

Charity registration number 1132072

Company registration number 06073571 (England and Wales)

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

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

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

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

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's governing document, the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)".

Objectives and activities

Summary of the purposes of the charity;

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

Related parties / subsidiaries

Medical Justice does not have any related parties or subsidiaries.

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

Achievements and performance

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

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

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Challenging the Rwanda Scheme

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

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

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

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

Providing witness statements for challenging the Rwanda Scheme

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

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

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

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

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

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

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All-Party-Parliamentary Group on Immigration Detention

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

Other parliamentary work

We made the following submissions :

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

Manston Short-Term Holding Facility

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

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

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

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

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

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

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

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

Medical Justice Casework

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

Medical Justice Parliamentary work

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

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

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

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Casework

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

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

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

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

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

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

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

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

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

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

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

Clinical work

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

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

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

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

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

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

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

Advocacy: research, policy work, litigation

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

Research reports

“Detained and Discarded”, March 2022

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

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“Harmed not Heard”, April 2022

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

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

“Abuse by the System”, October 2022

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

“Every Move you Make”, October 2022

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

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

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Policy work

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

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

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

Stakeholder Engagement

Medical Justice participated in stakeholder discussions including :

NHS England

Home Office

- National Asylum Seeker Forum detention sub-group

Independent Chief Inspector of Borders and Immigration (ICIBI)

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

His Majesty's Inspectorate of Prisons (HMIP)

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

Policy submissions

We have submitted responses to several policy consultations including:

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

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All Party Parliamentary Group (APPG) on Immigration Detention

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

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

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

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

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

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

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

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

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

Other Parliamentary work

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

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

Strategic Litigation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

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

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

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

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

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

Independent Monitoring Board training

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

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

Medical Justice in the Media in Financial Year 2022-2023

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

Medical Justice AGM 29th July 2022

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

Medical Justice objectives and performance

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

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

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

Our objectives for Financial Year 2023-24 include:

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

Financial review

Principal funding sources and expenditure areas

Review of the financial position of Medical Justice

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

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

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

Summary of Income and expenditure

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

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

* MLR – medico-legal report

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

Reserves policy

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

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

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

Inadequate healthcare in immigration detention

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

Issues in immigration detention have included ;

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

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

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

Medical Justice's aims and objectives

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

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

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

Standing up for the rights of detainees

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

Interim reform

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

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

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

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

The environment in which we operated in FY2022-23

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

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

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

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

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

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

Risk Register

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

External factors outside Medical Justice's control

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

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

Structure, governance and management

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

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

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

The Staff Team

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

Staff team in Financial Year 2022-23

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

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

The Volunteer team

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

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

Policies and procedures for the induction and training of trustees

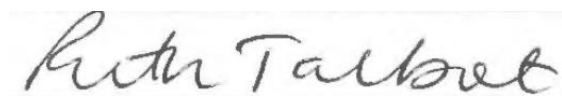
Medical Justice continues to actively consider the most effective ways of recruiting and supporting trustees, with specific regard to the need for a wide and diverse range of skills, knowledge and experience. In particular, Medical Justice continues to focus on recruiting trustees with lived experience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

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

Medical Justice has no formal affiliations

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

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



Dr Ruth Talbot

Chair of trustees

Dated: 31 July 2023

MEDICAL JUSTICE NETWORK LIMITED

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF MEDICAL JUSTICE NETWORK LIMITED

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

Responsibilities and basis of report

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

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

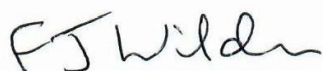
Independent examiner's statement

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

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

- 1 accounting records were not kept in respect of the charity as required by section 386 of the 2006 Act; or
- 2 the financial statements do not accord with those records; or
- 3 the financial statements do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
- 4 the financial statements have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the financial statements to be reached.



F J Wilde FCCA MBA DChA

Warner Wilde
4 Marigold Drive
Bisley
Surrey
GU24 9SF

Dated:31 July 2023.....

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2023

Current financial year

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

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

All income and expenditure derive from continuing activities.

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2023

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

MEDICAL JUSTICE NETWORK LIMITED

BALANCE SHEET

AS AT 31 JANUARY 2023

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

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

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

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

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

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



H G Pickles

Trustee

Company registration number 06073571

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 JANUARY 2023

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 JANUARY 2023

1 Accounting policies

Charity information

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

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)". The charity is a Public Benefit Entity as defined by FRS 102.

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

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

1.2 Going concern

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

1.3 Charitable funds

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

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

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

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

1.4 Income

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

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

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

1.5 Expenditure

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2023

1 Accounting policies

(Continued)

1.6 Tangible fixed assets

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

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

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

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

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

1.7 Impairment of fixed assets

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

1.8 Cash and cash equivalents

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

1.9 Financial instruments

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

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

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

Basic financial assets

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2023

1 Accounting policies

(Continued)

Basic financial liabilities

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

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

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

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

1.10 Taxation

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

1.11 Employee benefits

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

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

1.12 Retirement benefits

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

2 Critical accounting estimates and judgements

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

3 Donations and legacies

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

Donated professional services

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

4 Charitable activities

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

5 Investments

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

6 Raising funds

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

MEDICAL JUSTICE NETWORK LIMITED

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

7 Charitable activities

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

8 Support costs

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

9 Trustees

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

10 Employees

The average monthly number of employees during the year was:

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

MEDICAL JUSTICE NETWORK LIMITED

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

10 Employees

(Continued)

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

Key Management Personnel:

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

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

11 Tangible fixed assets

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

12 Debtors

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

MEDICAL JUSTICE NETWORK LIMITED

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

13 Creditors: amounts falling due within one year

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

14 Restricted funds

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

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

15 Designated funds

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

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

Designated Fund: £150,000

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 JANUARY 2023

16 Analysis of net assets between funds

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

MEDICAL JUSTICE NETWORK LIMITED

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

17 Related party transactions

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

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

19 Analysis of changes in net funds

The charity had no debt during the year.