

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
J Sivanathan
B Banda

(Appointed 12 May 2020)
(Appointed 10 February 2020)
(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

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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.

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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

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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.

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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

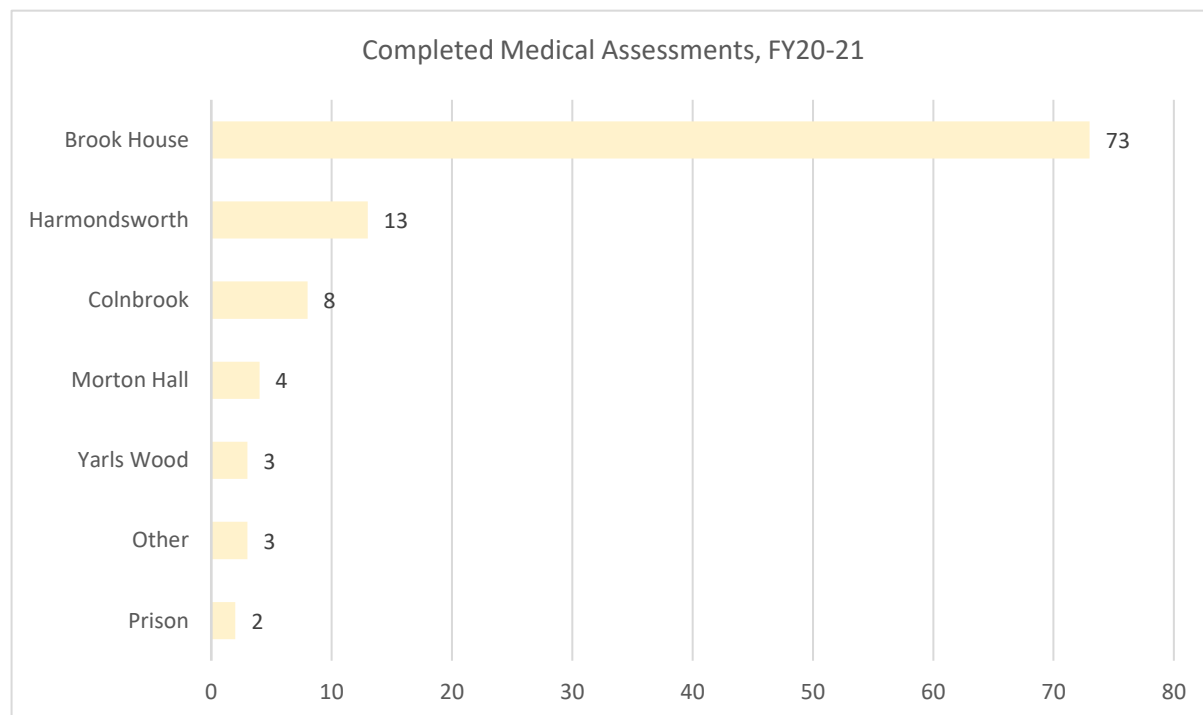
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advantage of accessibility for clinicians who do not live in London, or who have caring responsibilities - when Covid-19 is behind us, Medical Justice will probably pursue a dual face to face and online learning provision.

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.

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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.

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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.

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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.

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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.

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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.

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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)

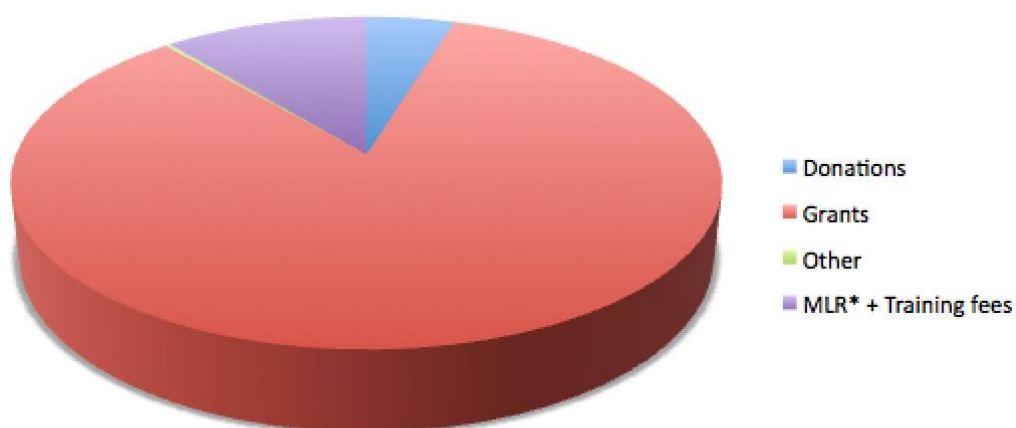
FOR THE YEAR ENDED 31 JANUARY 2021

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

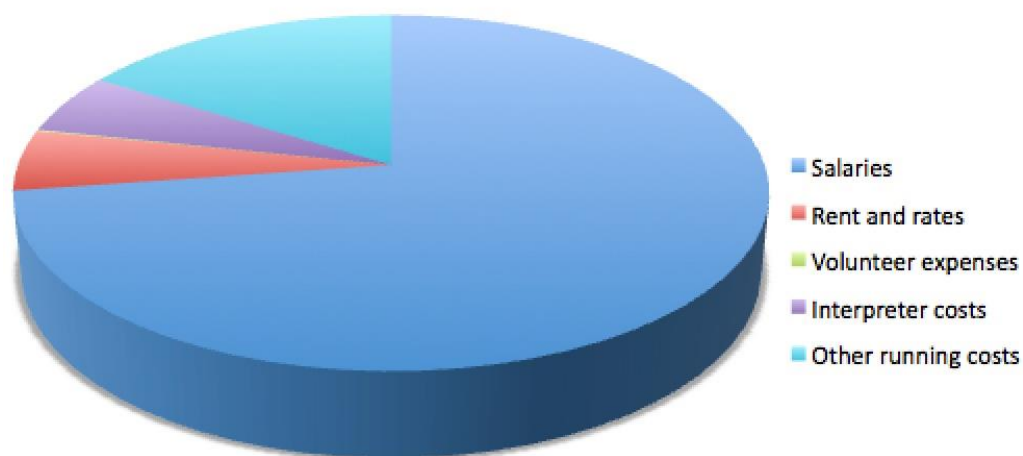


Expenditure	FY2020-21	FY2019-20
Salaries	337,626	336,966
Rent and rates	25,778	20,679
Volunteer expenses	485	588
Interpreter costs	25,836	8,946
Other running costs	48,849	43,706
Running costs	438,574	410,885
Donated professional services	119,749	222,438
Grand Total	558,323	633,323

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

	Notes	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £	Unrestricted funds 2020 £	Restricted funds 2020 £	Total 2020 £
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	
		<hr/>		<hr/>	
Net cash generated from investing activities			239		392
Net cash used in financing activities			-		-
			<hr/>		<hr/>
Net increase in cash and cash equivalents			44,064		14,085
Cash and cash equivalents at beginning of year			362,971		348,886
			<hr/>		<hr/>
Cash and cash equivalents at end of year			407,035		362,971
			<hr/> <hr/>		<hr/> <hr/>

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)
	<hr/>
At 31 January 2021	14,216
	<hr/>
Depreciation and impairment	
At 1 February 2020	41,108
Depreciation charged in the year	460
Eliminated in respect of disposals	(27,859)
	<hr/>
At 31 January 2021	13,709
	<hr/>
Carrying amount	
At 31 January 2021	507
	<hr/>
At 31 January 2020	967
	<hr/>

12 Debtors

	2021 £	2020 £
Amounts falling due within one year:		
Other debtors	5,258	-
Prepayments and accrued income	-	1,111
	<hr/>	<hr/>
	5,258	1,111
	<hr/>	<hr/>

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
	<hr/>	<hr/>
	10,853	7,618
	<hr/>	<hr/>

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.