

Charity registration number 1132072

Company registration number 06073571 (England and Wales)

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

MEDICAL JUSTICE NETWORK LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

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

MEDICAL JUSTICE NETWORK LIMITED

CONTENTS

	Page
Trustees' report	1 - 22
Independent examiner's report	23
Statement of financial activities	24 - 25
Balance sheet	26
Statement of cash flows	27
Notes to the financial statements	28 - 39

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

Objectives and activities

Summary of the purposes of the charity;

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

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

Director's report

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

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

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

Emma Ginn
Director

Why Medical Justice exists

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

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

Issues in detention include ;

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

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

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

Strategic Objectives

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

What Medical Justice does

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

Activities and performance

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

Casework

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

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

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

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

Clinical assessments and reports

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

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

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

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

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

Brook House Inquiry

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

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

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

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

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

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

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

Working towards BHI findings being used to secure change ;

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

Policy work

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

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

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

Parliamentary work

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

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

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

Research

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

Strategic Litigation

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

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

Witness statements provided for two successful cases ;

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

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

Media work

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

Quasi-detention sites

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

Lived Experience in Medical Justice

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

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

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

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

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

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

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

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

Volunteer interpreters

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

Visitors groups

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

Summary of Medical Justice objectives and performance

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

Objective : More people in detention have access to the support they need to access their health rights
Indicators include : the number of clients in detention that Medical Justice is able to assist and the number of new volunteers we are able to recruit and train so that they may go on to assist more people in detention.

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

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

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

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

Indicators include : media coverage and galvanising medical organisations.

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

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

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

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

Our objectives for Financial Year 2024-25 include:

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

Financial review

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

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

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

* MLR = medico-legal report

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

Reserves policy and going concern

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

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

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

Risk Register

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

External factors outside Medical Justice's control

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

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

Working relationships

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

Structure, governance and management

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

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

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

Related parties / subsidiaries

Medical Justice does not have any related parties or subsidiaries.

Structure of the Staff Team

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

Staff team in Financial Year 2023-24

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

The Volunteer team

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

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

Experts by Experience

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

Consultants

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

the inquiry's report.

Internal policies

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

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

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

Policies and procedures for the induction and training of trustees

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

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

Medical Justice has no formal affiliations

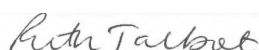
Medical Justice is not formally affiliated with any umbrella group. In the pursuit of its charitable objectives, Medical Justice does co-operate closely on an ongoing basis with a dozen or so other non-governmental organisations who campaign for the health and wellbeing of people in immigration detention.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

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

Dr Ruth Talbot

Chair of trustees

Dated: 19/06/2024



MEDICAL JUSTICE NETWORK LIMITED

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF MEDICAL JUSTICE NETWORK LIMITED

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

Responsibilities and basis of report

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

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

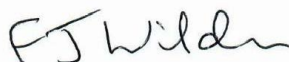
Independent examiner's statement

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

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

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

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



F J Wilde FCCA MBA DChA

Warner Wilde
4 Marigold Drive
Bisley
Surrey
GU24 9SF

Dated: 20 June 2024

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JANUARY 2024

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

FOR THE YEAR ENDED 31 JANUARY 2024

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

MEDICAL JUSTICE NETWORK LIMITED

BALANCE SHEET

AS AT 31 JANUARY 2024

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

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

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

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

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

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



H G Pickles
Trustee

Company registration number 06073571 (England and Wales)

MEDICAL JUSTICE NETWORK LIMITED

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 JANUARY 2024

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

MEDICAL JUSTICE NETWORK LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 JANUARY 2024

1 Accounting policies

Charity information

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

1.1 Accounting convention

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

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

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

1.2 Going concern

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

1.3 Charitable funds

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

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

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

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

1.4 Income

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

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

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

1.5 Expenditure

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

MEDICAL JUSTICE NETWORK LIMITED

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

1 Accounting policies

(Continued)

1.6 Tangible fixed assets

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

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

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

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

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

1.7 Impairment of fixed assets

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

1.8 Cash and cash equivalents

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

1.9 Financial instruments

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

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

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

Basic financial assets

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

MEDICAL JUSTICE NETWORK LIMITED

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

1 Accounting policies

(Continued)

Basic financial liabilities

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

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

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

Derecognition of financial liabilities

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

1.10 Taxation

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

1.11 Employee benefits

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

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

1.12 Retirement benefits

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

2 Critical accounting estimates and judgements

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

3 Income from donations and legacies

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

Donated professional services

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

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

4 Charitable activities

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

5 Income from investments

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

6 Expenditure on raising funds

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

7 Expenditure on charitable activities

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

MEDICAL JUSTICE NETWORK LIMITED

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

7 Expenditure on charitable activities

(Continued)

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

8 Support costs allocated to activities

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

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

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

9 Trustees

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

MEDICAL JUSTICE NETWORK LIMITED

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

10 Employees

The average monthly number of employees during the year was:

	2024 Number	2023 Number
Employees	17	17

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

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

Key Management Personnel:

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

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

11 Taxation

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

MEDICAL JUSTICE NETWORK LIMITED

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

12 Tangible fixed assets

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

13 Debtors

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

14 Creditors: amounts falling due within one year

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

15 Deferred income

	2024 £	2023 £
Arising from Grants received in advance	167,000	-
	<hr/>	<hr/>

MEDICAL JUSTICE NETWORK LIMITED

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

15 Deferred income

(Continued)

Deferred income is included in the financial statements as follows:

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

16 Restricted funds

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

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

MEDICAL JUSTICE NETWORK LIMITED

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

17 Unrestricted funds - designated

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

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

Designated Fund: £150,000

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

18 Analysis of net assets between funds

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

MEDICAL JUSTICE NETWORK LIMITED

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

19 Unrestricted funds

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

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

20 Related party transactions

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

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

22 Analysis of changes in net funds

The charity had no material debt during the year.