FOR HUMAN RIGHTS AMONG INDIVIDUALS AND CORPORATIONS;(VIII) INTERNATIONAL ADVOCACY OF HUMAN RIGHTS; AND(IX) ELIMINATING INFRINGEMENT OF HUMAN RIGHTS.(D) THE ADVANCEMENT OF EDUCATION OF THE PUBLIC ABOUT THE POSITION AND TREATMENT OF ASYLUM SEEKERS BY PROVIDING INFORMATION AND ENCOURAGING DIALOGUE, CONSULTATION AND NEGOTIATION. (E) THE PROMOTION OF SUCH OTHER PURPOSES BEING EXCLUSIVELY CHARITABLE ACCORDING TO THE LAW OF ENGLAND AND WALES AS THE TRUSTEES MAY FROM TIME TO TIME DETERMINE.

Activities: Assist immigration detainees to get independent medical advice and legal advice, challenge instances of inadequate healthcare provision, monitor how the Home Office and its contractors implement policy and seek improvements to policies.

Classification

- **How:** Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Other Defined Groups, The General Public/mankind

Geography

- **Area of benefit:** UNDEFINED. IN PRACTICE, NATIONAL.
- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-01-31	£934,908	£750,424	£607,866	17
2024-01-31	£759,721	£794,412	£423,382	17
2023-01-31	£845,041	£781,928	£458,073	17
2022-01-31	£639,682	£646,669	£394,960	14
2021-01-31	£602,839	£558,323	£401,947	11

Trustees

Name	Role	Appointed
RUTH MARY TALBOT	Chair	2021-10-14
Anna Shea		2024-05-30
Bridget Banda		2020-09-28
Cornelius Katona		2024-05-21
Janahan Sivanathan		2020-02-10
Juliet Cohen		2024-05-21
Linda Mary Burke		2020-05-12
Phil Haywood		2021-11-03
Pranavan Balachandran		2024-06-12
Sarah Ricca		2024-05-21
Xiao Lu		2024-05-21

MEDICAL JUSTICE NETWORK LIMITED

England & Wales - Charity number 1132072

Accounts

Charity registration number 1132072 (England and Wales)

Company registration number 06073571

MEDICAL JUSTICE NETWORK LIMITED
ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 JANUARY 2025

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	L M Burke	
	J Sivanathan	
	B Banda	
	R Talbot	
	P Haywood	
	P Balachandran	(Appointed 12 June 2024)
	A Shea	(Appointed 30 May 2024)
	S Ricca	(Appointed 21 May 2024)
	X Lu	(Appointed 21 May 2024)
	J Cohen	(Appointed 21 May 2024)
	C Katona	(Appointed 21 May 2024)
Secretary	E Ginn	
Charity number	1132072	
Company number	06073571	
Principal address	86 Durham Road London N7 7DT	
Registered office	86 Durham Road London N7 7DT	
Independent examiner	F J Wilde FCCA MBA DChA Warner Wilde 4 Marigold Drive Bisley Surrey GU24 9SF	
Bankers	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4TA	
	TSB Bank	

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MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

The trustees are pleased to present their annual directors' report together with the financial statements for the year ended 31 January 2025, which are also prepared to meet the requirements for a directors' report and accounts for Companies Act purposes.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's governing document, the Companies Act 2006 and "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 2019)".

Objectives and activities

Summary of the purposes of the charity;

- The advancement of health or the saving of lives by preserving and protecting the physical and mental health of those held in immigration removal centres through:
 - Reviewing, monitoring, visiting, carrying out research and facilitating access to medical, health and social care.
 - Supporting and compiling medical evidence for the release from immigration detention of vulnerable detainees who have suffered torture, rape, institutional abuse and/or violence, traumatic incarceration or other abuse.
- The relief of those in need by reason of financial hardship by providing them with and facilitating the provision of legal advice and representation;
- The advancement of human rights by monitoring of and conducting research into abuses of human rights, raising awareness of and promoting public support for human rights issues, eliminating infringement of human rights, obtaining redress for and relieving need among the victims of human rights abuse.
- The advancement of the education of the public about the position and treatment of people in immigration detention and encouraging dialogue, consultation and negotiation.

The trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the charity should undertake.

Director's report

The last government's rhetoric and PR around the policy to deport asylum seekers to Rwanda was damaging to our society and absolutely terrifying for our clients targeted by it. Having to plan for it and collaborate with others to challenge it whilst wondering in dread if it would really happen was described by one lawyer as "like waiting to get punched in the face".

Then, in the run up to local elections in April 2024, it actually happened ; the public spectacle of rounding up and detaining already vulnerable people for deportation to Rwanda was indescribable for our clients, and also tough for our staff and volunteer teams too.

Our casework team and volunteers pulled out all the stops to support our 48 clients targeted for Rwanda, whilst our advocacy team furiously raised the alarm in parliament and the medical community. We published a report documenting the harm inflicted on those targeted entitled "You'll see the outside when you are in Rwanda".

Labour's general election victory in July 2024 brought relief when they quickly scrapped the Rwanda plan, scrapped the Bibby Stockholm barge warehousing asylum seekers and started processing asylum claims.

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Relief swiftly turned to sadness ; just days after anti-immigration riots, the new government announced its plans:

- A “Large surge” in deportations ; we saw comms indistinguishable to the previous government, filming and broadcasting deportations to showcase how many deportation flights it had carried out
- A significant expansion of detention, picking up and running with the previous government’s plans to add 1,000 spaces to the existing 2,500 across the UK’s 7 IRCs

One of the new government’s early moves was deciding to go ahead with the previous government’s planned changes that weaken safeguards for vulnerable people in detention.

Immigration detention is known to cause severe harm – the evidence is undisputed. We know that the conditions that led to the disturbing levels of mistreatment of detained people found by the Brook House [public] Inquiry persist. In July 2024 detention conditions were the ‘worst inspectors have seen’. Yet, chillingly, the Home Office has purposefully weakened its already failing safeguards whilst at the same time planning to expand detention. Clearly, increasing detention whilst weakening safeguards means severely harming more people. The resulting harm cannot be described as accidental.

Medical Justice performed well again this financial year. It continues to punch way above its weight thanks to its sizeable and dedicated team of volunteer clinicians and interpreters which enabled it to handle referrals from 508 people in detention in FY2024. The vast majority have been released and many now have leave to remain in the UK. We used our unique medical evidence base in our advocacy work to successfully challenge detention policies, making detention less harmful for thousands of detained people.

We were glad to have re-established the All-Party Parliamentary Group on Immigration Detention in the new parliament as cross-party scrutiny is ever more needed, especially with the Labour super-majority.

Medical Justice is built on the kindness and compassion of our dedicated volunteers and our staff members who go way, way above and beyond for our clients every day. They are massively competent and rightly well respected in the sector. Every day is a privilege to be working with them.

We thank our funders and all who contribute so much to enabling Medical Justice to shine bright in dark days. Our work has never been more needed and we are determined to carry on, to do more, to further develop our skills and effectiveness. Please help us make it happen.

Emma Ginn
Director

About immigration detention - 20,604 men, women and children were detained in 2024. Immigration detention is indefinite, despite not being part of any criminal sentence. It is not ordered by a judge and is optional. 12% more people were detained in 2024 than in 2023 and were held in mainstream prisons, short-term holding facilities and immigration removal centres (IRCs) in the UK, largely run by private companies. On 31 December 2024, 1,940 people were in detention. Most people were eventually released back into the community, calling into question why they had been detained. Many were harmed in the process.

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Who is in immigration detention : Many in detention are survivors of war and torture, and have been persecuted due to their political activity, religion, and sexual orientation. Many have been trafficked. During long, perilous journeys to the UK, many get detained, raped, extorted, and sold, some a number of times over. Some arrive on small boats with untreated injuries. Others have lived in the UK for decades, and have spouses, children and grandchildren here from whom they are separated. Many have physical and/or mental health problems, often as a result of past traumatic experiences.

Issues encountered in detention include:

- Torture scars and medical conditions are often not properly documented - and often not considered in individuals' cases
- Inadequate healthcare - despite people having complex medical needs, compounded by detention exacerbating medical conditions
- Ineffective safeguards - vulnerable people left to deteriorate, impacting their mental and physical health
- Damage to mental health - detention can be the cause of mental illness, untreatable in detention
- Excessive and dangerous use of force - normalisation of the infliction of pain, suffering and humiliation
- Inhuman and degrading treatment - toxic culture leading to dehumanising abuse of detained people
- Inappropriate use of segregation : including to 'manage' distress and symptoms of mental illness
- Deaths in detention : Medical mistreatment is rife and inquests have found that neglect has contributed to deaths, including an 84 year old who died in handcuffs.

Who is Medical Justice - Medical Justice was founded in 2005 by a man who was on hunger-strike in detention, and the independent volunteer doctor who visited him at the request of a campaigner. Even though the hungerstriker was on the verge of organ failure, the Home Office refused to transfer him to hospital until a High Court judge ordered it to do so, having considered the doctor's report. After being discharged from hospital, he and others who had been detained, together with campaigners and doctors formed Medical Justice to assist others in detention and change the system.

Vision : Immigration detention in the UK does not harm anybody's physical and mental health in the UK as it no longer exists.

Mission : Ensure the health and associated legal rights of detained people are upheld through the provision of medical evidence so the devastating harms of detention are understood and challenged.

Strategic Objectives

1. More people in detention have access to the support they need to access their health rights
2. Policy and legislative changes which increase health harms of immigration detention are resisted
3. Improved practice in detention facilities by holding to account and influencing
4. Increase awareness of the harms of detention alongside a momentum for change
5. Medical Justice evolves into a more sustainable, learning and effective organization.

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

What Medical Justice does – at the time of writing we have 21 paid workers, a team of 42 volunteer clinicians and 34 volunteer interpreters. We work with a network of lawyers, campaigners, and people with lived experience of detention. We handle between 500 and 1,000 cases a year. Our clinicians visit all 7 of the UK's IRCs to document clients' mental and physical scars of torture, medical conditions, injuries sustained during attempts to deport them, and deterioration of health in detention. The medical evidence we generate is considered in clients' asylum and immigration claims, and has been crucial in securing the release of many thousands of detained individuals over the years.

We also use medical evidence to document the toxic effect of indefinite detention and collaborate with others to advocate for lasting change through research, policy and parliamentary work, strategic litigation, and galvanising the medical community. This advocacy work has secured improvements for whole groups of vulnerable people in detention, including pregnant women and torture survivors.

Of a set of 73 detained clients assessed in 2024

- 82% were torture survivors
- One was detained for 2 years
- 91% had PTSD or suspected PTSD symptoms and 78% had suicidal thoughts
- For 94% of them, the IRCs failed to properly document their increased risk of suicide
- 90% were released, calling into question the justification for their detention in the first place
- 72% were still detained even after a clinical report from the IRC confirmed the harm this had caused

Activities and performance

Examples of our achievements in the year ending 31st January 2025 are summarized below.

Casework

During the financial year ending 31st January 2024, Medical Justice handled 508 referrals, 36% of which were self-referrals from people in detention. The rest were referred by other non-governmental organisations (NGOs) including visitors groups, legal representatives, friends and family and fellow detained people.

Use of force during hospital visits and while detained people are self-harming

Caseworkers found that force and/or restraints were used on our clients during hospital appointments, and in response to clients self-harming or attempting suicide.

Many lack legal representation

The large number of self-referrals and referrals from concerned fellow detained people reflects that many do not have legal representation. They have to apply for release as well as navigate their often highly complex immigration and asylum cases alone. Our caseworkers will gather the client's documents and take their account. With that support, together with the prospect of a medical assessment by one of our clinicians, it is often possible for us to secure legal representation and many go on to be successful in their applications for release from detention and permission to stay in the UK.

Increase in charterflights risks people being removed to the threat of persecution

Since the new government in July 2024 we have been seeing a stark increase in people referred to us who already have 'Removal Directions' and the Home Office chartering private planes to

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FOR THE YEAR ENDED 31 JANUARY 2025

remove a large number of people from one country at the same time. The exact flight times is kept secret in order to prevent disruption. Charterflights have included to Poland, Romania, Albania, Vietnam, Brazil, Nigeria and Pakistan.

During the run-up to these flights we get large numbers of referrals for people targeted to be on them. Many have complex health conditions and often long, complicated immigration histories. So many people being threatened with removal at once makes it extremely difficult for us to complete all necessary tasks in time, including gathering previous immigration decisions which may have been left at the person's home address when they were unexpectedly detained. Not knowing the time of the flight means we do not know how much time we have available for urgent work before a removal. We need to find legal representation for them at a time when solicitors' capacity is often already saturated due to working urgently with their existing clients also booked on the same flight. We need to carry out urgent medico-legal assessments for those who need one, but the number of cases means that we do not have enough capacity. Though, thanks to the work of our caseworkers, clinicians - including our fantastic volunteer clinicians - and volunteer interpreters, we were able to do so for many clients in time. This enabled their solicitors to obtain court orders preventing their removal, allowing the client's case to then be fully considered. As charterflight operations continue we fear that people will be removed to the threat of persecution or other human rights breaches due to the challenges of obtaining advice, representation and the needed evidence in time.

Severe mental or physical illness / mental capacity lost due to the toxic impact of detention

During the past year we have seen an increase in clients referred to us who present with severe mental or physical health problems or cognitive impairment and who are unable to navigate immigration processes without assistance. As there is no process to identify people with such difficulties and no assistance provided by the Home Office, many are left stranded in detention for very long periods, unable to access legal representation or to advocate effectively for themselves. Often these clients are referred to us by fellow detained people who are acting as informal carers, or by family outside, if they have any, or other NGOs.

We work with partner NGOs who go into IRCs regularly to identify and offer support to these clients. Our medical reports enable legal representatives to become involved, with the help of litigation friends.

Some of these clients did not lack mental capacity when they entered detention but they have become so unwell partly due to the toxic impact of detention.

Hospital staff serve legal papers on patients removed direct from secure mental health facilities

IMB Annual Report 2024 - the IMB raised serious concerns removing those sectioned under the Mental Health Act directly from those facilities. "Here, they were served legal paperwork not by immigration officials, but by hospital staff, and in all cases individuals waived their legal rights in the process." Previously reported in the Guardian ("Albanian man taken from UK psychiatric ward to deportation flight – report") – "The man signed release documents but the IMB monitors said they were uncertain he knew what he was signing – all the paperwork was in English and they were unclear about his level of understanding."

October 2024 : 26 year old French born Theophile Kaliviotis died at Brook House IRC

Theophile's death came almost a year after an Albanian man who had died days after attempted suicide at Brook House in October 2024. The cause of his death is not yet known and an Inquest is ongoing. Our

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

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thoughts are with his family and loved ones. In the aftermath of his death people detained at Brook House reported increased distress and feeling fearful and unsafe. Notices circulated to all those detained alongside him by the detention centre warned of taking substances and asked for support to staff, but failed to mention any support available to detained people.

Clinical work

We provided 114 clinical assessments - 101 were done in person by visiting detained clients in IRCs and in 8 cases there assessments were undertaken in our office as the client had been released. 51 visits in 2024 were undertaken by volunteer clinicians. We also provided reviews of medical notes, brief assessments by telephone, and wrote letters and emails to raise concerns about unmet health needs.

Clinical concerns – people detained despite overt psychotic symptoms and high suicidality

Through 2024 we observed a high level of clinical need and complexity in the medical and mental health issues assessed. This included people detained despite overt psychotic symptoms, for example those whose symptoms included hearing voices or experiencing delusional beliefs. These symptoms profoundly affect the person's experience of the world around them, often making it more difficult to understand what is happening and to interpret the actions of others. This makes detention exceptionally frightening and destabilising.

In some cases, severe mental health difficulties or impaired mental ability meant people we assessed were not able to understand, remember or communicate vital information about their legal cases, or in medical-legal terms lacked the mental capacity with regards to their legal case or detention. It is concerning to find such highly vulnerable individuals about whom no concerns had been raised by the IRC clinical teams.

We saw people whose serious suicide risk had been unreported by IRC clinical teams, and individuals who had required hospital treatment after attempting suicide. In other cases, individuals had experienced highly intrusive observations and constant watch by non-clinically trained staff. We also saw people who experienced use of force including being handcuffed as a response to distressed behaviour and self-harm, applied in the absence of resistance, aggression or records of having posed a risk to others. A recurrent description noted by our clinicians was the feeling of being treated without compassion, 'like animals'.

Training and volunteer recruitment

Our 'Basic Training Days', an introduction to medicolegal assessment in IRCs, were attended by a total of 53 potential volunteer clinicians, many of whom went on to become Medical Justice volunteers. 25 new doctors undertook one or more visits accompanied by one of our experienced doctors as part of their initial training.

An internal advanced training day in April was attended by 53 people including 29 Medical Justice volunteers and 11 external guest clinicians. We also contributed to the organisation of the Medico-Legal Report Network Conference in Liverpool in November with 77 attendees from various organisations – Medical Justice being the only one sending clinicians into IRCs.

Reviewing

We continue to provide a peer clinical review of all our medico-legal reports before they are finalised, an important part of assuring high quality and robust reports. Our volunteer clinical reviewers are highly skilled and experienced in medico-legal report writing themselves, and their invaluable feedback contributes to the ongoing professional development of our clinical team. Many thanks to Dr Tim

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Fetherston, Dr Sophie Quarshie, Dr Myra Stern, Dr Thelma Thomas and Dr Teresa Wozniak.

Designated body for the General Medical Council

Through our Responsible Officer, Dr Angela Burnett, Medical Justice is a Designated Body for the General Medical Council for licencing and revalidation of a small group of clinicians who do their only or main clinical work for Medical Justice, and we recognise and highly value their dedication in doing so.

"I first joined Medical Justice as a volunteer just over a year ago, and am very glad that I did. It is a really impressive organisation and does really important work - supporting and advocating for asylum seekers and migrants in detention, as well as research and policy development.. Many of the clients are deeply traumatised and vulnerable and struggling with mental and physical health, and being held in detention is usually only making their situation and suffering worse. I was already familiar with aspects of the detention system before joining Medical Justice but have been shocked to discover more about the close-up reality of the impact of detention on detained people and the extra unnecessary suffering that the system causes. By the Home Office's own criteria the great majority of people in detention should not be there but they are - often stuck without advocacy and appropriate legal support. Medical Justice provides detailed Medicolegal reports and personal support for the individual clients. It has been a steep learning curve, but also compelling and informative.

When I joined I was immediately made to feel welcome and it is a very friendly, inclusive, mutually supportive and close-knit team and the ongoing education, training, supervision and practical support is excellent. I would highly recommend it to anyone interested in doing this kind of work." - Volunteer doctor Dr Chris Wood joined our group of volunteer doctors using Medical Justice as a designated body. His experience includes working as an HIV consultant for 25 years, during which he did MLRs for patients' immigration cases relating to their medical needs and has also undertaken forensic reporting for victims of sexual violence.

2024 round-up and detention for Rwanda deportation

Having lost in the Supreme Court on its policy to deport asylum seekers to Rwanda, the previous government brought in the Safety of Rwanda Act (SORA) in April 2024, directing the UK courts and others to treat Rwanda as 'safe' irrespective of the situation there, then and at any future time. Days later - just before local elections - in a highly publicised round-up, more than 100 asylum seekers were detained for deportation to Rwanda.

Between 2nd and 30th May we received referrals for 48 people targeted for Rwanda, on top of existing clients and other referrals. 42 were men who were detained at Harmondsworth, Colnbrook and Brook House IRCs and 7 were women detained at Yarl's Wood. All had claimed asylum on arrival in the UK in 2022. Some were awaiting an asylum interview and others for a decision on their case. Several had family in the UK. Most had been detained on reporting and some arrested from home. Many were handcuffed and many described becoming extremely distressed.

Between the beginning of May and 6th June our clinicians carried out 18 assessments, 15 for Rwanda clients.

After up to 50 days, eventually all of our Rwanda clients were released on bail. Many have since been granted refugee status in the UK, though they report the shadow of detention has stayed with them as they had been suddenly and entirely unexpectedly detained and threatened with removal when they were complying with all conditions imposed on them. For many this has caused lasting damage on their ability to feel safe in the UK, to trust the UK authorities, and to

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

recover from their past trauma.

Ahmad*, a torture survivor, was in bed when four people entered his room. One carried a shield, another what he thought was a gun. He was handcuffed and taken by force from his bedroom. For Ahmad, this was a terrifying trigger of past experiences of being tortured. For the Home Office, it was an opportunity to film and broadcast Ahmad's ordeal (what he thought was a gun was a video camera) to publicise the government's Rwanda policy.

Research report : "You'll see the outside when you are in Rwanda" published September 2024

The report examines the cases of 48 detained clients targeted for Rwanda with a detailed analysis conducted on 30 clients' documentation including 'notice of intent for removal to Rwanda' documents, medical records, Rule 35 reports and Home Office responses, medico-legal reports (MLRs) and clinician forms.

The report includes powerful case studies and showed the harm and suffering to our clients.

- Those detained included men and women from Syria, Eritrea, Ethiopia, Afghanistan, Iran and Sudan.
- All were seeking asylum. None had a criminal conviction. At the time, 10 did not have legal representation.
- 80% had histories of torture and/or serious ill-treatment, trafficking and mental health conditions.
- 2 lost consciousness whilst being detained - both were taken to A&E, then taken on to an IRC.
- Trafficking survivors likened detention for removal to Rwanda to their trafficking experience.
- Serena* asked when she could leave and was told "you'll see the outside when you're in Rwanda".

Suicide risk levels and deterioration - Medical Justice clinicians assessed 11 clients ;

- All 11 had mental health conditions, including Post-Traumatic Stress Disorder, and all deteriorated.
- 9 had suicidal thoughts, 2 self-harmed and 1 attempted suicide shortly after they were detained.
- 8 expressed that they will or would take their own life if they were forcibly removed to Rwanda.

Brook House Inquiry work

Medical Justice was a Core Participant in the Brook House (public) Inquiry (BHI) established after BBC undercover filming exposed widespread mistreatment. BHI found that within a 5 month period there was a dangerous use of force, a wholesale failure of safeguards and a culture of dehumanisation that led to 19 incidents of credible breaches of Article 3 of the ECHR, which prohibits torture, inhuman and degrading treatment. Dysfunctional safeguards let vulnerable detained people deteriorate mentally and physically, exposing them to mistreatment.

Such mistreatment has gone without proper scrutiny until the Inquiry. Home Office and IRC staff, including some who are still in post, and have actually been promoted, were described by the Inquiry as 'unapologetic' and 'intransigent'. BHI found that failures still continue.

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2025

Challenging the Home Office failures to implement BHI recommendations in FY2024

Throughout 2024 Medical Justice sought ways to encourage parliamentarians to scrutinise the government's entirely inadequate response to BHI.

- In April 2024 Medical Justice drafted a [detailed analysis](#) clarifying exactly how and why the government's response in March had completely failed to address mistreatment in detention, including key questions for parliamentarians to ask the government, and provided evidence of ongoing abuse in detention.
- We briefed the Home Affairs Committee ahead of its oral evidence session on BHI in May 2024, with our fellow Core Participant the Gatwick Detainee Welfare Group who spoke at the session, and with parliamentarians.
- In our November 2024 bi-lateral meeting with Home Office officials they claimed that detention conditions had changed since 2017. They used the BHI Chair Kate Eves' lack of legal qualifications as part of its grounds of defence against not having implemented certain recommendations from BHI.
- The Home Office's then Director of Detention Services, who has held senior positions since before the BBC undercover filming in Brook House IRC which led to BHI, has been chairing a cross-government group on its response to BHI. Our FOI request for minutes of the group was rejected.

The main safeguard to identify vulnerable detained people and route them out of detention has been weakened

Contrary to BHI recommendations, the government weakened rather than strengthened its Adults at Risk Statutory Guidance (AARSG) removing the aim of reducing the number of vulnerable people in detention.

Medical Justice submitted its response to the Home Office consultation on the AARSG changes in March 2024. In April 2024 the Home Office did take on board some of our suggested amendments such as re-introducing a strengthened presumption against the detention of vulnerable people (though not completely reverting to the policy's previous wording), as well as adding back in the references (which the draft had suggested removing) to detention decision-making being transparent. The AARSG was weakened but not quite as badly as would have been the case had Medical Justice not provided input, so we succeeded in limiting the damage.

Medical Justice led work to raise the alarm in Parliament about the harmful AARSG changes likely to result in more vulnerable people being detained, for longer. This included ;

- Submitting [evidence](#) that explained the AAR policy changes in detail and their likely negative impacts for vulnerable people in detention to the House of Lords' Secondary Legislation Scrutiny Committee (SLSC) in May 2024. The SLSC then [issued its own report](#) drawing heavily from our evidence and criticising the changes.
- Jointly with 10 other detention-focused NGOs, publishing a [written briefing for parliamentarians](#) in June 2024, and an updated version in October 2024.
- Working with Labour's Baroness Lister of Burtersett to [hold a debate](#) on the changes in the House of Lords in October 2024. This followed the new Labour government's decision not to withdraw the changes, despite having the option to do so.

NHS England involved IRC doctor heavily criticised by BHI to develop new guidance on safeguarding reports

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Astonishingly, as an 'interim measure', NHS England involved the Brook House IRC doctor who was heavily criticised by BHI (who said it would provide a copy of its report to the GMC) to develop new clinical safeguarding guidance. Medical Justice was not consulted formally but some changes we put forward in April 2024 were incorporated, securing some preliminary improvements – for example, about subsequent Rule 35 reports that should be written if the detained person's health deteriorates further in the detention.

Home Office policy 'consultations' that do not substantially engage with BHI findings

A 'consultation' on Handling of Complaints include no changes sufficient to address BHI recommendations. Meanwhile, the Independent Monitoring Board (IMB) said in its 2024 annual report that detained people are frightened of complaining. The ballooning numbers of Use of Force incidents in 2024 highlighted the urgency of the need for policy improvements. Angela Eagle MP said in November 2024 that it would be published in Spring 2025, but there has been no visible progress.

Meanwhile the Home Office rents huge hangers to train 800 staff in forcing asylum seekers onto planes for Rwanda

In 2024 the previous government rented huge hangers with three plane fuselages for a year, at a cost of £6.4m, for training extra Home Office immigration enforcement staff and private contractors in the use of force, apparently to practice forcing asylum-seekers onto planes for Rwanda. We fear the same use of force techniques and practice, found by BHI to be excessive and unnecessary, could be used in the training.

In September 2024 a man who was a BHI Core Participant won damages

Having had no previous mental ill health, he developed PTSD inside Brook House where he was unlawfully detained for 3 months despite having the legal right to be in the UK. The court accepted weight could be put on the BHI findings and found that he suffered inhuman or degrading treatment predominantly as a result of factors arising from simply being detained in Brook House, so damaging were the conditions there. Evidence from Medical Justice as a Core Participant was key to BHI findings.

Research

Medico-Legal Report audit

This year work began on data collection of clients who had a finalised MLR into Medical Justice's first 'MLR audit'. Data was also collected from IRC medical records and Home Office documents including Rule 35 reports and responses. The audit allows Medical Justice to easily filter its data and to produce statistics and analysis faster for specific purposes such as strategic litigation, policy consultation, media work, parliamentary work and in correspondence with the Home Office and monitoring bodies.

Published Home Office statistics collated from FOI requests

Medical Justice produced a [new resource](#) on its website in December which contains Home Office Immigration Detention statistics collated through our regular Freedom of Information (FOI) Requests. The statistics cover Rule 35 reports, Self-harm incidents and ACDT, Segregation and Use of Force. We hope this will be a useful resource for the those in the sector, monitoring bodies, in strategic litigation, medical bodies and the media. We also hope it encourages others to also publish information they have received through FOI requests.

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Policy work

Medical Justice policy work is based on its medical evidence through casework with people in detention and successes in 2024 include the Home Office incorporating some of our suggestions regarding the Adults at Risk Statutory Guidance, the 'Second Opinion' guidance and Home Office Rule 35 training for IRC clinicians, making detention somewhat less harmful.

Medical Justice becomes chair of the Detention Taskforce - In October 2024 Medical Justice took over chairing the Taskforce on Survivors of Trafficking in Immigration Detention, a coalition of 16 expert NGOs who work directly with survivors of trafficking impacted by detention. In 2024 the Taskforce contributed to an ongoing review of the Care Standards for Survivors of Modern Slavery, led by the Human Trafficking Foundation and the University of Nottingham, carried out advocacy work around policies that harm Survivors of trafficking in detention, and raised awareness of parliamentarians.

The International Covenant on Civil and Political Rights periodic review – we made a joint submission together with Bail for Immigration Detainees (BID) in February 2024.

Council of Europe Group of Experts on Action against Trafficking in Human Beings (GRETA) - in October 2024 Medical Justice participated in a full day round table with GRETA and its stakeholders working on anti-trafficking in the UK providing information about the disfunction of safeguards in detention.

Parliamentary work

Providing briefings for parliamentary committees in 2024 - We provided briefings for the Home Affairs Committee and the Secondary Legislation Scrutiny Committee in May, and to the Statutory Inquiries Committee in September 2024.

Border Security and Asylum Bill 2025 - Some elements of the government's new [Border Security, Asylum and Immigration Bill](#), introduced in January 2025, are positive, including repealing all of the deeply damaging Safety of Rwanda Act 2024 and some aspects of the Illegal Migration Act 2023 (IMA). However, the Bill contains concerning gaps and changes. It fails to repeal Section 12 IMA which grants to the Home Secretary, rather than the courts, the power to determine what constitutes a "reasonable" length of detention and enables the continued detention of a person after the reason for their detention has fallen away.

The Bill also fails to repeal damaging provisions in the Nationality and Borders Act (NABA) 2022 including those that could introduce unfair accelerated detained appeals processes and priority removal notices. Medical Justice is calling on MPs and Peers to amend the Bill, repealing the IMA in full and the concerning provisions of NABA 2022, removing the retrospective effect of detention powers, and introducing a 28-day statutory time limit on detention which is one of the BHI recommendations.

Medical Justice is collaborating with fellow NGOs in providing joint written evidence for Committee Stage and Report Stage in the Commons and in the Lords, for the Joint Committee on Human Rights, and a joint briefing on a time-limit amendment. Remaining stages will take place after summer 2025 recess, with enactment possible by the autumn.

All-Party Parliamentary Group (APPG) on Immigration Detention

The APPG successfully held its AGM in March 2024 and was then significantly disrupted by the 2024 general election and the dissolution of Parliament in late May. The subsequent landslide win for Labour meant many key APPG members lost their seats, including the group's long-serving SNP Chair Alison Thewliss, and its Conservative officer Sir Peter Bottomley. A tightening of the rules around parliamentarians joining such groups, and the large numbers of new MPs, many of whom seemed hesitant to take on extra roles, added a further challenge in terms of re-forming the group. Nonetheless,

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Medical Justice successfully worked to bring the APPG together again, with Labour's Bell Ribeiro-Addy MP elected as the group's new Chair at its inaugural meeting in December 2024, along with former Conservative Attorney General Rt Hon. the Lord Garnier KC, Liberal Democrat Peer Baroness Hamwee and Labour MP Mohammad Yasin as officers.

In her first action as APPG Chair, Bell wrote to Angela Eagle MP in January 2025, proposing a meeting with the Minister and requested that the group is allowed to visit Harmondsworth IRC. Angela Eagle agreed to both activities.

Strategic Litigation

Second Opinion policy

The 'Second Opinion' policy allows the Home Office to disregard a MLR from Medical Justice for a detained client while it seeks a second opinion from a Home Office contracted doctor who may never actually meet the detained person or have any expertise in documenting deterioration of health in detention. We have seen a second opinion report take weeks to be produced and meanwhile our client deteriorated further in detention.

In January 2024 we won our judicial review challenging the policy ; the High Court found that there had been an unlawful failure by the Home Office to consult Medical Justice regarding changes to its Adults at Risk Caseworker Guidance which stipulates the Second Opinion policy. The Home Office appealed. The Court of Appeal heard the case in November 2024 and in March 2025 upheld the finding that there had been an unlawful failure to consult Medical Justice.

Mostly the Home Office does consult NGOs on immigration detention policies, and when it does, Medical Justice has sometimes been able to secure improvements to policies, making them less harmful for thousands of detained people. With the Second Opinion policy the Home Office did not consult (other than with their own contractors) and this closes the door to the possibility of improvements. Now the Home Office must consult us on its Adults at Risk policy, the door to policy improvements is forthwith permanently wedged open, potentially benefitting many thousands of detained people. Our lawyer said "I am not aware of another NGO succeeding in a judicial review in establishing a duty to consult ... certainly in the context of the immigration system. It is at least very rare if not unique."

Medical Justice provided evidence in the case of BLZ

In January 2025 a judgment was issued relating to BLZ, who had been released from detention without proper consideration by the Home Office of how his physical and mental disabilities necessitated adapted accommodation. He was repeatedly placed in accommodation with stairs (notwithstanding his high risk of seizures and falls) and without adequate care. He subsequently suffered serious falls, accidental medication overdoses, and at one point, was advised to confine himself to his room and urinate in bottles. The judge held that there were significant deficits in the Home Office's policy and practice for dealing with disabled people in immigration bail. He stated that the Court had "the firm factual anchorage of the powerful case study evidence" from Medical Justice and that the case-studies are "properly illustrative of the importance of a system which proactively considers potential care and support needs". In response the Home Office is developing a standard operating procedure on the release of vulnerable people which Medical Justice will be consulted on.

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Informing independent detention monitoring bodies

Medical Justice met with the Independent Chief Inspector of Borders and Immigration and discussed the challenges in inspecting how the Adults at Risk policy is applied. We provided a workshop for the Care Quality Commission and outlined specific failures in detention healthcare to help them identify failures when they visit IRCs. We met with HM Inspector of Prisons, providing intel and statistics from our MLR audit ahead of its unannounced visit of Harmondsworth IRC.

Campaign for Asylum and Refugee Rights (CARJ)

To respond to the threats posed by the Illegal Migration Act and the Rwanda plan, Medical Justice joined together with Asylum Aid, Anti Trafficking and Labour Exploitation Unit (ATLEU), BID, Detention Action, Freedom from Torture, Helen Bamber Foundation, Islington Law Centre, Migrants' Law Project and the Public Law Project. After the 2024 general election, the coalition considered what role we might play under the new government and in a significantly changed policy context. We recognised the benefits of working together through legally informed advocacy and, where necessary, strategic legal work to pursue common aims. The coalition has adopted three objectives on which we will work collaboratively with each other and with the wider sector:

- Defending the right to territorial asylum.
- Promoting a fair, effective and humane asylum system.
- Resisting the use and expansion of detention and quasi-detention.

Media Coverage

Medical Justice raised public and parliamentary awareness through the media – our work was covered by the British Medical Journal, the British Medical Association, the Guardian, the Independent, ITV, BBC online and BBC TV news.

Galvanising the medical community

Royal College Psychiatrists published its report "Protecting the mental health of people seeking sanctuary in the UK's evolving legislative landscape" in October 2024, criticising recent legislation and the Rwanda policy. It was co-authored by a Medical Justice trustee, included input from our staff, used evidence from our dossiers and promoted our training and volunteering. The report was covered by the British Medical Journal.

Safety of Rwanda Bill statement - in March 2024, together with other organisations in the medical community, we signed a statement outlining the harm that the Bill was likely to cause. This was issued along side a sector-wide statement opposing the Bill, published for the Lords second reading.

Visitors groups

Many clients are referred to us by visitors' groups, who have visited and supported often very unwell and isolated people in detention, and ensured that they reached us. In 2024 we worked in close collaboration with many groups including Detention Action, Beyond Detention, the Jesuit Refugee Service and Gatwick Detainee Welfare Group and we are very grateful for the crucial support they provide.

Summary of Medical Justice objectives and performance

In Financial Year 2024-25 Medical Justice performed well against its objectives for the year, including ;

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Objective : SUPPORT PEOPLE IN DETENTION BY PROTECTING THEIR HEALTH RIGHTS

Indicators include : the number of clients in detention that Medical Justice is able to assist and the number of new volunteers we are able to recruit and train so that they may go on to assist more people in detention.

Performance : Medical Justice assisted 508 clients during the financial year, which included an increased number of detained people on the Detained Asylum Casework process who had little time to obtain required medical and other evidence. We helped them access legal representation and provided medico-legal reports which enabled many to have their histories of trafficking and torture properly considered and to be released from detention. There was also an increase in clients referred to us who present with severe mental or physical health problems or cognitive impairment and who are unable to navigate immigration processes without assistance. Clients' health improved through better access to needed healthcare and are far more likely to secure long-term safety through winning their asylum claim with our medical evidence. We handled 48 referrals over four weeks for people targeted for deportation to Rwanda – all 48 were released. We trained 53 new potential volunteer doctors, 25 of whom undertook one or more visits accompanied by one of our experienced doctors as part of their initial training.

Objective : RESIST HARMFUL LAW AND POLICY AND BUILD POLITICAL OPPOSITION TO DETENTION

Indicators include : systemic change through policy work, strategic litigation, parliamentary action, acting as the secretariat for the APPG, having acted as a Core Participant in BHI and campaigning.

Performance : Medical Justice was able to reform the APPG in the new parliament and the new Chair secured a meeting with the Minister for Border Security and Asylum. Medical Justice has joined with others calling for amendments to the Border Security, Asylum and Immigration Bill (introduced in January 2025) that repeal the Illegal Migration Act in full and the concerning provisions of the Nationality And Borders Act 2022, removing the retrospective effect of detention powers, and introducing a 28-day statutory time limit on detention.

Changes we put forward in April 2024 regarding the NHS England guidance on Rule 35 safeguarding reports were incorporated – e.g. further R35 reports that should be written if the detained person's health deteriorates further in the detention. This could benefit hundreds of detained people each year and potentially be life-saving for some. In response to our consultation submission on the 'Second Opinion' guidance in May 2024, the Home Office made some improvements, including a requirement for second opinion reports to be subjected to the MLR Quality Standards. This relates to hundreds of detained people each year. The Home Office took on board some of our suggested amendments to its Adults at Risk Statutory Guidance such as re-introducing a strengthened presumption against the detention for vulnerable people, as well as adding back in references (which the draft had suggested removing) to detention decision-making being transparent, and reverting to Rule 34 appointments being "given" not "offered". This is set to benefit thousands of people in detention each year.

Our successful litigation established a duty on the Home Office to consult Medical Justice on its Adults At Risk policy which means the door to policy improvements through consultations is now wedged open for Medical Justice, potentially benefitting thousands of detained people when our suggestions for policy improvements are adopted. In the case of a man who had been detained at Brook House and was a BHI Core Participant, weight was put on BHI findings which Medical Justice's evidence was key to – he won £204,000 damages for the harm he suffered. There will potentially be more cases that use BHI findings and Medical Justice evidence, which may also lead to policy changes. Medical Justice provided case-studies for the case of BLZ who had been released from detention without accommodation suitable for his physical and mental disabilities. The resulting positive judgement held that there were significant

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deficits in the Home Office's policy resulting in the Home Office reviewing a standard operating procedure on the release of vulnerable people which Medical Justice will be consulted on and which may benefit many people being released from detention

Objective : SEEK ACCOUNTABILITY FOR HARMS CAUSED BY DETENTION

Indicators include : engaging with NHS England, individual IRCs and healthcare providers, and IMBs

Performance : Some of our feedback on the Home Office Rule 35 training for IRC clinicians was adopted, sadly not until Oct 2024 after that training programme was completed- it will hopefully be used for future training. Medical Justice met with the Independent Chief Inspector of Borders and Immigration, the Care Quality Commission, HM Inspector of Prisons, and IMBs, raising awareness of the issues our clients face in detention and how the issues can be identified.

Objective : BE PART OF THE MOVEMENT FOR CHANGE

Indicators include : media coverage and galvanising medical organisations.

Performance : The work of Medical Justice was covered by four articles in the British Medical Journal, and in the British Medical Association, the Guardian, the Independent, ITV, BBC online and on BBC TV news. We published a research report entitled "You'll see the outside when you're in Rwanda" which provided the sector with evidence of detention harms for advocacy work and raised awareness, including coverage in the Independent. Medical Justice evidence was quoted by the Royal College of Psychiatrists in Oct 2024 in its influential "Protecting the mental health of people seeking sanctuary in the UK's evolving legislative landscape" report.

Objective : MEDICAL JUSTICE IS A SUSTAINABLE, IMPACTFUL, REFLECTIVE ORGANISATION WITH THE VOICE OF EXPERTS BY EXPERIENCE CENTRAL TO OUR WORK

Indicators include : strengthening of the organisation by improving IT and knowledge management, and increasing the level of lived experience within the organisation.

Performance : Medical Justice started its first Caseworker Traineeship – a 6 month paid role ring fenced for someone with lived experience. The aim is to provide trainees with practical work experience to enhance their prospect of future employment in the sector, whilst also increasing lived experience in the Medical Justice staff team.

Specific objectives for Financial Year 2025-26 include:

1. Increase capacity to meet assist more clients in detention in light of government plans to expand detention
2. Resist harmful policy and practice by challenging the lack of implementation of BHI recommendations and weakening of detention safeguards, as well as documenting the harm caused to our clients.
3. Challenge the expansion of detention
4. Challenge the re-introduction of a detained fast-track process and any form of off-shoring any parts of the asylum process to third countries, including 'deportation hubs' or the likes
5. To secure and maintain the financial health of the organisation and secure more funding
6. To strengthen the organisation with additional roles, including a Head of Operations and a Fundraiser, and to employ people with lived experience of detention

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Financial review

Despite a difficult economic backdrop, Medical Justice has continued to demonstrate solid financial foundations. This is thanks in large part to both the continued generosity of its donors, as well as strong cost management – this year saw continued generosity from our donors, as well as stable cost despite the inflationary environment.

However, the financial outlook is far less secure compared to the previous years, due to a combination of the departure this financial year of the two biggest funders in our history, projected future cost increases due to needed new staff positions, as well as an overall difficult macroeconomic backdrop. Additionally, the funding landscape has become more difficult and as a consequence, many fellow charities have shrunk.

On the topline, Medical Justice has continued to receive generous donations from both our existing and new donors, as well as donations from volunteer doctors and interpreters, which make a real difference in a detained client's ability to present their case.

On the bottom line, cost has been tightly managed, with overall cost, excluding Donated Professional Services, broadly flat year on year, and staff cost also broadly flat in an inflationary environment. This reflects excellent cost management, thanks to the lean structure the charity runs, and more importantly, the generosity and hard work of our employed staff. However, there are more challenges to come on the cost side. First, we face a potential office move as our existing landlord has put up for sale of the property we are leasing from, which leads to further uncertainty on our cost base. Second, we have plans for additional needed staff, including a Head of Operations to strengthen the organisation and increase effectiveness and a Fundraiser to secure much needed new funding. As a result, we expect a likely increase in cost requirement in the coming years.

Finally, in terms of financial forecast, beyond the higher cost requirement, we forecast around 10-15% impact in our annual grant income vs the last 5 years due to the departure of the biggest funder in our history, Comic Relief. This, combined with losing our joint-first biggest funder Oak foundation, means that there is a lot of uncertainty on funding in the coming years, with a shortfall the financial year ending 31st January 2027 of anywhere between £144,000 and £346,000 and in FY2028 of between £307,000 and £836,000 as we stand. There is only one single secured grant that currently extends to 31st January 2028. The economic uncertainty which has led to fewer committed income streams, suggest that despite a very strong year in 2025, the future outlook is far from certain. As a result, we view the current higher reserve level in the fund to be crucial to set a solid foundation for the charity as we face the challenges ahead.

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Overview of the last 6 years income and expenditure

Income	FY2024-25	FY2023-24	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Donations	42,100	41,497	30,251	20,060	22,988	31,969
Grants	753,811	550,465	632,837	465,349	406,694	352,633
Other	16,208	9,183	1,451	4,201	239	392
MLR* + Training fees	41,973	36,158	30,736	20,140	53,169	53,002
Income	854,092	637,303	695,275	509,750	483,090	437,996
Donated professional services	80,816	122,418	149,766	129,932	119,749	222,438
Grand Total	934,908	759,721	845,041	639,682	602,839	660,434
Expenditure	FY2024-25	FY2023-24	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Salaries	541,865	540,324	485,965	371,423	337,626	336,966
Rent and rates	41,420	37,696	32,371	31,615	25,778	20,679
Volunteer expenses	2,391	2,040	946	155	485	588
Interpreter costs	23,790	24,243	30,021	19,580	25,836	8,946
Other running costs	60,142	67,691	82,859	93,964	74,685	52,652
Running costs	669,608	671,994	632,162	516,737	464,410	419,831
Donated professional services	80,816	122,418	149,766	129,932	119,749	222,438
Grand Total	750,424	794,412	781,928	646,669	558,323	633,323
Deficit / surplus	184,484	-34,691	63,113	-6,987	18,680	18,165

Reserves policy and going concern

Medical Justice has a policy of holding the equivalent of 5-9 months' operating costs as Reserves made up of unrestricted funds to weather financial unpredictability and an increasingly challenging funding environment. Factors leading to this financial uncertainty include:

- Medical Justice has an unpredictable income stream – all grants are for a limited duration – some as short as 12 months - and there is a significant possibility that grants will not be continued
- The current pool of funders who award grants for work in detention is limited and shrinking
- Our two largest funders have ceased funding Medical Justice this financial year – one (which had funded us for 16 years) because the last grant came to an end and the other (which had funded us for 14 years) because it scaling down its funding of activities regarding immigration detention in the UK
- Medical Justice has a “lumpy” income – more funders are moving from quarterly to annual instalments
- With the number of staff we have, Medical Justice has a significant and continuous cost base
- A period of high inflation and a rise in National Insurance means our salary cost increased over and above what was built into grants
- It would take some time to restructure in the event we had to reduce our workforce and activities due to a lack of income
- The work Medical Justice does to secure lasting change can take a number of years so an experienced team with strong institutional memory is needed
- Medical Justice faces a significant deficit in the coming years

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- The landscape of immigration detention for 2025-26 and beyond is unclear, with the government set to expand immigration detention; Medical Justice needs to be able to step-up and respond at short notice, with reliance on our Reserves

At the close of the financial year ending 31st January 2025 Medical Justice had £472,866 unrestricted funds; 7.6 months' operating costs (Total Expenditure); in the middle of the 5-9 month target.

Risk Register

Medical Justice trustees have given consideration to the major risks to which the charity is exposed and satisfied themselves that systems and procedures are established in order to manage those risks.

External factors outside Medical Justice's control

Medical Justice has grown slowly but steadily since it was founded in 2005. It was registered as a company limited by guarantee in 2007 and gained charity status in 2009. Its first employed a member of staff in 2008 and has added roughly one staff member each year. Its number of volunteers has also risen steadily. Most notably, the work it has undertaken has grown significantly.

A key part of its success depends on its partnerships with funders and its ability to raise ever-greater amounts of funding each year. Funding can never be assured and assisting people held in immigration detention is not a popular cause. Funding is an external factor beyond Medical Justice's control that is relevant to the achievement of its objectives.

Working relationships

Medical Justice has built and enjoyed good relationships with employees and volunteers. It is well respected by other non-governmental organisations which work in the same field and with whom we are continuously collaborating.

The relationship between Medical Justice and the Home Office is challenging. The Home Office controls access to people it holds in immigration detention. Medical Justice had to legally challenge an obstruction of access to its detained clients by independent doctors in 2009; the obstruction subsequently ceased.

Structure, governance and management

The charity is a company limited by guarantee and without any share capital and is governed by a memorandum of association. Trustees of the charity are also directors of the company. The company obtained Charitable Status on 12 October 2009. New trustees are selected according to criteria laid out in the charity's Handbook for Trustees and Staff and are appointed by the Board; during the year in question there were 11 Trustees, including a solicitor, a barrister, two psychiatrists, a forensic physician, a quantitative research director, a lawyer, a senior AI engineer, a Non-Executive Director at Hillingdon Hospital, a CEO of a charity assisting young refugees, and a Sanctuary Project Officer at Kings College. Three have lived experience of immigration detention and/or the hostile immigration system. Officers are elected or re-appointed at the Annual General Meeting.

The Executive Committee: comprises the Chair, the Vice-Chair, the Treasurer, and the Director.

Senior managers: include the Director, the Head of Casework and the Head of Advocacy.

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Related parties / subsidiaries

Medical Justice does not have any related parties or subsidiaries.

Structure of the Staff Team

- The Director: reports to the Trustees and is line-managed by the Chair.
- The Head of Casework, the Office Manager and the Head of Advocacy: report to the Director.
- 4 Caseworkers, 1 Senior Caseworker, 2 Clinical Advisors, 4 Clinical Assessors and 2 Clinical Trainers: report to the Head of Casework
- 1 Casework Trainee reports to the Senior Caseworker
- 2 Clinical Trainers and the Responsible Officer: report to one of the Clinical Advisors.
- The Policy, Research and Parliamentary Manager and the Researcher: report to the Head of Advocacy.

Staff team in Financial Year 2024-25

Emma Ginn	Director
Theresa Schleicher	Head of Casework
Lisa Incledon	Senior Caseworker
Eliza Lass	Caseworker
Naomi Olaniyi	Caseworker
Cat Goetz	Caseworker (left December 2024)
Carly Milne	Caseworker (joined January 2025)
Rubina Ahmed	Caseworker (joined January 2025)
Dashini Sukumaran	Caseworker Trainee (joined January 2025)
Elsbeth Macdonald	Parliamentary & Research Analyst
Maria Dardagan	Fundraiser (left October 2024)
Ariel Plotkin	Researcher
Idel Hanley	Policy, Research and Parliamentary Manager (left October 2024)
Rachel Nicholson	Head of Advocacy (joined January 2025)
Anthony Omar	Office Manager
Dr Rachel Bingham	Clinical Advisor
Dr Mary Kamara	Clinical Advisor
Dr Joe Bourdillon-Schicker	Clinical Trainer
Dr Sarah Clark	Clinical Assessor
Dr Sara Alsaraf	Clinical Assessor (left April 2025)
Dr Liz Clark	Clinical Advisor
Dr Angela Burnett	Responsible Officer (self-employed consultant)

The Volunteer team

Volunteer Interpreters

Throughout 2024 we were fortunate to have a wonderful team of volunteer interpreters who are co-ordinated by the casework team and interpreted phone calls between caseworkers and clients. This is hugely important for our work, often involving sensitive and emotional conversations about clients' traumatic experiences and health needs. During 2024 we held two training sessions for 20 new volunteer interpreters, covering 16 different languages between them.

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Volunteer clinicians

The volunteer clinicians are also co-ordinated by the Casework team. They are trained by caseworkers, the Clinical Advisors and Clinical Trainers (all doctors), former clients who have lived experience of detention, lawyers and occasional guest experts. The volunteer clinicians are supervised by the Clinical Advisors and Clinical Trainers and their medico-legal reports are reviewed by a team of reviewers comprising experienced volunteers and the Clinical Advisors and Trainers. There is a quarterly reviewers' forum to ensure that our reviewing process is rigorous and consistent, to maximise the effectiveness and accuracy of our medico-legal reports, and to make certain that our volunteer doctors are receiving a high standard of support.

Experts by Experience

The involvement of former clients who have experience of detention helps ensure that our strategic direction and operational decisions reflect the needs of clients in detention. They help train our volunteer clinicians and interpreters, have held training sessions for the Independent Monitoring Boards, speak at our public events and meetings convened by the All-Party Parliamentary Group on Immigration Detention, and speak to the media.

Medical Justice is striving to increase the lived experience within the organisation at all levels. Our priority is employing people with lived experience so that they have power and influence. Medical Justice has worked well to attract many job applications from people with lived experience - 60 out of the last 124 job applications in 2024. However, we are mostly unable to appoint them due to having limited employment experience due to interruptions in their lives caused by the immigration and detention processes.

To address this, a team including Vice-Chair Bridget Banda, develop the Caseworker Traineeship programme. The first trainee was hired in January 2025. They receive training and worked under supervision in casework. They also shadowed our researcher and office manager to increase knowledge in how a small charity operates.

Consultants

The few volunteer clinicians who are not linked to a 'Designated Body' elsewhere are supervised by our Responsible Officer, Dr Angela Burnett, in terms of appraisals and revalidation. Dr Burnett works on a consultant basis with Medical Justice.

Internal policies

Medical Justice continued to develop internal policies in Financial Year 2024-25 including Safeguarding Adults at Risk Policy and the Clinical Risk Management Policy.

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Trustees

The trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signature of the financial statements were:

E Norton	Resigned 26th March 2024
H G Pickles	Resigned 18th June 2024
L M Burke	
J Sivanathan	
B Banda	
R Talbot	
P Haywood	
P Balachandran	Appointed 12 June 2024
A Shea	Appointed 30 May 2024
S Ricca	Appointed 21 May 2024
X Lu	Appointed 21 May 2024
J Cohen	Appointed 21 May 2024
C Katona	Appointed 21 May 2024

Policies and procedures for the induction and training of trustees

Medical Justice continues to actively consider the most effective ways of recruiting and supporting trustees, with specific regard to the need for a wide and diverse range of skills, knowledge and experience. In particular, Medical Justice continues to focus on having trustees with lived experience of immigration detention.

None of the trustees has any beneficial interest in the company. All of the trustees are members of the company and guarantee to contribute £1 in the event of a winding up.

Medical Justice has no formal affiliations

Medical Justice is not formally affiliated with any umbrella group. In the pursuit of its charitable objectives, Medical Justice does co-operate closely on an ongoing basis with a dozen or so other non-governmental organisations (NGOs) who campaign for the health and wellbeing of people in immigration detention. We often form ad-hoc, fluid coalitions to work on specific issues, themes or pieces of work.

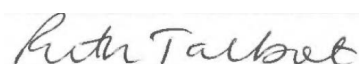
Medical Justice is a member of the Home Office's main stakeholder forum which covers immigration detention issues, the National Asylum Stakeholder Forum. It is also a member of the Independent Chief Inspector of Borders and Immigration's Refugee & Asylum Forum.

The trustees' report was approved by the Board of Trustees.

Dr Ruth Talbot

Chair of trustees

Dated: 15/07/2025



MEDICAL JUSTICE NETWORK LIMITED

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF MEDICAL JUSTICE NETWORK LIMITED

I report to the trustees on my examination of the financial statements of Medical Justice Network Limited (the charity) for the year ended 31 January 2025.

Responsibilities and basis of report

As the trustees of the charity (and also its directors for the purposes of company law), you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006.

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

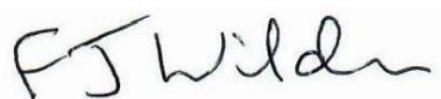
Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Association of Chartered Certified Accountants, which is one of the listed bodies.

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 charity as required by section 386 of the Companies Act 2006.
- 2 the financial statements do not accord with those records; or
- 3 the financial statements do not comply with the accounting requirements of section 396 of the Companies Act 2006 other than any requirement that the financial statements give a true and fair view, which is not a matter considered as part of an independent examination; or
- 4 the financial statements 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 financial statements 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 financial statements to be reached.



F J Wilde FCCA MBA DChA

Warner Wilde
4 Marigold Drive
Bisley
Surrey
GU24 9SF
Date: 28th July 2025

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2025

Current financial year		Unrestricted funds general 2025 £	Unrestricted funds designated 2025 £	Restricted funds 2025 £	Total 2025 £	Total 2024 £
	Notes					
Income from:						
Donations and legacies	3	122,916	-	-	122,916	163,915
Charitable activities	4	672,373	-	123,411	795,784	586,623
Investments	5	16,208	-	-	16,208	9,183
Total income		<u>811,497</u>	<u>-</u>	<u>123,411</u>	<u>934,908</u>	<u>759,721</u>
Expenditure on:						
Raising funds	6	360	-	-	360	216
Charitable activities	7	626,653	-	123,411	750,064	794,196
Total expenditure		<u>627,013</u>	<u>-</u>	<u>123,411</u>	<u>750,424</u>	<u>794,412</u>
Net income/(expenditure)		184,484	-	-	184,484	(34,691)
Transfers between funds		15,000	(15,000)	-	-	-
Net movement in funds	9	199,484	(15,000)	-	184,484	(34,691)
Reconciliation of funds:						
Fund balances at 1 February 2024		273,382	150,000	-	423,382	458,073
Fund balances at 31 January 2025		<u>472,866</u>	<u>135,000</u>	<u>-</u>	<u>607,866</u>	<u>423,382</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2025

Prior financial year		Unrestricted funds general 2024 £	Unrestricted funds designated 2024 £	Restricted funds 2024 £	Total 2024 £
	Notes				
Income from:					
Donations and legacies	3	163,915	-	-	163,915
Charitable activities	4	466,002	-	120,621	586,623
Investments	5	9,183	-	-	9,183
Total income		639,100	-	120,621	759,721
Expenditure on:					
Raising funds	6	216	-	-	216
Charitable activities	7	673,575	-	120,621	794,196
Total expenditure		673,791	-	120,621	794,412
Net income and movement in funds		(34,691)	-	-	(34,691)
Reconciliation of funds:					
Fund balances at 1 February 2023		308,073	150,000	-	458,073
Fund balances at 31 January 2024		273,382	150,000	-	423,382

MEDICAL JUSTICE NETWORK LIMITED

BALANCE SHEET

AS AT 31 JANUARY 2025

	Notes	2025 £	£	2024 £	£
Fixed assets					
Tangible assets	13		10,476		12,156
Current assets					
Debtors	14	4,068		9,980	
Cash at bank and in hand		614,537		590,336	
		618,605		600,316	
Creditors: amounts falling due within one year	15	(21,215)		(189,090)	
Net current assets			597,390		411,226
Total assets less current liabilities			607,866		423,382
The funds of the charity					
Unrestricted funds - general	20		472,866		273,382
Unrestricted funds - designated	19		135,000		150,000
			607,866		423,382

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 January 2025.

The director acknowledges her responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

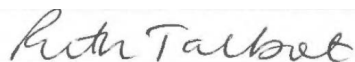
The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the trustees on 07/07/2025

.....
R Talbot

Chair of trustees



Company registration number 06073571 (England and Wales)

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 JANUARY 2025

	Notes	2025 £	£	2024 £	£
Cash flows from operating activities					
Cash generated from operations	23		10,475		128,313
Investing activities					
Purchase of tangible fixed assets		(2,482)		(2,000)	
Interest received		16,208		9,183	
Net cash generated from investing activities			13,726		7,183
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			24,201		135,496
Cash and cash equivalents at beginning of year			590,336		454,840
Cash and cash equivalents at end of year			614,537		590,336

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 JANUARY 2025

1 Accounting policies

Charity information

Medical Justice Network Limited is a private company limited by guarantee incorporated in England and Wales. The registered office is 86 Durham Road, London, N7 7DT.

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006 and "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 2019)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Designated funds represent a portion of the unrestricted funds of the charity that have been set aside for a particular purpose by the trustees.

Restricted funds are subject to specific conditions by donors or grantors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

Endowment funds are subject to specific conditions by donors that the capital must be maintained by the charity.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1.5 Expenditure

A liability is recognised when either a legal or constructive obligation is identified. Irrecoverable VAT is classified in the same way as the transaction to which it relates.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

1 Accounting policies

(Continued)

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computers and office equipment	5 years straight line
--------------------------------	-----------------------

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

Tangible assets which are not held for investment purposes and are identified as having an enduring value are capitalised if their value on acquisition exceeds £250.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity 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 charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented 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.

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.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

1 Accounting policies

(Continued)

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans 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 payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations 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. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Taxation

The charity is exempt from corporation tax on its income and gains as long as the income is applied for charitable purposes.

1.11 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.

1.12 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

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

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

3 Income from donations and legacies

	Unrestricted funds 2025 £	Unrestricted funds 2024 £
Donations and gifts	42,100	41,497
Donated goods and services	80,816	122,418
	<u>122,916</u>	<u>163,915</u>
Donations and gifts		
Donations	42,100	36,497
Other	-	5,000
	<u>42,100</u>	<u>41,497</u>

Donated goods and services

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

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

In the accounts for the year ended 31 January 2025, the value of the donation £80,816 (2024: £122,418) is shown in Donations and Legacies, note 3 and the corresponding cost in Charitable Activities, note 7.

4 Income from charitable activities

	Unrestricted funds 2025 £	Restricted funds 2025 £	Total 2025 £	Unrestricted funds 2024 £	Restricted funds 2024 £	Total 2024 £
Charitable activities						
Performance related grants	630,400	123,411	753,811	429,844	120,621	550,465
Ancillary trading income	38,743	-	38,743	31,203	-	31,203
Other income	3,230	-	3,230	4,955	-	4,955
	<u>672,373</u>	<u>123,411</u>	<u>795,784</u>	<u>466,002</u>	<u>120,621</u>	<u>586,623</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

4 Income from charitable activities

(Continued)

Performance related grants analysis

	Charitable activities 2025 £	Charitable activities 2024 £
The Griffsome Trust	190,000	167,000
Bromley Trust	20,000	15,000
Comic Relief (Restricted)	32,944	79,621
Oak Foundation	150,000	-
Trust for London (Restricted)	41,500	41,000
This Day Foundation	50,000	25,000
Sam and Bella Sebba Charitable Foundation	45,000	40,000
AB Charitable Trust	25,000	25,000
Belcombe Trust	30,000	25,000
The Kurt & Magda Stern Foundation	25,000	35,000
The Blue Thread	3,400	54,393
Treebeard Trust	25,000	25,000
The Seneca Trust	-	10,000
SC & ME Morlands Charitable Trust	2,000	2,000
Network for Social Change	-	6,451
Esmee Fairbairn Foundation	5,000	-
Lloyds Foundation	48,967	-
Samworth Foundation	60,000	-
	<u>753,811</u>	<u>550,465</u>

Grants are categorised each year as restricted or unrestricted based on the terms of the agreement.

5 Income from investments

	Unrestricted funds 2025 £	Unrestricted funds 2024 £
Interest receivable	<u>16,208</u>	<u>9,183</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

6 Expenditure on raising funds

	Unrestricted funds 2025 £	Unrestricted funds 2024 £
Fundraising and publicity		
Other fundraising costs	360	216
	<u> </u>	<u> </u>

7 Expenditure on charitable activities

	Charitable activities 2025 £	Charitable activities 2024 £
Direct costs		
Staff costs	541,865	540,324
Medico-legal report fees	-	636
Interpretation	23,790	24,243
Consulting	4,794	17,475
Staff recruitment and training	5,102	2,591
Events	880	578
General expenses	1,400	303
Staff expenses	14,326	6,964
Donated professional services	80,816	122,418
Former client expenses	1,033	1,634
	<u>674,006</u>	<u>717,166</u>
Share of support and governance costs (see note 8)		
Support	70,444	68,917
Governance	5,614	8,113
	<u>750,064</u>	<u>794,196</u>
Analysis by fund		
Unrestricted funds - general	626,653	673,575
Restricted funds	123,411	120,621
	<u>750,064</u>	<u>794,196</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

8 Support costs allocated to activities

	2025 £	2024 £
Depreciation	4,160	3,594
Rent and rates	41,420	37,696
Communications	745	1,005
Postage, printing and stationery	1,690	2,608
Insurance	2,783	1,806
Volunteer expenses	2,391	2,040
Subscriptions	1,296	754
IT expenditure	12,068	14,232
Other office costs	3,451	2,698
Accountancy and payroll	3,272	2,364
Website costs	441	120
Governance costs	2,341	8,113
	<u>76,058</u>	<u>77,030</u>
Analysed between:		
Charitable activities	<u>76,058</u>	<u>77,030</u>

	2025 £	2024 £
Governance costs comprise:		
Independent Examination and accounts	1,230	1,490
Legal and professional	1,098	6,501
Trustee expenses	13	122
	<u>2,341</u>	<u>8,113</u>

Governance costs do not include the costs of clinical governance which are covered within the direct costs of our charitable activities.

9 Net movement in funds

	2025 £	2024 £
The net movement in funds is stated after charging/(crediting):		
Fees payable for the independent examination of the charity's financial statements	1,230	1,490
Depreciation of owned tangible fixed assets	<u>4,160</u>	<u>3,594</u>

10 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

11 Employees

The average monthly number of employees during the year was:

	2025 Number	2024 Number
Employees	17	17

Employment costs

	2025 £	2024 £
Wages and salaries	463,046	460,418
Social security costs	37,194	35,815
Other pension costs	41,625	44,091
	541,865	540,324

During the year there were 8 full time and 9 part time posts.

There were no employees whose annual remuneration was more than £60,000.

Remuneration of key management personnel

The remuneration of key management personnel was as follows:

	2025 £	2024 £
Aggregate compensation	109,542	107,697

12 Taxation

The charity is exempt from taxation on its activities because all its income is applied for charitable purposes.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

13 Tangible fixed assets

	Computers and office equipment £
Cost	
At 1 February 2024	32,531
Additions	2,482
Disposals	(11,806)
At 31 January 2025	23,207
Depreciation and impairment	
At 1 February 2024	20,377
Depreciation charged in the year	4,160
Eliminated in respect of disposals	(11,806)
At 31 January 2025	12,731
Carrying amount	
At 31 January 2025	10,476
At 31 January 2024	12,156

14 Debtors

	2025 £	2024 £
Amounts falling due within one year:		
Other debtors	1,433	5,705
Prepayments and accrued income	2,635	4,275
	4,068	9,980

15 Creditors: amounts falling due within one year

	Notes	2025 £	2024 £
Other taxation and social security		9,271	12,456
Deferred income	16	-	167,000
Trade creditors		-	5,700
Other creditors		2,978	456
Accruals		8,966	3,478
		21,215	189,090

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

16 Deferred income

	2025 £	2024 £
Arising from Grants received in advance	-	167,000

Deferred income is included in the financial statements as follows:

	2025 £	2024 £
Deferred income is included within:		
Current liabilities	-	167,000
Movements in the year:		
Deferred income at 1 February 2024	167,000	-
Released from previous periods	(167,000)	-
Resources deferred in the year	-	167,000
Deferred income at 31 January 2025	-	167,000

17 Retirement benefit schemes

	2025 £	2024 £
Defined contribution schemes		
Charge to profit or loss in respect of defined contribution schemes	41,625	44,091

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.

18 Restricted funds

The restricted funds of the charity comprise the unexpended balances of donations and grants held on trust subject to specific conditions by donors as to how they may be used.

	At 1 February 2024 £	Incoming resources £	Resources expended £	At 31 January 2025 £
Trust for London	-	41,500	(41,500)	-
Comic Relief	-	32,944	(32,944)	-
Lloyds Bank Foundation	-	48,967	(48,967)	-
	-	123,411	(123,411)	-

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

18 Restricted funds (Continued)

Previous year:	At 1 February 2023 £	Incoming resources £	Resources expended £	At 31 January 2024 £
Trust for London	-	41,000	(41,000)	-
Comic Relief	-	79,621	(79,621)	-
	<u>-</u>	<u>120,621</u>	<u>(120,621)</u>	<u>-</u>

19 Unrestricted funds - designated

These are unrestricted funds which are material to the charity's activities.

	At 1 February 2024 £	Transfers £	At 31 January 2025 £
Infrastructure fund	150,000	(15,000)	135,000
	<u>150,000</u>	<u>(15,000)</u>	<u>135,000</u>

Previous year:	At 1 February 2023 £	Transfers £	At 31 January 2024 £
Infrastructure fund	150,000	-	150,000
	<u>150,000</u>	<u>-</u>	<u>150,000</u>

Designated Fund: £150,000

Medical Justice has created a Designated Fund of £150,000 in order to be able to create new roles in relation to the greater needs of beneficiaries that may arise from the Illegal Migration Act provisions, as well as to strengthen the senior management team and the organisation's infrastructure in response to the growing size of the team and complexities of its activities, as identified by the 2021 independent Evaluation of the effectiveness of the organisation.

20 Unrestricted funds

The unrestricted funds of the charity comprise the unexpended balances of donations and grants which are not subject to specific conditions by donors and grantors as to how they may be used. These include designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes.

	At 1 February 2024 £	Incoming resources £	Resources expended £	Transfers £	At 31 January 2025 £
General funds	273,382	811,497	(627,013)	15,000	472,866
	<u>273,382</u>	<u>811,497</u>	<u>(627,013)</u>	<u>15,000</u>	<u>472,866</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

20 Unrestricted funds (Continued)

Previous year:	At 1 February 2023	Incoming resources	Resources expended	Transfers	At 31 January 2024
	£	£	£	£	£
General funds	308,073	639,100	(673,791)	-	273,382

21 Analysis of net assets between funds

	Unrestricted funds general 2025 £	Unrestricted funds designated 2025 £	Total 2025 £
Fund balances at 31 January 2025 are represented by:			
Tangible assets	10,476	-	10,476
Current assets/(liabilities)	462,390	135,000	597,390
	472,866	135,000	607,866

	Unrestricted funds general 2024 £	Unrestricted funds designated 2024 £	Total 2024 £
Fund balances at 31 January 2024 are represented by:			
Tangible assets	12,156	-	12,156
Current assets/(liabilities)	261,226	150,000	411,226
	273,382	150,000	423,382

22 Related party transactions

There were no disclosable related party transactions during the year (2024 - none).

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2025

23	Cash generated from operations	2025 £	2024 £
	Surplus/(deficit) for the year	184,484	(34,691)
	Adjustments for:		
	Investment income recognised in statement of financial activities	(16,208)	(9,183)
	Depreciation and impairment of tangible fixed assets	4,160	3,594
	Movements in working capital:		
	Decrease/(increase) in debtors	5,914	(4,522)
	(Decrease)/increase in creditors	(875)	6,115
	(Decrease)/increase in deferred income	(167,000)	167,000
	Cash generated from operations	10,475	128,313
24	Analysis of changes in net funds		

The charity had no material debt during the year.

MEDICAL JUSTICE NETWORK LIMITED

England & Wales - Charity number 1132072

Accounts

Charity registration number 1132072

Company registration number 06073571 (England and Wales)

MEDICAL JUSTICE NETWORK LIMITED
ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 JANUARY 2024

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	E Norton H G Pickles L M Burke J Sivanathan B Banda R Talbot P Haywood
Secretary	E Ginn
Charity number	1132072
Company number	06073571
Principal address	86 Durham Road London N7 7DT
Registered office	86 Durham Road London N7 7DT
Independent examiner	F J Wilde FCCA MBA DChA Warner Wilde 4 Marigold Drive Bisley Surrey GU24 9SF
Bankers	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4TA TSB Bank

MEDICAL JUSTICE NETWORK LIMITED

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MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2024

The trustees are pleased to present their annual directors' report together with the financial statements for the year ended 31 January 2024, which are also prepared to meet the requirements for a directors' report and accounts for Companies Act purposes.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's governing document, the Companies Act 2006 and "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 2019)".

Objectives and activities

Summary of the purposes of the charity;

- The advancement of health or the saving of lives by preserving and protecting the physical and mental health of those held in immigration removal centres through:
 - Reviewing, monitoring, visiting, carrying out research and facilitating access to medical, health and social care.
 - Supporting and compiling medical evidence for the release from immigration detention of vulnerable detainees who have suffered torture, rape, institutional abuse and/or violence, traumatic incarceration or other abuse.
- The relief of those in need by reason of financial hardship by providing them with and facilitating the provision of legal advice and representation;
- The advancement of human rights by monitoring of and conducting research into abuses of human rights, raising awareness of and promoting public support for human rights issues, eliminating infringement of human rights, obtaining redress for and relieving need among the victims of human rights abuse.
- The advancement of the education of the public about the position and treatment of people in immigration detention and encouraging dialogue, consultation and negotiation.

The trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the charity should undertake.

Director's report

It was painful to witness the Illegal Migration Act being rushed through parliament, an Act set to ban anyone entering the UK irregularly from claiming asylum, to detain them indefinitely and to deport them to a 'safe third country', such as Rwanda. It diminishes judicial oversight and shifts detention from being the last resort to being the default.

We were proud, together with Garden Court Chambers, to organise a planning meeting with peers and over 40 representatives from 27 non-governmental organisations (NGOs) to discuss a strategy for amendments to the disastrous Bill. It was at least uplifting to be part of a passionate coalition that acted swiftly and with such determination.

Elation when the Court of Appeal found Rwanda policy unlawful turned to anxiety in the run up to the Supreme Court hearing, then relief that the decision was upheld. Then the Safety of Rwanda Bill plunged us once more into despair. Later in 2024, we were to assist 49 men and women rounded up and detained for deportation to Rwanda.

Medical Justice performed well again this financial year. It continues to punch way above its weight

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2024

thanks to its sizeable and dedicated team of volunteer clinicians and interpreters.

We dared to hope for a report from the Brook House Inquiry that properly linked the extent of the vile and shameful mistreatment of people that it had exposed to the causes, and to recommendations that could make a difference. It did just that. It also placed beyond question all the evidence we submitted to the Inquiry, which draws on our work since we were founded in 2005. This greatly bolsters our position and that of others relying on our evidence in individual cases, strategic litigation, parliamentary debate, and media work.

The government's apparent disregard for the recommendations of its own public inquiry and the fact that it has actually brought in measures that are likely to make detention even more dangerous, and that it intends to ramp up detention is disturbing.

Medical Justice is built on the kindness and compassion of our dedicated volunteers and our staff members who go way, way above and beyond for our clients every day. We are motivated by our clients' courage and by seeing their care for one another whilst facing their own enormous challenges. We thank our funders and all who contribute so much to enabling Medical Justice to shine bright in dark days.

Emma Ginn
Director

Why Medical Justice exists

About immigration Detention - Immigration detention is arbitrary and indefinite. It is not part of any criminal sentence nor is it ordered by a judge and is optional, yet there were 15,864 instances of detention of men, women and children in 2023 in immigration removal centres (IRCs) - mostly run by private companies - and in mainstream prisons.

Who is in immigration detention - Many in detention are survivors of war and torture, and have been persecuted due to their political activity, religion, and sexual orientation. Many end up being trafficked and during long, perilous journeys to the UK. Some arrive on small boats with untreated injuries. Others have lived in the UK for decades, and have spouses, children and grandchildren here from whom they are separated. Many are sick and mentally ill.

Issues in detention include ;

- Torture scars and medical conditions are often not properly documented and often not considered in individuals' cases
- Inadequate healthcare despite people having complex medical needs and detention exacerbating medical conditions
- Ineffective safeguards ; vulnerable detained people allowed to deteriorate in their mental and physical health
- Damage to mental health ; detention can be the cause of mental illness which cannot be treated in detention
- Excessive and dangerous use of force ; normalisation of the infliction of pain, suffering and humiliation
- Inhuman & Degrading treatment ; toxic culture leading to inexcusable dehumanising abuse of detained people
- Inappropriate use of segregation ; to 'manage' symptoms of mental illness

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2024

- Pervasive derogatory and violent verbal abuse and racism ; reveals an underlying lack of any empathy
- Deaths in detention ; medical mistreatment is rife and inquests have found that neglect has contributed to deaths

Who Medical Justice is - Medical Justice was founded in 2005 by a man who was on hunger-strike in detention, and the independent volunteer doctor who visited him at the request of a campaigner. Today we have 17 paid workers, a team of 38 volunteer clinicians and 20 interpreters, and support from a network of lawyers, campaigners, and people with lived experience of detention.

Our Vision - Immigration detention in the UK does not harm anybody's physical and mental health in the UK as it no longer exists.

Our Mission - Ensure the health and associated legal rights of people in immigration detention are upheld through the provision of medical evidence so that the devastating health harms of detention are understood and challenged.

Strategic Objectives

1. More people in detention have access to the support they need to access their health rights
2. Policy and legislative changes which increase health harms of immigration detention are resisted
3. Improved practice in detention facilities by holding to account and influencing
4. Increase awareness of the harms of detention alongside a momentum for change
5. Medical Justice evolves into a more sustainable, learning and effective organisation

What Medical Justice does

We handle between 500 and 1,000 cases a year. Our clinicians visit all the UK's immigration removal centres (IRCs) to document clients' scars of torture, other medical conditions, injuries sustained during attempts to deport them, and deterioration of health in detention. The medical evidence we generate is considered in clients' asylum and immigration claims, and to challenge their ongoing detention. We also use medical evidence to document the toxic effect of indefinite detention and collaborate with others to advocate for lasting change through policy work, strategic litigation, public and parliamentary awareness raising, and mobilising medical professionals.

Activities and performance

Examples of our achievements in the year ending 31st January 2024 are summarized below.

Casework

563 clients assisted - During the year ending 31st Jan 2024, we handled referrals for 563 clients and provided them with a range of practical and emotional support.

Trends in detention in 2023 - 15,864 people entered detention during 2023, compared to 20,873 people during 2022, though a closer look at the difference shows that it is the number of people detained for only a few days (often for initial processing on arrival to the UK) that has decreased the most; a higher proportion of people are facing longer periods of detention. Those are the people that Medical Justice works with. The number of people in detention at the end of 2023 was 1,782 people, compared to 1,159 people at the end of 2022.

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We continued to see highly vulnerable clients in immigration detention - Some had been in the UK for many years, and experienced chronic instability, homelessness and ill-treatment. Some had been detained more than once.

The Brook House Inquiry Report made plain the risk of ill-treatment and abuse, and the immense suffering and distress that is inherent in immigration detention. In our casework we have continued to see many of the same abuses throughout this year. Our clients have included a wide range of people, but all have been affected by detention. We have continued to see many survivors of torture, detained without proper consideration of the harm that is likely to cause them. People with severe mental illness, or care needs have been detained. People with significant mental health issues are harmed by being detained in segregation. People who lack mental capacity to make decisions regarding their immigration case or to challenge their detention, have been left languishing in detention without access to advocacy support.

People in detention experienced and witnessed huge levels of distress, witnessing self harm - often being the ones to intervene when a room-mate was self-harming or attempting suicide - witnessing incidents of restraint by officers and being subject to intrusive checks when on suicide watch. The Gatwick Independent Monitoring Board (IMB) found that self-harm incidents increased throughout the year, nearly doubling between July and October 2023.

We have continued to see people following incidents of restraint, with injuries, including people who have reported that officers had their hands round their necks and who believed they would be strangled and killed.

Officer put their hands around our detained client's neck - Our Casework Manager was able to urgently arrange for one of our clinicians to assess this man who had removal directions the day after he was referred to Medical Justice. He had acquiesced to removal but insisted that he be given his possessions from his accommodation before being removed. When this didn't happen, in frustration, he threw a toaster. Officers came to "grab" him and one officer put their hands around his neck for, he thinks, 5-6 minutes. He couldn't speak or breathe and felt he was going to die. Another officer shouted, something like, "what are you doing you'll kill him", and he was stopped by other officers in the presence of other detained people. When Rachel spoke to him, he was understandably very distressed. It also appeared his physical injuries had not been properly documented.

Home Office comments about Albanian men in detention - In 2023 the IMB questioned the rise in violence and use of force at Brook House IRC. The IMB reported: "In response, Home Office staff suggested that this [rise in violence and use of force] may have been due to an increase in the number of Albanian men detained at the centre. Concerned by this response, the Board analysed use of force data. There was no evidence that Albanian men were more likely to have force used on them, nor were they more likely to be violent. The Board questioned staff's perception of this group and management's understanding of the rise."

Home Office's targeting of Albanian people - Throughout the year we have seen the impact of the Home Office's targeting of Albanian people, accompanied by very hostile rhetoric in the media, singling out Albanian nationals and celebrating increased removals from the UK. We have received very high numbers of referrals for Albanian clients. Many of them reported histories of violent and often repeated ill-treatment and exploitation. Yet they were detained at all stages of the asylum process, usually had their claims determined extremely quickly, without an opportunity to obtain much evidence and without a

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right of appeal. The impact of the government's targeting of a single national group was obvious – clients told us of their distress, of their impression that they were seen as criminals purely due to their nationality and their belief that the Home Office would seek to deport them no matter what.

Two suspected suicides reported of Albanian people in 2023 - In November 2023, Alfred Dosku, an Albanian man died in hospital a week after attempting to kill himself in Brook House IRC. In December 2023, another Albanian man, Leonard Farruku is suspected to have taken his own life on the Bibby Stockholm barge. Rates of attempted suicides and self harm have been high. After the death in November 2023, detained people were immensely distressed and described surrounding failures to ensure those affected were properly debriefed and cared for. Instead, at a subsequent protest on the wing, there were reports of custodial staff laughing at those protesting.

We have been working to provide clients with support in this situation - emotional support, help with accessing legal representation and medico-legal reports from our clinicians which have enabled many of our clients to make fresh claims, have their histories of trafficking recognized and be released from detention.

Alongside some people, whose asylum claims are being swiftly refused, others are languishing in detention for long periods without anything happening on their cases. Many of our clients in 2023 were people with outstanding cases, awaiting decisions for many months, and whose release from detention had been agreed in principle, but who remained in detention because they were awaiting being allocated accommodation by the Home Office. Delays have gone on for weeks and months. In the meantime, any Rule 35 safeguarding reports prepared by the on-site healthcare teams, raising concerns that the person's health was deteriorating in detention, were rendered ineffective - the responses simply stating that release had already been agreed and therefore no further consideration of the person's vulnerability was necessary - while their health deteriorated further.

"I just wanted to let you know that the response to my asylum appeal came today my appeal was upheld. I thought you should be the first to know. Please give my deep thanks to Dr Clark and every member of the team. Thank you so much for helping me through all of this. God bless you all." – message from a client.

Our work is only possible thanks to the generous help of our volunteer clinicians and volunteer interpreters.

Death and "attempted mass suicide" - On 26th March 2023, detained 39 year old Colombian man, Frank Ospina, died in Colnbrook IRC. This was a suspected suicide. Liberty Investigates reported that according to official documents, an "attempted mass suicide" took place at the adjacent Harmondsworth IRC two days later during a protest.

There were a total of 24 self-harm incidents in March 2023, more than the previous three months combined. A complete failure of clinical safeguards meant that not a single medical report flagging detained people at risk of suicide, which should trigger a reconsideration of continued detention, was issued as it should have been at Colnbrook or Harmondsworth between January and March 2023.

Medical Justice "If he dies, he dies" report, published in December 2023, documents that of a group of 66 clients, 74% had self-harmed, suicidal thoughts and/or attempted suicide in detention. One client, 'Aaron' (not his real name) – a trafficking and torture survivor – told us that knowing about others having attempted suicide affected him. Aaron said officers told him that they had dealt with seven people attempting suicide and in the middle of talking with him would say 'I have to go because someone did a

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suicide attempt' and had to run off. Aaron said "even knowing that, having that information, the feeling of death around you. It feels awful, terrible." He said that if he was asked to go to detention again, he would rather hang himself.

Clinical assessments and reports

In 2023, 27 clinicians undertook assessments for Medical Justice clients, including 19 volunteers and 8 salaried doctors. Six doctors new to Medical Justice wrote their first medico-legal report (MLR) for a client.

For the first time since Covid, in the final quarter of 2023 all MLRs were undertaken for clients who were seen in person (rather than remotely). Where required to complete an MLR, we occasionally saw clients in a recently medically equipped room at our office. This offers the opportunity to assess lasting impacts of immigration detention after release, often revealing a great deal of ongoing distress and uncertainty, as well as the precarity associated with clients who later get detained again.

All our medical evidence is peer reviewed by a second experienced clinician before being issued, ensuring the robust quality of our MLRs. We are hugely grateful to volunteer reviewers Tim Fetherston, Petra Mäkelä, Myra Stern, Thelma Thomas and Sophie Quarshie.

Clinical concerns in immigration detention - In addition to writing MLRs, we raise clinical concerns about clients with IRC healthcare teams who are responsible for treatment but often do not take action. Despite sharing of significant mental health concerns and vulnerabilities, clients continue to be released with no onward care, no GP, and no mental health follow up. This highlights the vital work of our casework team continue to support clients discarded by those with supposed clinical responsibility.

Where our casework team identified urgent clinical risks, we also provided urgent review of clients' medical records, often accompanied by assessment by telephone, for example for people who had prolonged refusal of food (at times for weeks) or refusal of both food and fluids. We also identified people who had serious underlying physical health conditions which would be dangerous if exposed to the pressure changes which occur in flight or during use of force.

The mental health impact of immigration detention continued to be severely under-recognised by IRC healthcare staff. We observed increasingly that referrals for detained people to the IRC mental health team by the IRC GP get rejected and often are not followed up. This leads to people with mental health needs deteriorating in detention, leaving them more vulnerable to mistreatment.

Even where people did see the mental health team, we observed they were often discharged after a single meeting, without receiving needed intervention. Furthermore, 'Rule 35' reports for people with mental health issues often stated they had been referred to the mental health team, which may give false reassurance.

Clinician recruitment and training - We held Basic Training Days attended by 51 doctors with a range of specialties in 2023. Additionally, 22 Medical Justice clinicians participated in an advanced training day. Volunteer recruitment involves interview, references, and checks against the DBS and GMC registers under the oversight of our Responsible Officer, Dr Angela Burnett.

50 of the assessments we did in 2023 were shadowed by another clinician as part of ongoing training and supervision, and we offer monthly peer group meetings for clinicians.

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We contributed to the second MLR Writers Network Conference in November, alongside Helen Bamber Foundation, Freedom from Torture and others. Doctors interested in volunteering signed up to our training after seeing us present at NHS meetings, to the British Medical Association, and for Médecins Sans Frontières (MSF). Dr Liz Clark presented to a training session for the IMB. Dr Rachel Bingham delivered training at MSF in Brussels on documenting medical evidence of torture and joined discussions on sending volunteer MSF medics into detention centres in Belgium.

Medical Justice as a Designated Body for the General Medical Council (GMC) - By the end of 2023, Medical Justice was the Designated Body for GMC registration for five of our doctors whose only or main clinical work is with Medical Justice and who maintain their licence to practice for this work. We are able to do this thanks to Dr Angela Burnett, our Responsible Officer. Two new doctors, Dr Paul Shepherd and Dr Mia Manasses, joined this group in 2023, replacing two doctors who retired last year.

Brook House Inquiry

The Brook House Inquiry (BHI) report and ongoing conditions that lead to inhuman and degrading treatment

Following BBC Panorama undercover filming in 2017, and after legal action by formerly detained individuals, the Home Secretary was forced to set up the Brook House Inquiry (BHI) which compelled witnesses to give evidence, including – for the first time – senior officials of the Home Office and its contractors. This, plus extensive disclosure of documents and camera recordings, enabled all the dots to be joined up and the causes of the mistreatment to be properly investigated.

In September 2023, the BHI's report was published exposing the inexcusable and unconscionable abuse of vulnerable people held in immigration detention. It evidenced a dangerous use of force, a wholesale failure of safeguards and a culture of dehumanisation that led to 19 instances of inhuman or degrading treatment within the 5-month period examined, in just one IRC - one case a week.

Due to its recognised expertise in the health harms of detention, Medical Justice was appointed as a Core Participant to the BHI. Our evidence to the inquiry spanned our whole 19 years existence and was pivotal in exposing the complete disfunction of safeguards ; they were found likely to have caused actual harm to vulnerable detained people who were allowed to languish in detention and deteriorate in their mental and physical health, putting them at risk of mistreatment. Our evidence also covered failures that continue today.

Detained people were found to have been “allowed to deteriorate” in their mental and physical health, which was interlinked with the inappropriate use of segregation and a quick resort to the use of force to manage incidents of self-harm and mental health crises. Healthcare staff were found not to understand their safeguarding obligations. There was a tendency to view detained persons as “willfully disobedient and obstructive instead of countenancing the idea that behavior may be manifestation of mental anguish or ill health”.

What was found included a normalisation of the infliction of pain, suffering and humiliation, even whilst detained people were naked, and in one case where a man was emaciated and could barely hold his own body weight. Use of force against naked detained persons was “unusually high” and was a direct consequence of the “no notice removal window” policy. The Inquiry found a “toxic culture” at Brook House, a “culture of dehumanisation of detained people”, and a “breeding ground for racist views”. Evidence of pervasive derogatory and violent verbal abuse and racism revealed an underlying

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lack of any empathy even when people were at their most distressed and vulnerable - even in life-threatening situations.

Force was found to be used unnecessarily, inappropriately and excessively in widespread cases, including on detained people who were mentally or physically unwell. Unauthorised techniques were used, including one technique that had previously led to a death by asphyxiation. Approved techniques were being used incompetently in a way that became dangerous and increased the risk of injury.

The BHI provided a copy of the report to the General Medical Council, indicating the severity of the findings.

It has taken a public inquiry, compelling the Home Office and its contractors to give evidence, to show not just the extent of the mistreatment of detained people, but why it happened, and what needs to change to stop it continuing.

33 Recommendations were detailed in the BHI report – these include a 28-day time limit on detention, and reviews of the operation of clinical safeguards, healthcare, the detention regime, the use of segregation, and the use of force.

Excellent Media coverage of the BHI report publication – our ongoing medico-legal report audit enabled us to publish our headline statistics about the ongoing abuse in IRCs a week ahead of BHI's report as an exclusive with the BBC which was followed by extensive media coverage, including ; Open Democracy 13th Sept 2023, the BBC Radio 4 The Today Programme, BBC TV News interview with our Clinical Advisor and a client 14th Sept, BBC TV News interview with our Casework Manager 14th Sept, Open Democracy 14th Sept, BBC TV News with our Director 19th Sept, BBC News Online, ITV News, the Guardian, Reuters, the Independent and Channel 4 News interview with our Clinical Advisor, a client, and the Chair of BHI, the US Times Post, and the Daily Mirror.

Advocacy work – A central focus of our policy work this year has been BHI, to raise awareness of the report's findings and recommendations.

Key to our advocacy strategy is to work in coalition with others. We have been meeting with many individuals and organisations, including the Independent Advisory Panel on Deaths in Custody, to brief them on the Inquiry's findings, raise awareness and find way to collaborate to promote the Inquiry's recommendations.

We met with Home Office in November 2023 to discuss the Inquiry's findings and Medical Justice's evidence of ongoing issues highlighted by the Inquiry. They claimed that "we are in a very different place from 2017" - contradicting BHI's findings on the current situation in detention, which they said would be given less weight because they were not in the Scope of the Inquiry.

Research report - "If he dies, he dies": What has changed since the Brook House Inquiry? - published in December 2023, this is a comprehensive analysis of clinical evidence from 66 clients detained since BHI ; 84% had evidence of a history of torture and/or trafficking, 95% had a diagnosis of at least one mental health condition, and 74% had self-harmed, suicidal thoughts and/or attempted suicide in detention. Uses of force against them included during transfer to segregation, removal from suicide netting and transfer to hospital. "If he dies, he dies" was a mantra of some IRC guards and passed off as a joke, though the Inquiry found it not only callous but betrays the extent of desensitisation and dehumanisation of detained people by some staff.

Raising awareness of the BHI report and recommendations within parliament – Medical Justice highlighted the serious ongoing failings in detention, and supported parliamentarians in holding the government to account over its lack of action.

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- All-Party Parliamentary Group (APPG) on Immigration Detention – as the APPG’s secretariat, Medical Justice organised this meeting (see photo left) in November 2023 with BHI Chair, Kate Eves, jointly with the APPG on Migration which was attended by staff from the Shadow Immigration Minister’s office and the Joint Committee on Human Rights (JCHR).
- Joint Committee on Human Rights : we provided briefings in September and in November 2023 and met the Committee Specialist and Counsel to the JCHR who wrote to the Home Secretary expressing concern.
- Written briefing on BHI’s report, plus evidence of ongoing clinical safeguard failures – this was shared with key parliamentarians and the Home Affairs Committee (HAC) and the Lords Justice and Home Affairs Committee in September 2023.

Lords debate - we briefed APPG member Lord German who secured a debate in Jan 2024 (see photo below of Lord Coaker, Labour). The Minister speaking said the government would reject BHI’s 28 day detention time limit recommendation and astonishingly even suggested many of the issues were “dealt with” in response to a 2016 review, prior to the Panorama programme.

Joint advocacy work galvanising leading medical bodies – We hosted a joint event with the BMA in January 2024 about findings of the Brook House Inquiry in relation to healthcare, safeguards and vulnerable people in immigration detention. Our client who was detained for 52 days last year spoke about his experience. We heard from Kate Eves, the Chair of BHI and Dr Brodie Paterson, Honorary Senior Lecturer, Queen Mary’s University, who spoke about the use of force and mental health. Dr Andrew Green, deputy chair of the BMA Medical Ethics Committee, chaired a panel discussion - the panelists were: Professor Cornelius Katona (Hon Medical and Research Director, Helen Bamber Foundation), Dr Rachel Bingham (Clinical Advisor at Medical Justice), Stephanie Harrison KC (represented Medical Justice as a Core Participant in BHI), and Dr John Chisholm CBE (BMA International Committee Deputy Chair) who called for the current indefinite detention system to be abolished, that immigration detention is a “national disgrace” and that it must be “phased out and abolished”. The meeting was covered by the British Medical Journal.

Home Office ignoring BHI findings and changing rules that enable more harm as it expands detention

- Just 8 days after the Inquiry’s live hearings ended, the then Prime Minister announced new policy which involved sending asylum seekers to Rwanda, and a commitment to “expanding our immigration detention facilities”, in the full knowledge of the harm that detention causes.
- Some staff at Brook House IRC who played a central role in instances of inhuman and degrading treatment found by BHI are still working there and some have been promoted. BHI made specific findings about the acts and omissions of individuals, including some who are still in post who were described as ‘unapologetic’ and ‘intransigent’.
- On the day of BHI’s report publication the Home Secretary claimed in parliament that detention conditions had improved, despite BHI’s findings to the contrary.
- In January 2024 the Home Office circulated a draft revised Handling of Complaints policy for consultation with stakeholders, linking it to the “urgent nature of the Brook House Inquiry”, yet the draft had no substantial changes. This indicated the Home Office’s disregard for the Inquiry’s findings and its evasion of responsibility and accountability. A number of similar policy consultations on key policies, such as the Use of Force, were to follow later in 2024.

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Working towards BHI findings being used to secure change ;

1. Criminal prosecutions for assault and misfeasance - lawyers are using video and documentary evidence uncovered through BHI to pursue criminal prosecutions (there have been none to date).
2. Conference on implications for current legal claims - Medical Justice joined lawyers laying on a conference in December 2023 at Garden Court Chambers about how BHI's findings can be used in cases, such as unlawful detention claims and strategic litigation.
3. Further legal challenges regarding the on-going breach of Article 3 ECHR – challenges based on evidence of ongoing inhuman and/or degrading treatment of detained persons have emerged.

Policy work

Our advocacy team continued in 2023 to bring policy, research, parliamentary work, as well as media and strategic litigation together to hold the authorities to account on their treatment of vulnerable detained people.

Each piece of work, whether it is a policy consultation submission, parliamentary briefing or research report, is guided by our casework and clinical evidence. It aims to bring to light the mistreatment and harm that our clients are subjected to and expose the systemic failures in immigration detention.

This past year has been relentlessly full of challenging and drastic political developments, with increasingly hostile policies and legislation being introduced. The Illegal Migration Act 2023 was a marker of this. With such a hostile government, it often felt that our evidence was getting lost or ignored.

Yet, the Brook House Inquiry and the Second Opinion litigation highlighted just how important doing this work - and doing it with precision - is. The evidence submitted to both was a culmination of years of our advocacy work. The Inquiry's stark findings and the High Court's finding that the Home Office has a duty to consult Medical Justice, emphasised the importance of continuing to document and evidence for future legal challenges. We continue to see our evidence being used in the litigation of others, and cited in research and policy work.

This year, we submitted comments and evidence to the following Home Office policy consultations, specifically raising concerns and recommendations regarding the impact of Home Office policy on vulnerable detained people ; Commissioning Investigations, Definition of a family for the purposes of accommodating members appropriately in the immigration detention estate, Room Sharing Risk Assessment, Welfare Provision in Immigration Removal Centres, Release of detainees, and Removal of blame and Handling of Complaints.

We continued to advocate with the Home Office and NHS England through stakeholder meetings, correspondence and provision of evidence.

Our relationships with key monitoring bodies, including the Independent Chief Inspector of Borders and Immigration (ICIBI) and His Majesty's Inspectorate of Prisons (HMIP), continued to develop in 2023 ; we fed into their independent investigations, provided live information from our casework ahead of visits, and regularly met with their teams to better understand how we can support the monitoring work. This included welcoming both David Neal (the former ICIBI) and Martin Kettle (the immigration lead in HMIP) to our offices, as well as feeding into the ICIBI's Refugee and Asylum Forum.

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This was also reflected with European-bodies. We provided evidence to the Council of Europe Group of Experts on Action against Trafficking in Human Beings (GRETA), ahead of their review of the UK, and to the European Committee for the Prevention of Torture ahead of their Ad Hoc Visit to UK detention sites.

Central to our advocacy work is collaboration with other NGOs who are often keen to defer to our expertise on healthcare and-clinical safeguards in detention, to ensure that our messages chime and have the best combined effect. Sharing our expertise and intel is also an important aspect of this. Examples of this, this year, include working with INQUEST, in writing to the Home Office following the tragic deaths in immigration detention.

Parliamentary work

Illegal Migration Act (IMA) 2023 - the Act was introduced in March 2023, rushed through Parliament quickly and enacted in July 2023. The legislation is extreme: it effectively bans most asylum seekers claiming asylum in the UK. Amongst many other deeply worrying provisions, the Act greatly increases the Home Secretary's powers of detention, expands who can be detained, including in relation to children, where people can be detained, and curtails judicial scrutiny and effective avenues for challenging a person's detention. Whilst much of the Act is not yet in force, some key provisions relating to detention are now active.

As it sped through Parliament, Medical Justice supported MPs and Peers to oppose the legislation and highlight its damaging effects. One key activity was working with peers to table amendments during Committee stage in the Lords on issues of serious concern :

- Limiting detention only to those facilities already authorised for detention and creating a duty to consult local residents before opening new detention sites – tabled by Lord German and the Lord Bishop of Durham
- Creating a statutory ban on the use of force against children and pregnant women to effect detention and removal – tabled by Baroness Lister, Baroness Gohir, the Lord Bishop of Gloucester, and Baroness Chakrabarti
- Creating an exemption from the detention ouster clause for people with medical reports evidencing their vulnerability – tabled by the Lord Bishop of Durham, Baroness Lister, and Baroness Neuberger
- Creating a duty to implement HMIP recommendations relating to immigration detention, and to do so within 6 months – tabled by the Lord Bishop of Durham, Lord Scriven and Baroness Lister
- Preventing the implementation of any substantive parts of the Bill until the BHI report was published and the government responded – tabled by Lord German

The amendments were drafted with help from David Neale at Garden Court Chambers. While none of them passed, this was expected; our purpose in pursuing them was to facilitate opposition to the Bill and raise awareness of the damaging effects of the legislation and of detention generally. Many peers made very powerful speeches in support of the amendments, including by Labour's shadow Home Affairs Ministers Lord Ponsonby and Lord Coaker, and asked useful questions of the Minister.

Elsewhere in the Bill, some very limited concessions from the government were achieved, including the retention of the 72 hour/7 day time limit on the detention of pregnant women, and allowing unaccompanied children to apply for bail after 8 days instead of 28 days.

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Medical Justice convened strategy meeting for peers about IMA amendments with 40 representatives from 27 NGOs – together with Garden Court Chambers, we organised a planning meeting with peers in April 2023. A strategy on amendments, further meetings and wider coordination was agreed. In May 2023, together with Garden Court Chambers and Baroness Chakrabarti, we organised a briefing meeting attended by 15 cross-party peers, along with their special advisors and over 45 representatives from 35 NGOs. The discussion covered all aspects of the Bill: experts by experience provided their views on the legislation, and additional presentations were provided by Medical Justice, JUSTICE, Refugee Council, ECPAT UK, Focus on Labour Exploitation (FLEX), Immigration Law Practitioners Association (ILPA), and Refugee Action (May 2023).

Medical Justice contributed to various joint written briefings, including on ; the whole Bill, the detention of pregnant women, the medical consequences of the Bill, all detention aspects of the Bill, child detention, the constitutional implications of the Bill, immigration bail, judicial review and habeas corpus, and the implications of the Bill for survivors of trafficking and modern slavery.

Medical Justice signed various joint public letters and statements and worked with the British Medical Association on an [Emergency Resolution for the World Medical Association](#) expressing concern about government amendments to the IMB allowing the European Court of Human Rights injunctions to be disregarded.

Rwanda legislation and treaty - Following the Supreme Court judgement in November 2023 finding the policy to remove asylum seekers to Rwanda to be unlawful, the Prime Minister announced he would do “whatever is necessary” to get the policy up and running again. This included agreeing a new treaty with Rwanda and introducing the Safety of Rwanda Bill in December 2023, which deemed Rwanda a safe place to which asylum seekers could be sent. Medical Justice galvanised the medical community with a joint statement outlining the harm that the Bill would likely to cause.

Research

Medical Justice strives to develop the bullet-proof evidence needed to expose misinformation from the Home Office and its contractors, of what is actually going on behind closed doors in detention sites in the UK.

Medical Justice clients are some of the most unwell and vulnerable people in detention and our research has real value in showing what is happening on a systematic level to them and likely to many others beyond our client base, ensuring our work has a much wider impact in addition to the incredible work for individual clients by our caseworks and clinicians. For me, that’s the power of Medical Justice’s data / research.

As the only organisation sending independent clinicians into IRCs, Medical Justice is uniquely placed to conduct and produce research that is based on our ever growing clinical evidence base, Home Office documents, IRC healthcare records and interviews with detained clients. This year we developed our medico-legal-report audit putting Medical Justice in a great position to easily filter its data and to produce analyses faster for specific purposes such as strategic litigation, policy consultation, media work, parliamentary work and in correspondence with the Home Office and monitoring bodies.

This year we also developed the types of our research outputs. After collecting data on a specific data-set of 66 clients, we rapidly drew up initial findings and statistics to land an ‘exclusive’ with the BBC on the

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ongoing mistreatment in IRCs. These initial findings were then turned into a dossier with our statistics, analysis and case-studies, which was published the day the BHI Chair's report; our irrefutable evidence was instrumental in securing extensive further media coverage. Later in the year, we also produced an extended version of this dossier in the form of the longer "If he dies, he dies" research report.

['Constantly on edge'](#) - published in December 2023 jointly with the Public Law Project and Bail for Immigration Detainees, the report documents how the Home Office has increased the use of tagging by 56% in the previous year and is now using newer, experimental mobile fingerprint scanners to monitor migrants on bail, without effective safeguards in place. Having already established that electronic monitoring carries a high risk of causing deterioration in existing poor mental health, significantly increasing its use has continued to cause severe detrimental effects, including to the point of suicidal ideation. Many of our clients have experienced immense suffering before they reached the UK and are re-traumatised by detention here. Being tagged on release can impede their recovery. Though they may have left detention, intense surveillance and control continues, with the associated risk of harm.

Strategic Litigation

[Judgement in our judicial review finds Home Office's 'second opinion' medico-legal report policy unlawful](#) - The 'second opinion' medico-legal report (MLR) policy allowed the Home Office to disregard an MLR by an independent clinician for a detained person while it sought a second opinion from a Home Office contracted doctor, which could take up to 28 days, with no timescale for the Home Office to consider the report, or undertake a detention review and consider releasing the person. The Home Office contracted doctor may never actually meet the detained person, and may lack expertise in this field, especially compared to our highly specialised doctors. Medical Justice has found obviously incorrect statements and claims in 'second opinion' reports. Home Office caseworkers are not clinically trained which limits their ability to evaluate rival medical reports which has led to vulnerability being assessed at a lower level and vulnerable people deteriorating in detention for longer.

The High Court found in January 2024 that the Home Office's "second opinion policy" was unlawful as it contradicted the Adults at Risk (AAR) statutory guidance. And, the judge found an unlawful failure to consult with Medical Justice regarding changes to AAR policy, importantly confirming that we must always be consulted regarding changes to this 'flagship' policy.

A tribunal judge on a client's case whose Medical Justice MLR and 'second opinion' report were both before them said: *"In comparing the two reports, the Judge stated: "In so far as there are differences between Dr Clark [the Medical Justice doctor] and Dr XXX [the doctor contracted by the Home Office] conclusions I prefer those of Dr Clark. Dr Clark has a great deal of relevant experience and has relevant qualifications. Dr XXX' report contains some factual errors and overall appears to be a rather superficial assessment made after a relative short remote interview".*

The Home Office said it intended to do 10 'second opinion' reports a week, so our win means about 500 people a year spared languishing in detention for longer, preventing harm to them and restoring their lost liberty.

[Joint intervention in European Court of Human Rights, ASK](#) - Medical Justice intervened jointly with Bail for Immigration Detainees in the European Court of Human Rights case of our client, ASK. He had

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psychosis and was detained for several months whilst waiting for transfer to a psychiatric hospital. Our submissions focused on the lack of provision in detention for people with severe mental illness. We are waiting for the case to be heard.

Witness statements provided for two successful cases ;

Corroborating evidence for a positive Reasonable Grounds decision – this was in relation to a challenge brought by two individuals to the new requirement for objective corroborating evidence for a positive Reasonable Grounds decision from the National Referral Mechanism for identifying trafficking survivors. In practice it is usually not possible to obtain corroborating evidence at this stage. Our statement showed that corroborative evidence often emerges later (such as in a medical report), but this can't be completed within the required 5 days. The case was successful and resulted in the Home Office having to withdraw and amend its guidance.

Person who has a learning disability and lacked mental capacity – this was in relation to a challenge brought by a formally detained person who has a learning disability and lacked mental capacity to instruct his solicitor and engage with the immigration process while in detention. Our statement shows that his experience is far from isolated and that there are no effective mechanisms for identifying, assessing and appropriately supporting people who lack mental capacity. The challenge was successful ; the case settled with the Home Office committing to review its policy.

Media work

There were 35 mainstream media articles mentioning the work of Medical Justice, raising public awareness and influencing parliamentarians and the medical establishment. Media pieces included ; the Independent, the Guardian, iNews, EuroNews, the British Medical Journal, the Times, the News Movement, Vogue, the Daily Mirror, Open Democracy, BBC Radio 4 The Today Programme, BBC TV News, BBC News Online, ITV News, Reuters, Channel 4 News, the US Times Post, the Daily Mirror, and the Evening Standard.

Quasi-detention sites

'Accommodation centres' are profoundly destructive places that drive people to try and end their lives. Very high levels of vulnerability amongst residents, including self-harm and suicide attempts have been reported. As foretold by the [All-Party Parliamentary Group on Immigration Detention's inquiry into quasi-detention](#), military sites are "fundamentally unsuitable" as asylum accommodation.

Although in April 2023 the government said it planned to place 25,000 people seeking asylum in large scale accommodation sites, by the end of the year the total was 1,600 people across three sites ; Napier Barracks (Kent), MDP Wethersfield (Essex) and the Bibby Stockholm barge (Dorset). The Public Accounts Committee reported that by the end of January 2024 there had been 283 incidents of self-harm or suicide attempts across Wethersfield and the Bibby Stockholm barge and 10 suicide attempts at Wethersfield in January 2024 alone. Medical Justice has visited clients Wethersfield though our focus remains on IRCs where we are the only organisation sending independent clinicians to.

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Lived Experience in Medical Justice

Bridget Banda, our Vice-Chair, was detained for 6 months in Yarl's Wood IRC, two weeks before major surgery. Medical Justice was instrumental in helping secure her release. The experience so deeply impacted her that she decided to use it to speak out and raise awareness on the horrors of detention. Bridget holds training sessions for our volunteer interpreters and clinicians. She has been contributing to the Medical Justice working groups on Anti-Racism, Competency Based Interviewing, and Strategy Planning and has been a member of interview panels for the recruitment of new staff.

Bridget has recently been appointed at the CEO of a charity working with refugee and asylum seeking young people.

Medical Justice was founded in 2005 by a man with lived experience of detention - we have had trustees with lived experience ever since (currently 3 trustees). They are responsible for ensuring that we have the most effective strategic direction and that operational decisions reflect the needs of people in detention.

People with lived experience help train our volunteers, undertake media work with us, and speaking at events, such as with the All Party Parliamentary Group.

Medical Justice is striving to increase the lived experience within the organisation at all levels. Our priority is employing people with lived experience so that they have power and influence. Although we have been able to hire a few people with lived experience in the past, we want to ramp this up. Since moving to competency based interviewing and joining the Experts by Experience Employment Initiative, we have had many more job applications from people with lived experience.

Traineeship for which people with lived experience are encouraged to apply – Bridget and staff from our casework and advocacy teams formed a working group in 2023 to develop this traineeship.

Even though Medical Justice does get job applications from people with lived experience, especially for our Caseworker role, the biggest barrier we find is that many have little employment experience due to interruptions in their lives caused by the immigration and detention processes. One of the aims of this traineeship is to break this barrier down. The 6 month programme provides employment experience and in doing so, enhances the prospect of future employment with Medical Justice or elsewhere in the sector.

The trainee will be working as part of our casework team and will interact with research, policy, and advocacy colleagues. This practical experience will give the trainee first-hand experience in how we collaborate across the organisation, and beyond it, to advocate for systemic improvements as well as deliver impactful support for clients. The programme has been developed in a way that enhances the trainee's understanding of the immigration system and broader detention issues, enabling them to gain deeper insights into the interconnected issues and challenges experienced by individuals within these systems.

Volunteer interpreters

We are very grateful to our wonderful team of volunteer interpreters who worked with us throughout the year. Our interpreters worked with our casework team, interpreting phone calls between caseworkers and clients, and also attended IRCs with clinicians to interpret for medical assessments. It is hugely important for our work to have skilled and reliable interpreters and it makes a real difference to

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our clients to have a compassionate and understanding interpreter, particularly for sensitive conversations about their health or traumatic experiences. Languages that our interpreters most frequently assisted with throughout the year included Amharic, Arabic, Mandarin and Tamil.

During the year we held a joint training session for new interpreters and clinicians and were delighted to have a new group of interpreters join our team. We also provided some further training on telephone interpreting for our existing volunteer team to continue developing their skills. We developed means to more effectively provide further online resources for our interpreters, including training materials, policies and guidance, glossaries and updates on news events and current language needs.

Visitors groups

We would like to thank all the staff and volunteers of visitors' groups who provide significant emotional and practical support to our clients in detention. Over the year a significant number of our referrals come from visitors' groups who are often supporting very unwell people in detention, many without solicitors or other support, and who might not have reached us at all without the intervention of visitors' groups.

Summary of Medical Justice objectives and performance

In Financial Year 2023-24 Medical Justice performed well against all its objectives for the year, which included:

Objective : More people in detention have access to the support they need to access their health rights

Indicators include : the number of clients in detention that Medical Justice is able to assist and the number of new volunteers we are able to recruit and train so that they may go on to assist more people in detention.

Performance : Medical Justice assisted 563 clients during the financial year, providing them with a range of practical and emotional support, especially around particularly high levels of distress and self-harm seen this year. We helped them access legal representation and provided medico-legal reports which enabled many to have their histories of trafficking and torture properly considered and to be released from detention. We trained 51 new potential volunteer doctors. 50 of the medical assessments we undertook were shadowed by another clinician as part of their ongoing training and 6 doctors who were new to Medical Justice wrote their first medico-legal report for a client.

Objective : Policy and legislative changes which increase health harms of immigration detention are resisted

Indicators include : systemic change through policy work, strategic litigation, parliamentary action, acting as the secretariat for the APPG, acting as a Core Participant in BHI and campaigning.

Performance : our evidence to BHI was pivotal in exposing the complete disfunction of safeguards in detention and placed all of the extensive evidence we submitted beyond question. This has greatly bolstered our position and that of others relying on our evidence in individual cases and advocacy work. Our research reports this year document that the abuse is ongoing. Our judicial review of the 'second opinion' policy resulted in the policy being ruled unlawful which means about 500 people a year are spared languishing in detention for longer while a 'second opinion' report is obtained, preventing harm to them and restoring their lost liberty. We provided a witness statement for a successful legal challenge showing that corroborative evidence in trafficking cases often emerges later than the required 5 days, resulting in the Home Office having to amend its guidance. We provided another statement in a challenge about there being no effective mechanisms for appropriately supporting people in detention who lack mental capacity, resulting in the Home Office committing to review its policy.

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Objective : Improved practice in detention facilities by holding to account and influencing

Indicators include : engaging with NHS England, individual IRCs and healthcare providers, and with the IMB.

Performance : We continued to advocate with the NHS England through bilateral and stakeholder meetings and provided a training session for the IMB.

Objective : Increase awareness of the harms of detention alongside a momentum for change

Indicators include : media coverage and galvanising medical organisations.

Performance : 35 mainstream media articles raise awareness of our work and the need for it, including 4 articles in the British Medical Journal. We worked with the British Medical Association on an Emergency Resolution for the World Medical Association. On challenging the IMA, we drafted briefings alongside the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, the Royal College of Paediatrics and Child Health, the Royal College of Nursing, the Faculty of Public Health, MSF UK, and Doctors of the World. We hosted a joint event with the BMA in January 2024 about findings of the Brook House Inquiry

Objective : Medical Justice evolves into a more sustainable, learning and effective organisation

Indicators include : strengthening of the organisation by improving IT and knowledge management, and increasing the level of lived experience within the organisation.

Performance : We upgraded our IT system, improving our efficiency and improving the security of our data. We developed a traineeship which may help break down the common barrier of the lack of an employment history for people with lived experience of detention.

Our objectives for Financial Year 2024-25 include:

1. To scale-up to be able to reach the significantly increased number of people the government plans to detain
2. To achieve as much systemic change as possible by Influencing a new government with a briefing on detention conditions based on BHI findings, a roadmap setting out achievable improvements in detention conditions based on BHI recommendations, and roadmap for neutralising odious recent legislation, quickly and without fanfare.
3. Use the information collected in the MLR audit to publish an 'annual report' of the state of immigration detention.
4. Publish statistics on detention gathered from regular FOI requests on our website, as a resource for the sector.
5. To maintain the financial health of the organisation and secure more funding.
6. To strengthen the organisation with additional roles, including an Operations Manager, and employ people with lived experience of detention

Financial review

This is another satisfactory set of accounts, which demonstrate both the strength of the organisation and its potential vulnerability. The turnover has continued to grow in line with the pressing need, with a gradual increase in numbers of employed staff. In spite of the deficit, the current year-end position is considered acceptable, but as with many charities dependent on episodic grant income, the financial future is far less secure, especially with some of our regular funders no longer able to support us.

Generosity is what has kept us going in the past, and we look to that to secure our future too.

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Firstly we have the generosity of our employed staff, working over and above at the typically modest wages found in the charitable sector. The challenges of the work done in Medical Justice are immense, with case workers in particular frequently exposed to the exceptional stress experienced by those we are trying to help. The organisation makes available counselling and other personal support for staff through Trauma Treatment International, presented in the accounts within the consulting expenditure. Money well spent, but sadly necessary.

Secondly we have the generosity of our volunteer doctors and interpreters. Their expert input is the bed-rock of the service provided by Medical Justice. The figure allocated to 'donated professional services' is calculated according to the official definition, but monetary value alone downplays the value of their input, which often makes the crucial difference in a detained client's ability to present their case. As is recommended practice for charities relying on volunteers, this payment in kind appears under income received, but is then set off by the same amount under expenditure. The impact of this is to increase the turnover, giving a truer picture of Medical Justice's overall 'weight'.

None of this would be possible without the generosity of our donors. With so much political posturing impacting the clients we seek to serve, Medical Justice has difficulties in projecting the future demand for our services. To date we have failed to match the demands upon us, and must plan for that continuing, but are ever hopeful that our policy-related work will achieve a step change in attitudes to immigration detention, even if the current evidence is this is likely to be far away. Our donors have continued to support us through this uncertainty, perhaps impressed by Medical Justice's demonstrated flexibility in responding to the many challenges of the hostile environment. Donors can be reassured that what they give is amplified by the generosity of others, i.e. our dedicated employed staff and our volunteers, so maximising what can be achieved from the funding received.

Income	FY2023-24	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Donations	41,497	30,251	20,060	22,988	31,969
Grants	550,465	632,837	465,349	406,694	352,633
Other	9,183	1,451	4,201	239	392
MLR* + Training fees	36,158	30,736	20,140	53,169	53,002
Income	637,303	695,275	509,750	483,090	437,996
Donated professional services	122,418	149,766	129,932	119,749	222,438
Grand Total	759,721	845,041	639,682	602,839	660,434
Expenditure	FY2023-24	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Salaries	540,324	485,965	371,423	337,626	336,966
Rent and rates	37,696	32,371	31,615	25,778	20,679
Volunteer expenses	2,040	946	155	485	588
Interpreter costs	24,243	30,021	19,580	25,836	8,946
Other running costs	67,691	82,859	93,964	74,685	52,652
Running costs	671,994	632,162	516,737	464,410	419,831
Donated professional services	122,418	149,766	129,932	119,749	222,438
Grand Total	794,412	781,928	646,669	558,323	633,323
Deficit / surplus	-34,691	63,113	-6,987	18,680	18,165

* MLR = medico-legal report

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Reserves policy and going concern

Medical Justice has a policy of holding the equivalent of 9 months' operating costs as Reserves to weather financial unpredictability and an increasingly challenging funding environment. Factors leading to this financial uncertainty include:

- Medical Justice has an unpredictable income stream – all grants are for a limited duration – some as short as 12 months - and there is a significant possibility that grants will not be continued
- The current pool of funders who award grants for work in detention is limited and shrinking
- Our largest funder is considering moving away from funding activities in immigration detention
- We have lost 3 major funders – two both funded Medical Justice for 13 years and the third for 16 years
- Medical Justice has a “lumpy” income – more funders are moving from quarterly to annual instalments
- With the number of staff we have, Medical Justice has a significant and continuous cost base
- A period of high inflation means our salary cost increased over and above what was built into grants
- It would take some time to restructure in the event we had to reduce our workforce and activities due to a lack of income
- The work Medical Justice does to secure lasting change can take a number of years so an experienced team with strong institutional memory is needed
- Medical Justice faces a deficit in the coming years
- The landscape of immigration detention for 2024-25 and beyond is unclear, with the government greatly increased indefinite detention of asylum seekers ; Medical Justice needs to be able to step-up to respond at short notice, with reliance on our Reserves.

At the close of the financial year ending 31st January 2024 Medical Justice had £273,382 unrestricted funds; 4.8 months' operating costs (Total Expenditure); somewhat short of the 9 month target.

Risk Register

Medical Justice trustees have given consideration to the major risk to which the charity is exposed and satisfied themselves that systems and procedures are established in order to manage those risks.

External factors outside Medical Justice's control

Medical Justice has grown slowly but steadily since it was founded in 2005. It was registered as a company limited by guarantee in 2007 and gained charity status in 2009. Its first employed a member of staff in 2008 and has added roughly between one part-time to one full-time equivalent staff member each year. Its number of volunteers has also risen steadily. Most importantly, its work undertaken has grown significantly.

A key part of its success depends on its partnerships with funders and its ability to raise ever-greater amounts of funding each year. Funding can never be assured and assisting people held in immigration detention is not a popular cause. Funding is an external factor beyond Medical Justice's control that is relevant to the achievement of its objectives.

Working relationships

Medical Justice has built and enjoyed good relationships with employees and also with non-governmental

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organisations which work in the same field and with whom we are continuously collaborating. The relationship between Medical Justice and the Home Office is challenging. The Home Office controls access to people it holds in immigration detention. Medical Justice had to legally challenge an obstruction of access by independent doctors in 2009; the obstruction was removed.

Structure, governance and management

The charity is a company limited by guarantee and without any share capital and is governed by a memorandum of association. Trustees of the charity are also directors of the company. The company obtained Charitable Status on 12 October 2009. New trustees are selected according to criteria laid out in the charity's Handbook for Trustees and Staff and are appointed by the Board; during the year in question there were 9 Trustees, including a solicitor, a barrister, a public health doctor, a Non-Executive Director at Hillingdon Hospital, and three trustees with lived experience of detention – one is a student, another is the CEO of a charity assisting young refugees and asylum seekers, and another is a law graduate who works for Kings College London as their Sanctuary Project Officer. Officers are elected or re-appointed at the Annual General Meeting.

The Executive Committee: comprises the Chair, the Vice-Chair, the Treasurer, and the Director.

Senior managers: include the Director, the Casework Manager and the Policy, Research and Parliamentary Manager.

Related parties / subsidiaries

Medical Justice does not have any related parties or subsidiaries.

Structure of the Staff Team

- The Director: reports to the Trustees and was line-managed by the Chair.
- The Casework Manager: reports to the Director.
- 4 Caseworkers, 2 Clinical Advisors, 2 Clinical Assessors and 2 Clinical Trainers: report to the Casework Manager.
- 2 Clinical Trainers: report to one of the Clinical Advisors.
- The Office Manager and the Fundraiser: reports to the Director.
- The Policy, Research and Parliamentary Manager: reports to the Director.
- The Researcher and the Parliamentary & Research Analyst: reports to the Policy, Research and Parliamentary Manager.

Staff team in Financial Year 2023-24

Emma Ginn	Director
Theresa Schleicher	Casework Manager
Lisa Incledon	Senior Caseworker
Eliza Lass	Caseworker
Naomi Olaniyi	Caseworker
Cat Goetz	Caseworker (joined September 2023)
Lujain Alarnaut	Caseworker (left August 2023)
Elspeth Macdonald	Parliamentary & Research Analyst

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Maria Dardagan	Fundraiser (joined November 2023)
Ariel Plotkin	Researcher
Deepa Shah	Researcher (maternity cover – left June 2023)
Hannah Chambers	Legal researcher (self-employed consultant)
Idel Hanley	Policy, Research and Parliamentary Manager
Anthony Omar	Office Manager
Dr Rachel Bingham	Clinical Advisor
Dr Mary Kamara	Clinical Advisor
Dr Kathryn Allinson	Clinical Trainer (left June 2023)
Dr Joe Bourdillon-Schicker	Clinical Trainer
Dr Angelina Jayakumar	Clinical Assessor (left April 2023)
Dr Sarah Clark	Clinical Assessor
Dr Liz Clark	Clinical Advisor
Dr Angela Burnett	Responsible Officer (self-employed consultant)

The Volunteer team

The volunteer interpreters: co-ordinated by the Casework team, the volunteers interpret during remote and in-person medical assessments with detained clients and also over the phone. They are trained by caseworkers, former clients and a small team of experienced volunteers, one of which is a professional interpreter trainer. There is a monthly supervision group session for volunteer interpreters.

The volunteer clinicians are also co-ordinated by the Casework team. They are trained by caseworkers, the Clinical Advisors and Clinical Trainers (all doctors), former clients who have direct experience of detention, lawyers and occasional guest experts. The volunteer clinicians are supervised by the Clinical Advisors and Clinical Trainers and their medico-legal reports are reviewed by a team of reviewers comprising experienced volunteers and the Clinical Advisors and Trainers. There is a quarterly reviewers' forum to ensure that our reviewing process is rigorous and consistent, to maximise the effectiveness and accuracy of our medico-legal reports, and to make certain that our volunteer doctors are receiving a high standard of support.

Experts by Experience

The involvement of former clients who have experience of detention helps ensure that our strategic direction and operational decisions reflect the needs of clients in detention. They help train our volunteer clinicians and interpreters, have held training sessions for the Independent Monitoring Boards, speak at our public events and meetings convened by the All-Party Parliamentary Group on Immigration Detention, and speak to the media.

Consultants

Responsible Officer for Medical Justice in its role as a 'Designated Body' - all but a handful of the volunteer clinicians have paid jobs in the NHS or other employers who act as their 'Designated Body', providing a regulated framework of periodic appraisals and re-validation. The few who are not linked to a 'Designated Body' elsewhere are supervised by our Responsible Officer in terms of appraisals and re-validation.

Legal Researcher for the Brook House Inquiry work - this work originated from our successful application to be granted Core Participant status in the Brook House Inquiry and continued until after publication of

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the inquiry's report.

Internal policies

Medical Justice continued to develop internal policies in Financial Year 2023-24 including the Internal Risk Management Policy.

The trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signature of the financial statements were:

E Norton
S Tonmi – resigned June 2023
H G Pickles
L M Burke
J Sivanathan
B Banda
A Hussein – resigned June 2023
P Haywood
R Talbot

Policies and procedures for the induction and training of trustees

Medical Justice continues to actively consider the most effective ways of recruiting and supporting trustees, with specific regard to the need for a wide and diverse range of skills, knowledge and experience. In particular, Medical Justice continues to focus on recruiting trustees with lived experience of immigration detention.

None of the trustees has any beneficial interest in the company. All of the trustees are members of the company and guarantee to contribute £1 in the event of a winding up.

Medical Justice has no formal affiliations

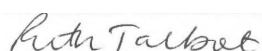
Medical Justice is not formally affiliated with any umbrella group. In the pursuit of its charitable objectives, Medical Justice does co-operate closely on an ongoing basis with a dozen or so other non-governmental organisations who campaign for the health and wellbeing of people in immigration detention. We often form ad-hoc, fluid coalitions to work on specific issues, themes or pieces of work. Medical Justice is a member of the Home Office's main stakeholder forum which covers immigration detention issues, the National Asylum Stakeholder Forum. It is also a member of the Independent Chief Inspector of Borders and Immigration's Refugee & Asylum Forum.

The trustees' report was approved by the Board of Trustees.

Dr Ruth Talbot

Chair of trustees

Dated: 19/06/2024



MEDICAL JUSTICE NETWORK LIMITED

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF MEDICAL JUSTICE NETWORK LIMITED

I report to the trustees on my examination of the financial statements of Medical Justice Network Limited (the charity) for the year ended 31 January 2024.

Responsibilities and basis of report

As the trustees of the charity (and also its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006 (the 2006 Act).

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

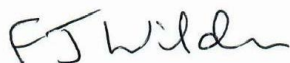
Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Association of Chartered Certified Accountants, which is one of the listed bodies.

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 charity as required by section 386 of the 2006 Act; or
- 2 the financial statements do not accord with those records; or
- 3 the financial statements 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 financial statements 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 financial statements to be reached.



F J Wilde FCCA MBA DChA

Warner Wilde
4 Marigold Drive
Bisley
Surrey
GU24 9SF

Dated: 20 June 2024

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2024

Current financial year		Unrestricted funds general 2024 £	Unrestricted funds designated 2024 £	Restricted funds 2024 £	Total 2024 £	Total 2023 £
	Notes					
Income from:						
Donations and legacies	3	163,915	-	-	163,915	180,017
Charitable activities	4	466,002	-	120,621	586,623	663,573
Investments	5	9,183	-	-	9,183	1,451
Total income		639,100	-	120,621	759,721	845,041
Expenditure on:						
Raising funds	6	216	-	-	216	216
Charitable activities	7	673,575	-	120,621	794,196	781,712
Total expenditure		673,791	-	120,621	794,412	781,928
Net income/(expenditure)		(34,691)	-	-	(34,691)	63,113
Net movement in funds		(34,691)	-	-	(34,691)	63,113
Reconciliation of funds:						
Fund balances at 1 February 2023		308,073	150,000	-	458,073	394,960
Fund balances at 31 January 2024		273,382	150,000	-	423,382	458,073

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2024

Prior financial year		Unrestricted funds general 2023 £	Unrestricted funds designated 2023 £	Restricted funds 2023 £	Total 2023 £
	Notes				
Income from:					
Donations and legacies	3	180,017	-	-	180,017
Charitable activities	4	631,896	-	31,677	663,573
Investments	5	1,451	-	-	1,451
Total income		813,364	-	31,677	845,041
Expenditure on:					
Raising funds	6	216	-	-	216
Charitable activities	7	750,035	-	31,677	781,712
Total expenditure		750,251	-	31,677	781,928
Net income		63,113	-	-	63,113
Transfers between funds		(70,000)	70,000	-	-
Net movement in funds		(6,887)	70,000	-	63,113
Reconciliation of funds:					
Fund balances at 1 February 2022		314,960	80,000	-	394,960
Fund balances at 31 January 2023		308,073	150,000	-	458,073

MEDICAL JUSTICE NETWORK LIMITED

BALANCE SHEET

AS AT 31 JANUARY 2024

		2024		2023	
	Notes	£	£	£	£
Fixed assets					
Tangible assets	12		12,156		13,750
Current assets					
Debtors	13	9,980		5,458	
Cash at bank and in hand		590,336		454,840	
		<u>600,316</u>		<u>460,298</u>	
Creditors: amounts falling due within one year	14	<u>189,090</u>		<u>15,975</u>	
Net current assets			411,226		444,323
Total assets less current liabilities			<u>423,382</u>		<u>458,073</u>
The funds of the charity					
Unrestricted funds - general			273,382		308,073
Unrestricted funds - designated	17		150,000		150,000
			<u>423,382</u>		<u>458,073</u>

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 January 2024.

The director acknowledges her responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the trustees on 18/06/2024



H G Pickles
Trustee

Company registration number 06073571 (England and Wales)

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 JANUARY 2024

	Notes	2024 £	£	2023 £	£
Cash flows from operating activities					
Cash generated from operations	21		128,313		42,698
Investing activities					
Purchase of tangible fixed assets		(2,000)		(11,794)	
Investment income received		9,183		1,451	
Net cash generated from/(used in) investing activities			7,183		(10,343)
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			135,496		32,355
Cash and cash equivalents at beginning of year			454,840		422,485
Cash and cash equivalents at end of year			590,336		454,840

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 JANUARY 2024

1 Accounting policies

Charity information

Medical Justice Network Limited is a private company limited by guarantee incorporated in England and Wales. The registered office is 86 Durham Road, London, N7 7DT.

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006 and "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 2019)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Designated funds represent a portion of the unrestricted funds of the charity that have been set aside for a particular purpose by the trustees.

Restricted funds are subject to specific conditions by donors or grantors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

Endowment funds are subject to specific conditions by donors that the capital must be maintained by the charity.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1.5 Expenditure

A liability is recognised when either a legal or constructive obligation is identified. Irrecoverable VAT is classified in the same way as the transaction to which it relates.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

1 Accounting policies

(Continued)

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computers and office equipment	5 years straight line
--------------------------------	-----------------------

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

Tangible assets which are not held for investment purposes and are identified as having an enduring value are capitalised if their value on acquisition exceeds £250.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity 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 charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented 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.

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.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

1 Accounting policies

(Continued)

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans 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 payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations 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. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Taxation

The charity is exempt from corporation tax on its income and gains as long as the income is applied for charitable purposes.

1.11 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.

1.12 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

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

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

3 Income from donations and legacies

	Unrestricted funds 2024 £	Unrestricted funds 2023 £
Donations and gifts	41,497	30,251
Donated professional services	122,418	149,766
	<u>163,915</u>	<u>180,017</u>
Donations and gifts		
Donations	36,497	30,251
Other	5,000	-
	<u>41,497</u>	<u>30,251</u>

Donated professional services

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

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

In the accounts for the year ended 31 January 2024, the value of the donation £122,418 (2023: £149,766) is shown in Donations and Legacies, note 3 and the corresponding cost in Charitable Activities, note 7.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

4 Charitable activities

	2024 £	2023 £
Performance related grants	550,465	632,837
Medico-legal report fees	31,203	26,596
Training	4,955	4,140
	<u>586,623</u>	<u>663,573</u>
Analysis by fund		
Unrestricted funds - general	466,002	631,896
Restricted funds	120,621	31,677
	<u>586,623</u>	<u>663,573</u>
Performance related grants		
The Griffsome Trust	167,000	167,000
Bromley Trust	15,000	15,000
Comic Relief (Restricted)	79,621	31,677
Oak Foundation	-	150,000
Trust for London (Restricted)	41,000	-
This Day Foundation	25,000	-
Sam and Bella Sebba Charitable Foundation	40,000	44,160
Sigrid Rausing Trust	-	75,000
AB Charitable Trust	25,000	20,000
Balcombe Trust	25,000	25,000
The Kurt & Magda Stern Foundation	35,000	25,000
The Blue Thread	54,393	54,000
Treebeard Trust	25,000	25,000
The Seneca Trust	10,000	-
SC & ME Morlands Charitable Trust	2,000	1,000
Network for Social Change	6,451	-
	<u>550,465</u>	<u>632,837</u>

Grants are categorised each year as restricted or unrestricted based on the terms of the agreement.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

5 Income from investments

	Unrestricted funds 2024 £	Unrestricted funds 2023 £
Interest receivable	9,183	1,451

6 Expenditure on raising funds

	Unrestricted funds 2024 £	Unrestricted funds 2023 £
Fundraising and publicity		
Other fundraising costs	216	216

7 Expenditure on charitable activities

	Charitable activities 2024 £	Charitable activities 2023 £
Direct costs		
Staff costs	540,324	485,965
Medico-legal report fees	636	5,408
Interpretation	24,243	30,021
Consulting	17,475	33,254
Staff recruitment and training	2,591	1,350
Events	578	720
General expenses	303	372
Staff expenses	6,964	6,578
Donated professional services	122,418	149,766
Former client expenses	1,634	1,958
	717,166	715,392
Share of support and governance costs (see note 8)		
Support	68,917	67,311
Governance	8,113	(991)
	794,196	781,712
Analysis by fund		
Unrestricted funds - general	673,575	750,035
Restricted funds	120,621	31,677
	794,196	781,712

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

7 Expenditure on charitable activities

(Continued)

Consulting includes : £5,350 for Trauma Treatment International (staff group supervision sessions and one-to-one counselling), £600 for other Counselling), £7,927.45 for legal research, and £3,597.60 for clinical oversight advice.

8 Support costs allocated to activities

	2024 £	2023 £
Depreciation	3,594	2,480
Rent and rates	37,696	32,371
Communications	1,005	4,526
Postage, printing and stationery	2,608	1,385
Insurance	1,806	7,741
Volunteer expenses	2,040	946
Subscriptions	754	687
IT expenditure	14,232	8,674
Other office costs	2,698	511
Accountancy and payroll	2,364	2,713
Website costs	120	5,277
Governance costs	8,113	(991)
	<u>77,030</u>	<u>66,320</u>
Analysed between:		
Charitable activities	<u>77,030</u>	<u>66,320</u>
	2024 £	2023 £
Governance costs comprise:		
Legal and professional	6,501	(2,621)
Independent Examination and accounts	1,490	1,416
Trustee expenses	122	214
	<u>8,113</u>	<u>(991)</u>

Governance costs do not include the costs of clinical governance which are covered within the direct costs of our charitable activities.

In December 2022, the primary method of telephone communication was switched from the office landlines to an online phone system (via Microsoft Teams). The monthly cost of Teams is a part of the overall IT infrastructure charges from Aspira Cloud which has resulted in a reduction in "communications" and an increase in "IT expenditure within Support Costs.

9 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

10 Employees

The average monthly number of employees during the year was:

	2024 Number	2023 Number
Employees	17	17

Employment costs	2024 £	2023 £
Wages and salaries	460,418	406,223
Social security costs	35,815	37,259
Other pension costs	44,091	42,483
	540,324	485,965

During the year there were 8 full time and 9 part time posts (2023: 8 full time and 9 part time).

Key Management Personnel:

This is defined as the Director and Casework Manager roles. The remuneration of key management personnel, including employer's pension and National Insurance costs, amounted to £107,697 (2023: £103,094).

There were no employees whose annual remuneration was more than £60,000.

11 Taxation

The charity is exempt from taxation on its activities because all its income is applied for charitable purposes.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

12 Tangible fixed assets

	Computers and office equipment £
Cost	
At 1 February 2023	30,532
Additions	2,000
At 31 January 2024	32,532
Depreciation and impairment	
At 1 February 2023	16,782
Depreciation charged in the year	3,594
At 31 January 2024	20,376
Carrying amount	
At 31 January 2024	12,156
At 31 January 2023	13,750

13 Debtors

	2024 £	2023 £
Amounts falling due within one year:		
Other debtors	5,705	4,346
Prepayments and accrued income	4,275	1,112
	9,980	5,458

14 Creditors: amounts falling due within one year

	Notes	2024 £	2023 £
Other taxation and social security		12,456	10,147
Deferred income	15	167,000	-
Trade creditors		5,700	-
Other creditors		456	925
Accruals		3,478	4,903
		189,090	15,975

15 Deferred income

	2024 £	2023 £
Arising from Grants received in advance	167,000	-

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

15 Deferred income

(Continued)

Deferred income is included in the financial statements as follows:

	2024 £	2023 £
Deferred income is included within:		
Current liabilities	167,000	-
Movements in the year:		
Deferred income at 1 February 2023	-	-
Resources deferred in the year	167,000	-
Deferred income at 31 January 2024	167,000	-

16 Restricted funds

The restricted funds of the charity comprise the unexpended balances of donations and grants held on trust subject to specific conditions by donors as to how they may be used.

	At 1 February 2023 £	Incoming resources £	Resources expended £	At 31 January 2024 £
Trust for London	-	41,000	(41,000)	-
Comic Relief	-	79,621	(79,621)	-
	-	120,621	(120,621)	-
Previous year:	At 1 February 2022 £	Incoming resources £	Resources expended £	At 31 January 2023 £
Comic Relief	-	31,677	(31,677)	-

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

17 Unrestricted funds - designated

These are unrestricted funds which are material to the charity's activities.

	At 1 February 2023 £	Transfers £	At 31 January 2024 £
Infrastructure fund	150,000	-	150,000
Previous year:	At 1 February 2022 £	Transfers £	At 31 January 2023 £
Infrastructure fund	80,000	70,000	150,000

Designated Fund: £150,000

Medical Justice has created a Designated Fund of £150,000 in order to be able to create new roles in relation to the greater needs of beneficiaries that may arise from the Illegal Migration Act provisions, as well as to strengthen the senior management team and the organisation's infrastructure in response to the growing size of the team and complexities of its activities, as identified by the 2021 independent Evaluation of the effectiveness of the organisation.

18 Analysis of net assets between funds

	Unrestricted funds general 2024 £	Unrestricted funds designated 2024 £	Total 2024 £
Fund balances at 31 January 2024 are represented by:			
Tangible assets	12,156	-	12,156
Current assets/(liabilities)	261,226	150,000	411,226
	273,382	150,000	423,382
	Unrestricted funds general 2023 £	Unrestricted funds designated 2023 £	Total 2023 £
Fund balances at 31 January 2023 are represented by:			
Tangible assets	13,750	-	13,750
Current assets/(liabilities)	294,323	150,000	444,323
	308,073	150,000	458,073

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2024

19 Unrestricted funds

The unrestricted funds of the charity comprise the unexpended balances of donations and grants which are not subject to specific conditions by donors and grantors as to how they may be used. These include designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes.

	At 1 February 2023 £	Incoming resources £	Resources expended £	Transfers £	At 31 January 2024 £
General funds	308,073	639,100	(673,791)	-	273,382
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Previous year:	At 1 February 2022 £	Incoming resources £	Resources expended £	Transfers £	At 31 January 2023 £
General funds	314,960	813,364	(750,251)	(70,000)	308,073
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

20 Related party transactions

There were no disclosable related party transactions during the year (2023 - none).

21 Cash generated from operations	2024 £	2023 £
(Deficit)/surplus for the year	(34,691)	63,113
Adjustments for:		
Investment income recognised in statement of financial activities	(9,183)	(1,451)
Depreciation and impairment of tangible fixed assets	3,594	2,480
Movements in working capital:		
(Increase) in debtors	(4,522)	(4,595)
Increase/(decrease) in creditors	6,115	(16,849)
Increase in deferred income	167,000	-
Cash generated from operations	<u>128,313</u>	<u>42,698</u>

22 Analysis of changes in net funds

The charity had no material debt during the year.

MEDICAL JUSTICE NETWORK LIMITED

England & Wales - Charity number 1132072

Accounts

Charity registration number 1132072

Company registration number 06073571 (England and Wales)

MEDICAL JUSTICE NETWORK LIMITED
ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 JANUARY 2023

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	E Norton S Tonmi H G Pickles L M Burke J Sivanathan B Banda R Talbot A Hussain P Haywood
Secretary	E Ginn
Charity number	1132072
Company number	06073571
Principal address	86 Durham Road London N7 7DT
Registered office	86 Durham Road London N7 7DT
Independent examiner	F J Wilde FCCA MBA DChA Warner Wilde 4 Marigold Drive Bisley Surrey GU24 9SF
Bankers	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4TA TSB Bank

MEDICAL JUSTICE NETWORK LIMITED

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MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

The trustees present their report and financial statements for the year ended 31 January 2023.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's governing document, the Companies Act 2006 and "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 2019)".

Objectives and activities

Summary of the purposes of the charity;

- The advancement of health or the saving of lives by preserving and protecting the physical and mental health of those held in immigration removal centres through:
 - Reviewing, monitoring, visiting, carrying out research and facilitating access to medical, health and social care.
 - Supporting and compiling medical evidence for the release from immigration detention of vulnerable detainees who have suffered torture, rape, institutional abuse and/or violence, traumatic incarceration or other abuse.
- The relief of those in need by reason of financial hardship by providing them with and facilitating the provision of legal advice and representation;
- The advancement of human rights by monitoring of and conducting research into abuses of human rights, raising awareness of and promoting public support for human rights issues, eliminating infringement of human rights, obtaining redress for and relieving need among the victims of human rights abuse.
- The advancement of the education of the public about the position and treatment of people in immigration detention and encouraging dialogue, consultation and negotiation.

Related parties / subsidiaries

Medical Justice does not have any related parties or subsidiaries.

The trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the charity should undertake.

Achievements and performance

Medical Justice sends clinicians to visit people held in immigration detention to document their scars of torture, serious medical conditions, deterioration in health while detained, and injuries sustained during violent attempts to deport them. We help detained clients access the healthcare they need. We use medical evidence to secure lasting change, including through publishing research, policy work, strategic litigation, galvanizing medical organisations, parliamentary work and raising awareness.

Examples of our achievements in the year ending 31st January 2023 are summarized below.

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

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Challenging the Rwanda Scheme

The government announced its Migration and Economic Development Partnership (MEDP) with Rwanda in April 2022 whereby asylum seekers can be sent to Rwanda where they could seek asylum, with no option of return to the UK.

Medical Justice Casework : 51 referrals for men, women and children targeted for deportation to Rwanda

Between May and August 2022 Medical Justice was in contact with 51 people threatened with removal to Rwanda and prepared 17 medico-legal reports for this group. They included men, women and several children whose age was disputed at the time but who have since been recognised to be children. Many had fled torture; many had experienced trafficking on route to the UK. Many had significant health needs. All had been detained on or shortly after arriving in the UK to seek asylum and were told that their asylum claims may be deemed inadmissible.

A number of them received removal directions for a flight to Rwanda scheduled for 14 June 2022 and some were taken to the flight before it was cancelled at the last minute. Though none were removed to Rwanda, many describe still being profoundly affected by the experience of having been detained on arrival, being threatened with removal to a country they have never been to and know little about, not having their asylum claim considered and still being left in limbo.

Providing witness statements for challenging the Rwanda Scheme

In June 2022 Medical Justice provided two witness statements for Asylum Aid's challenge to the Rwanda scheme, describing the experience of the people we had worked with who were subject to the scheme. The statements covered an analysis of the profile of the clients effected, their histories of trauma and health needs, and well as the challenges they encountered (and we encountered in assisting them) in navigating the process, including finding lawyers in a timely manner given the accelerated nature of the Rwanda process.

Research report - "Who's Paying the Price ? The Human Cost of the Rwanda Scheme"

An audit of the files of 36 vulnerable clients targeted for removal to Rwanda formed the basis of our research report ["Who's Paying the Price? The Human Cost of the Rwanda Scheme"](#) published 1st September 2022. Of the 36 people ;

- 26 had indicators of torture histories, 17 of trafficking and 15 had post-traumatic stress or other complex conditions
- 11 were found to have had suicidal thoughts while in an immigration removal centre - one of whom had attempted twice to take their own life
- One client was not mentally fit enough to speak to lawyers about their options
- Another client needed an urgent assessment as to whether or not they have a brain tumour

"Who's Paying the Price ?" includes evidence from medico-legal reports conducted by Medical Justice clinicians, which show that the prospect of removal to Rwanda is in itself damaging; it is exacerbating detained people's mental health conditions (including depression, anxiety and post-traumatic stress disorder (PTSD)), causing them to experience fear, confusion, uncertainty about their safety, and a loss of hope. For some, it has increased their risk of self-harm and suicide. For some, it has reduced resilience to the psychological effects of trauma and may interfere with their ability to engage with treatment.

The report was widely covered by the media, fed into parliamentary consultations and was the basis of an article in the Journal of Medicine, Science and the Law, titled [Health implications of the UK's plan to send asylum seekers to Rwanda: Evidence from medico-legal reports.](#)

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All-Party-Parliamentary Group on Immigration Detention

In July 2022, while many of those targeted for the aborted charter flight to Rwanda were still languishing in detention, the APPG held an event with speakers from UNHCR, Theresa Schleicher (our Casework Manager) and Asylum Aid, attended by over 65 parliamentarians and external guests. As well as all expressing fundamental opposition to the Rwanda scheme as a whole, speakers raised concerns about the process and its impact on those subjected to it.

Other parliamentary work

We made the following submissions :

- Home Affairs Committee- using anonymous data from our casework, Medical Justice was able to provide up-to-date [written evidence](#) in June 2022 and [oral evidence](#) in July about how the Rwanda policy was playing out on the ground. Many of the points we raised were then put by Committee members directly to the Home Office Permanent Secretary in oral evidence.
- Women and Equalities Committee- the Committee cited data from our submission in their June 2023 report on equality and the asylum system, stating that they are “deeply concerned” by apparent inadequacies in the Home Office’s case-by-case risk assessments prior to issuing notices of intent to remove people to Rwanda and recommending, amongst other things, that the government “abandon” its intention to remove children there.
- Lords’ Justice and Home Affairs Committee- we were asked by the Committee in September 2022 to submit [evidence](#) to their inquiry into family migration, focusing specifically on data showing the impact of the Rwanda policy on people with family members in the UK. Again, our information was included in the Committee’s final report which concluded that “humanity and decency should be at the heart” of family migration policies.
- Lords’ International Agreements Committee- we submitted [evidence](#) in October 2022 to this Committee who are conducting an inquiry into the agreement signed by the UK and Rwanda governments in relation to the removals scheme. The submission explained concerns relating to the various “assurances” made by the UK in the agreement, in particular in relation to about the screening and sharing of information about vulnerabilities of those selected for removal, their transportation to Rwanda, and lack of access to legal advice whilst in the UK. The Committee’s final report on these aspects of the agreement is awaiting publication, pending the final outcome of the Rwanda litigation.

Manston Short-Term Holding Facility

Children hospitalised, chronic overcrowding, insanitary and unsafe conditions, disease, death, violence.

Manston, the Short-Term Holiday Facility detention site to process people arriving across the Channel by small boat was designed to hold 1,000 people, with a maximum capacity of 1,600. The Home Office detained as many as 4,000 people there towards the end of 2022. There were reports of high tensions inside cramped marquees that had been hastily erected to house asylum seekers. Thousands of people were sleeping on mats on the floor, reportedly with no mobile phones, and limits on communication with the outside world.

The Prison Officers’ Association had sounded a public warning over the situation at Manston, saying that poor conditions and overcrowding were contributing to a “pressure cooker” atmosphere. The ISU union, which represents Home Office staff, said the conditions had “contributed to the psychological state that leads to people self-harming”. Immigration minister Robert Jenrick later admitted that Manston was not “operating legally” at the time, and that the problem was caused by a “failure to plan” for a surge in small-boat crossings. There are a number of ongoing legal challenges against the Home Office regarding Manston.

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Use of Force - Obtained through FOI by Liberty Investigates, Use of Force forms revealed conditions including detained people being forcibly restrained after asking for food and staff restraining detained people and locking them in “cell vans”.

Public health failures : outbreak of diphtheria and gastroenteritis, and reports of scabies and MRSA

Freedom of information disclosures from Thanet District Council revealed a catalogue of concerns about failures in public health measures. An email from Thanet public health officials to the Home Office after an outbreak of 20 cases of gastroenteritis at the beginning of September 2022, which resulted in two children being taken to hospital, said: “There are so many new emerging pathogens at the moment”.

Alarming the Home Office went on to detain thousands more asylum seekers in such conditions. A subsequent diphtheria outbreak could hardly have come as a surprise. The Home Office received explicit advice from public health about the risks. By the end of November there were 50 diphtheria cases linked to Manston. Handwashing was advised as a key infection control measure but there was a shortage of sinks and access to running water and some toilets had no handwashing facilities at all. Some toilets were blocked and overflowing with excrement.

Hussein Haseeb Ahmed, 31, from Iraq was among those who became ill with diphtheria. He died in hospital on 19 November 2022.

Medical Justice Casework

People detained at Manston for whom we started to make arrangements for medical assessments for medico-legal reports were subsequently swiftly moved out.

Medical Justice Parliamentary work

Home Affairs Committee - Medical Justice provided written briefings ahead of the Committee’s visits to Manston in July and November 2022, focusing on key concerns and questions around healthcare provision and the safeguarding of vulnerable people at the site. The Guardian reported that during the Home Affairs Committee visit, one male detainee who shouted “help” and claimed he had been at the site for 30 days was seen being pinned up against a fence and dragged away by security guards when he tried to speak to members of the press.

Joint Committee Human Rights- Dr Rachel Bingham [gave oral evidence](#) at the Committee’s session in November 2022 on the situation at Manston, which formed part of their wider inquiry into the human rights of asylum seekers. We later submitted [written evidence](#) to the inquiry, highlighting wider concerns about the “safeguarding” system for vulnerable people in detention.

Challenging the creating of a new category of Short-term Holding Facility (STHF) with downgraded safeguards – in December 2022 the government laid secondary legislation creating a new category of STHF, designed specifically for detention at Manston, known as a “Residential Holding Room” (RHR). In response, Medical Justice led a number of NGOs in January 2023 to [submit joint evidence](#) to the Committee in Parliament tasked with scrutinising the legislation. We highlighted grave concerns about the legislation allowing safeguards and standards at sites designated as RHRs like Manston to be dramatically downgraded, whilst quadrupling the length of time – from 24 to 96 hours – that people can be detained there. Drawing heavily on our submission, the Committee’s report later in January was very critical of the government, concluding that it was “left with the strong impression that the new category [of STHF] is designed for the operational convenience of the Home Office, rather than for good reasons of public policy”. We then worked closely with Baroness Lister of Burtsett to table a motion in the Lords opposing the legislation which was debated in April 2023, raising awareness of the damaging impact the new legislation will have.

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Casework

Medical Justice takes referrals for people detained under immigration powers in all the UK's Immigration Removal Centre (IRCs) and from prisons. Our dedicated team of volunteer clinicians offer clinical assessments to our clients in detention and write medico-legal reports documenting scars of torture, serious medical conditions and injuries sustained during deportation attempts. Our casework also includes assessing fitness to fly, challenging instances of medical mistreatment and helping detained people access the healthcare they need. We use medical evidence from our casework to document the toxic effect of indefinite detention.

In the financial year ending 31st January 2023 (2022-23) the Home Office ramped up the use of detention following Covid as it sought to increase numbers of people who are being deported.

Medical Justice received 511 referrals for detained people, 52% of them self-referrals directly from people in detention. 28 of our clinicians completed 111 medico-legal reports, documenting clinical evidence of past torture, trafficking or other trauma as well as the health impact of immigration detention in the UK, enabling our clients to present the physical and psychological evidence they carry on their bodies and live with every day, to the Home Office and the courts. Our casework also entailed documenting serious medical conditions and injuries sustained during deportation attempts, assessing fitness to fly, challenging instances of medical mistreatment and helping clients access the healthcare they need. Almost all of the people we work with are subsequently released from immigration detention. Many go on to receive refugee status or another form of leave to remain in the UK.

The year has been marked by spikes of intense demand for Medical Justice support corresponding to particular drives by the Home Office to target particular groups of people for removal/deportation, including by charter flights to Iraq, Jamaica, Albania, Bangladesh, Nigeria, Ghana and Rwanda. There were 3 such flights on one particular day.

In May 2022 the Home Office scheduled charter deportation flights to Jamaica and Iraq. Many of the people contacting us who were booked to be deported on those flights, had histories of trauma or torture that had not yet been documented. Many had lived in the UK for a very long time and had family here, and many were accessing important medical treatment including mental health support. As the Home Office only tend to inform people about their scheduled deportation on a charter flight 1 week in advance, we were contacted for help by many people very shortly before these flights. Many of them did not have legal representation and needed medical assessments. Working closely with other NGOs, including visitors' groups, and lawyers we were able to refer clients to solicitors and complete urgent medico-legal assessments.

In the end the Iraq charter deportation flight was cancelled by the Home Office in its entirety. The Jamaica charter went ahead with far fewer people on board than initially booked, partly due to interventions by solicitors we were able to refer clients to, and using medical evidence provided by our clinicians.

Between May and August 2022 we started receiving referrals for 51 subject to the Rwanda scheme – please see the Rwanda Policy section for details.

The work that went into supporting our clients during those intense months and beyond was only possible thanks to the dedication of our caseworkers, clinicians and volunteer interpreters. We were also supported by volunteer clinicians from the Helen Bamber Foundation who stepped in to provide additional assessments to help us meet the increased need for people threatened with removal to Rwanda. We are very grateful for their support.

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We saw large numbers of people whose asylum claims were being processed very quickly through the Detained Asylum Casework process, often without a right of appeal. Many clients tell us they feel they have not had a chance to present their case and about how difficult it is to prepare one's case while in detention, to face talking about traumatic histories and to gather relevant evidence.

We hear daily from the people we work with about the abuse and brutality inherent in immigration detention and the impact it has. We have also seen incredible kindness and courage in the face of the daily hostility of the immigration system with people in detention supporting one another and speaking about their experiences. We are incredibly grateful to everyone who has been part of the work this year to oppose immigration detention and to support the people subjected to it.

Referrals for people held at ;	Total	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
Colnbrook (Heathrow)	138	10	7	1	20	37	12	3	11	11	10	10	6
Brook House (Gatwick)	130	5	20	4	20	20	19	4	9	7	4	8	10
Harmondsworth (Heathrow)	104	4	5	4	22	13	10	11	14	12	6	1	2
Yarl's Wood (Bedfordshire)	65	3	3	6	7	4	11	3	10	4	3	6	5
Derwentside (County Durham)	47	6	1	3	9	6	5	6	5	1	3	1	1
Prisons	17	3		1	2	1	4		1	2		2	1
Short Term Holding Facilities	4				1	2							1
Tinsley House (Gatwick)	3										1		2
Not detained	2							1		1			
Dungavel (Scotland)	1			1									
Total	511	31	36	20	81	83	61	28	50	38	27	28	28

Clinical work

In 2022/3, 28 clinicians – including 21 volunteers- did at least one assessment for Medical Justice. The range and complexity of issues covered in our medico-legal reports (MLRs) has never been greater. We continue to document torture and ill-treatment in people's country of origin, experiences of violence and trafficking during journeys to the UK, and serious harms in immigration detention. We increasingly document complex and harmful issues people have faced since arriving to the UK: modern slavery, destitution, previous experiences of detention, and unstable living conditions. Added to this were the uncountable harms of spiralling delays in asylum decision making, and the threat of removal to Rwanda.

This year also saw the publication of the much awaited second revision of the Istanbul Protocol, the UN ratified document which forms the gold standard for the documentation of torture and ill-treatment. We prepared ourselves to transition our MLR writing to the revised edition with a training session by Dr Juliet Cohen, one of the contributors to the Istanbul Protocol at our Advanced Training Day, and revised our internal training and guidance.

Clinical issues in detention - One client seen by our new psychiatrist had removal directions nine days after her assessment but had severe mental health problems. Our psychiatrist made a diagnosis of schizophrenia and produced an excellent report to this deadline. His removal directions were cancelled on the basis of her report and he was released from detention.

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IRC medical notes often reference poor sleep, nightmares, flashbacks, and other typical symptoms of Post Traumatic Stress Disorder (PTSD), but conclude with no medical recommendation, no diagnosis, and no plan to address the symptoms. It is difficult to imagine why an IRC doctor would not make appropriate recommendations to protect the mental health of their patients, but clearly failures to acknowledge the harms of immigration detention remain embedded.

Clinician recruitment and training - 47 potential volunteer clinicians including GPs, a range of hospital specialists, psychiatrists and psychologists attended a training event and 24 active clinicians attended at least one Advanced Training Day in 2022.

Scaling up enabled by This Day Foundation - With a generous grant from This Day Foundation via an intermediary, we were able to expand our clinical team in the last quarter of 2022 through the recruitment of part-time clinicians on temporary contracts - an infectious disease registrar, two experienced GPs, and a psychiatrist. They brought with them a wealth of background knowledge. The additional clinical capacity has led to more medical assessments and detention visits, as well as more volunteer sign-ups at our training days, more volunteers enrolled (completing all the registration requirements ready for visiting detained clients), and – crucially – the increase in the number of new volunteer clinicians ‘shadowing’ more experienced doctors, scaling us up with a greater number of doctors ready to do ‘solo visits’ going forward.

Medical Justice as a Designated Body - In 2022/3 Medical Justice was the Designated Body for the registration of 6 volunteer doctors with the General Medical Council. This group of doctors undertake their only or main clinical work for Medical Justice and maintain their professional development, licencing, and revalidation for our work, a level of commitment which is highly valued. We can facilitate this thanks to Dr Angela Burnett, our Responsible Officer.

Advocacy: research, policy work, litigation

2022/3 presented several drastic policy developments from the Home Office. We have continued to use the unparalleled medical evidence from our casework to advocate around the severe health impact that detention can have. Client data has formed the basis of our research reports and our policy work.

Research reports

“Detained and Discarded”, March 2022

We published a report *Detained and Discarded: Vulnerable people released from immigration detention in medically unsafe way found* documenting the Home Office’s continued failings leading to the often unplanned, chaotic and medically unsafe release of extremely vulnerable, unwell people without adequate support. Medical Justice sees repeated cases of vulnerable people released into the community without adequate care plans, with little or no information about entitlement and how to access a GP. This has included people who had very recently attempted suicide in detention.

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“Harmed not Heard”, April 2022

Our report [*Harmed Not Heard*](#) evidences that the Home Office process to identify and release highly vulnerable people in immigration detention is totally and utterly flawed. The report analyses Medical Justice clinical assessments carried out between July and December 2021 for 45 clients detained in various immigration removal centres (IRCs) across the UK. These clients’ histories included severe trauma, significant mental health issues, and being at risk of suicide. Our findings include:

- 100% of these clients were assessed as at clinical risk of harm caused by detention and 82% had already experienced deterioration in their mental state by the time they were seen by a Medical Justice clinician. Not a single one of them had a safeguarding report, as they should have done, from the IRC healthcare department to identify them to the Home Office as at risk of harm under a process known as Rule 35(1)
- 87% had suicidal and/or self-harm thoughts recorded by a Medical Justice clinician at their assessment – all were deprived of a safeguarding report identifying their risk of suicide (Rule 35(2))
- 76% were assessed by our clinicians as having symptoms or a diagnosis of Post Traumatic Stress Disorder
- Only 51% saw a GP within the required 24 h of admission to the IRC. Where identified as needing a Rule 35 safeguard report, the average wait for an appointment was 29 days – one person’s appointment took 119 days
- Home Office caseworkers only released 1 of our 45 vulnerable clients when given information about their vulnerability under safeguarding processes, many of whom included torture survivors

“Abuse by the System”, October 2022

We published a joint report with the Helen Bamber Foundation, Anti Trafficking and Labour Exploitation Unit and Focus on Labour Exploitation titled [*“Abuse by the System”*](#). The report highlights the government’s failures to safeguard survivors of trafficking in detention and that it has deliberately put in place a system in which more trafficking-survivors will be locked up. The number of potential survivors of trafficking held in detention each year tripled from 500 in 2017 to over 1,600 in 2021. Even when identified as possible survivors of trafficking, people were not being released and were detained while waiting for a final decision in their case, at which point, the average time for making these decisions was a staggering 17 months.

“Every Move you Make”, October 2022

Medical Justice contributed to the report [*“Every Move you Make”*](#), jointly published with Bail for Immigration Detainees and the Public Law Project. As we increasingly saw people tagged on release from detention, our doctors were asked to consider and assess health issues related this. Dr Kathryn Allinson undertook a review of MLRs in which we have given an opinion on the impact of electronic monitoring. This review fed into the report [*“Every Move you Make”*](#), which Medical Justice jointly published with Bail for Immigration Detainees and the Public Law Project.

At the time of publication of the report, over 2,000 people on immigration bail were being made to wear the GPS tags 24 hours a day, indefinitely, with cases often taking years to close. Many of our clients associated this electronic monitoring with stigma, discrimination, and fear; a constant reminder that the threat of forced removal had not abated after release from detention. There is no clear explanation or evidence from the Home Office that tagging is necessary or cost effective. GPS tagging collects more intrusive data than other electronic tagging, and the Home Office is able to access an individual’s ‘trail’ data in a wide range of circumstances. This includes if they make an immigration application involving the right to a family life under Article 8 of the European Court of Human Rights.

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Policy work

Independent Chief Inspector's Third Annual Review of the Adults at Risk Policy - The Independent Chief Inspector of Borders and Immigration (ICIBI) had been commissioned by the Home Secretary to conduct an annual review of the Adults at Risk policy, and publish a report and recommendations accordingly. Medical Justice met with the Inspectors ahead of their July 2022 inspection to brief them.

The inspection report of the third annual review was published in January 2023 and was highly critical. Of particular note, the report stated that "On the basis of this inspection, the Rule 35 process needs to be called out for what it is – ineffective". The ICIBI found that "It is in the gift of the Home Secretary and senior officials to make the system more effective. However, Home Office senior managers demonstrated a lack of interest in improving Rule 35 specifically".

Following the publication of the third annual report, the Home Secretary has discontinued the annual commissioning of the AAR review. The ICIBI has said: "I am concerned that the Home Secretary has judged this to be an appropriate moment to terminate her predecessor's commission to ICIBI to carry out an annual review of 'Adults at risk' policies and safeguards". This is another reduction of independent oversight and scrutiny of the Home Office policies and practice in immigration detention.

Stakeholder Engagement

Medical Justice participated in stakeholder discussions including :

NHS England

Home Office

- National Asylum Seeker Forum detention sub-group

Independent Chief Inspector of Borders and Immigration (ICIBI)

- Adults at Risk forum (June 2022)
- Refugee and Asylum Forum (March 2022 and January 2023)
- Medical Justice briefing meeting with ICIBI for their review of GPS Tagging
- David Neal, the Chief Inspector, visit to Medical Justice's office in November 2022

His Majesty's Inspectorate of Prisons (HMIP)

- Provided a session on IRC healthcare at HMIP's away-day in March 2022
- Joint briefing meeting on detention issues with BID for HMIP together with ICIBI
- Provision of information to HMIP for its inspections of Colnbrook IRC (March 2022), Brook House (June 2022) and Derwentside (August 2022)

Policy submissions

We have submitted responses to several policy consultations including:

- Prisons Strategy White Paper, Ministry of Justice, February 2022.
- Detention Services Order XX/2021 Assessment Care in Detention and Teamwork (ACDT) (Medical Justice endorsed comments by Royal College of Psychiatrists), Home Office, February 2022.
- Human Rights Act Consultation, Ministry of Justice, March 2022. Read our submission [here](#).
- Detention Services Order XX/2022 Adults at Risk: Detention of Potential or Confirmed Victims of Modern Slavery (joint submission with Helen Bamber Foundation), Home Office, May 2022.
- NHS Service Specification Consultation, NHS England, December 2022.
- Possible changes to the First-tier Tribunal (Immigration and Asylum Chamber) Rules and the Upper Tribunal Rules arising from Nationality and Borders Act 2022 Tribunal Procedures Committee, January 2023

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All Party Parliamentary Group (APPG) on Immigration Detention

A Medical Justice staff member acts as secretariat to the APPG on Immigration Detention, and although their work is independent of Medical Justice, we report here on their activities in the year.

Against the backdrop of so many worrying changes in detention, quasi-detention and wider asylum system during 2022/3, the APPG continued to offer an important space to bring parliamentarians together with people with lived experience, NGOs, inspectors, law firms and other experts, to discuss developments, take action and amplify our collective impact.

Napier Barracks visit and report - Following on from the 2021 APPG Inquiry into quasi-detention, the Chair Alison Thewliss MP and three other APPG members conducted a site visit to Napier Barracks in February 2022 (see photo left), viewing the facilities and meeting residents, the Home Office, and its contractor.

Shortly after the visit, the APPG held an online meeting (see photo left) to update members on the situation it found at Napier during the visit. Almost 70 parliamentarians and external guests attended to hear from the MPs who visited, former residents, as well as the Jesuit Refugee Service and Humans for Rights Network who assist residents.

In April, [the APPG published its report on the visit](#), warning that recent changes by the Home Office had not addressed the fundamental problems of Napier, and that conditions there were still extremely concerning. Like the APPG Inquiry Report, it concluded that the site is “fundamentally unsuitable” for use as asylum accommodation and called for it to be “closed with immediate effect”.

The report was covered in the media by the [BBC](#), the [Independent](#), and the [Evening Standard](#). Evidence from both the Inquiry and site visit was used in parliamentary debates, including on the government’s [Nationality and Borders Bill](#) in February 2022, the [Rwanda policy](#) in April 2022, [developments at Manston](#) in November 2022 and most recently on [the Illegal Migration Bill](#) in March 2023.

Investigation of Mitie racist whatsapp messages - APPG Chair, Alison Thewliss MP, met with Phil Bentley, CEO of Mitie, in February 2022 to discuss the company’s response to incidents of racism amongst escort staff revealed in media reports. Mitie is the largest provider of IRC management and operations and secure escorting services (in-country and overseas) for the Home Office, handling for over 13,000 detained individuals.

UNHCR and the APPG’s Annual General Meeting - The AGM in May 2022 featured a briefing by UNHCR and Action Foundation on alternatives to detention.

Challenging emerging quasi-detention sites - this included tabling of parliamentary questions, media work by APPG Chair Alison Thewliss MP, and sharing of the 2021 Inquiry report with fellow parliamentarians facing new sites in their constituencies and those scrutinising the Nationality and Borders Act 2022.

Other Parliamentary work

Levelling-Up and Regeneration Bill 2022 provisions could neuter community opposition of quasi-detention sites - So far, legal challenges brought by the local community in relation to planning issues have been crucial in delaying and even preventing the opening of proposed sites, such as the portacabin site next to Yarl’s Wood IRC and disused military sites at Linton-on-Ouse, Scampton, and Wethersfield. However, clauses in the Levelling-Up and Regeneration Bill 2022 will mean that, where a development takes place on Crown land (i.e. owned by the government) and is deemed to be of “national importance” - which quasi-detention sites are very likely to be - the government will no longer need to apply to the local planning authority and will instead simply grant itself permission, making it much harder for local communities to oppose the opening of sites.

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In partnership with other NGOs, Medical Justice submitted joint evidence in July 2022 to the Commons' Committee examining the Bill highlighting our concerns. A debate subsequently took place about removing the offending clauses from the Bill, supported by Labour and the Liberal Democrats who continue to raise the issues as it continues to make its way through the parliamentary process.

Strategic Litigation

'Second Opinion MLR' policy challenge - In June 2022, without official announcement or consultation, the Home Office published a new policy directing that consideration of medico-legal reports for people in detention from independent sources (e.g. Medical Justice) should be delayed, while the Home Office contracts its own doctor to carry out a second medico-legal report. This leads to delays in important medical evidence being considered and longer periods of detention for vulnerable people who are being harmed by continued detention. Where the Home Office commissioned report does not agree with all the findings of the independent MLR, the medical evidence may be downgraded. Subjecting people in detention to undergo a second assessment creates an additional risk of re-traumatisation. If the client does not consent to this, or is too unwell or unfit to attend, the second opinion report will be based on Home Office and IRC healthcare files alone.

The policy states that the Home Office will arrange for a second opinion report on up to 10 MLRs per week but with no criteria for selection, the process appears arbitrary. No evidence was provided as to why the Home Office needed to introduce this policy which risks resulting in the detained person languishing in detention for longer.

We sent a pre-action protocol letter to the Home Office and not having received a satisfactory response, we issued a judicial review in December 2022 and have been granted permission to proceed.

Witness Statement for Women for Refugee Women challenge of Derwentside IRC - Women for Refugee Women and a woman who was detained at Derwentside IRC brought a challenge to the lack of face to face legal advice at Derwentside IRC which opened in December 2021 as the main IRC holding women. It is located in a remote area of North East England where there are few legal aid firms available to provide advice and representation for women held at the IRC. In the course of the proceedings the Home Office argued existing screening processes and safeguarding mechanisms would ensure that particularly vulnerable women who would likely struggle to effectively communicate and build trust when only seeing advisers remotely, would not be detained at Derwentside. Medical Justice provided a witness statement in June 2022 including an analysis of our casework with women at Derwentside showing that the existing screening and safeguarding processes are inadequate and do not effectively protect vulnerable women from being detained there.

In June 2022 hearing the Women for Refugee Women case was not upheld. Just prior to the hearing, however, the Home Office announced it had secured in-person legal advice for Derwentside IRC, to begin from July 2022. In March 2023 it was announced that from April 2023 all Detained Duty Advice Scheme appointments in IRCs will be facilitated in-person.

Medical Justice acts as a Core Participant in the Brook House Inquiry

In 2017 widespread abuse in Brook House IRC was captured by BBC Panorama undercover cameras. One of many instances showed a G4S guard kneeling on a detained man's neck, strangling him, threatening "I am going to put you to sleep", whilst a G4S nurse stood by and later colluded in falsifying papers.

The Home Office refused calls to commission a public inquiry, but was eventually forced to do so after losing a judicial review brought by men who had been detained at Brook House IRC during the BBC's undercover filming. The Brook House Inquiry (BHI) was established to investigate the decisions, actions and circumstances surrounding

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the mistreatment of individuals held at Brook House IRC and started to hear evidence in public in November and December 2021.

It has taken a public inquiry to uncover the true extent of abuse in IRCs – Only undercover reporting has exposed the true nature and scope of the abuse. It has taken a public inquiry to compel witnesses including – for the first time – senior officials of the Home Office and its contractors, plus extensive disclosure of documents and camera recordings, to enable all the dots to be joined up and the causes and contributing factors to be properly investigated.

The BHI examined institutional practices and culture at Brook House IRC, within G4S and within the Home Office, in 2017 and also at the time of the public 2021-22 hearings. It heard evidence over 46 days from all involved: detained persons, privately contracted doctors and nurses, G4S senior management and custody officers, Serco, Home Office officials, official inspectors and monitors. It also heard evidence from experts chosen by the Inquiry to address use of force, institutional culture, healthcare and safeguards. 40,000 documents, amounting to approximately 250,000 pages of material, were reviewed; as well as video recordings, including IRC CCTV, body-worn cameras and un-broadcast BBC footage.

Medical Justice's role as a Core Participant - Central to the Inquiry was the extent to which Home Office policy or practice, or clinical care issues caused or contributed to mistreatment. Medical Justice was appointed a Core Participant (CP) due to its extensive first-hand experience of the clinical safeguarding failures and understanding of the inadequate healthcare provision in IRCs. As a CP, we were able to see all the disclosed evidence as the Inquiry's investigation developed. Medical Justice provided policy and other safeguarding information specific to immigration detention which added to the evidence from the Inquiry's clinical expert whose main experience was around prison healthcare. We submitted suggestions to the Inquiry's legal team for questions to put to witnesses. Medical Justice's witness statements and oral evidence were referenced extensively throughout the hearings. Our analysis of our recent casework demonstrated that the failures in IRCs are ongoing.

The second tranche of public hearings in February and April 2022 - these had a focus on clinical issues. Dr Rachel Bingham and Theresa Schleicher very ably gave oral evidence for Medical Justice. The Inquiry also heard from medical staff working at Brook House IRC both in 2017 and those who have recently been contracted to provide healthcare. Home Office civil servants in charge of safeguarding policies and G4S were also questioned in public hearings. Other key witnesses were the BHI Chair's three independent experts on medical issues, the use of force and culture.

The abuse uncovered - The evidence that emerged confirmed the longstanding serious concerns of Medical Justice and others, but also exposed even more shocking abuses than had previously been understood. The clinical safeguard failures and harm caused that Medical Justice saw in 2017 was just the tip of the iceberg that lay below. BHI heard evidence of IRC doctors and nurses who admitted they did not understand how clinical safeguards were meant to operate and had never applied them properly. They often failed to identify manifestations of detained people's deterioration and distress, or to assess symptoms of trauma, nor did they have the means to provide treatment for it - alarming given that detention itself can be the cause of mental illness.

A causal link was identified between the complete failures of clinical safeguards and the violent abuse in detention.

Distressed individuals were often put in segregation and subjected to excessive use of force which was routine in the context of removal. Torture survivors may experience the use of force as a terrifying re-enactment of previous abuse. Pain-inducing 'control & restraint' (C&R) techniques were used against those who lack mental capacity, who may therefore have had impaired responses to pain, risking prolonged and more extreme force. IRC healthcare staff wrongly sanctioned the use of force, and failed to stop violent C&R they were responsible for observing.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

The Home Office prioritised deportations over welfare, creating a breeding ground for the desensitised, racist, inhumane environment. Evidence showed normalisation of the infliction of pain, suffering and humiliation, even whilst a man was so emaciated he could barely hold his own body weight. Much use of force against naked individuals was a direct consequence of the 'no notice' removals policy (later found unlawful thanks to Medical Justice litigation). There was evidence of pervasive derogatory and violent verbal abuse and racism to or about detained people revealing an underlying lack of any empathy even when people were at their most vulnerable - even in life-threatening situations. Widespread mistreatment and abuse by custody officers, IRC doctors and nurses occurred with the complicity of G4S Managers and indifference amongst Home Office officials.

Today Medical Justice sees the same tip of the iceberg we did in 2017 in terms of clinical safeguarding failures and the harm this causes, and we fear this suggests that the violent abuse identified at Brook House IRC may be continuing across the detention estate. The government knows of this avoidable abuse, yet is set to ramp it up with plans to increase detention capacity by 1,000 spaces, the detention of asylum seekers being removed to Rwanda, and the mass incarceration of asylum seekers called for by the Illegal Migration Bill provisions.

The Inquiry has now concluded hearing evidence and the Chair's report is due "late summer" 2023.

APPG briefing meeting on the Brook House Inquiry - The APPG held a briefing meeting held in December 2022 to raise awareness of the key issues revealed by the Brook House Inquiry, given the urgency regarding the government's plans to increase detention, without having recognised - let alone fixed - the failures uncovered by the Inquiry.

The material for the APPG session was meticulously summarised by Stephanie Harrison QC, Hamish Arnott (Bhatt Murphy), Laura Profumo (Doughty Street) and Medical Justice. The expert panel of speakers included BBC journalist Callum Tulley who filmed undercover at Brook House for BBC Panorama, Stephanie Harrison KC of Garden Court Chambers, who is representing Medical Justice and several other core participants to the Inquiry, Mishka, an expert-by-experience campaigner from Allies for Justice, and our own Dr Rachel Bingham.

Independent Monitoring Board training

Independent Monitoring Boards (IMBs) are made up of unpaid volunteers operating in every immigration detention facility across the UK. IMB members are "the eyes and ears of the public, appointed by ministers to perform a vital task: independent monitoring" and report on whether detained individuals are being treated fairly and humanely. They have 24 hour access to all IRCs and are required to periodically visit detained people held in isolation.

Following the Brook House Inquiry, the National Chair of the Independent Monitoring Boards (IMB) sought training about health issues suffered by detained people and clinical safeguarding system. Medical Justice provided bespoke training sessions and also presented at the IMB's annual study day with the aim of IMB members being better able to spot and report on clinical safeguarding failures.

Medical Justice in the Media in Financial Year 2022-2023

Media article mentioning the work of Medical Justice included BBC Online (8 articles), BBC Radio 4 Today Programme (1 piece), British Medical Journal (3 articles), Sunday Mirror (3 articles), Evening Standard (3 articles), Guardian (16 articles), Independent (8 articles), ITV News (1 article), Morning Star (8 article), National (1 articles), Daily Record (1 article), New Arab (2 articles), BBC Radio York (1 article), The Arab (1 article), ABC News Australia (1 article), BBC South East (1 article), BBC Radio Scotland (1 article), BBC World News on Africa (1 article), BBC Radio 3 Counties (1 article), News Central TV, Nigeria (1 article), The Sun (1 article), BBC Africa (1 article).

Medical Justice AGM 29th July 2022

Our Annual General Meeting was held on 29th July 2022 and conducted online.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

Medical Justice objectives and performance

In Financial Year 2022-23 our strategy for achieving our objectives remained broadly the same.

Medical Justice performed well against all its objectives for the year, which included:

- To assist as many people in detention as we can – indicators include the number of clients in detention accessing needed medical care, the number released into the community so they can begin to recover, and number of cases of our medical evidence being accepted. To enable us to carry out as much casework as we can, we strive to recruit as many volunteers as possible – indicators include how many IRC visits take place and the amount of interpreting undertaken by volunteers.
- To achieve as much systemic change as possible – this includes change through policy work, strategic litigation, parliamentary action, acting as the secretariat for the All Party Parliamentary Group on Immigration Detention, acting as a Core Participant in the Brook House Inquiry and campaigning. Indicators include changes in policy and practice.
- To improve practice in detention facilities by holding to account and influencing – including engaging with NHS England, individual IRCs and healthcare providers, and with the Independent Monitoring Boards.
- To increase awareness of the harms of detention alongside a momentum for change – including galvanising medical organisations
- To ensure Medical Justice evolves into a more sustainable, learning and effective organisation.

Our objectives for Financial Year 2023-24 include:

- To scale-up to be able to reach the significantly increased number of people the government plans to detain
- To achieve as much systemic change as possible
- To maintain the financial health of the organisation
- To strengthen the organisation with additional roles, including a fundraiser and a Lived Experience group leader
- To increase the number of trustees

Financial review

Principal funding sources and expenditure areas

Review of the financial position of Medical Justice

In spite of the external turmoil, Medical Justice has managed its finances reasonably well this year.

Grant income has just about kept up, thanks to the continued generosity of existing and new donors, enabling us to continue with the core business of assisting those in detention. Where there have been modest increases in staff numbers and hence staff spend, this has mostly related to specific projects. In the last year, as well as some investment in computers, there was work on the website and communication systems to increase efficiency, important in the light of continued hybrid home/office working. Medical Justice remains a lean organisation, maybe too lean, so flagged up for next year is a potential reorganisation to make the organisational burden more manageable. Only a very small sum is identified in this year's accounts for fundraising and publicity, for example, and this is an area where greater investment would be sensible. Although the immediate financial future looks un-concerning, many grants are short-term, with no guarantee of renewal, and some donor's policies rule out renewal anyway. This means looking at the currently secured income, we face a modest deficit in the current financial year ending 31st January 2024, with a sizeable one the following year and thereafter. Hence fundraising, and the publicity upon which it feeds, remains an important priority.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

In recent years we have been cautious over chasing better interest rates for the sums we hold as reserves, but this may need to be looked at again. The reserves look substantial, but still fail to match the 9 months running costs asked for in our internal policies. The rationale for holding substantial reserves is that we only have enough ongoing grants to meet our current salary costs in the short term. Also, with the current uncertainty over the fall-out of national policy which has a stated aim to increase the detention of irregular migrants, we expect an even greater demand for our services, meaning new posts could well be needed going forward. Whilst positioning itself to continue to be able to respond to best help detained clients, Medical Justice's policy work aspires to make this unnecessary, of course.

We continue to see more clients who are new arrivals, so interpretation continues to grow in importance. We are very grateful for volunteer interpreters who help attenuate increasing costs here. Another modestly increased spend is on insurance, since we now pay the professional indemnity costs for those of our volunteer doctors who had recently retired from NHS employment and for whom this would otherwise be a barrier to participation. Work with individual detained clients is the bedrock of the work of Medical Justice, which relies heavily on volunteer clinicians, hence this investment in insurance represents excellent value for money. Nearly £150k is attributed in the accounts to the work done by our volunteers, but for our detained clients, this can be priceless.

Summary of Income and expenditure

Income	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Donations	30,251	20,060	22,988	31,969
Grants	632,837	465,349	406,694	352,633
Other	1,451	4,201	239	392
MLR* + Training fees	30,736	20,140	53,169	53,002
Income	695,275	509,750	483,090	437,996
Donated professional services	149,766	129,932	119,749	222,438
Grand Total	845,041	639,682	602,839	660,434

Expenditure	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Salaries	485,965	371,423	337,626	336,966
Rent and rates	32,371	31,615	25,778	20,679
Volunteer expenses	946	155	485	588
Interpreter costs	30,021	19,580	25,836	8,946
Other running costs	82,859	93,964	74,685	52,652
Running costs	632,162	516,737	464,410	419,831
Donated professional services	149,766	129,932	119,749	222,438
Grand Total	781,928	646,669	558,323	633,323

* MLR – medico-legal report

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

Reserves policy

Medical Justice has a policy of holding the equivalent of 9 months' operating costs as Reserves to weather financial unpredictability and an increasingly challenging funding environment. Factors leading to this financial uncertainty include:

1. Medical Justice has an unpredictable income stream – all grants are for a limited duration – some as short as 12 months - and there is a significant possibility that grants will not be continued
2. The current pool of funders who award grants for work in detention is limited and shrinking
3. Our largest funder is considering moving away from funding activities in immigration detention
4. One of our biggest funders has ended its funding, having past the 10 year mark beyond which its policy is to not continue funding
5. One of our largest grants will end in the next year with no replacement grant available so far
6. Medical Justice has a “lumpy” income – more funders are moving from quarterly to annual instalments
7. With 21 paid workers by the end of the financial year (including part-time workers and two self-employed), Medical Justice has a significant and continuous cost base
8. High inflation means our salary cost has increased over and above what was built into grants
9. It would take some time to restructure in the event we had to reduce our workforce and activities due to a lack of income
10. The work Medical Justice does to secure lasting change can take a number of years so an experienced team with strong institutional memory is needed
11. Medical Justice faces a deficit in the coming years
12. The landscape of immigration detention for 2023-24 and beyond is unclear, with the government planning large-scale quasi-detention sites and greatly increased indefinite detention of asylum seekers ; Medical Justice needs to be able to step-up to respond at short notice, with reliance on our Reserves.

At the close of the financial year ending 31st January 2023 Medical Justice had £308,073 unrestricted funds – 5 months' operating costs (Total Expenditure) ; somewhat short of the 9 month target.

Inadequate healthcare in immigration detention

There were 20,446 instances of men, women and children in 2022 in immigration removal centres (IRCs). Immigration detention in the UK is not part of any criminal sentence and is not ordered by a judge. Many detainees have mental and physical scars of torture and other forms of persecution. Detained peoples' medical conditions are often exacerbated by, and sometimes caused by, prolonged detention and inadequate healthcare.

Issues in immigration detention have included ;

- Many people in detention have complex medical needs yet the healthcare provision is inadequate.
- Detention can be the cause of mental illness which cannot be effectively treated in detention
- To prevent self-harm, 'control & restrain' and segregation is often used on distressed individuals
- One man was held in isolation for a virtually continuous period of 22 months
- Some are transferred to secure psychiatric units and later taken back to detention
- Clinical safeguards to identify vulnerable people and route them out of detention do not work
- Widespread abuse uncovered, including excessive use of force, and pervasive racism
- IRC staff sacked following sexually inappropriate behaviour towards detained women
- Injuries during deportation attempts include fractured bones, a punctured lung, a dislocated knee
- A man, the father of 5 UK-born children, was unlawfully killed on a British Airways plane during deportation
- High Court judges have found “inhuman and degrading treatment” of people in detention eight times

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

- Inquests have found that neglect has contributed to deaths
- Torture scars and medical conditions are often not properly documented and considered in individuals' cases

Our clients' histories may include being victims of torture, trafficking, and rape. Many are traumatised, having survived war, detention without charge or trial, torture, or rape in their own country. Many endure perilous journeys only to get unexpectedly detained in the UK, where they may relive past traumas of imprisonment. Some have serious physical and mental conditions.

Medical Justice's aims and objectives

The harm being suffered by detained people is widely acknowledged to be endemic and severe – the only way to eradicate it is to end immigration detention, a view shared by the British Medical Association. In time we will succeed in that aim. In the interim, our objectives are to work to reform the institutions and to stand up for the rights of those incarcerated within them.

Our Vision: Immigration detention is unable to harm anybody's physical or mental health as it no longer exists in the UK.

Our Mission: Medical Justice works to uphold the health and associated legal rights of people in immigration detention, and provides medical evidence so the devastating health harms of detention are understood and acted on.

Standing up for the rights of detainees

Detained clients ask Medical Justice to send clinicians to visit them in IRCs to carry out medical assessments and produce medico-legal reports as well as challenge instances of medical mistreatment. We link detained people to good quality legal representatives who can make good use of our medical evidence.

Interim reform

The Medical Justice strategy is to use evidence from our casework to challenge inadequate healthcare and safeguards in immigration detention and to document the deterioration of health in detention. We hold the government to account and campaign for lasting change through policy work, strategic litigation, public and parliamentary awareness raising, and mobilising medical professionals. We do this as long as interim reforms help precipitate the end of immigration detention rather than prop up the regime – known and premeditated harm to human beings for administrative convenience is unethical and unconscionable.

Medical Justice was founded in 2005 by someone with lived experience of detention

In 2005 a volunteer doctor visited a detained hunger-striker on the verge of organ failure and provided medical evidence for a legal challenge which secured the man's release to hospital - the first time an independent doctor had gained access into an IRC. Later, the doctor and the released man founded Medical Justice and negotiated a protocol with the Home Office formalising access for independent doctors.

By the end of January 2023 we had 21 paid workers, responded to referrals regarding 511 detained individuals during the year and organised medical visits in all the UK's IRCs.

The environment in which we operated in FY2022-23

In April 2022 Boris Johnson announced a £0.5bn "investment" in immigration detention, at the same time as announcing the Memorandum of Understanding for the UK deporting asylum seekers to Rwanda as well as the opening of the first Accommodation Centre at RAF Linton-on-Ouse in North Yorkshire.

- A Short-Term Holding Facility with 37 beds was opened at HMP Morton Hall in October 2022.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

- The Home Office announced that a 58-bed space standalone unit for women at Yarl's Wood IRC would open.
- In 2022 the government announced plans to increase immigration detention capacity by roughly a third, adding 1,000 places, by re-opening and expanding Haslar and Campsfield House IRCs, which The Guardian says it understands is specifically linked to removals to Rwanda. The openings, initially planned for 2023, have been delayed to Spring 2024. The Times later reported that the prime minister set a target of increasing detention capacity from about 2,500 places to at least 4,500 places by March 2024.

On the horizon – potential mass incarceration of hundreds of thousands seeking asylum, held in perpetual limbo

Provisions of the Illegal Migration Act, introduced in March 2023, will mean that anyone entering the UK via an 'illegal route' will never be granted any form of leave to remain and neither will any child of theirs born in the UK. The provisions apply to anyone - all men, women and children, torture and trafficking survivors, no matter how vulnerable, sick or disabled. The only exceptions are expected (at the time of writing) to be for pregnant women who can only be detained for 3 days.

- An effective ban on all asylum seekers who arrive through irregular means (the majority) from claiming asylum.
- A duty to remove them (including children), unless exceptional circumstances prevent this.
- Detention can be for a "reasonably necessary" period decided by the Home Secretary rather than by the courts.
- Indefinite detention at any site the Home Secretary considered "appropriate", a very broad discretion.
- For the first 28 days of detention, people cannot apply for bail from the court or judicially review their detention.
- Deportation to a 'safe third country' – currently there is only a relevant agreement with Rwanda

Fears about the Illegal Migration Act include that men, women and children will languish in detention or quasi-detention - without more returns agreements, the Refugee Council estimates this would mean 190,000 people are detained in the first 3 years, including 45,000 children. We fear this will lead to more cases of inhuman and degrading treatment and deaths. Without the right to work, all those people will be vulnerable to exploitation, trafficking and slavery.

Risk Register

The charity's trustees have given consideration to the major risk to which the charity is exposed and satisfied themselves that systems and procedures are established in order to manage those risks.

External factors outside Medical Justice's control

Medical Justice has grown slowly but steadily since it was founded in 2005. It was registered as a company limited by guarantee in 2007 and gained charity status in 2009. Its first employed a member of staff in 2008 and has added roughly one full-time equivalent staff member each year. Its number of volunteers has also risen steadily. Most importantly, the number of people in immigration detention that Medical Justice has assisted and the systemic changes it has secured has grown significantly.

A key part of its success depends on its partnerships with funders and its ability to raise ever-greater amounts of funding each year. Funding can never be assured and assisting people held in immigration detention is not a popular cause. Funding is an external factor beyond Medical Justice's control that is relevant to the achievement of its objectives.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

Medical Justice has built and enjoyed good relationships with employees and also with non-governmental organisations which work in the same field and with whom we are continuously collaborating. The relationship between Medical Justice and the Home Office is challenging. The Home Office controls access to people it holds in immigration detention. Medical Justice had to legally challenge an obstruction of access by independent doctors in 2009; the obstruction was removed.

Structure, governance and management

The charity is a company limited by guarantee and without any share capital and is governed by a memorandum of association. Trustees of the charity are also directors of the company. The company obtained Charitable Status on 12 October 2009. New trustees are selected according to criteria laid out in the charity's Handbook for Trustees and Staff and are appointed by the Board; during the year in question there were 9 Trustees, including a solicitor, a barrister, a public health doctor, a Non-Executive Director at Hillingdon Hospital, and three trustees with lived experience of detention – one is a student, another is a care-giver with marketing management experience, and another is a law graduate who works for Kings College London as their Sanctuary Project Officer. Officers are elected or re-appointed at the Annual General Meeting.

The Executive Group: comprises the Chair, the Vice-Chair, the Treasurer, and the Director.

The Senior Management Team: has comprised the Director and the Casework Manager and is currently being re-organised.

The Staff Team

- The Director: reports to the Trustees and was line-managed by the Chair.
- The Casework Manager: reports to the Director.
- 4 Caseworkers, 2 Clinical Advisors and 3 Clinical Assessors: report to the Casework Manager.
- 2 Clinical Trainers: report to one of the Clinical Advisors.
- The Office Manager: reports to the Director.
- The Policy, Research and Parliamentary Manager: reports to the Director.
- The Parliamentary & Research Analyst: reports to the Policy, Research and Parliamentary Manager.

Staff team in Financial Year 2022-23

Emma Ginn	Director
Theresa Schleicher	Casework Manager
Lisa Incledon	Senior Caseworker
Emily Lawton	Caseworker (left April 2022)
Eliza Lass	Caseworker
Robin White	Caseworker (joined November 2022)
Naomi Olaniyi	Caseworker
Lujain Alarnaout	Caseworker (joined January 2023)
Elsbeth Macdonald	Parliamentary & Research Analyst
Ariel Plotkin	Researcher
Deepa Shah	Researcher (maternity cover – joined June 2022)
Hannah Chambers	Legal researcher (self-employed consultant)
Idel Hanley	Policy, Research and Parliamentary Manager

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

Anthony Omar	Office Manager
Dr Rachel Bingham	Clinical Advisor
Dr Mary Kamara	Clinical Advisor (joined October 2022)
Dr Kathryn Allinson	Clinical Trainer
Dr Joe Bourdillon-Schicker	Clinical Trainer
Dr Angelina Jayakumar	Clinical Assessor (joined January 2023)
Dr Sarah Clark	Clinical Assessor (joined November 2022)
Dr Liz Clark	Clinical Advisor (joined February 2022)
Dr Angela Burnett	Responsible Officer (self-employed consultant)

The Volunteer team

- The volunteer interpreters: co-ordinated by the Casework team, the volunteers interpret during remote and in-person medical assessments with detained clients and also over the phone. They are trained by caseworkers, former clients and a small team of experienced volunteers, one of which is a professional interpreter trainer. There is a monthly supervision group session for volunteer interpreters.
- The volunteer clinicians are also co-ordinated by the Casework team. They are trained by caseworkers, the Clinical Advisors and Clinical Trainers (all doctors), former clients who have direct experience of detention, lawyers and occasional guest experts. The volunteer clinicians are supervised by the Clinical Advisors and Clinical Trainers and their medico-legal reports are reviewed by a team of reviewers comprising experienced volunteers and the Clinical Advisors and Trainers. There is a quarterly reviewers' forum to ensure that our reviewing process is rigorous and consistent, to maximise the effectiveness and accuracy of our medico-legal reports, and to make certain that our volunteer doctors are receiving a high standard of support.
- Experts by Experience: the involvement of former clients who have experience of detention helps ensure that our strategic direction and operational decisions reflect the needs of clients in detention. They help train our volunteer clinicians and interpreters, have held training sessions for the Independent Monitoring Boards, speak at our public events and meetings convened by the All-Party Parliamentary Group on Immigration Detention, and speak to the media.

Consultant: Responsible Officer for Medical Justice in its role as a 'Designated Body'. All but a handful of the volunteer clinicians have paid jobs in the NHS or other employers who act as their 'Designated Body', providing a regulated framework of periodic appraisals and re-validation. The few who are not linked to a 'Designated Body' elsewhere are supervised by our Responsible Officer in terms of appraisals and re-validation.

Consultant: Legal Researcher for the Brook House Inquiry work. This work originated from our successful application to be granted Core Participant status in the Brook House Inquiry and continued during the course of the inquiry.

Internal policies - Medical Justice continued to develop internal policies in Financial Year 2022-23 including the Data Retention Policy.

The trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signature of the financial statements were:

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2023

E Norton
S Tonmi
H G Pickles
L M Burke
J Sivanathan
B Banda
A Hussein
P Haywood
R Talbot

Policies and procedures for the induction and training of trustees

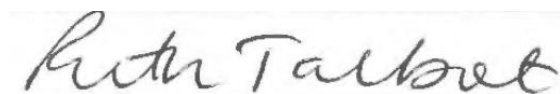
Medical Justice continues to actively consider the most effective ways of recruiting and supporting trustees, with specific regard to the need for a wide and diverse range of skills, knowledge and experience. In particular, Medical Justice continues to focus on recruiting trustees with lived experience of immigration detention.

None of the trustees has any beneficial interest in the company. All of the trustees are members of the company and guarantee to contribute £1 in the event of a winding up.

Medical Justice has no formal affiliations

Medical Justice is not formally affiliated with any umbrella group. In the pursuit of its charitable objectives, Medical Justice does co-operate closely on an ongoing basis with a dozen or so other non-governmental organisations who campaign for the health and wellbeing of immigration detainees. We often form ad-hoc, fluid coalitions to work on specific issues, themes or pieces of work. Medical Justice is a member of the Home Office's main stakeholder forum which covers immigration detention issues, the National Asylum Stakeholder Forum. It is also a member of the Independent Chief Inspector of Borders and Immigration's Refugee & Asylum Forum.

The trustees' report was approved by the Board of Trustees.



Dr Ruth Talbot

Chair of trustees

Dated: 31 July 2023

MEDICAL JUSTICE NETWORK LIMITED

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF MEDICAL JUSTICE NETWORK LIMITED

I report to the trustees on my examination of the financial statements of Medical Justice Network Limited (the charity) for the year ended 31 January 2023.

Responsibilities and basis of report

As the trustees of the charity (and also its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006 (the 2006 Act).

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

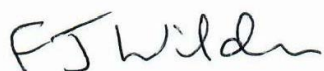
Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Association of Chartered Certified Accountants, which is one of the listed bodies.

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 charity as required by section 386 of the 2006 Act; or
- 2 the financial statements do not accord with those records; or
- 3 the financial statements 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 financial statements 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 financial statements to be reached.



F J Wilde FCCA MBA DChA

Warner Wilde
4 Marigold Drive
Bisley
Surrey
GU24 9SF

Dated: 31 July 2023.....

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2023

Current financial year

		Unrestricted funds general 2023 £	Unrestricted funds designated 2023 £	Restricted funds 2023 £	Total 2023 £	Total 2022 £
	Notes					
<u>Income from:</u>						
Donations and legacies	3	180,017	-	-	180,017	154,153
Charitable activities	4	631,896	-	31,677	663,573	485,489
Investments	5	1,451	-	-	1,451	40
Total income		813,364	-	31,677	845,041	639,682
<u>Expenditure on:</u>						
Raising funds	6	216	-	-	216	216
Charitable activities	7	750,035	-	31,677	781,712	646,453
Total expenditure		750,251	-	31,677	781,928	646,669
Net incoming/(outgoing) resources before transfers		63,113	-	-	63,113	(6,987)
Net incoming/(outgoing) resources before transfers		63,113	-	-	63,113	(6,987)
Gross transfers between funds		(70,000)	70,000	-	-	-
Net expenditure for the year/ Net movement in funds		(6,887)	70,000	-	63,113	(6,987)
Fund balances at 1 February 2022		314,960	80,000	-	394,960	401,947
Fund balances at 31 January 2023		308,073	150,000	-	458,073	394,960

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2023

Prior financial year

		Unrestricted funds general 2022 £	Unrestricted funds designated 2022 £	Restricted funds 2022 £	Total 2022 £
	Notes				
<u>Income from:</u>					
Donations and legacies	3	154,153	-	-	154,153
Charitable activities	4	367,810	-	117,679	485,489
Investments	5	40	-	-	40
Total income		522,003	-	117,679	639,682
<u>Expenditure on:</u>					
Raising funds	6	216	-	-	216
Charitable activities	7	528,774	-	117,679	646,453
Total expenditure		528,990	-	117,679	646,669
Net incoming/(outgoing) resources before transfers		(6,987)	-	-	(6,987)
Gross transfers between funds		(80,000)	80,000	-	-
Net expenditure for the year/ Net movement in funds		(86,987)	80,000	-	(6,987)
Fund balances at 1 February 2021		401,947	-	-	401,947
Fund balances at 31 January 2022		314,960	80,000	-	394,960

MEDICAL JUSTICE NETWORK LIMITED

BALANCE SHEET

AS AT 31 JANUARY 2023

	Notes	2023 £	£	2022 £	£
Fixed assets					
Tangible assets	11		13,750		4,436
Current assets					
Debtors	12	5,458		863	
Cash at bank and in hand		454,840		422,485	
		<u>460,298</u>		<u>423,348</u>	
Creditors: amounts falling due within one year	13	<u>(15,975)</u>		<u>(32,824)</u>	
Net current assets			444,323		390,524
Total assets less current liabilities			<u>458,073</u>		<u>394,960</u>
Income funds					
<u>Unrestricted funds</u>					
Designated funds	15	150,000		80,000	
General unrestricted funds		<u>308,073</u>		<u>314,960</u>	
			458,073		394,960
			<u>458,073</u>		<u>394,960</u>

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 January 2023.

The director acknowledges her responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees on 31 July 2023



H G Pickles

Trustee

Company registration number 06073571

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 JANUARY 2023

	Notes	2023 £	£	2022 £	£
Cash flows from operating activities					
Cash generated from operations	18		42,698		19,932
Investing activities					
Purchase of tangible fixed assets		(11,794)		(4,522)	
Investment income received		1,451		40	
Net cash used in investing activities			(10,343)		(4,482)
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			32,355		15,450
Cash and cash equivalents at beginning of year			422,485		407,035
Cash and cash equivalents at end of year			454,840		422,485

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 JANUARY 2023

1 Accounting policies

Charity information

Medical Justice Network Limited is a private company limited by guarantee incorporated in England and Wales. The registered office is 86 Durham Road, London, N7 7DT.

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006 and "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 2019)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Designated funds represent a portion of the unrestricted funds of the charity that have been set aside for a particular purpose by the trustees.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

Endowment funds are subject to specific conditions by donors that the capital must be maintained by the charity.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1.5 Expenditure

A liability is recognised when either a legal or constructive obligation is identified. Irrecoverable VAT is classified in the same way as the transaction to which it relates.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2023

1 Accounting policies

(Continued)

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computers and office equipment	5 years straight line
--------------------------------	-----------------------

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

Tangible assets which are not held for investment purposes and are identified as having an enduring value are capitalised if their value on acquisition exceeds £250.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity 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 charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented 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.

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.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2023

1 Accounting policies

(Continued)

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans 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 payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations 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. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Taxation

The charity is exempt from corporation tax on its income and gains as long as the income is applied for charitable purposes.

1.11 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.

1.12 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

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

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2023

3 Donations and legacies

	Unrestricted funds general 2023 £	Unrestricted funds general 2022 £
Donations and gifts	30,251	20,060
Government grants	-	4,161
Donated professional services	149,766	129,932
	<u>180,017</u>	<u>154,153</u>
Donations and gifts		
Donations	30,251	20,060
	<u>30,251</u>	<u>20,060</u>

Donated professional services

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

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

In the accounts for the year ended 31 January 2023, the value of the donation £149,766 (2022: £129,932) is shown in Donations and Legacies, note 3 and the corresponding cost in Charitable Activities, note 7.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2023

4 Charitable activities

	2023 £	2022 £
Performance related grants	632,837	465,349
Medico-legal report fees	26,596	18,540
Training	4,140	1,600
	<u>663,573</u>	<u>485,489</u>
Analysis by fund		
Unrestricted funds - general	631,896	367,810
Restricted funds	31,677	117,679
	<u>663,573</u>	<u>485,489</u>
Performance related grants		
The Griffsome Trust	167,000	100,000
Bromley Trust	15,000	15,000
Comic Relief (Restricted)	31,677	99,029
Oak Foundation	150,000	50,000
Trust for London (Restricted)	-	18,650
Joseph Rowntree Charitable Trust	-	21,670
Lloyds Foundation	-	25,000
Sam and Bella Sebba Charitable Foundation	44,160	40,000
Sigrid Rausing Trust	75,000	75,000
Esmee Fairbairn Foundation	-	75,000
AB Charitable Trust	20,000	-
The Baring Foundation (Restricted)	-	30,000
NACCOM	-	30,000
Balcombe Trust	25,000	-
The Kurt & Magda Stern Foundation	25,000	-
The Blue Thread	54,000	-
Treebeard Trust	25,000	-
SC & ME Morlands Charitable Trust	1,000	1,000
	<u>632,837</u>	<u>465,349</u>

Grants are categorised each year as restricted or unrestricted based on the terms of the agreement.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2023

5 Investments

	Unrestricted funds general 2023 £	Unrestricted funds general 2022 £
Interest receivable	1,451	40
	<u> </u>	<u> </u>

6 Raising funds

	Unrestricted funds general 2023 £	Unrestricted funds general 2022 £
<u>Fundraising and publicity</u>		
Other fundraising costs	216	216
	<u> </u>	<u> </u>
	<u>216</u>	<u>216</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2023

7 Charitable activities

	2023 £	2022 £
Staff costs	485,965	371,423
Medico-legal report fees	5,408	9,362
Interpretation	30,021	19,580
Consulting	33,254	60,396
Staff recruitment and training	1,350	1,955
Events	720	125
General expenses	372	35
Staff expenses	6,578	5,201
Donated professional services	149,766	129,932
Former client expenses	1,958	368
	<u>715,392</u>	<u>598,377</u>
Share of support costs (see note 8)	67,311	46,756
Share of governance costs (see note 8)	(991)	1,320
	<u>781,712</u>	<u>646,453</u>
Analysis by fund		
Unrestricted funds - general	750,035	528,774
Restricted funds	31,677	117,679
	<u>781,712</u>	<u>646,453</u>

Consulting includes the following: £23,779 for 12 months legal research for the Brook House Inquiry, £2225 for anti-discrimination training for recruitment practices, £4500 for Trauma Treatment International (one-to-one counselling for all staff, monthly group supervision sessions, and facilitated discussion sessions), £2500 for Brook House Inquiry expert report, and £250 for strategy development.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2023

8 Support costs

	Support costs	Governance costs	2023	2022
	£	£	£	£
Depreciation	2,480	-	2,480	594
Rent and rates	32,371	-	32,371	31,615
Communications	4,526	-	4,526	2,711
Postage, printing and stationery	1,385	-	1,385	402
Insurance	7,741	-	7,741	344
Volunteer expenses	946	-	946	155
Subscriptions	687	-	687	594
IT expenditure	8,674	-	8,674	6,187
Other office costs	511	-	511	2,163
Accountancy and payroll	2,713	-	2,713	1,991
Website costs	5,277	-	5,277	-
Legal and professional	-	(2,621)	(2,621)	-
Independent Examination and accounts preparation	-	1,416	1,416	1,320
Trustee expenses	-	214	214	-
	<u>67,311</u>	<u>(991)</u>	<u>66,320</u>	<u>48,076</u>

9 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

10 Employees

The average monthly number of employees during the year was:

	2023 Number	2022 Number
Employees	<u>17</u>	<u>14</u>
Employment costs	2023	2022
	£	£
Wages and salaries	406,223	313,688
Social security costs	37,259	28,672
Other pension costs	42,483	29,063
	<u>485,965</u>	<u>371,423</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2023

10 Employees

(Continued)

During the year there were 8 full time and 9 part time posts (2022: 7 full time and 7 part time).

Key Management Personnel:

This is defined as the Director and Casework Manager roles. The remuneration of key management personnel, including employer's pension and National Insurance costs, amounted to £97,431 (2022: £87,563).

There were no employees whose annual remuneration was more than £60,000.

11 Tangible fixed assets

	Computers and office equipment £
Cost	
At 1 February 2022	18,738
Additions	11,794
At 31 January 2023	30,532
Depreciation and impairment	
At 1 February 2022	14,302
Depreciation charged in the year	2,480
At 31 January 2023	16,782
Carrying amount	
At 31 January 2023	13,750
At 31 January 2022	4,436

12 Debtors

	2023 £	2022 £
Amounts falling due within one year:		
Other debtors	4,346	863
Prepayments and accrued income	1,112	-
	5,458	863

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2023

13 Creditors: amounts falling due within one year

	2023 £	2022 £
Other taxation and social security	10,147	9,306
Other creditors	925	4,043
Accruals	4,903	19,475
	<u>15,975</u>	<u>32,824</u>

14 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Movement in funds			Movement in funds		
	Incoming resources	Resources expended	Balance at 1 February 2022	Incoming resources	Resources expended	Balance at 31 January 2023
	£	£	£	£	£	£
Trust for London	18,650	(18,650)	-	-	-	-
Comic Relief	99,029	(99,029)	-	31,677	(31,677)	-
	<u>117,679</u>	<u>(117,679)</u>	<u>-</u>	<u>31,677</u>	<u>(31,677)</u>	<u>-</u>

15 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	Movement in funds					
	Balance at 1 February 2021	Incoming resources	Resources expended	Balance at 1 February 2022	Resources expended	Balance at 31 January 2023
	£	£	£	£	£	£
Infrastructure Fund	-	80,000	-	80,000	-	150,000
	<u>-</u>	<u>80,000</u>	<u>-</u>	<u>80,000</u>	<u>-</u>	<u>150,000</u>

Designated Fund: £150,000

Medical Justice has created a Designated Fund of £150,000 in order to be able to create new roles in relation to the greater needs of beneficiaries that may arise from the Illegal Migration Bill provisions, as well as to strengthen the senior management team and the organisation's infrastructure in response to the growing size of the team and complexities of its activities, as identified by the 2021 independent Evaluation of the effectiveness of the organisation.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2023

16 Analysis of net assets between funds

	General Funds 2023 £	Restricted Funds 2023 £	Restricted Funds 2023 £	Total 2023 £	General Funds 2022 £	Restricted Funds 2022 £	Restricted Funds 2022 £	Total 2022 £
Fund balances at 31 January 2023 are represented by:								
Tangible assets	13,750	-	-	13,750	4,436	-	-	4,436
Current assets/(liabilities)	294,323	150,000	-	444,323	310,524	80,000	-	390,524
	<u>308,073</u>	<u>150,000</u>	<u>-</u>	<u>458,073</u>	<u>314,960</u>	<u>80,000</u>	<u>-</u>	<u>394,960</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2023

17 Related party transactions

There were no disclosable related party transactions during the year (2022 - none).

18 Cash generated from operations	2023 £	2022 £
Surplus/(deficit) for the year	63,113	(6,987)
Adjustments for:		
Investment income recognised in statement of financial activities	(1,451)	(40)
Depreciation and impairment of tangible fixed assets	2,480	594
Movements in working capital:		
(Increase)/decrease in debtors	(4,595)	4,394
(Decrease)/increase in creditors	(16,849)	21,971
Cash generated from operations	42,698	19,932

19 Analysis of changes in net funds

The charity had no debt during the year.

MEDICAL JUSTICE NETWORK LIMITED

England & Wales - Charity number 1132072

Accounts

Charity registration number 1132072

Company registration number 06073571 (England and Wales)

MEDICAL JUSTICE NETWORK LIMITED
ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 JANUARY 2022

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	E Norton	
	S Tonmi	
	H G Pickles	
	L M Burke	
	J Sivanathan	
	B Banda	
	R Talbot	(Appointed 14 October 2021)
	A Hussain	(Appointed 1 November 2021)
	P Haywood	(Appointed 3 November 2021)
Secretary	E Ginn	
Charity number	1132072	
Company number	06073571	
Principal address	86 Durham Road London N7 7DT	
Registered office	86 Durham Road London N7 7DT	
Independent examiner	F J Wilde FCCA MBA DChA Warner Wilde 4 Marigold Drive Bisley Surrey GU24 9SF	
Bankers	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4TA	
	TSB Bank 296-302 High Holborn London WC1V 7JH	

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

Staff team in Financial Year 2021-22	Emma Ginn	Director
	Theresa Schleicher	Casework Manager
	Lisa Incledon	Senior Caseworker
	Emily Lawton	Caseworker
	Milly Arnott	Caseworker (left September 2021)
	Robin White	Caseworker (joined November 2021)
	Naomi Olaniyi	Caseworker (joined December 2021)
	Elspeth Macdonald	Parliamentary & Research Analyst
	Ariel Plotkin	Researcher (joined June 2021)
	Idel Hanley	Policy, Research and Parliamentary Manager (joined May 2021)
	Dr Rachel Bingham	Clinical Adviser
	Dr Mary Kamara	Clinical Adviser (left June 2021)
	Dr Kathryn Allinson	Clinical Trainer (joined April 2021)
	Dr Joe Bourdillon-Schicker	Clinical Trainer (joined April 2021)
	Anthony Omar	Office Manager

MEDICAL JUSTICE NETWORK LIMITED

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MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

The trustees present their report and financial statements for the year ended 31 January 2022.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's governing document, the Companies Act 2006 and "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 2019)".

Objectives and activities

Summary of the purposes of the charity;

- The advancement of health or the saving of lives by preserving and protecting the physical and mental health of those held in immigration removal centres through:
 - Reviewing, monitoring, visiting, carrying out research and facilitating access to medical, health and social care.
 - Supporting and compiling medical evidence for the release from immigration detention of vulnerable detainees who have suffered torture, rape, institutional abuse and/or violence, traumatic incarceration or other abuse.
- The relief of those in need by reason of financial hardship by providing them with and facilitating the provision of legal advice and representation;
- The advancement of human rights by monitoring of and conducting research into abuses of human rights, raising awareness of and promoting public support for human rights issues, eliminating infringement of human rights, obtaining redress for and relieving need among the victims of human rights abuse.
- The advancement of the education of the public about the position and treatment of immigration detainees and encouraging dialogue, consultation and negotiation.

Related parties / subsidiaries

Medical Justice does not have any related parties or subsidiaries.

The trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the charity should undertake.

Achievements and performance

Casework

Medical Justice takes referrals for people detained under immigration powers in all the UK's Immigration Removal Centre (IRCs) and from prisons. Our dedicated team of volunteer clinicians offer clinical assessments assess to our clients in detention and write medico-legal reports documenting scars of torture, serious medical conditions and injuries sustained during deportation attempts. Our casework also includes assessing fitness to fly, challenging instances of medical mistreatment and helping detained people access the healthcare they need. We use medical evidence from our casework to document the toxic effect of indefinite detention.

In the financial year ending 31st January 2022 (2021-22), 340 people held in detention were referred to Medical Justice; men and women whose histories may include being survivors of torture, trafficking, and rape. Many of those detained are traumatised, having survived war, detention without charge or trial in their own country. Many endure perilous journeys only to get unexpectedly detained in the UK, where they may relive past traumas of imprisonment. Some have serious physical and mental conditions.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

At the start of 2021 there were relatively few people in immigration detention due to the Covid pandemic, but it soon became clear, sadly, that this was not to be a general trend towards decreasing the use of detention. This was later confirmed by the New Plan for Immigration announced in March 2021.

Many people in immigration detention we worked with in early 2021, particularly those held in prisons, had spent significant period of times detained during the pandemic. Many of the people held in detention reported being worried about contracting Covid in IRCs and indeed, there were a number of outbreaks. People detained in prisons (including torture survivors and those with serious vulnerabilities) were locked in their cells for over 22 hours a day, most often 23.5 hours, with people sometimes being held in their cells for days at a time and unable even to take a shower. Some self-harmed, attempted suicide and had difficulty sleeping or eating. Some who did not have any previous mental health problems eventually left detention with a mental illness. Our clinicians documented the impact of detention and the extreme level of isolation (as well as the sequelae of previous torture or other trauma) which proved invaluable for the clients' applications for release. The mental health impact of having spent long periods in near-total isolation as immigration detainees in prisons during the pandemic are likely to be ongoing, long after being released.

In spring 2021 we worked with a number of people who were not detained but nevertheless being held at Tinsley House, usually an IRC. It turned out that the Home Office was using Tinsley House as accommodation for people who had sought asylum and who were not technically detained yet suddenly found themselves behind multiple layers of locked doors (which had to be opened for them by members of staff when they wanted to go out or come back in), surrounded by CCTV cameras and with little information about their status or rights at the facility. The men were initially screened by the on-site IRC healthcare team on arrival but subsequently told that they had no access to the healthcare facility and should make use of 111, 999 and their registered GPs, despite none of the men having a registered GP in the vicinity. For many of the men, the prison-like setting triggered memories of previous traumatic experiences, causing a deterioration in their mental health.

From May 2021 onwards referrals to Medical Justice suddenly increased sharply, as the Home Office started detaining large numbers of people who arrived in the UK by small boats. The majority of people referred to Medical Justice during this period were Vietnamese nationals. Many reported histories of trafficking over several months spanning many countries. Many told us that they found being detained extremely difficult, struggling with memories of past trauma including being held captive and ill-treated by traffickers. Many found it difficult to access healthcare in detention, including due to language barriers and feelings of the healthcare team not being interested in their distress. Eventually all these clients were released from detention – but, to our great concern, very many disappeared from contact, feared re-trafficked.

During this period, we strengthened our working relationships with organisations specialising in counter trafficking work and in supporting survivors of trafficking. We worked to build supportive relationships with our clients and referred them to other organisations who could offer more support on release and raised the alarm about the risk of re-trafficking – but it was not enough, and many disappeared on release, feared re-trafficked.

During the summer of 2021 charter flight operations increased and we saw many people detained for mass deportations on charter flights to countries including Vietnam, Nigeria and Zimbabwe. They included people with serious health problems and many who had lived in the UK for several decades. It is often difficult for people to access legal advice in the run-up to a charter flight because there are then many people all seeking help urgently ahead of the same deportation date. For the same reason it is difficult for us: we receive many referrals for people needing medical evidence urgently often within a few days.

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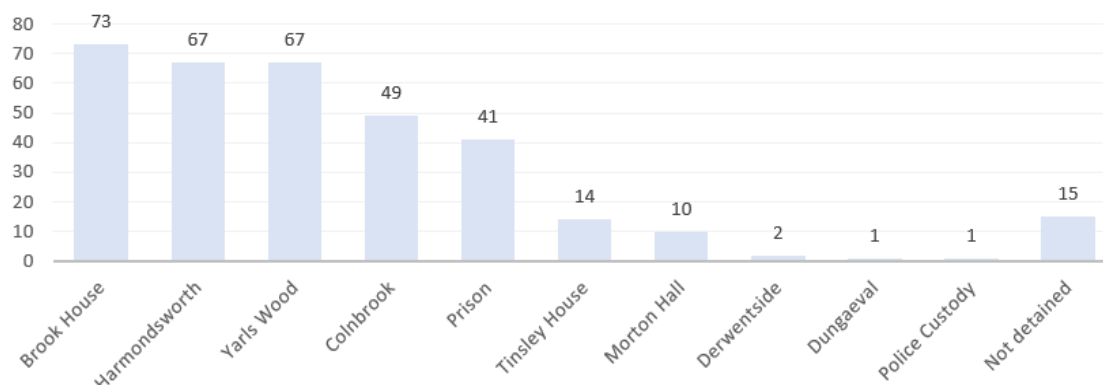
TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

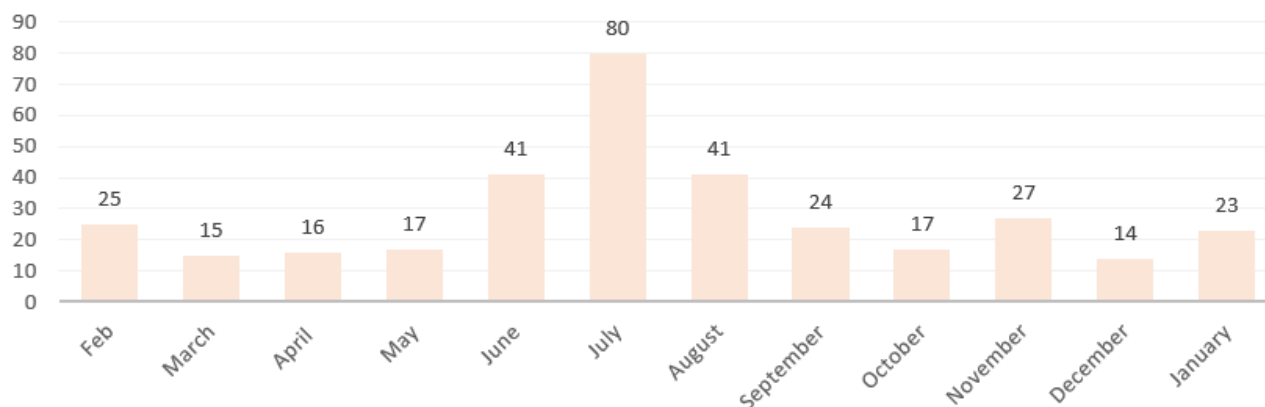
Regular charter flights continued, often with significantly fewer people finally deported than were originally scheduled; some of those taken off the flights are our clients who have had their removal directions cancelled because we have been able to provide medical evidence of past torture or persecution - evidence they have not been able to access previously, often despite having lived in the UK for many years. Some are acutely ill, either mentally or physically and are not able to fly due to their health. Nevertheless, they are put through the distressing process of being detained and sometimes taken all the way to the airport, before their removal is ultimately cancelled.

Derwentside IRC in County Durham opened in December 2021 to detain women. Medical Justice had some existing clients who were transferred from Yarls Wood IRC to Derwentside when it opened, and received its first new referrals for a woman held at Derwentside IRC in January 2022. The IRC's remote location makes it hard for many of our volunteer clinicians to get there, increasing waiting time for face-to-face assessments and necessitating more remote assessments. Our clinicians have also raised concerns about the room provided for medical assessments being inadequate and too small.

Referrals to Medical Justice by detention site, Feb 2021 – Jan 2022



Monthly referrals to Medical Justice, Feb 2021 – Jan 2022



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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

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Clinical work

Medico-legal assessments

Alongside our employed doctors, 23 volunteer doctors and psychologists carried out medical assessments for Medical Justice clients in this period.

Because of the pandemic, for much of the year we continued to do most of our assessments online, our clinicians having adapted to doing complex assessments via video call, just as they had to in their NHS practices. We were unable to do scarring assessments in video consultations, so we assessed the medical information available and where appropriate recommended that this took place when possible.

Unmet health needs

People in detention at Harmondsworth IRC began to report being given a set of self-help leaflets entitled a 'trauma pack' and told that psychological therapy was not available. In lieu of support or mental health intervention, this pack provided written advice, largely suggestions for passing the time in detention. Our volunteer clinicians continued to identify instances of healthcare in detention falling well below the standard they expected in their work in the community.

Advocacy: research, policy work, litigation

As the only charity that sends independent clinicians to visit detainees, the medical evidence generated through our casework is unparalleled and enables us to document the prevalence and harm of systemic failures in healthcare. We use our research to confront the Home Office with the severe impact that detention can have on detainees' health. When the Home Office fails to improve a policy, our correspondence may add to the 'document trail' needed to launch a legal challenge.

Research

Analysis of failures in identifying vulnerability and reviewing continued detention

An analysis of medical assessments carried out between July and December 2021 for 45 clients detained in various IRCs across the UK found that their histories included severe trauma, significant mental health issues, and being at risk of suicide. Many deteriorated in immigration detention and safeguarding mechanisms that are meant to identify vulnerability and trigger a review of continued detention often did not function effectively.

- 100% of these 45 clients were assessed as at clinical risk of harm caused by detention and 82% had already experienced deterioration in their mental state by the time they were seen by a Medical Justice clinician. Not a single one of them had a safeguarding report, as they should have done, from the IRC healthcare department to identify them to the Home Office as at risk of harm under a process known as Rule 35(1).
- 87% had suicidal and/or self-harm thoughts recorded by a Medical Justice clinician at their assessment – all were deprived of a safeguarding report identifying their risk of suicide.
- 76% were assessed by our clinicians as having symptoms or a diagnosis of Post Traumatic Stress Disorder.

Research report - "Every day is like torture": Solitary Confinement & Immigration Detention

Medical Justice co-wrote and published a joint report with Bail for Immigration Detainees (BID), titled *"Every day is like torture": Solitary Confinement & Immigration Detention* in July 2021. It looks at how the lockdown regimes in prisons since March 2020 have resulted in the confinement of our clients. Some have spent 24 hours a day in their cells, for days or weeks at a time. The government suggest that the use of solitary confinement is a public health response to COVID-19. However, this cannot be justified; prolonged solitary confinement is a practice that has been prohibited internationally by the UN in their 'Mandela Rules'. The report evidences the profound harm that solitary and shared (i.e. with a cell-mate) confinement causes.

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The report was covered by the Independent, the Guardian and the British Medical Journal. We went on to raise the concerns documented in the report, and concerns that the more restrictive regime will be normalised, in meetings with the Chair of the Independent Monitoring Board, and HM Inspector of Prisons, as well as through a joint submission with BID to the Ministry of Justice's Prisons Strategy White Paper.

Policy submissions

Medical Justice submitted to a number of Home Office consultations, including on the Detention Service Order (DSO) on 'Hospital Admissions' and 'Release of detained individuals from immigration detention'. We made a submission to the Independent Chief Inspector of Borders and Immigration inspection of the use of hotels and barracks as contingency accommodation.

DSO on the 'Management of Adults at Risk in Immigration Detention' and the draft Vulnerable Adult Care Plan

In September 2021, Medical Justice submitted comments to the updated DSO, raising concerns about the indicators that a person may be an adult at risk, sufficient medical screening at healthcare reception and the basis on which individuals are considered for a Vulnerable Adult Care Plan. Our overarching recommendations centred on the Home Office's need to operate a system where vulnerability and increasing risk are identified and reported, and that the provisions for the appropriate Rule 35 process to be used are strengthened throughout the policy, rather than relying on 'part C' forms which do not trigger a review of continued detention.

The Home Office gave extremely limited timeframes and tight deadlines for policy consultations. For this consultation, the Home Office initially gave two weeks over the August bank holiday for stakeholders to respond to the DSO on the Management of Adults at Risk in Immigration Detention. We were granted an additional two weeks to respond.

Standards for External Medical Reports

The Home Office has introduced new Standards for External Medical Reports ('the Standards') in the Adults at Risk guidance, in May 2021. Through creating more onerous steps for the reports to satisfy, the Standards are likely to lead to the continued detention of vulnerable people, where the external medical report is deemed to not comply with the new requirements.

Along with others, including Freedom from Torture, the Helen Bamber Foundation, and the Immigration Law Practitioner's Association, we jointly wrote to the Home Office in July 2021, outlining our concerns. We are monitoring the impact of the Standards on our work and Medico-Legal Reports.

New competent authority

In November 2021, the Home Office announced a new decision-making body (Competent Authority) for identifying victims of modern slavery - the Immigration Enforcement Competent Authority (IECA), which will make identification decisions for those subject to immigration control, including immigration detention. All other potential victims of modern slavery will continue to have identification decisions made by the existing Single Competent Authority.

We are concerned that this is a retrograde step, reinstating a system of two decision making bodies, which has previously been shown to undermine the safety of victims of trafficking in detention. We are concerned that the IECA's interests in immigration enforcement raises a serious conflict of interest.

This change came in with immediate effect and there was no consultation or prior notification given to NGOs and statutory authority stakeholders who provide frontline support to potential victims. Even the UK's own Independent Anti-Slavery Commissioner was not consulted. Medical Justice published a joint statement as part of the Detention Taskforce outlining our concerns.

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

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Stakeholder meetings

Medical Justice continues to attend stakeholder meetings with the Home Office (through the National Asylum Seeker Forum sub-groups on Detention and Decision-Making), with NHS England, with the Independent Chief Inspector of Borders and Immigration and with HM Inspector of Prisons.

Reconnect Service and research on the discontinuity of care

The Reconnect service, is an NHS England and NHS Improvement service aiming to ensure continuity of healthcare from prison to the community. The plan to roll this out to IRCs was put on hold due to Covid. Medical Justice continued researching the discontinuity of care that people in detention experience upon release, interviewing clients, gathering case studies and reviewing casefiles. Alongside this research, we have continued with advocacy work on the Reconnect service, which has since started to be rolled out nationally in IRCs.

Evidence for the challenge regarding operation of the Detained Duty Advice Scheme (DDAS)

The DDAS provides detained people in IRCs with 30 minutes of free legal advice, and further legally aided services if they qualify. In 2018 the number of DDAS providers was increased from 9 firms to 77, including 38 with no prior experience of legal aid work and 64 with none of DDAS. Medical Justice and others were concerned about the quality of services through the DDAS, including the lack of expertise and failure of providers to take on cases with merits.

Medical Justice provided a witness statement for the challenge brought by Detention Action, detailing our concerns and some of the experiences of our clients. Although the challenge was dismissed by the High Court, the litigation led to clarification that only the 30-minute advice surgeries are subject to exclusive contracting arrangements, not the conduct of all legally aided work for a detained person, so they are not forced to engage solely with firms on the DDAS, and are able to seek alternative legal aid representation instead.

Medical Justice acts as a Core Participant in the Brook House IRC Public Inquiry (BHI)

The dehumanisation of detainees was captured by BBC Panorama's undercover cameras between April and August 2017 in Brook House IRC, including a G4S guard kneeling on a detainee's neck, strangling him, threatening "I am going to put you to sleep", whilst a G4S nurse stood by and colluded in falsifying records.

The mistreatment shown by Panorama was widespread and only came to light because of the undercover filming. No concerns about this level of widespread mistreatment or its severity at the time was raised by the Independent Monitoring Board or Home Office staff located at Brook House, nor by HM Inspectorate of Prisons.

This is the only public inquiry there has been into immigration detention. The purpose of the BHI is to understand what happened and learn lessons for the future. To this end, BHI gathered all relevant evidence, including un-broadcasted BBC footage, CCTV, body-worn and hand-held camera footage, pages of transcripts and approximately 40,000 documents, amounting to around about 250,000 pages of material. BHI made disclosure to Core Participants on a regular basis.

All the parties involved at Brook House, as well as a number of NGOs, were asked to provide written and oral evidence, including the Home Office, G4S, Serco, IRC healthcare providers including doctors and nurses, the guards, people who had been detained, HM Inspector of Prisons, and the Independent Monitoring Board. The first phase of public hearings were in November 2021. The Medical Justice Casework Manager and the Clinical Advisor went on to give oral evidence on the second phase, between February and April 2022.

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Medical Justice was granted Core Participant status in October 2020, and as such was able to see all the witness statements and disclosed evidence from all the parties prior to publication. We were able to make submissions regarding Experts appointed by BHI, including a detained report in response to the statement from the Clinical Expert whose expertise was linked more to his prison background and less to safeguarding policies for IRCs. Medical Justice comments were submitted to BHI's legal team, influencing the questions and follow-up questions put to witnesses. Additionally, Medical Justice witness statements and oral evidence were referenced extensively – it's hard to overstate just how extensively.

Through the questioning of witnesses and the evidence collated, the picture BHI pieced together included:

- the overuse and misuse of force and segregation often without lawful authority or justification
- the normalised infliction of pain, suffering and humiliation, even whilst the detained person is naked, or so emaciated the man could barely hold his own body weight
- the pervasive derogatory and violent verbal abuse and racism to them or about them
- underscored by an underlying lack of any empathy even when at their most distressed and vulnerable – even in life-threatening situations.

The medical evidence was hugely compelling, with significant admissions made about systemic safeguarding and clinical failures. The IRC doctors and nurses gave evidence that they did not properly understand the Detention Centre Rules and safeguards, had never fully complied with them, were still not complying with them, were wrongly sanctioning the use of force on their detained patients, not intervening as they should have done when observing excessive and dangerous use of force, and colluded in falsifying documentation regarding the use of force. BHI's clinical expert accepted a causal link between the failure to identify and release highly vulnerable individuals leading to their mistreatment.

All this evidence pieced together how the interlinked systemic safeguarding failures led to the mistreatment of detained people. There was repeated evidence that systems supposed to prevent harm being caused to detained people were ineffective and that the Home Office has been studiously uninterested in evidence flagged to it over many years by Medical Justice and others that safeguards simply do not work. And, that the Home Office had specifically drafted safeguarding policies to downgrade the level of protection for people likely to be harmed by detention.

Medical Justice evidence pointing to systemic failures and severe mistreatment in detention from 2017 was derived from its casework, policy work, research and litigation. Recent evidence shows the mistreatment is ongoing and occurring across many IRCs. Our analysis of medical assessments for 45 clients carried out between July and December 2021 shows that the complete deprivation of safeguards in the system still do not protect those unsuitable for detention because of their pre-existing mental illness and past histories of torture and trauma from being exposed to harm in detention and, in too many occasions, suffering actual harm.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

Parliamentary activity

All Party Parliamentary Group (APPG) on Immigration Detention

Quasi-Detention Sites

A key focus for the APPG throughout 2021 was the government's use of 'quasi-detention' sites - large-scale institutional settings including former military barracks and IRCs - to accommodate people seeking asylum. These sites replicate many of the features and negative impacts of immigration detention. For this reason, the APPG includes them in its remit. The similarities include for example the sites' military and/or prison-like nature which, for survivors of torture, trafficking and other serious forms of violence, can be re-traumatising, and the physical and social isolation induced by the sites, making access to support in the community much more difficult.

As an initial activity in this area, the APPG held a meeting in March 2021 with the Independent Chief Inspector of Borders and Immigration (ICIBI), David Bolt, and HM Inspector of Prisons (HMIP) to discuss their recent inspection of Napier Barracks and Penally Camp, which described conditions at the sites as 'impoverished'. Based on the information shared, the group sent a cross-party letter to the Home Secretary calling for the immediate closure of Napier Barracks (Penally Camp's closure had already been announced). The letter was covered by a number of media outlets, including the Daily Mail.

Inquiry into Quasi-Detention

The use of military barracks and IRCs as asylum accommodation began in 2020, with the government claiming it was a temporary measure necessitated by the Covid pandemic and a rise in the number of small boat crossings. In 2021 however the government revealed its intention to make institutional accommodation into a permanent, wide-spread feature of the asylum accommodation system. Proposals to this effect were included in the New Plan for Immigration, published in March 2021, and subsequently in the Nationality and Borders Bill, introduced into Parliament in July 2021.

In light of these developments, the APPG decided to launch an in-depth inquiry into the topic - with a view to better understanding the concerns about the fundamental suitability of such sites for accommodating people seeking asylum, bearing in mind their particular vulnerabilities, and health and legal needs.

Led by a cross-party panel of 10 parliamentarians, the inquiry gathered evidence, both written and oral, from over 30 contributors, including former and current residents at the sites, NGOs, lawyers, medical experts and key contractors.

The inquiry's interim report was published in September 2021. A full final report followed in December 2021 which included a number of recommendations to the government, including calls to close Napier Barracks with immediate and permanent effect, and to refrain from opening any further such sites.

Both the interim report and final report were covered by various media outlets. Evidence from them - including testimony from residents at the sites - was also used in parliamentary debates on the government's plans for asylum accommodation centres during the passage of the Nationality and Borders Bill.

Additionally, the interim report was submitted as evidence to the Lords' Secondary Legislation Scrutiny Committee (SLSC) during its consideration of Statutory Instrument (SI) 2021/962 - a piece of legislation laid by the government in August 2021 which extended its use of Napier until 2026. The role of the SLSC is to highlight SIs that are of particular interest or concern, such that parliamentarians can then conduct further scrutiny of them. In part as a result of our evidence, the Committee highlighted SI 2021/962, and issued a report criticising both the SI's content (extending the use of Napier), and also the way in which the SI had been presented to Parliament (at very short notice and allowing little time for scrutiny).

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

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Based on the SLSC's report, the Liberal Democrats tabled a motion opposing the SI in the House of Lords. A debate on the motion was held up due to litigation around planning permission for Napier; however the debate was expected to take place once the court hearings had finished.

In January 2022 the government ran a 'post-hoc' consultation on their decision to extend their use of Napier. The genuineness of the consultation was questionable, given that it was carried out several months after the Home Office had made its decision and in the context of the Home Office facing a JR over its lack of consultation. Nonetheless, the APPG submitted a response, drawing on the evidence and findings from the APPG Inquiry final report. (Medical Justice also submitted as response to this consultation highlighting the detrimental impact of Napier on residents' health and well-being drawing on our clinician's medical assessments, the inadequacies of the facilities, the failures to identify vulnerabilities and the Covid-19 risks).

The Chair and three other Members of the APPG visited Napier Barracks in February 2022. The visit to the site was preceded by a meeting off-site with the Jesuit Refugee Service UK and the Humans for Rights Network (two NGOs working directly with residents at the site), as well as two former residents to discuss concerns. The Members found that conditions were still extremely concerning and had not improved since the APPG took evidence in June/July 2021.

AGM - implications of planned new IRC for women

The APPG held its AGM in April 2021. Speakers from Women for Refugee Women (W4RW) and the Royal College of Psychiatrists (RCPsych) explained the implications of the government's planned new IRC for women at Derwentside in County Durham (which has since opened). The discussion focused particularly on the impacts of detention on people's mental health. RCPsych presented its newly agreed Position Statement on the detention of people with mental disorders in IRCs, which argues that detention centres are likely to precipitate a significant deterioration of mental health in the majority of cases, and that people with mental disorders should only be subjected to immigration detention in very exceptional circumstances.

Following the meeting, with the support of the secretariat and W4RW, Alison Thewliss MP and Mary Foy MP (Member for the City of Durham) co-ordinated an open letter to the Home Secretary urging her to reverse her decision to open the new centre. The letter was signed by 76 MPs and peers and was covered by media including the Independent.

Other parliamentary work

Medical Justice continued its engagement with the Home Affairs Committee (HAC) throughout the year. This included Theresa Schleicher, our Casework Manager, speaking at an oral evidence session in February 2021 on the Home Office's response to Covid-19 within institutional accommodation, including IRCs. We also submitted two sets of written evidence on the topic, and at the Committee's request provided additional information about the use of Tinsley House IRC as asylum accommodation for a period in early 2021. Our evidence was drawn upon in subsequent correspondence between the Committee Chair and the Home Secretary, and referenced several times in the Committee's final report.

In late February 2021 the government published a draft revised Guidance on adults at risk in immigration detention, downgrading the protections afforded to potential victims of trafficking (PVOTs). Shortly afterwards the government laid a statutory instrument (SI) in Parliament that would, unless opposed, automatically bring the revised Guidance into effect in late May 2021.

Medical Justice raised awareness in Parliament about the changes and held the government to account on its decision by working closely with others, including After Exploitation, an anti-trafficking NGO.

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We submitted evidence to the SLSC about the change and its likely impacts which led the SLSC to issue a report highlighting the SI as one which may be of interest of concern to Parliament. The report included a remarkable admission from the Home Office that the SI would have exactly the effect we predicted in our evidence, i.e. that more trafficking victims would be detained and for longer periods.

We issued a joint briefing for parliamentarians, and as a result, Labour tabled an Early Day Motion opposing the change which was signed by over 80 MPs. We also helped to organise two parliamentary debates on the topic - one led by Richard Fuller, Conservative MP for Bedford, and another by Shadow Immigration Minister Holly Lynch MP. The issue was also covered in the media, including by the Independent.

Medical Justice in the Media in Financial Year 2021-2022

Media coverage included:

BBC Look East TV News (1 piece)

BBC Online (1 article)

BBC Radio 4 Today Programme (1 piece)

BBC Radio Kent (1 article)

British Medical Journal (3 articles)

Byline Times (1 article)

Daily Mail (1 article)

Daily Mirror (1 articles)

Evening Standard (3 articles)

Guardian (11 articles)

Independent (12 articles)

ITV News (1 article)

Justice Gap (2 articles)

KentOnline (3 articles)

Metro (1 article)

Morning Star (1 article)

National (2 articles)

National News (1 article)

Observer (3 articles)

Sky News (2 articles)

Medical Justice AGM 28th July 2021

Our Annual General Meeting was held on 28th July 2021 and conducted online.

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

Medical Justice objectives and performance

In Financial Year 2021-22 our strategy for achieving our objectives remained the same.

Medical Justice performed well against all its objectives for the year, which included:

- To assist as many people in detention as we can – indicators include the number of clients in detention accessing needed medical care, the number released into the community so they can begin to recover, and number of cases of our medical evidence being accepted. To enable us to carry out as much casework as we can, we strive to recruit as many volunteers as possible – indicators include how many IRC visits take place and the amount of interpreting undertaken by volunteers.
- To achieve as much systemic change as possible – this includes change through policy work, strategic litigation, parliamentary action, acting as the secretariat for the All Party Parliamentary Group on Immigration Detention, and campaigning. Indicators include changes in policy and practice.
- To act as a Core Participant in the Brook House IRC Public Inquiry.
- To maintain financial health of the organisation.

Our objectives for Financial Year 2022-23 include:

- To assist as many people in detention as we can
- To achieve as much systemic change as possible
- To maintain the financial health of the organization
- To maintain or increase the number of trustees

Independent Evaluation of Medical Justice

In 2020 - 21, an independent evaluation took an in-depth look at Medical Justice's achievements and strategic direction as the organisation reached 15 years of operation. This drew findings from extensive fieldwork including interviews with 57 key organisational stakeholders. A summary is provided below by the evaluator.

"Medical Justice is a uniquely-placed organisation which changes the course of over 1,000 lives a year through expert medical support and advice to those held in immigration detention. Its input is described as meticulous, dogged and professional by those in the field and it gets results, which not only allows detention and deportation to be challenged, but also enables individuals to use the medical evidence and support to gain asylum and regularise their status. Beyond its direct impact on individuals it also achieves policy changes which have an indirect benefit on the lives of thousands more. Such policy work is grounded in an unparalleled body of evidence and the policy changes gained - for example on the use of medical evidence in asylum claims - produce long-lasting benefits for those in detention or at risk of being in detention. Such policy and research is complemented by a litigation strategy described as 'quiet but fierce', which adopts a highly tactical approach to ensure bad law and policy is challenged wherever needed and possible in the courts - with vigour, principle and professionalism.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

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Medical Justice is also widely regarded as having had a critical role in ensuring that the mistreatment of those in detention is acknowledged. Its relentless presence and activity have meant that this easily 'out of sight' issue has been kept in the spotlight. To do this it has built a network of aware allies, including key sectoral partners, and galvanized a wide range of medical professionals across the country, convincing many, including the BMA, that detention centres should be closed down as a result of its evidence-based lobbying. Setting up the APPG has now also provided a platform to engage and educate parliamentarians and others. Their work is widely regarded as brave, inspiring, respected and tenacious with most feeding back that the organisation 'punches well above its weight'.

After 15 years of work, Medical Justice's activity and ambition have outgrown its structure. The organisation is embracing change where it is needed, and refreshing commitments where these are a key strength, such as its continuing involvement of people with lived experience in all aspects of its operations, including significant representation at board level. Other areas, such as IT, communications and data capture need to evolve to keep up with the strategic needs of the organisation. With such a willingness to evolve, a strong profile and reputation and an acute eye on the need to maintain an agile strategy, Medical Justice looks set to play a key, punchy and highly effective role for the next decade. "

Financial review

Principal funding sources and expenditure areas

Review of the financial position of Medical Justice

The overall financial picture is little changed from that seen in recent years. The immediate income has been maintained and is looking secure in the short term. There are many uncertainties over the longer term, both in terms of the charity's ability to sustain income and in those activities that might be demanded of us as we try to deal with shifts in the hostile environment in which we operate. However, sadly, there is confidence that there will remain to be an important need for Medical Justice for many years to come.

Over the last year, the shift to a more hybrid pattern of working due to the covid pandemic has proved effective and efficient, though has not permitted any reduction in the costs of maintaining the office base. There are no immediate plans to change the space we currently rent and the capacity for all the current staff to work in the office at the same time remains important, not least because the government plans for Accommodation Centres may mean seeing clients in the office.

Compared to previous years, there has been a reduction in the fees received for Medico-Legal Reports (MLRs). This reflects in part the changed nature of the types of report possible when most clinician encounters with detainees have had to be remote. This may continue, with many assessments being done at short notice for people in detention with imminent removal dates, with clients held at detention facilities that are largely inaccessible. The latest accounts include an increase in charges for professional services, some supported by specific grants. This includes legal research support for the extensive preparation for the Brook House Inquiry, expert help in assessing the organisation, and support for staff through these especially difficult times.

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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

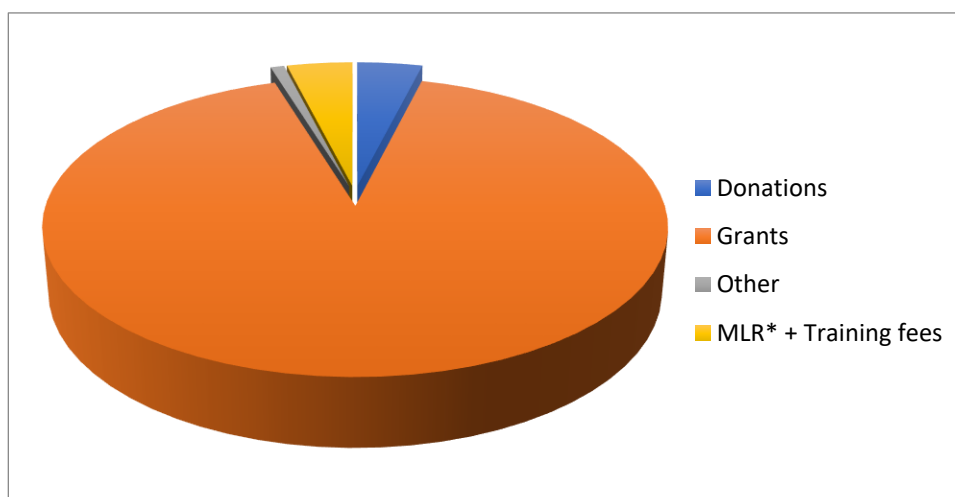
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Looking ahead, the low value attributed to tangible fixed assets reflects the urgent need to upgrade our IT, planned for the coming year. Increasing inflation means the currently low interest earned from sums in deposit may need to be looked at again. We continue to be awarded grants in a competitive environment, helped by the ability to point to evidence of our impact, recently reinforced by the evaluation completed last year. As a condition of a new grant for 5 years, one generous funder, the Oak Foundation, asked for a full financial audit after the first year: normally our accounts are just subject to independent examination. We welcome this as reassuring the Oak Foundation as well as reinforcing the confidence of other existing and potential funders.

As always, we thank our donors for their continued support, without which our work would not be possible.

Summary of Income and expenditure

Income	FY2021-22	FY2020-21	FY2019-20
Donations	20,060	22,988	31,969
Grants	465,349	406,694	352,633
Other	4,201	239	392
MLR* + Training fees	20,140	53,169	53,002
Income	509,750	483,090	437,996
Donated professional services	129,932	119,749	222,438
Grand Total	639,682	602,839	660,434

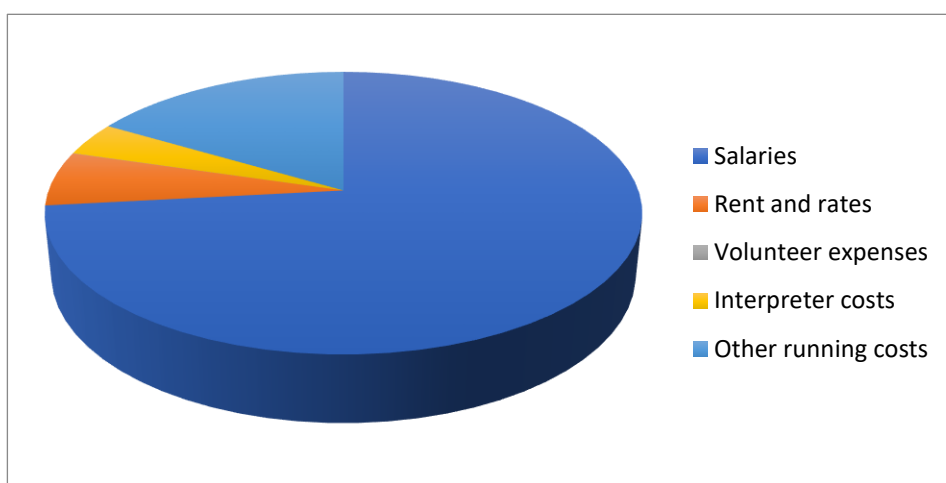


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TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

Expenditure	FY2021-22	FY2020-21	FY2019-20
Salaries	371,423	337,626	336,966
Rent and rates	31,615	25,778	20,679
Volunteer expenses	155	485	588
Interpreter costs	19,580	25,836	8,946
Other running costs	93,964	74,685	52,652
Running costs	516,737	464,410	419,831
Donated professional services	129,932	119,749	222,438
Grand Total	646,669	558,323	633,323



Reserves policy

Medical Justice has a policy of holding the equivalent of 9 months' operating costs as Reserves to weather financial unpredictability and an increasingly challenging funding environment. Factors leading to this financial uncertainty include:

- Medical Justice has an unpredictable income stream – all grants are for a limited duration – some as short as 12 months - and there is a significant possibility that grants will not be continued
- The funder who had funded the work of Medical Justice the longest stopped doing so as its criteria has shifted in emphasis
- Our largest funder is considering moving away from funding activities in immigration detention
- The current pool of funders who award grants for work in immigration detention is limited and shrinking
- Several long-term core grants are ending this financial year, including funders who have already funded Medical Justice longer than is usually their practice
- Medical Justice has a “lumpy” income – more funders are moving from quarterly to annual instalments
- With 15 members of staff, Medical Justice has a significant and continuous cost base, and un-forecasted high inflation means our salary cost has increased over and above what was built into grants

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

- It would take some time to restructure in the event we had to reduce our workforce and activities due to a lack of income
- The work Medical Justice does to secure lasting change can take a number of years so an experienced team with strong institutional memory is needed

Medical Justice is posting a small deficit for the year ending 31st Jan 2022 and faces a much larger deficit in the coming years

The landscape of immigration detention for 2023 and beyond is unclear, with the government talking of large-scale quasi-detention sites, the expansion of existing traditional detention sites, and deporting asylum seekers to Rwanda. It may be harder for Medical Justice to fundraise when there is less clarity about our activity. The general trend is that there will be more detention and a greater need for Medical Justice - we may have to step-up to respond at short notice, with reliance on our Reserves.

At the close of the financial year ending 31st January 2022 Medical Justice had £314,960 unrestricted funds – 5.8 months' operating costs ; somewhat short of the 9 month target.

Inadequate healthcare in immigration detention

24,497 people entered immigration detention in 2021, 65% higher than the previous year when there was a large fall following the COVID-19 outbreak. By the end of the calendar year, the number of people entering detention was similar to pre-pandemic levels.

Immigration detention in the UK is not part of any criminal sentence and is not ordered by a judge. Many detainees have mental and physical scars of torture and other forms of persecution. Detained peoples' medical conditions are often exacerbated by, and sometimes caused by, prolonged detention and inadequate healthcare.

Issues in immigration detention in recent years have included:

- Continued detention during the Covid-19 pandemic
- People being detained with serious and untreated injuries sustained during their journey to the UK
- Torture scars are often not properly documented and considered in detainees' cases
- Instances of medical mistreatment
- Inquests have found that neglect has contributed to deaths
- One man died in a segregation cell - alone, naked, emaciated, dehydrated – after 6 days in detention
- Some detained individuals were transferred to secure psychiatric units and later taken back to detention
- Self-harm and hunger strikes are daily occurrences
- High Court judges have found “inhuman and degrading treatment” of mentally ill detainees
- Women have been abused and harassed by guards
- A father of 5 UK-born children, was unlawfully killed on a British Airways plane during deportation

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

Our clients' histories may include being victims of torture, trafficking, and rape. Many are traumatised, having survived war, detention without charge or trial, torture, or rape in their own country. Many endure perilous journeys only to get unexpectedly detained in the UK, where they may relive past traumas of imprisonment. Some have serious physical and mental conditions.

Medical Justice's aims and objectives

The harm being suffered by detained people is widely acknowledged to be endemic and severe – the only way to eradicate it is to end immigration detention, a view shared by the British Medical Association. In time we will succeed in that aim. In the interim, our objectives are to work to reform the institutions and to stand up for the rights of those incarcerated within them.

Our Vision: Immigration detention is unable to harm anybody's physical or mental health as it no longer exists in the UK.

Our Mission: Medical Justice works to uphold the health and associated legal rights of people in immigration detention, and provides medical evidence so the devastating health harms of detention are understood and acted on.

Standing up for the rights of detainees

Medical Justice sends independent volunteer clinicians to IRCs to visit detained people and document their scars of torture, injuries sustained during attempts to remove them from the UK, and any medical conditions, as well as challenge instances of medical mistreatment. We link detained people to good quality legal representatives who can make good use of our medical evidence.

Interim reform

The Medical Justice strategy is to use evidence from our casework to challenge inadequate healthcare and safeguards in immigration detention and to document the deterioration of health in detention. We hold the government to account and campaign for lasting change through policy work, strategic litigation, public and parliamentary awareness raising, and mobilising medical professionals. We do this as long as interim reforms help precipitate the end of immigration detention rather than prop up the regime – known and premeditated harm to human beings for administrative convenience is unethical and unconscionable.

Medical Justice was founded in 2005 by someone with lived experience of detention

In 2005 a volunteer doctor visited a detained hunger-striker on the verge of organ failure and provided medical evidence for a legal challenge which secured the man's release to hospital - the first time an independent doctor had gained access into an IRC. Later, the doctor and the released man founded Medical Justice and negotiated a protocol with the Home Office formalising access for independent doctors.

By the end of January 2022 we had 14 paid workers, responded to referrals regarding 340 detained individuals during the year and organised medical visits in all the UK's IRCs.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

The environment in which we operated in FY2021-22

The Home Office “hostile environment” strategy towards unwanted migrants was as evident as ever in 2021-22. We were greatly concerned by developments including detaining people during the pandemic, especially those with Covid-19 co-morbidities, locking people in prison cells for 23 hrs a day despite their imprisonment being beyond any criminal sentence, and the increased use of charter flights.

Risk Register

The Risk Register documents the major risks that the trustees have identified to which Medical Justice is exposed. Each area of risk is rated in terms of probability, impact to the organisation, how it can be mitigated, and who in the organisation is responsible for systems or procedures that have been established to manage those risks. The Risk Register is periodically reviewed.

The areas of risk have been grouped into the below areas:

- Financial and reputational - Failure to Comply with Charity legislation / loss of charitable status.
- Financial - Sustained expenditure exceeds income; Bankruptcy; Cost risk of intervention.
- Reputational - Being ineffective / ignored; Discredited externally; Not trusted by some detained people; Confidentiality breach / failure to comply with data checking legislation relating to children and vulnerable adults; Medical judgement challenged.
- Organisational - Loss of key person; Employment law breach; IT failure; Loss of physical space, e.g. from fire; Injury to employee / Breach of health & safety legislation; Limit on cooperation needed for IRC visits.
- Other – Kidnap / assault of doctor during visit.

External factors outside Medical Justice’s control

Medical Justice has grown slowly but steadily since it was founded in 2005. It was registered as a company limited by guarantee in 2007 and gained charity status in 2009. Its first employed a member of staff in 2008 and has added roughly one staff member each year. Its number of volunteers has also risen steadily. Most importantly, the number of people in immigration detention that Medical Justice has assisted and the systemic changes it has secured has grown significantly.

A key part of its success depends on its partnerships with funders and its ability to raise ever-greater amounts of funding each year. Funding can never be assured and assisting people held in immigration detention is not a popular cause. Funding is an external factor beyond Medical Justice’s control that is relevant to the achievement of its objectives.

Medical Justice has built and enjoyed good relationships with employees and also with non-governmental organisations which work in the same field. The relationship between Medical Justice and the Home Office is challenging. The Home Office controls access to immigration detainees. Medical Justice had to legally challenge an obstruction of access by independent doctors in 2009; the obstruction was removed.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

Structure, governance and management

The charity is a company limited by guarantee and without any share capital and is governed by a memorandum of association. Trustees of the charity are also directors of the company. The company obtained Charitable Status on 12 October 2009. New trustees are selected according to criteria laid out in the charity's Handbook for Trustees and Staff and are appointed by the Board; during the year in question there were 9 Trustees, including a solicitor, a barrister, a public health doctor, a Non-Executive Director at Hillingdon Hospital, and three trustees with lived experience of detention – one is a student, another is a care-giver with marketing management experience, and another is a law graduate who works for the Joint Council for the Welfare of Immigrants. Officers are elected or re-appointed at the Annual General Meeting.

The Executive Group: comprises the Chair, the Vice-Chair, the Treasurer, and the Director.

The Senior Management Team: comprises the Director and the Casework Manager.

The Staff Team

- The Director: reports to the Trustees and was line-managed by the Chair.
- The Casework Manager: reports to the Director.
- 4 Caseworkers and 2 Clinical Advisors: report to the Casework Manager.
- 2 Clinical Trainers: report to one of the Clinical Advisors.
- The Office Manager: reports to the Director.
- The Policy, Research and Parliamentary Manager: reports to the Director.
- The Parliamentary & Research Analyst: reports to the Policy, Research and Parliamentary Manager.

The Volunteer team

- The volunteer interpreters: co-ordinated by the Casework team, the volunteers interpret during remote and in-person medical assessments with detained clients and also over the phone. They are trained by caseworkers, former clients and a small team of experienced volunteers, one of which is a professional interpreter trainer. There is a monthly supervision group session for volunteer interpreters.
- The volunteer clinicians are also co-ordinated by the Casework team. They are trained by caseworkers, the Clinical Advisors and Clinical Trainers (all doctors), former clients who have direct experience of detention, lawyers and occasional guest experts. The volunteer clinicians are supervised by the Clinical Advisors and Clinical Trainers and their medico-legal reports are reviewed by a team of reviewers comprising experienced volunteers and the Clinical Advisors and Trainers. There is a quarterly reviewers' forum to ensure that our reviewing process is rigorous and consistent, to maximise the effectiveness and accuracy of our medico-legal reports, and to make certain that our volunteer doctors are receiving a high standard of support.
- Experts by Experience: the involvement of former clients who have experience of detention helps ensure that our strategic direction and operational decisions reflect the needs of clients in detention. They help train our volunteer clinicians and interpreters, speak at our public events and meetings convened by the All Party Parliamentary Group on Immigration Detention, and speak to the media.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

Consultant: Responsible Officer for Medical Justice in its role as a 'Designated Body'. all bar a handful of the volunteer clinicians have paid jobs in the NHS or other employers who act as their 'Designated Body', providing a regulated framework of periodic appraisals and re-validation. The few who are not linked to a 'Designated Body' elsewhere are supervised by our Responsible Officer in terms of appraisals and re-validation.

Consultant: Researcher for the Brook House Inquiry work. This work was kindly funded by a funder for 6 months starting in 2020. Since then, Medical Justice has continued to fund the ongoing work which is estimated to last until around the end of 2023.

Internal policies

Medical Justice continued to develop internal policies in Financial Year 2021-22 including:

- Staffing: the Home Working policy, the Absence for Sickness policy
- Operations: the Coronavirus Policy

The trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signature of the financial statements were:

T Wozniak Resigned 02 November 2021

E Norton

S Tonmi

T P G Southerden Resigned 14 January 2022

H G Pickles

L M Burke

J Sivanathan

B Banda

A Hussein Appointed 01 November 2021

P Haywood Appointed 03 November 2021

R Talbot Appointed 14 October 2021

Policies and procedures for the induction and training of trustees

Medical Justice further developed several guides for trustees in their role during the year which have been particularly pertinent to three new trustees joining the board during the 2021-22 financial year. The organisation continues to actively consider the most effective ways of recruiting and supporting trustees, with specific regard to the need for a wide and diverse range of skills, knowledge and experience. In particular, Medical Justice continues to focus on recruiting trustees with lived experience of immigration detention.

None of the trustees has any beneficial interest in the company. All of the trustees are members

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

of the company and guarantee to contribute £1 in the event of a winding up.

Medical Justice is not formally affiliated with any umbrella group. In the pursuit of its charitable objectives, Medical Justice does co-operate closely on an ongoing basis with a dozen or so other non-governmental organisations who campaign for the health and wellbeing of immigration detainees. We often form ad-hoc, fluid coalitions to work on specific issues, themes or pieces of work. Medical Justice is a member of the Home Office's main stakeholder forum which covers immigration detention issues, the National Asylum Stakeholder Forum. It is also a member of the Independent Chief Inspector of Borders and Immigration's Refugee & Asylum Forum.

The trustees' report was approved by the Board of Trustees.



Dr Ruth Talbot

Chair of trustees

Dated: 29th July 2022

MEDICAL JUSTICE NETWORK LIMITED

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF MEDICAL JUSTICE NETWORK LIMITED

I report to the trustees on my examination of the financial statements of Medical Justice Network Limited (the charity) for the year ended 31 January 2022.

Responsibilities and basis of report

As the trustees of the charity (and also its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006 (the 2006 Act).

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

Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Association of Chartered Certified Accountants, which is one of the listed bodies.

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 charity as required by section 386 of the 2006 Act; or
- 2 the financial statements do not accord with those records; or
- 3 the financial statements 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 financial statements 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 financial statements to be reached.



F J Wilde FCCA MBA DChA

Warner Wilde
4 Marigold Drive
Bisley
Surrey
GU24 9SF

Dated: 21 October 2022
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MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 JANUARY 2022

Current financial year

		Unrestricted funds general 2022 £	Unrestricted funds designated 2022 £	Restricted funds 2022 £	Total 2022 £	Total 2021 £
	Notes					
<u>Income from:</u>						
Donations and legacies	3	154,153	-	-	154,153	142,737
Charitable activities	4	367,810	-	117,679	485,489	459,863
Investments	5	40	-	-	40	239
Total income		<u>522,003</u>	<u>-</u>	<u>117,679</u>	<u>639,682</u>	<u>602,839</u>
<u>Expenditure on:</u>						
Raising funds	6	<u>216</u>	<u>-</u>	<u>-</u>	<u>216</u>	<u>418</u>
Charitable activities	7	<u>528,774</u>	<u>-</u>	<u>117,679</u>	<u>646,453</u>	<u>557,905</u>
Total expenditure		<u>528,990</u>	<u>-</u>	<u>117,679</u>	<u>646,669</u>	<u>558,323</u>
Net (outgoing)/incoming resources before transfers		(6,987)	-	-	(6,987)	44,516
Net (outgoing)/incoming resources before transfers		(6,987)	-	-	(6,987)	44,516
Gross transfers between funds		<u>(80,000)</u>	<u>80,000</u>	<u>-</u>	<u>-</u>	<u>-</u>
Net (expenditure)/income for the year/ Net movement in funds		<u>(86,987)</u>	<u>80,000</u>	<u>-</u>	<u>(6,987)</u>	<u>44,516</u>
Fund balances at 1 February 2021		<u>401,947</u>	<u>-</u>	<u>-</u>	<u>401,947</u>	<u>357,431</u>
Fund balances at 31 January 2022		<u>314,960</u>	<u>80,000</u>	<u>-</u>	<u>394,960</u>	<u>401,947</u>

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2022

Prior financial year

		Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
	Notes			
<u>Income from:</u>				
Donations and legacies	3	142,737	-	142,737
Charitable activities	4	216,169	243,694	459,863
Investments	5	239	-	239
Total income		359,145	243,694	602,839
<u>Expenditure on:</u>				
Raising funds	6	418	-	418
Charitable activities	7	314,211	243,694	557,905
Total expenditure		314,629	243,694	558,323
Net (outgoing)/incoming resources before transfers		44,516	-	44,516
Net (expenditure)/income for the year/ Net movement in funds		44,516	-	44,516
Fund balances at 1 February 2020		357,431	-	357,431
Fund balances at 31 January 2021		401,947	-	401,947

MEDICAL JUSTICE NETWORK LIMITED

BALANCE SHEET

AS AT 31 JANUARY 2022

	Notes	2022 £	£	2021 £	£
Fixed assets					
Tangible assets	11		4,436		507
Current assets					
Debtors	12	863		5,258	
Cash at bank and in hand		422,485		407,035	
		<u>423,348</u>		<u>412,293</u>	
Creditors: amounts falling due within one year	13	<u>(32,824)</u>		<u>(10,853)</u>	
Net current assets			390,524		401,440
Total assets less current liabilities			<u>394,960</u>		<u>401,947</u>
Income funds					
<u>Unrestricted funds</u>					
Designated funds	15	80,000		-	
General unrestricted funds		<u>314,960</u>		<u>401,947</u>	
			394,960		401,947
			<u>394,960</u>		<u>401,947</u>

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 January 2022.

The director acknowledges her responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees on 29 July 2022



H G Pickles
Trustee

Company registration number 06073571

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 JANUARY 2022

	Notes	2022 £	£	2021 £	£
Cash flows from operating activities					
Cash generated from operations	18		19,932		43,825
Investing activities					
Purchase of tangible fixed assets		(4,522)		-	
Investment income received		40		239	
Net cash (used in)/generated from investing activities			(4,482)		239
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			15,450		44,064
Cash and cash equivalents at beginning of year			407,035		362,971
Cash and cash equivalents at end of year			422,485		407,035

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 JANUARY 2022

1 Accounting policies

Charity information

Medical Justice Network Limited is a private company limited by guarantee incorporated in England and Wales. The registered office is 86 Durham Road, London, N7 7DT.

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006 and "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 2019)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, [modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value]. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

Endowment funds are subject to specific conditions by donors that the capital must be maintained by the charity.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1.5 Expenditure

A liability is recognised when either a legal or constructive obligation is identified. Irrecoverable VAT is classified in the same way as the transaction to which it relates.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2022

1 Accounting policies

(Continued)

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computers	5 years straight line
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The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

Tangible assets which are not held for investment purposes and are identified as having an enduring value are capitalised if their value on acquisition exceeds £250.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity 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 charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented 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.

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.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2022

1 Accounting policies

(Continued)

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans 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 payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations 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. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Taxation

The charity is exempt from corporation tax on its income and gains as long as the income is applied for charitable purposes.

1.11 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.

1.12 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

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

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2022

3 Donations and legacies

	Unrestricted funds general 2022 £	Unrestricted funds general 2021 £
Donations and gifts	20,060	22,988
Government grants	4,161	-
Donated professional services	129,932	119,749
	<u>154,153</u>	<u>142,737</u>
Donations and gifts		
Donations	20,060	22,988
	<u>20,060</u>	<u>22,988</u>

Donated professional services

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

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

In the accounts for the year ended 31 January 2022, the value of the donation £129,932 (2021: £119,749) is shown in Donations and Legacies, note 3 and the corresponding cost in Charitable Activities, note 7.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2022

4 Charitable activities

	2022 £	2021 £
Performance related grants	465,349	406,694
Medico-legal report fees	18,540	50,269
Training	1,600	2,900
	<u>485,489</u>	<u>459,863</u>
Analysis by fund		
Unrestricted funds - general	367,810	216,169
Restricted funds	117,679	243,694
	<u>485,489</u>	<u>459,863</u>
Performance related grants		
The Griffsome Trust	100,000	35,000
Bromley Trust	15,000	15,000
Comic Relief (Restricted)	99,029	61,712
Oak Foundation	50,000	-
Trust for London (Restricted)	18,650	18,650
Joseph Rowntree Charitable Trust	21,670	55,332
Lloyds Foundation	-	10,000
Sam and Bella Sebba Charitable Foundation	40,000	-
Sigrid Rausing Trust	75,000	75,000
Esmee Fairbairn Foundation	-	75,000
AB Charitable Trust	20,000	-
The Baring Foundation (Restricted)	-	30,000
NACCOM	-	30,000
Balcombe Trust	25,000	-
SC & ME Morlands Charitable Trust	1,000	1,000
	<u>465,349</u>	<u>406,694</u>

Grants are categorised each year as restricted or unrestricted based on the terms of the agreement.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2022

5 Investments

	Unrestricted funds general 2022 £	Unrestricted funds general 2021 £
Interest receivable	40	239
	<u> </u>	<u> </u>

6 Raising funds

	Unrestricted funds general 2022 £	Unrestricted funds general 2021 £
<u>Fundraising and publicity</u>		
Other fundraising costs	216	418
	<u> </u>	<u> </u>
	<u>216</u>	<u>418</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2022

7 Charitable activities

	2022 £	2021 £
Staff costs	371,423	337,626
Medico-legal report fees	9,362	6,206
Interpretation	19,580	25,836
Professional services: consulting	60,396	15,173
Staff recruitment and training	1,955	2,704
Events	125	723
General expenses	35	73
Staff expenses	5,201	4,303
Donated professional services	129,932	119,749
Former client expenses	368	101
	<u>598,377</u>	<u>512,494</u>
Share of support costs (see note 8)	46,756	44,159
Share of governance costs (see note 8)	1,320	1,252
	<u>646,453</u>	<u>557,905</u>
Analysis by fund		
Unrestricted funds - general	528,774	314,211
Restricted funds	117,679	243,694
	<u>646,453</u>	<u>557,905</u>

Professional services: consulting includes the following: £1,690 for Human Resources, £720 for anti-discrimination training for recruitment practices, £6,550 for Trauma Treatment International (one-to-one counselling for all staff, monthly group supervision sessions, and facilitated discussion sessions), £39,960 for 12 months legal research for the Brook House Inquiry, and £11,476 for an independent Evaluation of Medical Justice and a strategy development.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2022

8 Support costs

	Support costs	Governance costs	2022	2021
	£	£	£	£
Depreciation	594	-	594	460
Rent and rates	31,615	-	31,615	25,778
Communications	2,711	-	2,711	5,223
Postage, printing and stationery	402	-	402	422
Insurance	344	-	344	297
Volunteer expenses	155	-	155	485
Subscriptions	594	-	594	606
Website and IT expenditure	6,187	-	6,187	9,014
Other office costs	2,163	-	2,163	55
Accountancy and payroll	1,991	-	1,991	1,819
Independent Examination and accounts preparation	-	1,320	1,320	1,252
	<u>46,756</u>	<u>1,320</u>	<u>48,076</u>	<u>45,411</u>

9 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

10 Employees

The average monthly number of employees during the year was:

	2022 Number	2021 Number
Employees	<u>14</u>	<u>11</u>
Employment costs	2022	2021
	£	£
Wages and salaries	313,688	295,658
Social security costs	28,672	14,602
Other pension costs	29,063	27,366
	<u>371,423</u>	<u>337,626</u>

During the year there were 14 posts, 7 full time and 7 part time.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2022

10 Employees

(Continued)

Key Management Personnel:

This is defined as the Director and Casework Manager roles (2021: Director role only). The remuneration, including employer's pension and National Insurance costs, of key management personnel amounted to £87,563 (2021: £52,317).

There were no employees whose annual remuneration was more than £60,000.

11 Tangible fixed assets

Computers
£

Cost

At 1 February 2021

14,216

Additions

4,522

At 31 January 2022

18,738

Depreciation and impairment

At 1 February 2021

13,708

Depreciation charged in the year

594

At 31 January 2022

14,302

Carrying amount

At 31 January 2022

4,436

At 31 January 2021

507

12 Debtors

2022

2021

Amounts falling due within one year:

£

£

Other debtors

863

5,258

13 Creditors: amounts falling due within one year

2022

2021

£

£

Other taxation and social security

9,306

6,696

Other creditors

4,043

2,498

Accruals

19,475

1,659

32,824

10,853

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2022

14 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Movement in funds			Movement in funds		
	Incoming resources	Resources expended	Balance at 1 February 2021	Incoming resources	Resources expended	Balance at 31 January 2022
	£	£	£	£	£	£
Sigrid Rausing Trust	75,000	(75,000)	-	-	-	-
Trust for London	18,650	(18,650)	-	18,650	(18,650)	-
Comic Relief	29,712	(29,712)	-	99,029	(99,029)	-
The Griffsome Trust	35,000	(35,000)	-	-	-	-
Joseph Rowntree Charitable Trust	55,332	(55,332)	-	-	-	-
The Baring Foundation	30,000	(30,000)	-	-	-	-
	<u>243,694</u>	<u>(243,694)</u>	<u>-</u>	<u>117,679</u>	<u>(117,679)</u>	<u>-</u>

15 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	Movement in funds			Movement in funds		
	Balance at 1 February 2020	Incoming resources	Resources expended	Balance at 1 February 2021	Incoming resources	Resources expended
	£	£	£	£	£	£
Infrastructure Fund	-	-	-	-	80,000	-
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>80,000</u>	<u>-</u>
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>80,000</u>	<u>-</u>

Designated Fund : £80,000

The independent Evaluation of the effectiveness of Medical Justice in 2021 highlighted a need to strengthen the senior management team and the organisation's infrastructure in response to the growing size of the team and complexities of its activities. To this end, Medical Justice is creating a Designated Fund in order to be able to create new staff roles needed to strengthen the organisation's infrastructure.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2022

16 Analysis of net assets between funds

	General Funds 2022 £	Restricted Funds 2022 £	Restricted Funds 2022 £	Total 2022 £	General Funds 2021 £	Restricted Funds 2021 £	Total 2021 £
Fund balances at 31 January 2022 are represented by:							
Tangible assets	4,436	-	-	4,436	507	-	507
Current assets/(liabilities)	310,524	80,000	-	390,524	401,440	-	401,440
	<u>314,960</u>	<u>80,000</u>	<u>-</u>	<u>394,960</u>	<u>401,947</u>	<u>-</u>	<u>401,947</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2022

17 Related party transactions

There were no disclosable related party transactions during the year (2021 - none).

18 Cash generated from operations	2022 £	2021 £
(Deficit)/surplus for the year	(6,987)	44,516
Adjustments for:		
Investment income recognised in statement of financial activities	(40)	(239)
Depreciation and impairment of tangible fixed assets	594	460
Movements in working capital:		
Decrease/(increase) in debtors	4,394	(4,147)
Increase in creditors	21,971	3,235
Cash generated from operations	19,932	43,825

19 Analysis of changes in net funds

The charity had no debt during the year.

MEDICAL JUSTICE NETWORK LIMITED

England & Wales - Charity number 1132072

Accounts

Charity Registration No. 1132072

Company Registration No. 06073571 (England and Wales)

MEDICAL JUSTICE NETWORK LIMITED
ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 JANUARY 2021

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	T Wozniak	
	E Norton	
	S Tonmi	
	T P G Southerden	
	H G Pickles	
	L M Burke	(Appointed 12 May 2020)
	J Sivanathan	(Appointed 10 February 2020)
	B Banda	(Appointed 28 September 2020)
Secretary	E Ginn	
Charity number	1132072	
Company number	06073571	
Principal address	86 Durham Road London N7 7DT	
Registered office	86 Durham Road London N7 7DT	
Independent examiner	F J Wilde FCCA MBA DChA Warner Wilde 4 Marigold Drive Bisley Surrey GU24 9SF	
Bankers	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4TA	
	TSB Bank 296-302 High Holborn London WC1V 7JH	

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

Staff team in Financial Year 2020-21

Emma Ginn	Director
Theresa Schleicher	Casework Manager
Lisa Incledon	Senior Caseworker
Emily Lawton	Caseworker
Milly Arnott	Caseworker
Anna Ashford	Caseworker, maternity cover (left October 2020)
Kris Harris	Research & Policy Worker (left December 2020)
Elspeth Macdonald	Parliamentary & Research Analyst
Dr Rachel Bingham	Clinical Advisor
Dr Mary Kamara	Clinical Advisor
Anthony Omar	Office & Finance Administrator

MEDICAL JUSTICE NETWORK LIMITED

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FOR THE YEAR ENDED 31 JANUARY 2021

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MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

The trustees present their report and financial statements for the year ended 31 January 2021.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's governing document, the Companies Act 2006 and "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 2019)".

Objectives and activities

Summary of the purposes of the charity;

- The advancement of health or the saving of lives by preserving and protecting the physical and mental health of those held in immigration removal centres through:
- Reviewing, monitoring, visiting, carrying out research and facilitating access to medical, health and social care.
- Supporting and compiling medical evidence for the release from immigration detention of vulnerable detainees who have suffered torture, rape, institutional abuse and/or violence, traumatic incarceration or other abuse.
- The relief of those in need by reason of financial hardship by providing them with and facilitating the provision of legal advice and representation;
- The advancement of human rights by monitoring of and conducting research into abuses of human rights, raising awareness of and promoting public support for human rights issues, eliminating infringement of human rights, obtaining redress for and relieving need among the victims of human rights abuse.
- The advancement of the education of the public about the position and treatment of immigration detainees and encouraging dialogue, consultation and negotiation.

Related parties / subsidiaries

Medical Justice does not have any related parties or subsidiaries.

The trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the charity should undertake.

Achievements and performance Casework

Medical Justice takes referrals for immigration detainees held in all the UK's Immigration Removal Centre (IRCs) and from prisons. Our dedicated team of volunteer clinicians assess detainees and write medico-legal reports documenting scars of torture, serious medical conditions and injuries sustained during deportation attempts. Our casework also includes assessing fitness to fly, challenging instances of medical mistreatment and helping detainees access the healthcare they need. We use medical evidence from our casework to document the toxic effect of indefinite detention.

In the financial year ending 31st January 2021 (2020-21), 576 detainees were referred to Medical Justice; men and women whose histories may include being survivors of torture, trafficking, and rape. Many of those detained are traumatised, having survived war, detention without charge or trial in their own country. Many endure perilous journeys only to get unexpectedly detained in the UK, where they may relive past traumas of imprisonment. Some have serious physical and mental conditions.

Despite congregate settings increasing the risk of transmission of infectious diseases, and the facts that no one in immigration detention is being held as a part of any criminal sentence, the Home Office continued to detain people throughout the Covid-19 pandemic in 2020-21.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

The risk posed to those held in immigration detention was clear from the outset of the pandemic. The staff working in immigration detention sites form a conduit of infection between the community and the detained population so the arrangement thus potentially functions as an 'epidemiological pump'.

The first confirmed case of Covid-19 was 22nd March 2020 at Yarl's Wood IRC. By the end of FY2021 there had been cases of Covid-19 at most of the IRCs and prisons that immigration detainees were held in.

At the beginning of the pandemic Medical Justice joined other non-governmental organisations (NGOs) pressuring the Home Office to publish its Covid-19 policies; individuals' detention was reviewed and eventually hundreds were released, though hundreds of other detainees remained detained.

23,101 people were detained in the year ending 31st March 2020. This dropped to 12,967 in the year ending 31st March 2021. The below table shows that while there was a significant reduction in Q2 2020, more were detained in Q3 and Q4, and that there was another reduction in numbers in Q1 of 2021. The changing numbers in detention was reflected in significant swings in the numbers of immigration detainees referred to Medical Justice.

2020 Q2	2020 Q3	2020 Q4	2021 Q1	Total
1,819	4,284	3,885	2,979	12,967

Some clients reported being very concerned about the possibility of becoming infected with Covid-19 while in detention, with the high turnover of detainees and many being detained straight away on arrival to the UK. With additional charter flights to Jamaica and Pakistan, clients were also detained from the community, from right across the UK and brought to detention.

Continued indefinite detention of those with Covid-19 co-morbidities

The distress in our clients' voices was palpable, especially those with Covid-19 co-morbidities; in addition to the anguish of being locked up indefinitely they faced the prospect of the virus spreading out of control within detention.

Of 30 Medical Justice clients in detention on 20th April 2020, 29 came from one of the 49 countries to which the Home Office said they could not deport to or countries where IATA said travelers were no longer allowed or airports were closed. 7 had conditions including asthma, diabetes, hypertension, tuberculosis, and a range of mental health issues from anxiety, depression through to psychosis and schizophrenia.

As the days, weeks as and months went by, our clients who remained in detention understandably became ever more fearful. Instead of being released, those with Covid-19 co-morbidities in IRCs were instructed to self isolate in their cell for 12 weeks for their own protection. This caused its own mental health toll and self-harm increased.

The number of people detained in prisons under immigration powers – beyond any criminal sentence - increased by 45% over the same period from 359 at 31 December 2019 to 519 at 31 December 2020. Since the start of the pandemic many of our clients in prisons have been locked in their cells for 22 to 24 hours a day to contain the spread of Covid-19. We remain concerned that the conditions and lengths of this isolation amount to prolonged solitary confinement. Our clients have experienced symptoms including involuntary shaking, memory loss, physical pain and insomnia. Detainees with high-risk mental health conditions, including diagnoses of post-traumatic stress disorder (PTSD), severe depression, and a history of self-harm and suicidal thoughts have experienced serious deterioration in confinement.

Deportation by charter flights of people arrived by dinghy across the English Channel

Many who had recently arrived to the UK in dinghies were initially detained, then later released and housed in hotels and disused army barracks. Despite the pandemic, from mid August 2020 the Home Office started re-detaining many of the new arrivals and chartering flights to deport them. On average there were two deportation flights a week. It seemed that the Home Office was trying to deport as many people as possible who had passed through European

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

countries before arriving in the UK to beat the Brexit deadline on 31st December 2020. Brexit brought the end of an EU agreement known as the Dublin Convention, facilitating one EU country returning an asylum seeker to another they had passed through first.

Between late August and late December 2020 detainees who had arrived by dinghy were held together in Brook House IRC for the charter deportation flights. Referrals to Medical Justice increased ten fold. Most were men from countries such as Syria, Iraq, Iran, Yemen and Sudan. They had fled war and persecution, and during their perilous journey many had been trafficked, detained, raped, tortured, extorted, sold, some a number of times over.

Almost all either had removal directions set at the time of being referred to us, or soon after. The majority were unrepresented and many had never spoken to a legal adviser at all since arriving in the UK. Mental illness, fitness to fly issues, torture histories and detainees having family members in the UK (which is relevant to whether they should be removed under the Dublin regulations) were often unrecognised.

The level of despair we encountered was unprecedented. Rates of self harm and attempted suicide were reported to be very high. One man had poured boiling water on his legs to prevent himself from being removed. Another, after a suicide attempt, was taken straight from hospital to the airport for deportation. One detainee was removed from netting following a suicide attempt and then taken to the airport, and another was taken bleeding and partially clothed to the airport following a suicide attempt.

The Independent Monitoring Board (IMB) at Brook House IRC found that, in the period from the end of July to December 2020, circumstances related to the charter deportations amounted to “inhumane treatment of the whole detainee population”.

Then in December, ahead of the Brexit deadline, the Home Office had to cancel charter deportation flights and release many detainees due to predictable and avoidable Covid-19 outbreaks. By January 2021 the outbreak got worse - Brook House IRC was closed down for 10 days and detainees transferred to other IRCs. The majority of Medical Justice clients had not been deported. According to the IMB, 26 flights were organised but fewer than 120 people were deported.

Other deportation charter flights

In addition to deporting those who arrived by dinghy across the Channel by charter flights, the use of charter deportation flights more generally significantly increased. Charter flights arranged by the Home Office in 2020-21 have included to Jamaica, Pakistan, Nigeria, and Ghana.

One client, a partially blind and partially deaf Jamaican man who has lived in the UK for 18 years, slipped on a wet floor and fractured his ankle in 3 places. He was not taken to hospital for 4 days because escorting staff were unavailable due to a charter deportation flight.

The Medical Justice casework team

Our caseworkers and clinicians were assisted by a wonderful team of volunteer interpreters who give up their time to assist our clients. We are also grateful to the many partners that we work alongside, including visitors' groups who refer clients to us, and the solicitors who take our clients' cases and use the evidence provided by our medical reports, sometimes having to act with great urgency. We are incredibly grateful to our volunteer clinicians who carry out assessments at such short notice.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

REFERRALS DURING FY2020-21	
Brook House IRC	309
Harmondsworth IRC	92
Colnbrook IRC	71
Morton Hall IRC	27
Other	27
Yarl's Wood IRC	25
Prison	17
Tinsley House IRC	7
Dungavel IRC	1
Total	576

Clinical work

Naturally, the Covid-19 pandemic has radically changed our way of working. External medical visits to see immigration detainees were paused by the Home Office in March 2020. Our volunteer clinicians have universally adapted to the new challenges we have faced. By means of telephone assessments, we have continued providing preliminary or focused medical assessments (particularly in relation to Covid-19 co-morbidities), to produce preliminary reports where appropriate, particularly for clients with significant mental health issues and deterioration in detention. Medical Justice developed new guidelines on performing a telephone assessment as this is a different skill to undertaking face-to-face assessments for medico-legal reports.

We were later able to do assessments by Skype at a number of IRCs – there were over 40 Skype assessments between October and December 2020 at Brook House and the Heathrow IRCs. Privacy for 'remote' consultations has been challenging with some detainees expected by IRC staff to have an officer in the room at the time of the assessment, or to leave the door ajar whilst speaking to the Medical Justice clinician.

Medical Justice doctors have written many clinical letters explaining the increased risks of detention in the cases of our clients with co-morbidities heightening their risk of severe Covid-19 infection.

Aside from risks of Covid-19 infection in FY2021, there continue to be ongoing problems in healthcare provision including the inadequate use of interpreters, cancelling or missing appointments in secondary care, delays in obtaining clinical records and communicating test results, delays in transferring patients to hospital in the context of an emergency, and the detention of people with significant physical disabilities who are unable to manage their daily care needs in the detention setting.

Our clinicians continue to come across cases of removal attempts for clients with clear medical warning signs that they are not fit to fly. In addition to these medical concerns, of the most common problems we see affecting fitness to fly is inadequately treated mental health conditions, often for vulnerable individuals; when the forced removal attempt takes place, it often leads to injury. As in previous years, we have seen planned removals for clients who are actively self harming.

Medical confidentiality of many of our clients has been compromised when their access to the IRC healthcare unit has been restricted, and were expected to pass notes via security staff if they wanted to see a nurse or doctor.

Prompted by the pandemic and lockdown, we developed our online training for volunteer clinicians. More potential volunteers engaged with training days conducted entirely online for the first time. We developed some pre and post course online learning. Live webinars were held in September on fitness to fly and another on the experiences of detainees held in prisons. Online interactive presentations about the consequences of Covid- 19 on immigration detention sites were sent to 284 clinicians on our volunteers list. More training carried out online has brought added

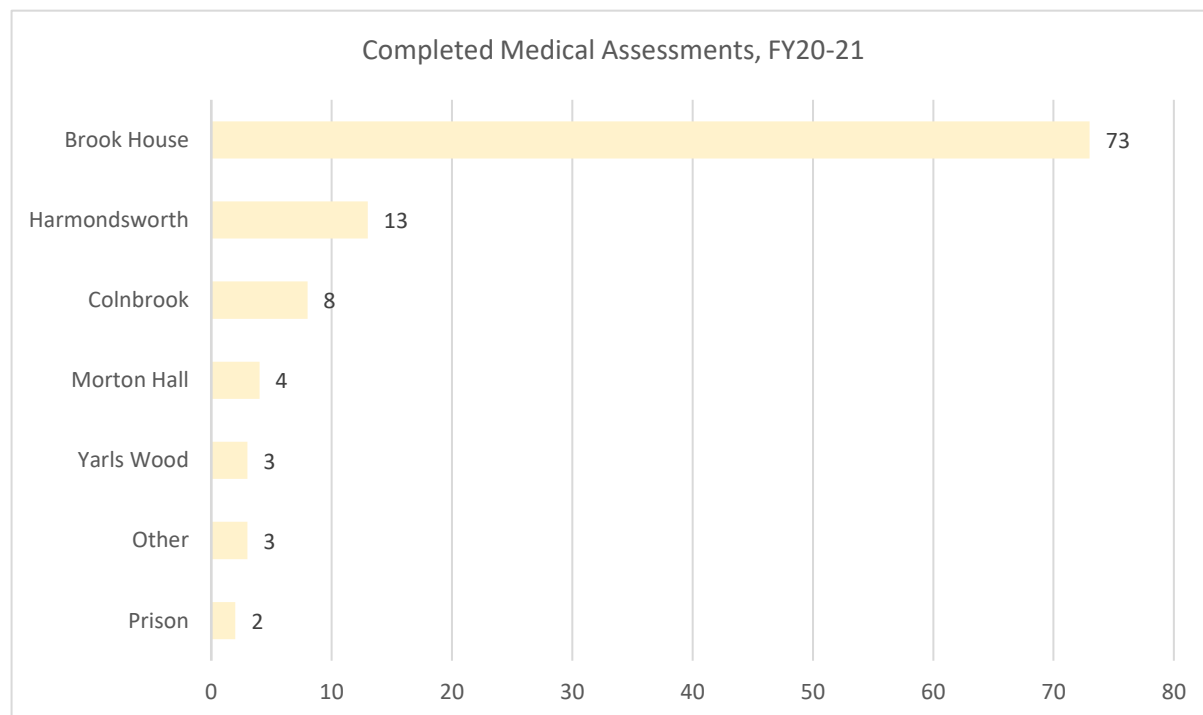
MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

advantage of accessibility for clinicians who do not live in London, or who have caring responsibilities - when Covid-19 is behind us, Medical Justice will probably pursue a dual face to face and online learning provision.

We are grateful for all the volunteering in 2020-21 by clinicians despite the obvious demands on them during the pandemic.



Policy and Research

As the only charity that sends independent clinicians to visit detainees, the medical evidence generated through our casework is unparalleled and enables us to document the prevalence and harm of systemic failures in healthcare. We use our research to confront the Home Office with the severe impact that detention can have on detainees' health. When the Home Office fails to improve a policy, our correspondence may add to the 'document trail' needed to launch a legal challenge.

Some examples of our policy work in this financial year are summarized below.

Adults At Risk (AAR) reform

The 'Adults at Risk' policy, the Home Office's main mechanism for identifying and releasing vulnerable detainees, clearly remains largely ineffective. Medical Justice challenged the definition of torture used in the AAR policy, twice (in 2016 and again in 2018). Although our litigation was successful, the new definition is not consistently implemented and other systemic failures remain. In May 2020 HM Inspector of Prisons found that 40% of detainees were acknowledged as "Adults at Risk", many of whom "met the criteria for shielding", yet continued to be detained. Few of our clients who had arrived by dinghy were deemed to be "Adults at Risk", despite most of them being victims of trafficking or torture.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

Adults at Risk Policy change downgrading protections for victims of trafficking

Previously if someone in immigration detention was identified as a potential victim of modern slavery they were automatically considered for release unless the Home Office could justify their detention on grounds of public order. A new Home Office policy amendment (later brought into effect in May 2021) meant that to be considered for release, suspected victims would now be required to provide medical evidence that their ongoing detention would place them at “future harm”, as is the case with all immigration detainees in line with the Adults at Risk policy. This change is likely to mean that more victims of trafficking will be detained and for longer.

‘Quality standards for external medical evidence’ in the Adults at Risk policy

In June 2020 the Home Office set out its proposals for ‘quality standards’ which would enable its caseworkers to disregard certain medical evidence. Medical Justice, Freedom from Torture and the Helen Bamber Foundation made a joint submission in response to the proposals. After a rather protracted struggle, the Home Office eventually shared the data that it had based its ‘quality standards’ on - we remained unconvinced and felt the standards failed to address the supposed issues. Our concern is that disregarding some medical reports may put some vulnerable detainees at risk of prolonged detention or removal.

The Enhanced Screening Tool

Medical Justice is the single point of contact between the Home Office and NGOs regarding the Enhanced Screening Tool which was presented as a response to the Home Affairs Select Committee’s (HASC) recommendation to introduce a proper pre-screening assessment of vulnerability. We have serious concerns about its ability to detect vulnerability as it simply seems to be an unhelpful consolidation of existing screening tools.

Medical Justice’s February 2020 consultation submission was followed by a letter co-signed by Medical Justice and a number of NGOs who had worked together on the issue. The Home Office responded to the letter stating that this had not been a consultation and that: “We are keen to work with our external partners and value the range of expertise and insight that this approach brings however we are conscious that if following an approach of openness is likely to heighten levels of concern and anxiety around improvements we are endeavouring to bring across the Home Office, then we will look again at the benefits of this approach.”

Asylum Policy Instruction on Medico-Legal Reports

The Home Office’s draft new policy went well beyond the stated aim of simplifying of existing guidance and removes vital safeguards that ensure correct handling of medical evidence in asylum claims. Medical Justice made a joint submission in March 2020, together with Freedom from Torture, the Helen Bamber Foundation, and the Immigration Law Practitioner’s Association. Our recommendations were accepted by the Home Office in 2021.

Prison Parity project

The Home Office established a Prison Parity Project to investigate how to ensure equivalence of safeguards for immigration detainees held in IRCs and prisons. Medical Justice was consulted. We feel torn; this project might help normalise immigration detention in prisons. This seems an awful though logical step as it would otherwise be impossible to provide parity of safeguards under a normal prison regime. The proportion of immigration detainees being held in prisons increased in 2020.

Independent Chief Inspector of Borders and Immigration’s (ICIBI) second Adults at Risk policy audit

Our submission to the second annual audit in October 2020 drew from our casework evidence based on 356 ‘Rule 35 reports’ on our clients. Rule 35 of the Detention Centre Rules requires a report to be issued by the GP in an IRC if a detainee’s health is likely to be injuriously affected by continued detention or any conditions of detention, if the detainee is suspected of having suicidal intentions, or if there is concern that the detainee is a victim of torture.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

The 356 Rule 35 reports of our clients highlighted issues including delays in dealing with detainees' cases, the wrong definition of torture being used, and long waiting times for 'Rule 35' assessments. The decision following the Rule 35 reports was to continue detention in almost all of those cases.

Covid-19 pandemic

Medical Justice joined other NGOs in writing to the Home Secretary to publish her policies to review continued detention in light of Covid-19 and to meanwhile immediately release all immigration detainees. The policies were eventually published; detainees' detention was reviewed and hundreds were released, though hundreds of other detainees remained detained, even if they had Covid-19 co-morbidities.

The new policy says that cases will be reviewed in light of the Adults at Risk policy and various other factors. Other than being linked to the flawed Adults at Risk policy, the Home Office has disclosed little information about what the review actually involves so it has been difficult for Medical Justice to ascertain if a review of a client's case has actually been carried out.

Establishing on a factual basis what has been happening day to day inside detention and to gather evidence has been difficult. The Home Office has refused to engage with Medical Justice and other stakeholders and failed to answer letters or direct questions.

NHS England (NHSE)

In the years since healthcare commissioning for immigration detention transferred from the Home Office to the NHS in 2014, Medical Justice has tried to be a 'critical friend' to NHSE. This seemed to earn us a place at the table when it came to re-drafting the service specifications for healthcare provision which were published in April 2020. All our suggestions were adopted by NHSE (compliance to the specifications by the healthcare providers, largely private companies, is another matter). As the specs affect all the tens of thousands of people held in immigration detention each year, it was worth the wait.

Research

Medical Justice is carrying out research for its "Discontinuity of Care" report, demonstrating the extent of disruption that detention has on ongoing NHS care and the risk to people's health. The report highlights issues such as detainees not being taken to hospital appointments due to transport or staff shortages, psychiatric hospitals refusing to accept sectioned detainees, detainees not being released due to lack of accommodation or being held for their 'own good', and sick detainees being released without proper onward care and referral.

Medical Justice continues to document deaths in immigration detention. An inquest in March 2020 revealed that a severely mentally ill man died after 6 days detention having received no medical attention whatsoever. He died on the concrete floor of the 'strip cell' in segregation with no mattress, having had little if any food, fluid or sleep. He was naked, emaciated, and covered in debris. IRC doctors, Home Office officials and guards effectively watched him die right in front of them.

Strategic Litigation

Zero Notice removals

Medical Justice challenged the hugely injurious "removal windows" policy which was quashed in 2020. Used in over 40,000 cases, the policy enabled a migrant to be refused and deported within a matter of hours, often with no access to the courts. The policy could be applied to almost everyone who can be removed (in the community as well as in detention).

Medical Justice had initiated judicial review proceedings in 2019 and was granted interim relief; the use of "removal windows" was suspended. The High Court went on to refuse our case but the suspension remained in place while we appealed. The Court of Appeal upheld our appeal in October 2020. The Equalities and Human Rights Commission intervened.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

The judgment from the Lord Chief Justice Lord Burnett, Lord Justice Hickinbottom and Lord Justice Coulson emphasised the importance of the right of access to justice under our common law:

“... the Policy allows for no adequate opportunity – or, indeed, any opportunity at all – for the individual to take advice and lodge a judicial review challenging that decision before he or she is at risk of removal which arises immediately upon the adverse decision being taken and notified”

Not having to contend with “removal windows” had a massive and positive effect on our casework and will have been felt by many – possibly most – detainees, and by the charities and legal representatives supporting them. The “removal windows” would have been even more of a disaster had they been available to be used with the deportation charter flights of migrants arriving across the Channel in 2020.

Media coverage of our win in the Court of Appeal included; the Law gazette, the Guardian, the Independent, the BBC website, BBC Radio 4 News, the Daily Mirror, the Telegraph, the Daily Mail, the Washington Post, the Daily Mirror, and the Morning Star.

In October 2020 the chair of the All Party Parliamentary Group (APPG) on Immigration Detention sent a letter following the Court of Appeal’s judgment, demanding an apology to all those who have been impacted by this insidious policy, and to give assurances no similar policy will be developed again in the future.

The new Nationality and Borders Bill allows some deportations to be effected without notice which would significantly limit access to justice in practice. Medical Justice will be investigating the impact of this and whether we could challenge it.

Contributing evidence

Medical Justice is often asked to contribute evidence for legal cases. A couple of examples;

In a 4 week period in October 2020, we worked with 19 men who had arrived across the Channel in dinghies and reported histories of trafficking while in Libya. The men were from countries including Eritrea, Sudan, and Syria. All had been captured against their will. Their histories included being forced to do heavy work for long hours without pay, living in insanitary conditions, being given little food, being sold from one person to another, being physically ill-treated including by beating, burning and electricity being applied to them. Only two of the 19 clients had a legal representative at the time of referral to Medical Justice.

We provided a witness statement about the treatment of these 19 men for a legal challenge about the inadequacies of the screening process which skipped key questions about trafficking. The challenge was successful and the Home Office was ordered to ensure the trafficking questions are asked.

Case of KTT - Medical Justice provided evidence of deficiencies regarding the current policy on the detention of trafficking victims. The Home Office conceded that KTT was detained unlawfully. As part of the settlement, the Home Office agreed to review policy regarding the detention of victims of trafficking.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

Medical Justice granted Core Participant status in the Brook House IRC Public Inquiry

Medical Justice was granted Core Participant status in the Brook House Public Inquiry in October 2020.

The dehumanisation of detainees was captured by BBC Panorama's undercover cameras in Brook House IRC in 2017, including a G4S guard kneeling on a detainee's neck, strangling him, threatening "I am going to put you to sleep", whilst a G4S nurse stood by and colluded in falsifying records. This is the only public inquiry there has been into immigration detention. Medical Justice is using its evidence from 2017, and also evidence since 2017 of systemic failures and severe mistreatment in detention from casework, policy work and litigation.

Core Participant status affords Medical Justice some level of influence in how the inquiry is conducted. We will have a strong focus on demonstrating that the abuse at Brook House was, and still is, systemic across all IRCs, and countering any Home Office narrative that issues were isolated to Brook House, and have been fixed in the meantime, and that accommodation in camps or military barracks as an alternative is justified.

Hearings are anticipated for November 2021 and the inquiry's report may be published in 2022.

Meanwhile, the G4S nurse – whose was in a management role - was struck off. This is a first.

Parliamentary activity

A key development beyond Covid-19 has been the passage through Parliament of the Immigration and Social Security Co-ordination (EU Withdrawal) Bill 2019-21. As it offered an opportunity to generate awareness and debate of such issues, Medical Justice put forward an amendment to the Bill while it was in the Commons that sought to drastically limit the use of segregation in detention. The amendment was tabled by SNP Immigration Spokesperson Stuart McDonald MP and debated at Committee Stage in June 2020.

The amendment was not pushed to a vote in the Commons and was retabled and debated during the Lords Committee stage in September 2020 by Crossbench peer Lord Ramsbotham. Labour, Liberal Democrat and Green peers also put their names to it. It was not pushed to a vote but it was still useful to have had it tabled and support shown for it in the debates.

Parliamentary Committees

- Home Affairs Select Committee (HASC) - Covid-19 has been a key focus in our parliamentary work. In April 2020 HASC opened an inquiry into the Home Office's preparations and response to the pandemic. We submitted three rounds of written evidence to the inquiry (on 25th March, 21st April and 5th May) which were referenced extensively in the Committee's report on institutional accommodation (including immigration detention) published in July 2020. We sent a written summary of key updates for HASC in November 2020, including on Covid-19 in detention, people arriving in small boats, the use of charter flights, ongoing failures of the Adults at Risk policy, and the Brook House Inquiry.
- Public Accounts Committee (PAC) – Medical Justice submitted evidence on in July 2020 to the Public Accounts Committee's inquiry into the effectiveness of immigration enforcement.
- Joint Human Rights Committee's (JCHR) - Medical Justice submitted evidence in July 2020 to the JCHR inquiry into the government's response to Covid-19 and its implications for human rights. JCHR published its damning report on Immigration Enforcement in September 2020.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

All Party Parliamentary Group (APPG) on Immigration Detention

Medical Justice acts as the secretariat for the APPG on Immigration Detention.

The APPG was forced to abandon its 17th March 2020 meeting in Westminster about the detention of people beyond a criminal sentence due to the onset of the lockdown. APPG activities were moved on online with round-table discussions ;

- April 2020 : developments in detention regarding Covid-19 – for APPG members with speakers from Medical Justice.
- June 2020 : ICIBI on his first annual audit on the Adults at Risk Policy – over 50 people attended to hear the Independent Chief Inspector of Borders and Immigration (ICIBI). Speakers included a person with lived experience of detention, a Medical Justice doctor, and the Chief Inspector. A letter signed by 15 APPG members, including Conservative MP Sir Peter Bottomley, was sent to the Home Secretary raising key concerns discussed during the meeting. We organised for Members to table written questions, both on the inspection report itself and on Home Office proposals to restrict the types of medical evidence it will accept for consideration within the Adults at Risk Policy.
- Nov. 2020 : accelerated processing of people arriving in dinghies and their accommodation in military barracks – speakers included experts from the Helen Bamber Foundation, Survivors Speak OUT, the Immigration Law Practitioner's Association, Medical Justice, HM Inspector of Prisons and the Independent Monitoring Board. Over 60 experts by experience and representatives from relevant external organisations participated. Following the meeting, 13 members of the APPG wrote to the Home Secretary to raise key points and concerns, and to share a copy of a report by asylum seekers in Penally barracks.

The APPG Chair has issued several press releases and letters to the Home Secretary throughout the year about immigration detention, including;

- 10th February 2020: letter raising concerns about the charter deportation flight to Jamaica
- 25th February 2020: a joint letter with the APPGs on Migration and Refugees about Serco being granted the contract to manage Brook House IRC
- 27th March 2020: letter raising concerns about Covid-19 and immigration detention
- 10th April 2020: press release about the inadequacy of the government's response to Covid-19 in detention and calling for the immediate release of all detainees
- 15th May 2020: letter co-signed by 16 APPG members regarding the conditions of detention and Covid-19
- 28th July 2020: letter co-signed by 15 APPG members regarding Adults at Risk policy failures
- 24th August 2020: letter regarding the 'repurposing' of Yarl's Wood IRC
- 19th October 2020: letter co-signed by 11 APPG members about Covid-19 outbreaks in immigration detention
- 21st October 2020: letter following the "removals window" policy being quashed by the Court of Appeal
- 24th December 2020: raising concern about the Covid-19 outbreak at Brook House IRC.

As had been envisaged, the APPG is amplifying the impact of Medical Justice and other NGOs, and providing a means to educate and mobilise parliamentarians by bringing them together with experts by experience.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

Medical Justice in the Media in Financial Year 2020-2021

Media coverage included ;

The British Medical Journal (3 articles)

The London Economic (1)

The Daily Record (1 article)

The National (3 articles)

The Justice Gap (1 article)

The BBC Online (1 article)

BBC Radio 4 (1 piece)

BBC Look East TV News (1 piece)

BBC TV national News (1 piece)

The Independent (12 articles)

The Guardian (11 articles)

The Law Society Gazette (1 article)

The Morning Star (7 articles)

The Daily Mirror (2 articles)

The Telegraph (1 article)

The Daily Mail (1 article)

The Washington Post (1 article)

The Times (2 articles)

Novaramedia (1 article)

Development of our volunteer interpreter team

Volunteer interpreters responded amazingly well to urgent requests and we are so grateful to them. There was a 10-fold increase in referrals for people arriving across the English Channel by dinghy; the need was predominantly for Farsi and Arabic. A group of Iranian supporters kindly came forward to volunteer when they heard of the need.

When the Home Office rounds up large numbers of one nationality for a deportation charter flight, demand is especially high. In those instances, and when demand is generally high, Medical Justice has to turn to paid-for services – our costs for this increased significantly.

We provide training and supervision for our volunteer interpreters and in 2020 we combined some training sessions with our volunteer doctor and interpreters.

Medical Justice AGM 28th September 2020

Our AGM was held on 28th September 2020 and conducted online due to the pandemic.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

Medical Justice objectives and performance

In Financial Year 2020-21 our strategy for achieving our objectives remained the same.

Medical Justice performed well against all its objectives for the year, which included:

- To assist as many detainees as we can – indicators include the number of detainees accessing needed medical care, the number released into the community so they can begin to recover, and number of cases of our medical evidence being accepted. To enable us to carry out as much casework as we can, we strive to recruit as many volunteers as possible – indicators include how many IRC visits take place and the amount of interpreting undertaken by volunteers.
- To achieve as much systemic change as possible – this includes through policy work, strategic litigation, parliamentary action, acting as the secretariat for the All Party Parliamentary Group on Immigration Detention, and campaigning. Indicators include changes in policy and practice.
- To be granted Core Participant status in the Brook House IRC Public Inquiry.
- To maintain financial health of the organisation.

Our objectives for Financial Year 2021-22 include :

- To assist as many detainees as we can
- To achieve as much systemic change as possible
- To maintain the financial health of the organization
- To recruit at least 2 new trustees

Financial review

Principal funding sources and expenditure areas

Review of the financial position of Medical Justice

The finances of the charity have remained secure in this exceptionally turbulent Covid-19 year. Thanks to the continuing generosity of our donors, the overall financial picture is reassuring for the immediate future. However, as is always the case when dependent on short-term grant funding, there are questions on the security of income medium term. The organisation may well have to adapt further to best help our client group, in response to changes to how those who lack full immigration status get held against their will. That means we now also face big questions over future costs, if we decide to expand our reach beyond the traditional IRCs to include other forms of detention and quasi-detention.

Early this financial year we faced a dip in referrals, which matched the reduced numbers then being held in IRCs, with also an inability of our clinicians to undertake face-to-face meetings with detainees. Although it was open for us to request furlough support for at least some of our case-working team, we decided to keep them all fully employed, diverted to other internal tasks in the short term, including catching up on training. This proved a wise decision, as they were all soon needed. As the accounts reveal, a higher proportion of our clients were found to require interpretation, a reflection of many being new arrivals to the UK. The costs of interpretation would have been even higher without the much-appreciated support from our volunteer interpreters. Their contribution is included in the nominal allocation for “donated professional services” in the accounts. This figure gives scant justice to the great effort made by the clinicians and interpreters as they met the challenges of engaging remotely. The inability to undertake face-to-face clinical examinations continued all the financial year.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

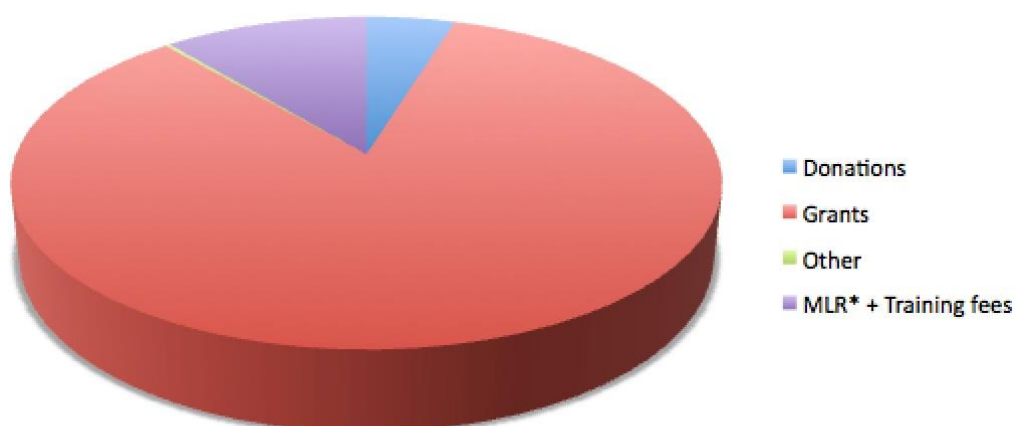
FOR THE YEAR ENDED 31 JANUARY 2021

Additional space was reserved at the Durham Road premises, with take up delayed because of home working, and the full-year costs are not yet reflected in these accounts. Expenditure on consultancy support for organisational reviews and the Brook House Inquiry were supported by specific grants, but we have other projected increases in ongoing costs that will need to be covered.

Just as we weathered the storm of the last year, Medical Justice should be well placed to face the many challenges ahead. However, with a projected deficit in our secured funding, there is a pressing need to continue to replace with new sources of finance the many grants that will be shortly coming to their conclusion. Overall, the charity 'punches above its weight' and is highly effective for what it costs, and the intention is that this should remain so.

Summary of Income and expenditure

Income	FY2020-21	FY2019-20
Donations	22,988	31,969
Grants	406,694	352,633
Other	239	392
MLR* + Training fees	53,169	53,002
Income	483,090	437,996
Donated professional services	119,749	222,438
Grand Total	602,839	660,434

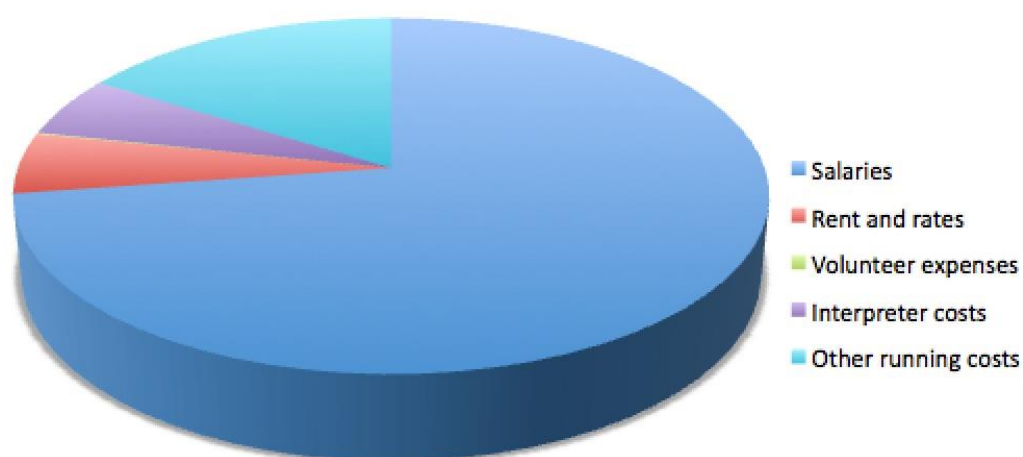


Expenditure	FY2020-21	FY2019-20
Salaries	337,626	336,966
Rent and rates	25,778	20,679
Volunteer expenses	485	588
Interpreter costs	25,836	8,946
Other running costs	48,849	43,706
Running costs	438,574	410,885
Donated professional services	119,749	222,438
Grand Total	558,323	633,323

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021



Inadequate healthcare in immigration detention

About 13,000 people were held in indefinite immigration detention in the UK in 2020. It is not part of any criminal sentence and is not ordered by a judge. Many detainees have mental and physical scars of torture and other forms of persecution. Detainees' medical conditions are often exacerbated by, and sometimes caused by, prolonged detention and inadequate healthcare.

Issues in immigration detention over the years have included:

- Continued detention during a pandemic
- People being detained with serious and untreated injuries sustained during their journey to the UK
- Torture scars are often not properly documented and considered in detainees' cases
- Instances of medical mistreatment
- Inquests have found that neglect has contributed to deaths
- One man died in a segregation cell - alone, naked, emaciated, dehydrated – after 6 days in detention
- Some are transferred to secure psychiatric units and later taken back to detention
- Self-harm and hunger strikes are daily occurrences
- High Court judges have found “inhuman and degrading treatment” of mentally ill detainees
- Women have been abused and harassed by guards
- A man, the father of 5 UK-born children, was unlawfully killed on a British Airways plane during deportation

Our clients' histories may include being victims of torture, trafficking, and rape. Many are traumatised, having survived war, detention without charge or trial, torture, or rape in their own country. Many endure perilous journeys only to get unexpectedly detained in the UK, where they may relive past traumas of imprisonment. Some have serious physical and mental conditions.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

Medical Justice's aims and objectives

Medical Justice aims to eradicate medical mistreatment in immigration detention. The harm being suffered by detainees is widely acknowledged to be endemic and severe – the only way to eradicate it is to end immigration detention, a view shared by the British Medical Association. In time we will succeed in that aim. In the interim, our objectives are to work to reform the institutions and to stand up for the rights of those incarcerated within them.

Standing up for the rights of detainees

The Medical Justice strategy is to send independent volunteer clinicians to IRCs to visit detainees and document their scars of torture, injuries sustained during attempts to remove them from the UK, and any medical conditions, as well as challenge instances of medical mistreatment. We link detainees to good quality legal representatives who can make good use of our medical evidence.

Interim reform

The Medical Justice strategy is to use evidence from our casework to challenge medical mistreatment of detainees and document the toxic effect of indefinite detention. We hold the government to account and campaign for lasting change through policy work, strategic litigation, public and parliamentary awareness raising, and mobilising medical professionals. We do this as long as interim reforms help precipitate the end of immigration detention rather than prop up the regime – known and premeditated harm to human beings for administrative convenience is unethical and unconscionable.

Medical Justice was founded in 2005 by someone with lived experience of detention

In 2005 a volunteer doctor visited a detained hungerstriker on the verge of organ failure and provided medical evidence for a legal challenge which secured the man's release to hospital - the first time an independent doctor had gained access into an IRC. Later, the doctor and the released man founded Medical Justice and negotiated a protocol with the Home Office formalising access for independent doctors.

By the end of January 2021 we had 11 paid workers, responded to 576 detainee referrals during the year and organised medical visits in all the UK's IRCs.

The environment in which we operated in FY2020-21

The Home Office "hostile environment" strategy towards unwanted migrants was as evident as ever in 2020-21. Detaining people during the pandemic, especially those with Covid-19 co-morbidities, and with much reduced potential to deport them seems particularly cruel

Locking people in prison cells for 23 hrs a day, and sometimes 24 hrs, for extended periods of time during 2020-21 is extremely harsh, especially since the imprisonment is beyond any criminal sentence.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

Risk Register

The Risk Register documents the major risks that the trustees have identified to which Medical Justice is exposed. Each area of risk is rated in terms of probability, impact to the organisation, how it can be mitigated, and who in the organisation is responsible for systems or procedures that have been established to manage those risks. The Risk Register is periodically reviewed.

The areas of risk have been grouped into the below areas:

- Financial and reputational - Failure to Comply with Charity legislation / loss of charitable status.
- Financial - Sustained expenditure exceeds income; Bankruptcy; Cost risk of intervention.
- Reputational - Being ineffective / ignored; Discredited externally; Not trusted by some detainees; Confidentiality breach / failure to comply with data checking legislation relating to children and vulnerable adults; Medical judgement challenged.
- Organisational - Loss of key person; Employment law breach ; IT failure ; Loss of physical space, e.g. from fire; Injury to employee / Breach of health & safety legislation; Limit on cooperation needed for IRC visits.
- Other – Kidnap / assault of doctor during visit; Immediately necessary treatment left undone.

External factors outside Medical Justice's control

Medical Justice has grown slowly but steadily since it was founded in 2005. It was registered as a company limited by guarantee in 2007 and gained charity status in 2009. Its first employed a member of staff in 2008 and has added roughly one staff member each year. Its number of volunteers has also risen steadily. Most importantly, the number of immigration detainees Medical Justice has assisted and the systemic changes it has secured have grown significantly.

A key part of its success depends on its partnerships with funders and its ability to raise ever-greater amounts of funding each year. Funding can never be assured and assisting immigration detainees is not a popular cause. Funding is an external factor beyond Medical Justice's control that is relevant to the achievement of its objectives.

Medical Justice has built and enjoyed good relationships with employees and also with non governmental organisations which work in the same field. The relationship between Medical Justice and the Home Office is challenging. The Home Office controls access to immigration detainees. Medical Justice had to legally challenge an obstruction of access by independent doctors in 2009; the obstruction was removed.

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

Structure, governance and management

The charity is a company limited by guarantee and without any share capital and is governed by a memorandum of association. Trustees of the charity are also directors of the company. The company obtained Charitable Status on 12 October 2009. New trustees are selected according to criteria laid out in the charity's Handbook for Trustees and Staff and are appointed by the Board; during the year in question there were 9 Trustees, including a GP, lawyer, a policy advisor at Amnesty, a public health doctor, a Non-Executive Director at Hillingdon Hospital, and three trustees with lived experience of detention – one is a student, another is a careworker with marketing management experience, and another is a law student and also works for the Joint Council for the Welfare of Immigrants. Officers are elected or re-appointed at the Annual General Meeting.

The Executive Group : comprises the Chair, the Treasurer, one other trustee and the Director.

The Senior Management Team : comprises the Director and the Casework Manager

The Staff Team

- The Director: reports to the Trustees and was line-managed by the Chair.
- The Casework Manager: reports to the Director.
- 3 Caseworkers and 2 Clinical Advisors: report to the Casework Manager.
- The Office & Finance Administrator: reports to the Director.
- The Policy & Research Manager: reports to the Director.
- The Parliamentary & Research Analyst: reports to the Policy & Research Manager.

The Volunteer team

- The volunteer interpreters: co-ordinated by the Casework team, the volunteers interpret during our medical visits to detention and also over the phone for our clients. They are trained by caseworkers, ex-detainees and a small team of experienced volunteers, one of which is a professional interpreter trainer. There is a monthly supervision group session for volunteer interpreters.
- The volunteer clinicians are also co-ordinated by the Casework team. They are trained by caseworkers, the Clinical Advisors (both doctors), former clients who have direct experience of detention, lawyers and occasional guest experts. The volunteer clinicians are supervised by the Clinical Advisors and their medico-legal reports are reviewed by a team of reviewers comprising experienced volunteers, the Clinical Advisors and a trustee (all clinicians). There is a quarterly reviewers' forum to ensure that our reviewing process is rigorous and consistent, to maximise the effectiveness and accuracy of our medico-legal reports, and to make certain that our volunteer doctors are receiving a high standard of support.
- Experts by Experience: the involvement of former clients who have experience of detention helps ensure that our strategic direction and operational decisions reflect the needs of detainees. They help train our volunteer clinicians and interpreters, speak at our public events, and speak to media.

Consultant: Responsible Officer for Medical Justice in its role as a 'Designated Body' ; all but a handful of the volunteer clinicians have paid jobs in the NHS or other employers who act as their 'Designated Body', providing a regulated framework of periodic appraisals and re-validation. The few who are not linked to a 'Designated Body' elsewhere are supervised by our Responsible Officer in terms of appraisals and re-validation.

Consultant: Researcher for the Brook House Inquiry work. This work was kindly funded by one funder for 6 months. Since then, Medical Justice has continued to fund the ongoing work which is estimated to last until around the first quarter of 2022.

Internal policies

MEDICAL JUSTICE NETWORK LIMITED

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2021

Medical Justice continued to develop internal policies in Financial Year 2020-21 including :

- Staffing: the Home Working policy
- Clinicians: Policy reviews included the Safeguarding Vulnerable Adults Policy, the Child Safeguarding Policy and the Clinical Risk Management Policy. All policies are actively monitored and reviewed, and updated to reflect recent General Medical Council documents.
- Operations: the Coronavirus Policy

The trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signature of the financial statements were:

T Wozniak

E Norton

S Tonmi

T P G Southerden

H G Pickles

L M Burke

J Sivanathan

B Banda

Policies and procedures for the induction and training of trustees

Medical Justice produced several guides for trustees in their role during the year. The organisation continues to actively consider the most effective ways of recruiting and supporting trustees, with specific regard to the need for a wide and diverse range of skills, knowledge and experience. In particular, Medical Justice continues to focus on recruiting trustees with lived experience of immigration detention. Two new trustees with lived experience joined the board during the 2020-21 financial year.

None of the trustees has any beneficial interest in the company. All of the trustees are members of the company and guarantee to contribute £1 in the event of a winding up.

Medical Justice has no formal affiliations

Medical Justice is not formally affiliated with any umbrella group. In the pursuit of its charitable objectives, Medical Justice does co-operate closely on an ongoing basis with a dozen or so other non-governmental organisations who campaign for the health and wellbeing of immigration detainees. We often form ad-hoc, fluid coalitions to work on specific issues, themes or pieces of work. Medical Justice is a member of the Home Office's main stakeholder forum which covers immigration detention issues, the National Asylum Stakeholder Forum. It is also a member of the Independent Chief Inspector of Borders and Immigration's Refugee & Asylum Forum.

MEDICAL JUSTICE NETWORK LIMITED
TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)
FOR THE YEAR ENDED 31 JANUARY 2021

The trustees' report was approved by the Board of Trustees.

Dr Hilary Pickles

Trustee

Dated: 07/09/2021

A handwritten signature in black ink that reads "Hilary Pickles". The signature is written in a cursive, flowing style.

MEDICAL JUSTICE NETWORK LIMITED

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF MEDICAL JUSTICE NETWORK LIMITED

I report to the trustees on my examination of the financial statements of Medical Justice Network Limited (the charity) for the year ended 31 January 2021.

Responsibilities and basis of report

As the trustees of the charity (and also its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006 (the 2006 Act).

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

Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Association of Chartered Certified Accountants, which is one of the listed bodies.

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 charity as required by section 386 of the 2006 Act; or
- 2 the financial statements do not accord with those records; or
- 3 the financial statements 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 financial statements 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 financial statements to be reached.



F J Wilde FCCA MBA DChA

Warner Wilde
4 Marigold Drive
Bisley
Surrey
GU24 9SF

Dated: 7 September 2021

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2021

		Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £	Unrestricted funds 2020 £	Restricted funds 2020 £	Total 2020 £
	Notes						
Income from:							
Donations and legacies	3	142,737	-	142,737	254,407	-	254,407
Charitable activities	4	216,169	243,694	459,863	193,003	212,632	405,635
Investments	5	239	-	239	392	-	392
Total income		359,145	243,694	602,839	447,802	212,632	660,434
Expenditure on:							
Raising funds	6	418	-	418	342	-	342
Charitable activities	7	314,211	243,694	557,905	420,349	212,632	632,981
Total resources expended		314,629	243,694	558,323	420,691	212,632	633,323
Net income for the year/ Net movement in funds		44,516	-	44,516	27,111	-	27,111
Fund balances at 1 February 2020		357,431	-	357,431	330,320	-	330,320
Fund balances at 31 January 2021		401,947	-	401,947	357,431	-	357,431

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

MEDICAL JUSTICE NETWORK LIMITED

BALANCE SHEET

AS AT 31 JANUARY 2021

	Notes	2021 £	£	2020 £	£
Fixed assets					
Tangible assets	11		507		967
Current assets					
Debtors	12	5,258		1,111	
Cash at bank and in hand		407,035		362,971	
		<u>412,293</u>		<u>364,082</u>	
Creditors: amounts falling due within one year	13	<u>(10,853)</u>		<u>(7,618)</u>	
Net current assets			401,440		356,464
Total assets less current liabilities			<u>401,947</u>		<u>357,431</u>
Income funds					
Unrestricted funds			401,947		357,431
			<u>401,947</u>		<u>357,431</u>

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 January 2021.

The trustees acknowledges her responsibilities for ensuring that the charity keeps accounting records which comply with section 386 of the Act and for preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the company.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees on 07/09/2021


.....
H G Pickles
Trustee

Company Registration No. 06073571

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 JANUARY 2021

	Notes	2021 £	£	2020 £	£
Cash flows from operating activities					
Cash generated from operations	16		43,825		13,693
Investing activities					
Interest received		239		392	
Net cash generated from investing activities			239		392
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			44,064		14,085
Cash and cash equivalents at beginning of year			362,971		348,886
Cash and cash equivalents at end of year			407,035		362,971

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 JANUARY 2021

1 Accounting policies

Charity information

Medical Justice Network Limited is a private company limited by guarantee incorporated in England and Wales. The registered office is 86 Durham Road, London, N7 7DT.

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006 and "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 2019)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

Endowment funds are subject to specific conditions by donors that the capital must be maintained by the charity.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1.5 Expenditure

A liability is recognised when either a legal or constructive obligation is identified. Irrecoverable VAT is classified in the same way as the transaction to which it relates.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2021

1 Accounting policies

(Continued)

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computers	5 years straight line
-----------	-----------------------

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in net income/(expenditure) for the year.

Tangible assets which are not held for investment purposes and are identified as having an enduring value are capitalised if their value on acquisition exceeds £250.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity 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 charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented 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.

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.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2021

1 Accounting policies

(Continued)

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans 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 payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations 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. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Taxation

The charity is exempt from corporation tax on its income and gains as long as the income is applied for charitable purposes.

1.11 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.

1.12 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

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

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2021

3 Donations and legacies

	Unrestricted funds	Unrestricted funds
	2021 £	2020 £
Donations and gifts	22,988	31,969
Donated professional services	119,749	222,438
	<u> </u>	<u> </u>
Donations and gifts		
Donations	22,988	31,969
	<u> </u>	<u> </u>
	<u>22,988</u>	<u>31,969</u>

Donated professional services

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

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

In the accounts for the year ended 31 January 2021, the value of the donation £119,749 (2020: £222,438) is shown in Donations and Legacies, note 3 and the corresponding cost in Charitable Activities, note 7.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2021

4 Charitable activities

	2021 £	2020 £
Performance related grants	406,694	352,633
Medico-legal report fees	50,269	48,762
Training	2,900	4,240
	<u>459,863</u>	<u>405,635</u>
Analysis by fund		
Unrestricted funds	216,169	193,003
Restricted funds	243,694	212,632
	<u>459,863</u>	<u>405,635</u>
Performance related grants		
The Griffin Trust (Restricted)	35,000	35,000
Bromley Trust (Unrestricted)	15,000	15,000
Comic Relief (Restricted & Unrestricted)	61,712	16,433
Oak Foundation (Unrestricted)	-	50,000
Trust for London (Restricted)	18,650	42,867
Joseph Rowntree Charitable Trust (Restricted)	55,332	43,332
Lloyd's Foundation (Unrestricted)	10,000	24,001
The Sam and Bella Sebba Charitable Trust (Restricted)	-	25,000
Sigrid Rausing Trust (Restricted)	75,000	50,000
Esmee Fairbairn Foundation (Unrestricted)	75,000	50,000
The Baring Foundation (Restricted)	30,000	-
NACCOM (Unrestricted)	30,000	-
SC & ME Morlands Charitable Trust (Unrestricted)	1,000	1,000
	<u>406,694</u>	<u>352,633</u>

5 Investments

	Unrestricted funds	Unrestricted funds
	2021 £	2020 £
Interest receivable	<u>239</u>	<u>392</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2021

6 Raising funds

	Unrestricted funds	Unrestricted funds
	2021	2020
	£	£
<u>Fundraising and publicity</u>		
Other fundraising costs	418	342
	<u>418</u>	<u>342</u>

7 Charitable activities

	2021	2020
	£	£
Staff costs	337,626	336,966
Medico-legal report fees	6,206	14,319
Interpretation	25,836	8,946
Court fees	-	3,881
Staff recruitment and training	2,704	1,150
Travel	-	1,701
Events	723	1,890
Professional services	15,173	-
Staff expenses	4,303	1,178
Donated professional services	119,749	222,438
General expenses	73	-
	<u>512,393</u>	<u>592,469</u>
Share of support costs (see note 8)	44,260	38,861
Share of governance costs (see note 8)	1,252	1,651
	<u>557,905</u>	<u>632,981</u>
Analysis by fund		
Unrestricted funds	314,211	420,349
Restricted funds	243,694	212,632
	<u>557,905</u>	<u>632,981</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2021

8 Support costs

	Support costs	Governance costs	2021	2020
	£	£	£	£
Depreciation	460	-	460	5,690
Rent and rates	25,778	-	25,778	20,679
Communications	5,223	-	5,223	526
Postage, printing and stationery	422	-	422	1,867
Insurance	297	-	297	307
Volunteer expenses	485	-	485	588
Subscriptions	606	-	606	644
Website and IT expenditure	9,014	-	9,014	5,061
Other office costs	55	-	55	1,388
Accountancy and payroll	1,819	-	1,819	1,914
Sundry expenses	101	-	101	197
Independent Examination and accounts preparation	-	1,252	1,252	1,242
Trustees Expenses	-	-	-	409
	<u>44,260</u>	<u>1,252</u>	<u>45,512</u>	<u>40,512</u>

9 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2021

10 Employees

Number of employees

The average monthly number of employees during the year was:

	2021 Number	2020 Number
Direct charitable	9	9
Administrative	2	2
	<u>11</u>	<u>11</u>

Employment costs

	2021 £	2020 £
Wages and salaries	295,658	287,892
Social security costs	14,602	22,473
Other pension costs	27,366	26,601
	<u>337,626</u>	<u>336,966</u>

During the year there were 11 posts, 8 full time and 3 part time, one team member was not employed for the whole accounting period.

Key Management Personnel:

The remuneration and additional employer's pension and National Insurance costs of key management personnel amounted to £52,317 (2020: £48,745).

There were no employees whose annual remuneration was £60,000 or more.

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JANUARY 2021

11 Tangible fixed assets

	Computers £
Cost	
At 1 February 2020	42,075
Disposals	(27,859)
	<u>14,216</u>
At 31 January 2021	14,216
Depreciation and impairment	
At 1 February 2020	41,108
Depreciation charged in the year	460
Eliminated in respect of disposals	(27,859)
	<u>13,709</u>
At 31 January 2021	13,709
Carrying amount	
At 31 January 2021	<u>507</u>
At 31 January 2020	<u>967</u>

12 Debtors

	2021 £	2020 £
Amounts falling due within one year:		
Other debtors	5,258	-
Prepayments and accrued income	-	1,111
	<u>5,258</u>	<u>1,111</u>

13 Creditors: amounts falling due within one year

	2021 £	2020 £
Other taxation and social security	6,696	5,893
Other creditors	2,498	76
Accruals	1,659	1,649
	<u>10,853</u>	<u>7,618</u>

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2021

14 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Balance at 1 February 2020	Movement in funds		Balance at 31 January 2021
	£	Incoming resources £	Resources expended £	£
Sigrid Rausing Trust	-	75,000	(75,000)	-
Trust for London	-	18,650	(18,650)	-
Comic Relief	-	29,712	(29,712)	-
The Griffin Trust	-	35,000	(35,000)	-
Joseph Rowntree Charitable Trust	-	55,332	(55,332)	-
The Baring Foundation	-	30,000	(30,000)	-
	-	243,694	(243,694)	-

15 Related party transactions

There were no disclosable related party transactions during the year (2020 - none).

16 Cash generated from operations

	2021 £	2020 £
Surplus for the year	44,516	27,111
Adjustments for:		
Investment income recognised in statement of financial activities	(239)	(392)
Depreciation and impairment of tangible fixed assets	460	5,690
Movements in working capital:		
(Increase) in debtors	(4,147)	(64)
Increase/(decrease) in creditors	3,235	(1,252)
(Decrease) in deferred income	-	(17,400)
Cash generated from operations	43,825	13,693

17 Analysis of changes in net funds

The charity had no debt during the year.