

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	
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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

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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.

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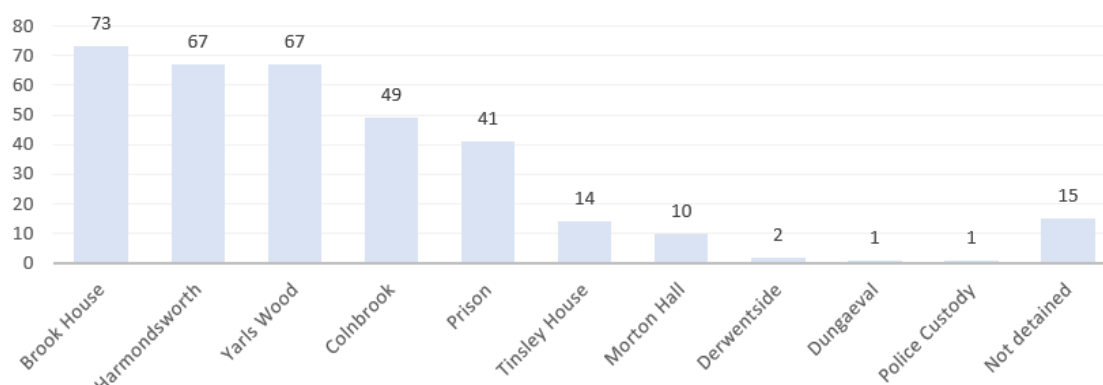
TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 31 JANUARY 2022

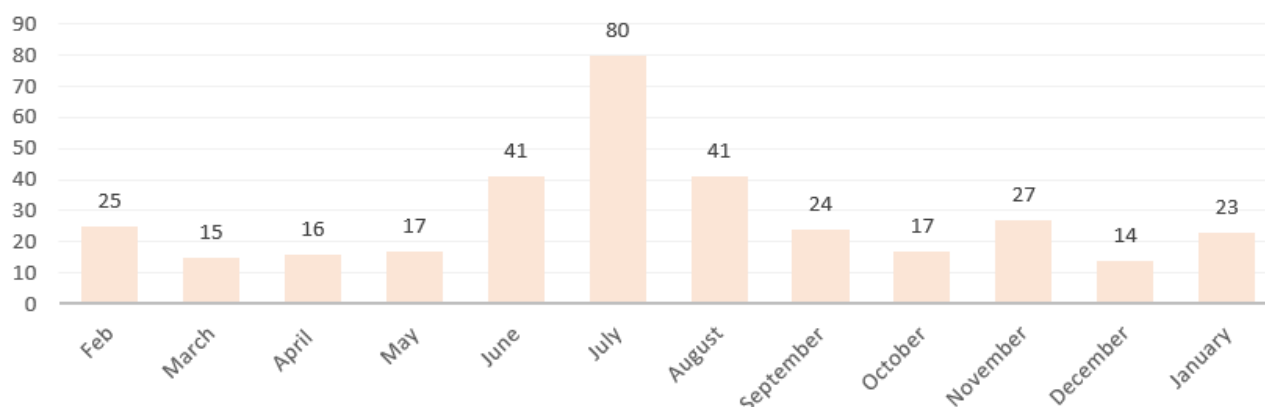
Regular charter flights continued, often with significantly fewer people finally deported than were originally scheduled; some of those taken off the flights are our clients who have had their removal directions cancelled because we have been able to provide medical evidence of past torture or persecution - 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 Yarl's 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)

FOR THE YEAR ENDED 31 JANUARY 2022

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

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

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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.

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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).

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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)

FOR THE YEAR ENDED 31 JANUARY 2022

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.

MEDICAL JUSTICE NETWORK LIMITED

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

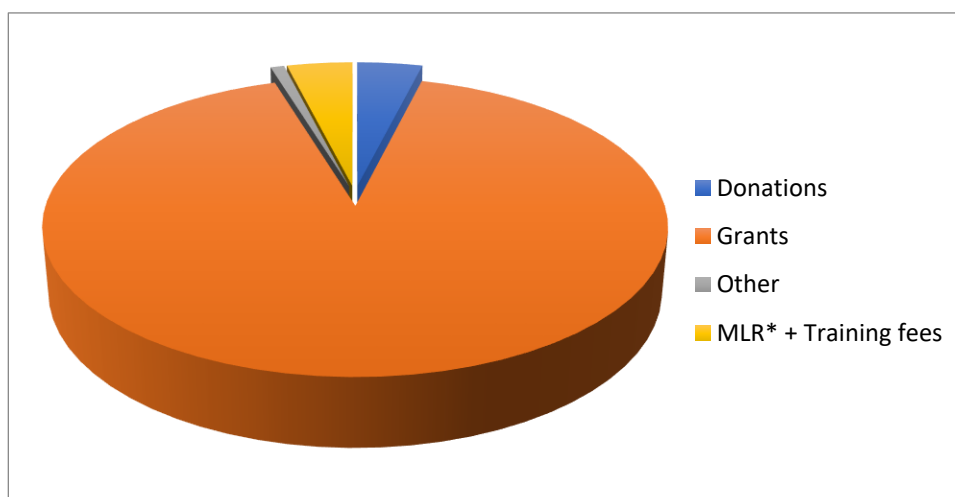
FOR THE YEAR ENDED 31 JANUARY 2022

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

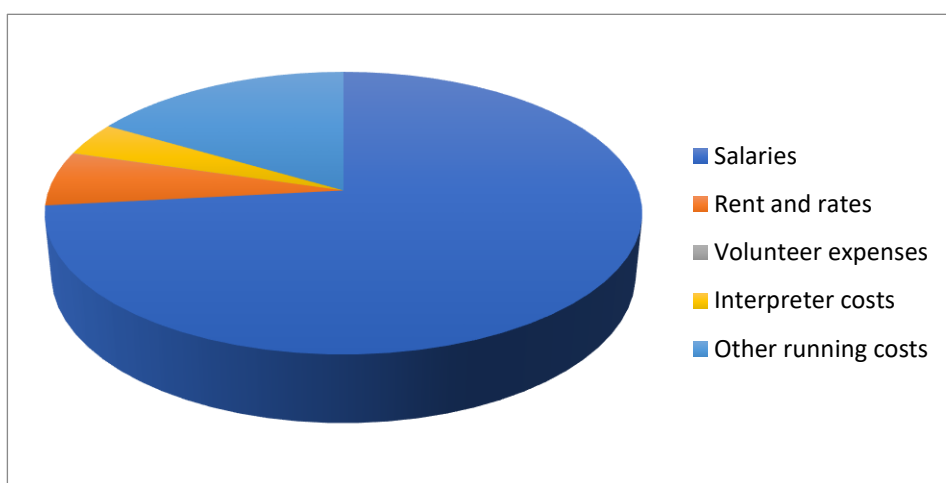


MEDICAL JUSTICE NETWORK LIMITED

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

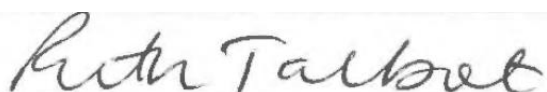
TRUSTEES' REPORT (CONTINUED) (INCLUDING DIRECTORS' REPORT)

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>40</u>	<u>239</u>

6 Raising funds

	Unrestricted funds general 2022 £	Unrestricted funds general 2021 £
<u>Fundraising and publicity</u>		
Other fundraising costs	216	418
	<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.