

UK-MED



Annual Report

2021-22

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On the frontline

Opening message from Tony Redmond

This past year has seen UK-Med's work expand enormously. Our teams have worked in 18 countries over the past twelve months – more than ever before.

The COVID-19 pandemic continued to dominate our way of life. It has irrevocably changed how the world looks at outbreak response and has heightened the importance of preparedness for outbreaks to come.

The crisis in Ukraine, too, has been a focal point in both the news and our lives. For many of us, the conflict's closeness to home has been unsettling.

Since UK-Med first travelled to the conflict in March 2022 to support those displaced and injured by the war, the collaboration between our team and national health staff, drivers, and translators has been a bright spot in an otherwise grim situation.

The collective desire to support those in need and give the best medical care wherever it is needed has been inspirational.

Throughout 2021, UK-Med has maintained its presence in Yemen and Myanmar: two countries which have faced significant struggles and turmoil.

After supporting the COVID-19 response in Yemen, we became the first charity in six years to be granted permission to work in the North of the country.

In Myanmar, too, I am proud that UK-Med's collaboration with Humanity & Inclusion has continued and that we have maintained our critical work despite the multidimensional crises that have shaken the country.

As I work towards retiring from my role as Chair of the Board of UK-Med, I want to acknowledge the new generation who have picked up the baton and are now running with it faster and longer than I ever could, especially by colleagues at UK-Med and proud partners.

I am proud to have watched how the organisation has flourished and grown since its inception 33 years ago in Stockport. UK-Med finishes this year with a strong reputation and financial position.

Although this will be my last year as Chair, I can retire knowing that I am handing over a robust and expanding organisation to my successor.

I will continue to support the life-saving work of the charity I founded and I look forward to following its journey in the years to come.



Professor Tony Redmond, OBE
UK-Med Chair of Board

Our impact

Our mission is simple: we save lives in emergencies.

With crises becoming more frequent and more severe, our ability to rapidly mobilise, support and work with communities is more important now than ever.

UK-Med helps communities respond to and prepare for emergencies. And with the help and expertise of our staff, members and partners, we make sure that what we learn is shared – so people across the world can get the best medical care, when they need it most.

Respond, prepare, learn: these three principles guide everything that we do.

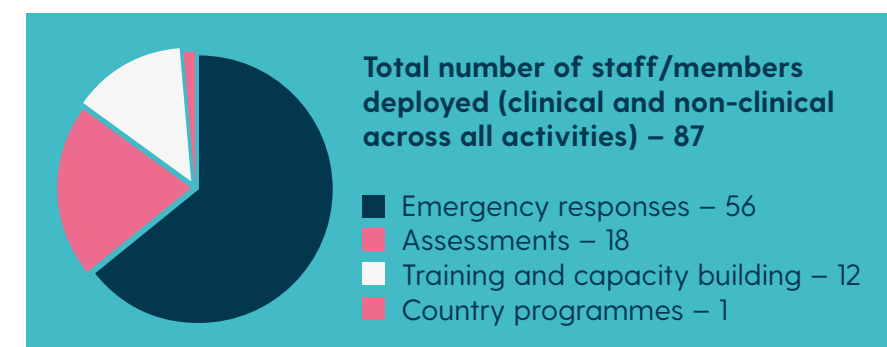


The year in numbers

We responded to
8 international calls
for emergency
assistance

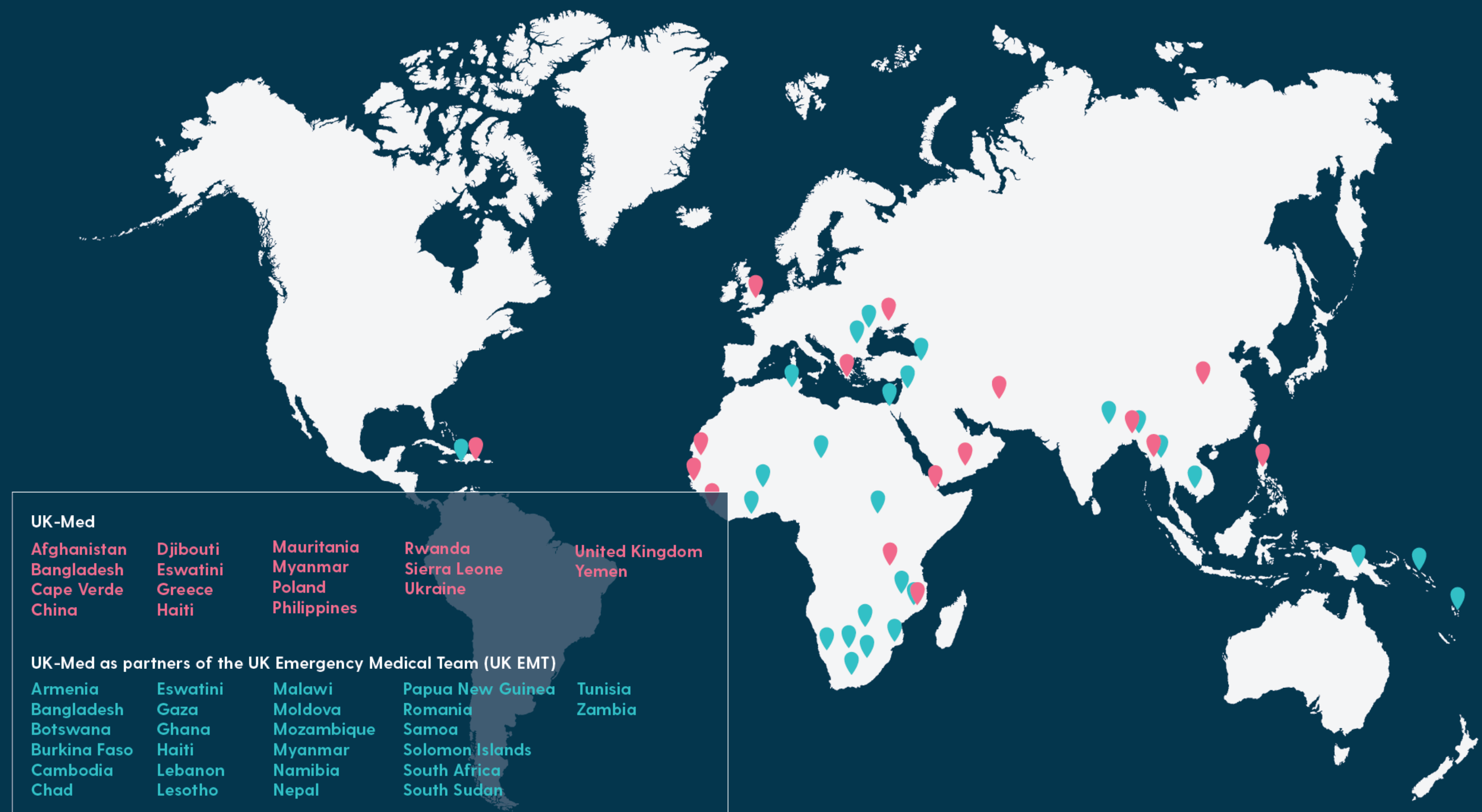
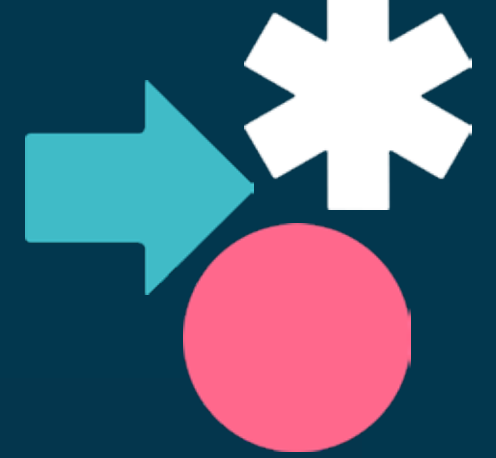
Total number of health facilities assessed and supported in emergency responses – 16

- Malawi – 2
- Namibia – 2
- Botswana – 2
- Djibouti – 6
- Mauritania – 3
- PNG – 1



1,250
Trained health
professionals

Where we work



A review of our YEAR



We RESPOND

We respond rapidly to emergencies, delivering the expertise needed to support local health services and save people's lives.

Saving mothers' lives Malawi



In the summer of 2021, Africa was battling a deadly third wave of COVID-19. Countries across the continent reported record surges of cases, hospitalisations, and deaths as the Delta variant spread.

By August, more than 98% of the continent's population were still not fully vaccinated.

Following a call for assistance from Malawi's Ministry of Health via the WHO, UK-Med sent an international team of medics from the UK government's Emergency Medical Team (UK EMT) to Lilongwe – Malawi's capital and most populated city.

The team of ten were sent to provide essential front-line response support and expertise in hospitals battling coronavirus. Pregnant women, lactating mothers, and children under five were also identified as an at-risk group and were, therefore, a particular area of focus for the team.

Despite evidence of a growing trend in improved maternal health indicator, **Malawi still has one of the highest maternal mortality rates in Africa.**

Kenyan critical care doctor Serah was part of our response team. Working in the main ICU at Kamuzu Central Hospital, it became clear that there was still a tragically high number of mothers dying, even when they did not have COVID-19.

Serah helped to set up a small intensive care unit specifically for pregnant women. After just three weeks, the hospital staff had provided critical treatment for six mothers in the new unit. Serah said:

“

The big success story is that, right now, we don't have any mothers being admitted to the main ICU. This creates more space for patients with COVID-19.

We've been able to save two mothers' lives here in the maternity ICU. The women have been able to deliver their babies safely and be in a position to continue with their life.

That's a good outcome.”



Battling the COVID-19 pandemic

Djibouti



Following an urgent request for help via the WHO, UK-Med sent five medics to the Republic of Djibouti in June 2021 to support healthcare staff battle the coronavirus pandemic.

Djibouti is a tiny country on the east coast of Africa and has become temporary shelter to over 30,000 asylum seekers and refugees fleeing war and drought.

Djibouti faces a number of crises, particularly extreme poverty, limited access to healthcare and continual health problem such as HIV/ Aids – all of which has been compounded by the global COVID-19 pandemic.

The UK-Med team was made up of international medics from the Democratic Republic of Congo, Rwanda, and Benin, as well as one British biomedical engineer.

We supported and trained health staff to treat serious and critically ill patients, prevent the further spread of COVID-19, and install, use and maintain critical care equipment.

Originally scheduled as a two-week deployment, our work was extended until mid-September as we worked across four hospitals in the capital city of Djibouti City.

By September, the team had succeeded in training hundreds of health workers and creating an IPC (infection prevention and control) committee in each hospital.

Working with the WHO, we also helped standardise and roll out a treatment protocol for severe cases of COVID-19: creating essential, long-term impact for the country's pandemic response.



Clinical care during staff shortages

Papua New Guinea



In October 2021, a team of ten UK-Med medical specialists travelled to Papua New Guinea in response to a call for international assistance.

They immediately began providing critical support in Mt Hagen, one of the regions worst affected by the Delta variant.

The country faced record numbers of new cases and deaths and a critical shortage of doctors and nurses. Health services were under severe pressure.

The team worked alongside national staff who were exhausted, with many falling ill with COVID-19.

One patient that the team cared for was Barry, a retired headteacher. Barry was in critical condition after contracting COVID-19. A popular member of the community, staff were worried he would not make it through.

After six weeks of support and care from the local health staff and our medics, the much-loved patient walked out of hospital and was back home with his family in time for Christmas.

Doctor Darren, part of the UK-Med team, shares more:



In his initial week, Barry deteriorated quite rapidly to the stage where I wasn't sure if he'd survive. There were two or three days where I expected to go in in the morning and he wouldn't be there anymore.

Barry was known by many of the local health staff. He had been their teacher at school. He's someone who's really important to the local community.

He is a patient I will remember forever."



We PREPARE

We work with local healthcare staff to strengthen their response skills, enabling health services to be better prepared for emergencies.

Building a world prepared to help The READY Initiative

In early 2021, we began working with the READY Initiative on a training programme to help strengthen organisations prepare and respond to crises.

Almost 150 organisations from around the world applied to be part of the programme.

Three organisations were chosen to receive the specialist preparedness training, specifically tailored to meet each organisation's unique contexts and challenges.

UK-Med in Sudan

Sudan is an incredibly diverse and vast country, at the crossroads between Africa and the middle east.



The COVID-19 pandemic revealed many gaps in outbreak response such as IPC (infection prevention and control) and WASH (Water, Sanitation & Hygiene) in many countries, including Sudan.

Premiere Urgence International Sudan (PUI Sudan) was one of the three chosen organisations for the READY Initiative training programme.

Our week of tailored training programme provided specialist training for PUI Sudan to equip the organisation for future epidemics.

PUI Deputy Project Manager shares more:

“

For me, it was a good chance to learn a lot of things.

I met people with high levels of experience who have worked in different areas and countries. For me, this was such a good chance to learn from them.

The roleplay and simulation activities helped me learn more: what to do, how to manage the time, who you will consult, how to face any challenges, how to find resources, communicate, coordinate, etc. This really helped me with many things.”

Upskilling national biomedical engineer staff

Eswatini



Neighbouring countries Eswatini and South Africa were hit by a surge of COVID-19 in early 2021.

Eswatini was almost completely dependent on oxygen supplies from its larger neighbour. With the borders closed and South Africa's own oxygen supplies in short supply, Eswatini was left with a huge shortfall – just 45% of the oxygen it needed, which had a devastating impact on patient care.

As part of the UK EMT, we sent a team to Eswatini in January 2021 to support the country's COVID-19 response.

This team included Biomedical Engineer Sean Ryder, who supported the Ministry of Health with the installation of four national oxygen plants.

These national plants enabled Eswatini to **provide more than 70% of its own oxygen supplies.**

During this response, Sean also identified a significant lack of training for biomedical engineers in the country – particularly around maintaining and repairing hospital equipment.

In September 2022, fellow UK-Med Biomedical Engineer Rob Shutt returned to Eswatini to deliver an extensive 4-week training course for national biomedical technicians on:

- the use of oxygen equipment, (including testing and fault finding)
- preventative maintenance
- and decontamination and sequence of events training

Rob also ran 'Train the Trainer' sessions so the engineers could pass their training on; ensuring a long-term impact on the oxygen generation in Eswatini and preparing the healthcare system for future outbreaks of COVID-19.



We LEARN

We work with academic partners to promote evidence-based practice that improves patient care and the humanitarian sector.



Improving patient care

Partnering with the Lebanese American University

In February 2022, UK-Med forged a partnership with the Lebanese American University (LAU); one of the leading universities in the Middle East.

The partnership provides health emergency preparedness training to medical students and nurses in Lebanon and enables us to conduct joint research into the ongoing health crises within the country.

Having compassionate, ethical and empathic healthcare providers is at the core the LAU medical, nursing and pharmacy mission.

Through this academic partnership UK-Med will co-develop high-quality training, building the evidence base essential for effective humanitarian response to actively deliver care to the most vulnerable – a combination of practical and operational learning to help Lebanese healthcare workers deliver better care for patients in a humanitarian context.

Having been active in Lebanon since the Beirut blast in August 2020, we are very pleased to be working alongside and joining forces with a world-renowned academic body such as LAU and combining our efforts for the future.

LAU President Michel Mawad said:

“

There is no better partner for LAU in pursuing such endeavours than UK-Med.

It has a stellar track record and the know-how to provide us with the help and training necessary to be better prepared for large-scale emergencies.”



Collaborative research into climate change

Sounding the Siren

Every year, the lives and livelihoods of millions of people are destroyed by disasters – both caused and made worse by the climate emergency. That number is growing.

From wildfires to droughts, the world's most vulnerable bear the brunt. The climate emergency is a humanitarian crisis.

Change must, and can be, done.

In 2021, we collaborated with HCRI (Humanitarian Conflict and Response Institute) at the University of Manchester and Save the Children UK to create *Sounding the Siren*: a report into climate change and its impact on aid systems.

The report asked aid workers across the world these key questions:

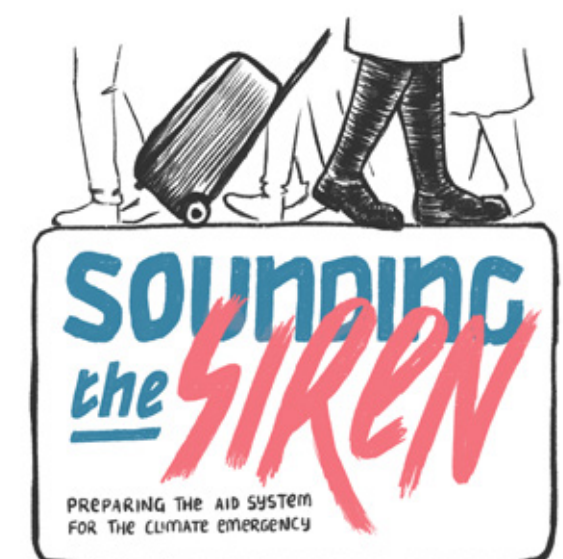
- How do we save lives in the face of increasingly frequent, severe and complex emergencies?
- How will a stretched aid system get ready for the climate emergency?
- What lessons can we learn from the COVID-19 pandemic to make sure the most vulnerable don't continue to suffer the most?

Through the research, we identified the need for a new, funded, and proactive alliance that can guide the aid sector through the decisive actions needed to drive change in the aid sector.

We launched the Sounding the Siren campaign in October 2021, ahead of the COP26 conference. Through an online petition, we galvanised support for action from global leaders on climate change.

We also collaborated with New Delhi-based artist Dwarka Nath Sinha to create a digital novella 'Amrita's Story'.

Amrita's Story was designed to present the report's findings and recommendations in an accessible, interactive way and has been accessed in over 80 countries.





What's NEXT?

Supporting a healthcare system under fire Ukraine



“

I left Scotland eight days ago, travelling through western Poland to Ukraine as part of a small team from UK-Med. Our initial remit is to make assessments of the medical need in areas where internally displaced people have arrived.

Thousands of people, predominantly woman and children, have fled from their homes further East – leaving fathers, husbands, and sons to fight for their beloved Ukraine.

We have seen these woman protecting their children – sheltering them and feeding them within schools and buildings provided for their protection.

Everyone is so grateful we are here. One young man whom I met in a shop in Rzeszow close to the Polish border, put his hand on his heart to thank us for our help,

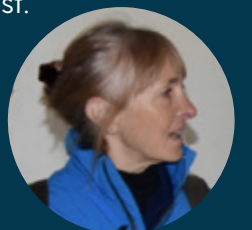
he started to cry. It was deeply moving and made me feel desperately helpless.

We feel far from the war in the west of Ukraine.

The health service is very advanced and well served by experienced personnel, but the impact on these western cities is overwhelming. They are flooded with people escaping to find peace and security.

The health needs begin to be apparent. Trauma and surgical requirements are clearly needed in the east and primary health care here in the west.

There is a clear need for care and UK-Med has the skilled experienced clinicians to deliver it.”



Note: This piece was written by Emergency Doctor Freda Newlands in March 2022, three weeks after Russia invaded Ukraine.

Freda was one of the first UK-Med team members to join our Ukraine response. She spent two months providing urgent assessments, setting up clinics, and providing care for people who had fled their homes.



Thank you

Closing message from David Wightwick, UK-Med CEO

Little did we know, as we began the year responding to a COVID-19 crisis in Africa that it would end with a war in Europe.

By April 2021, health teams globally were exhausted from a year of fighting COVID-19 on the frontline.

And so it was remarkable to see our Register continue to grow and strengthen over the year, enabling us to respond to needs around the world.

We are so thankful to the clinicians and support staff who took part in our missions, particularly those who had suffered losses of their own.

Alongside our deployments, 2021 marked the last full year of our EMT funding grant from the Foreign Commonwealth and Development Office (FCDO).

2021 was therefore a year in which we had to make a step change: to move away from being primarily a partner in the UK Government's EMT response and to prepare to become an EMT in our own right, with the capacity to respond to crises independently.

With approval from the Trustees, we continued to develop alternative institutional and voluntary income streams to underpin the growth and independence of UK-Med.

When the Ukrainian crisis broke at the end of February 2022, our capacity to act at speed

was made possible by two vital elements: our 1,000-strong Register of members willing to deploy, and our new voluntary income.

It was undoubtedly the outpouring of financial support from the British people that gave us the ability to respond to the crisis as an independent organisation.

In late February, UK-Med received a call from PCPM (the Polish Emergency Medical Team), asking us to provide medical support and personnel as thousands of people fled Ukraine into neighbouring countries.

By the end of March, 24 expert health staff had travelled to the conflict, including paramedics, midwives and surgeons, with assessments undertaken and health clinics in place across the country.

At the heart of UK-Med's approach is the belief that each country's own health care system and staff can save the most lives. Aid is most helpful when it works to support and build their unique health system.

Ukraine, Poland and neighbouring countries have excellent and well-resourced health systems but they have been put under enormous strain from the millions of displaced people fleeing the conflict and the inevitable military casualties.

We would also like to thank all our partners: the FCDO, Humanity & Inclusion (HIUK), IOM (International Organization for Migration), PCPM (the Polish Emergency Medical Team), UK-PHRST (UK Public Health Rapid Support Team) and WHO, who played a critical role in our deployments and projects in 2021.

Being part of this humanitarian community where we learn, challenge, support and share best practices is a vital part of our future strategy and a privilege.

Finally, **thank you** to all those donors, seen and unseen, whose generosity and faith in UK-Med, has made our work possible.



David Wightwick
UK-Med CEO





Our partners and funders

Working in partnership with stakeholders, communities and colleagues is key to the success of our work. We respect the skills, knowledge and experience of those we work with and take care to listen and adapt to changes in need.



Our funders

Organon Trustees, Mundipharma, Citrefine Int., 75 point 3, Pastest, Third Sector Accountancy, Dowager Countess Eleanor Peel Trust, Randal Charitable Foundation, Bailey Charitable Trust, Sir John Eastwood Charitable Trust, Clifford Richards Trust, Baddiley Consolidated Charities, Mrs Waterhouse Charitable Trust, The Britford Bridge Trust, Arnold Clark Community Fund



Financial review

Emergency Deployment Team (EDT) grant that funded the UK's Emergency Response Team (UK EMT) remained the most significant funding during the year. We have successfully acquired the new iteration of this grant in August 2022. The EDT 2 grant is for £11m over five years starting from August 2023 and ending in March 2027. This is a significant achievement for UK-Med as this strengthens the financial sustainability of the organisation.

The total income of UK-Med fell by 18% during the year to £4.469m (£5.462m: 2021). This was due to completion of grants from FCDO relating to UK EMT's Coronavirus responses including Coronavirus Outbreak Response (£1.395m: 2021), Emergency Response to Beirut Explosion (£0.689m:2021) and COVID Response to Yemen (£0.476m:2021). UK-Med was able to secure new funding in 2022 from FCDO to provide responses related to COVID that includes AFRO Covid Response fund of £0.589m and Papua New Guinea (PNG) response of £0.313m.

We started to implement our new strategy (2021-2026) in August 2021 with an ambitious target of raising voluntary income of £140k during 2022. The target was achieved and exceeded by the fundraising team as donations and gifts during 2022 were over £255k (£19k: 2021). This was another significant achievement for UK-Med and the fundraising team.

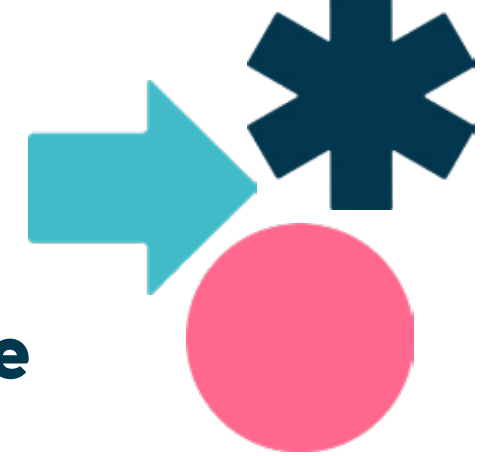
The overall expenses of UK-Med have decreased by 14% in 2021. The decrease in expenses was mainly linked to the reduced activity costs resulting in reduction in staff costs £2.652m (£3.013m:2021) as well as reduction in travel and quarantine costs during the year £0.551m (£0.895m:2021). However, costs related to fundraising has increased by 64% during the year to £0.084m (£0.054m:2021) due to an agreed expansion in the fundraising team.

We continued to develop new partnerships and delivered responses in partnership with World Health Organisation (WHO) in Djibouti, Eswatini and Mauritania. We are also working on developing a global MOU with International Organization for Migration (IOM) to deliver the initial health response in crisis.

Your compassion counts – the impact of a gift to UK-Med

We know we can't do it alone. There are three ways you can save lives in emergencies:

- Help us act fast. Your one-off or regular gift to our response fund will help us respond rapidly to unpredictable emergencies.
- If you share our values, let's talk. Building long-term partnerships for longer term programming is the only way we'll achieve our mission.
- Use your voice, donate your time, connect with your community and spread the word. Use your passion and inspire others to build a world where everyone gets the healthcare they need when crises or disasters hit.



What are you doing to make sure your fundraising follows best practice?

The UK fundraising sector as a whole has faced ethical challenges and increased scrutiny over the last few years, with issues around donor safeguarding, data and the introduction of GDPR. UK-Med is committed to the highest level of supporter care, fundraising regulation compliance and we will always be truthful and respectful in our communications.

We are dedicated to having personalised and thoughtful interactions with our donors and members. We will use positive messaging that respects our beneficiaries and partners and creates a reciprocal relationship with our donors. We will clearly articulate the impact of donations and our work.

In order to ensure that our contacts and supporters can have confidence in our fundraising we have taken a number of steps. All our activities abide by the Code of Fundraising Practice and our own Fundraising Promise, and we are registered with the Fundraising Regulator. We have written and are actively using our Ethical Fundraising Policy. We have updated our Privacy Policy to ensure it reflects our fundraising activities and have shared these updates with everyone in our database. We regularly give our contacts the opportunity to manage how we contact them – via email or in any mail we send to them.

Investment policy

The trustees, having regard to the liquidity requirements of the organisation, have kept available funds in an interest-bearing deposit account and seek to achieve a commercial rate on deposit which allows for immediate access.

Reserves policy

The trustees consider that reserves are needed for the following reasons:

1. To act as buffer for the cashflow as majority of grants are paid in arrears including the new EDT 2 grant from FCDO
2. To enable the charity to pay any core costs when externally funded projects do not include core costs and to allow the charity to continue and be able to respond to emergencies
3. To enable the charity to respond to overseas emergencies before donor funding is secured
4. To pay any liabilities if the charity ceases to operate

On 31st March 2022, UK-Med held total reserves of £1.304m (£1.074m:2021). This amount includes free reserves of £0.826m (£0.660m:2021), dedicated reserves of £0.237m (£0.169m:2021), fixed assets of £0.056m (0.099m:2021) and Stock £0.184m (0.144m:2021).

The increase of £0.165m in free reserves during the year indicated the strong financial performance. The trustees are of the opinion that UK-Med holds the appropriate amount in free reserves to support the current level of business. Our new strategy will lead to a significant financial growth of UK-Med. We forecast the charity's turnover to reach £24m in the next four years. The amount held in free reserves required will be much greater to support higher level of business. We aim to grow free reserves to £6m in the next four years.

Structure, governance and management

Charity number 1166956

Registered office and operational address
UK Med
c/o HCRI
1st floor, Ellen Wilkinson Building
Oxford Road
Manchester
M13 9PL

Trustees Trustees who served during the year and up to the date of this report were as follows:

Professor Anthony Damien Redmond OBE – Chair (Resigned Dec 2022)
Professor Bertrand Olivier Taithe (Resigned Feb 2022)
Dr Harpreet Kohli
Orla Fee
Jenny Christine Appleton Buckle (Appointed Mar 2021)
Dr Tsitsi Dadirai Chawatama-Kwambana (Resigned Feb 2022)
Louise Parnell – Treasurer
Marian Mathias (Appointed Feb 2022)
Cathryn Nerys Rhiannon Turton (Appointed Feb 2022)
Dr. Imogen Freya Dawn Stephens (Appointed Feb 2022)
Dr. Suzanne Marie Candy (Appointed Feb 2022)

Key management personnel David Wightwick – Chief Executive
Adil Shah – Director of Support Services
Dr. Ram Vadi – Health Director
Andy Clarke – Humanitarian Operations Director (Resigned Dec 2021)
Holly Smith – Fundraising and Communications Director (Resigned Nov 2021)
Tom Godfrey – Humanitarian Operations Director (Appointed Jan 2022)
Jackie Snell – Fundraising and Communications Director (Appointed Jan 2022)

Bankers Lloyds Bank Plc
46-48 High Street
Newcastle-under-Lyme
ST5 1QY

Auditors Slade & Cooper Limited
Beehive Lofts, Beehive Mill,
Jersey Street, Manchester, M4 6JG

The trustees present their report and the audited financial statements for the year ended 31 March 2022. Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the charity's constitution and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Purposes and aims

UK-Med trains and deploys specialist medical and other healthcare personnel to disasters overseas, particularly where local and national health services have been overwhelmed and are unable to cope without outside help.

UK-Med (charity no. 1166956) was established in 1995 for the “relief of any sickness, suffering and injury caused by any natural or man-made disaster by the provision of emergency medical aid, and the re-establishment of health and associated services and the rehabilitation of such victims where possible”. Running parallel to, and in support of, the delivery of this emergency medical humanitarian assistance is promoting “the advancement of the education of the public by the provision of training facilities to enable them to aid and assist in the care and treatment of victims of such disasters and the advancement of the education of the public by promoting study and research in to methods of providing emergency medical aid and associated activities to areas affected by such disasters and disseminating the useful results thereof”.

The trustees review the aims, objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to help. The review also helps the trustees ensure the charity's aims, objectives and activities remained focused on its stated purposes.

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Governing document

UK-Med is governed by a Charitable Incorporated Organisation Constitution dated 5 May 2016.

Recruitment and appointment of trustees

We appointed four new trustees to the board. The trustees each reflecting the necessary skills to oversee such an organisation, including humanitarian health, risk management, safeguarding and fundraising experience.

Induction and training of trustees

All trustees are fully conversant with the role, duties, and obligations of Charitable Trustees. New Trustees have been through an internal induction before taking up their position on the Board.

The required skills of the membership of the Board of Trustees is kept under constant review and adjustments made as necessary, recruitment of additional trustees is planned for 2022 – 23.

Trustee meetings

The trustees meet quarterly when they review the activities of the Charity and receive update reports from the Senior Management Team (SMT). A standard agenda item is updating the register of trustees' interests which helps to identify any conflicts of interest. Where a conflict of interest is identified, it is properly managed i.e. the conflicted trustee would normally leave the meeting where that issue is being discussed.

Approximately two weeks before each meeting, a finance sub-committee (FSC) meets. The FSC consists of the two trustees including treasurer (who chairs the FSC), the Chief Executive, and Director of Support Services. Management accounts are reviewed in detail by the FSC which makes recommendations to the full board.

Organisational structure

Day to day management has been in the hands of the Chief Executive, who is supported by the Executive Team. An external human resources company (with extensive knowledge of charities) supports UK-Med with complex HR matters. The Senior Management Team that consists of Executive Team and Head of Functions meets on a weekly basis.

UK-Med is governed by a Charitable Incorporated Organisation Constitution dated 5 May 2016. The trustees are members of the charity with voting rights. The trustees have no beneficial interest in the charity.

The trustees give their time voluntarily and receive no financial benefits from the charity. Any expenses reclaimed from the charity are set out in note 10 to the accounts.

Related parties and relationships with other organisations

Professor Anthony Redmond is Emeritus Professor at HCRI. UK-Med occupies a suite of offices in the HCRI and shares university meeting room facilities and IT support.

Remuneration policy for key management personnel

Levels of pay are “benchmarked” against salaries paid by the University of Manchester. For key management personnel, their level of pay is approved by the trustees.



Risk management

The trustees have in place a risk management register where risks are identified and graded according to likelihood and impact. This document is updated quarterly and systems are put into place to manage key risks. In terms of the day to day risks, the charity has considerable expertise in managing medical emergencies, and as such ensures that risks associated with such activities are carefully managed.

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

Statement of responsibilities of the trustees

- The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year that give a true and fair view of the charity's financial activities. The trustees observe the methods and principles in the Charities Statement Of Recommended Practice (SORP)

and:

- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Going Concern

The trustees have assessed whether the use of going concern assumption is appropriate in preparing these accounts. The trustees have made this assessment in respect to the period of one year from the date of approval of these accounts.

The trustees concluded that no material uncertainties related to events or conditions that may cause significant doubt about the ability of UK-Med to continue as a going concern have been identified by the trustees.

Therefore, the financial statements for the year ended 31 March 2022 are prepared on the going concern basis.

Auditors

Slade & Cooper Ltd were re-appointed as the charity's auditors during the year and have expressed their willingness to continue in that capacity.

The trustees' annual report has been approved by the trustees and signed on their behalf by:

Louise Parnell
Trustee

Date: 16 January 2023



Independent auditors' report to the trustees of UK-Med

Opinion

We have audited the financial statements of UK-Med (the 'charity') for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 30, the trustees are responsible for the preparation of financial statements which give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:

- enquiry of management and those charged with governance around actual and potential litigation and claims.
- enquiry of the charity's staff, management and those charged with governance to identify any instances of non-compliance with laws and regulations.
- reviewing minutes of meetings of those charged with governance.
- reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.
- auditing the risk of management override of controls, including through testing journal entries and other adjustments for appropriateness, and evaluating the business rationale of significant transactions outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/Our-Work/Audit/Audit-and-assurance/Standards-and-guidance/Standards-and-guidance-for-auditors/Auditors-responsibilities-for-audit/Description-of-auditors-responsibilities-for-audit.aspx>. This description forms part of our auditor's report.

Slade & Cooper Ltd.

Slade & Cooper Limited
Statutory Auditors
Beehive Mill
Jersey Street
Manchester
M4 6JG

Date: 23 January 2023

Slade & Cooper Limited is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Statement of financial activities for the year ended 31 March 2022

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2022 £	Total funds 2021 £
Incoming resources	3				
Income and endowments from:					
Donations and legacies		255,987	0	255,987	34,932
Charitable activities: Emergency response and preparedness		434,726	3,779,277	4,214,004	5,427,965
Total		690,713	3,779,277	4,469,991	5,462,897
Resources expended	4				
Expenditure on:					
Raising funds		84,557	0	84,557	54,567
Charitable activities: Emergency response and preparedness		654,840	3,665,034	4,319,874	5,039,078
Total		739,397	3,665,034	4,404,431	5,093,645
Net income/(expenditure) before investment gains/(losses)		(48,684)	114,244	65,560	369,252
Net gains/(losses) on investments		0	0	0	0
Net income/(expenditure)		(48,684)	114,244	65,560	369,252
Extraordinary items		0	0	0	0
Transfers between funds		269,355	(269,355)	0	0
Other recognised gains/(losses):					
Gains and losses on revaluation of fixed assets for the charity's own use		9,501	0	9,501	0
Net movement in funds		230,172	(155,111)	75,061	369,252
Reconciliation of funds:					
Total funds brought forward		1,074,612	252,513	1,327,125	957,873
Total funds carried forward		1,304,784	97,402	1,402,186	1,327,125

Balance sheet as at 31 March 2022

	Notes	2022 £	2021 £
Fixed assets:			
Tangible assets	10	56,069	99,005
Total fixed assets		56,069	99,005
Current assets:			
Stocks		184,114	144,718
Debtors	11	288,425	1,220,521
Cash at bank and in hand		1,160,380	212,205
Total current assets		1,632,919	1,577,444
Creditors: amounts falling due within one year	12	286,803	349,324
Net current assets/(liabilities)		1,346,117	1,228,120
Total assets less current liabilities		1,402,186	1,327,125
Total net assets or liabilities		1,402,186	1,327,125
Funds of the Charity:			
Restricted income funds	13	97,402	252,513
Unrestricted funds	14	1,304,784	1,074,612
Total funds		1,402,186	1,327,125

Signed by the Chair of the board on behalf of all the trustees.



Louise Parnell
Trustee

Date: 16 January 2023

Statement of cash flows for the year ending 31 March 2022

	Notes	2022 £	2021 £
Cash flows from operating activities:	15		
Net cash provided by (used in) Operating activities	A	957,244	(44,659)
Cash flows from investing activities:			
Dividends, interest and rents from investments		0	0
Proceeds from the sale of property, plant and equipment		0	0
Purchase of property, plant and equipment		(9,069)	(7,458)
Proceeds from sale of investments		0	0
Purchase of investments		0	0
Net cash provided by (used in) investing activities		(9,069)	(7,458)
Cash flows from financing activities:			
Repayments of borrowing		0	0
Cash inflows from new borrowing		0	0
Receipt of endowment		0	0
Net cash provided by (used in) financing activities		0	0
Change in cash and cash equivalents in the reporting period		948,175	(52,117)
Cash and cash equivalents at the beginning of the reporting period		212,205	264,322
Change in cash and cash equivalents due to exchange rate movements		0	0
Cash and cash equivalents at the end of the reporting period	B	1,160,380	212,205

Notes to the accounts for the year ended 31 March 2022

1. Accounting policies

The principal accounting policies adopted, judgments and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

a) Basis of preparation

The financial statements have been prepared in accordance with 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 2015), including update bulletin 1 – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following 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) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

UK-Med meets the definition of a public benefit entity under FRS102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

The financial statements are presented in sterling and are rounded to the nearest pound.

b) Preparation of the accounts on a going concern basis

The trustees have assessed whether the use of going concern assumption is appropriate in preparing these accounts. The trustees have made this assessment in respect to the period of one year from the date of approval of these accounts.

The trustees concluded that no material uncertainties related to events or conditions that may cause significant doubt about the ability of UK-Med to continue as a going concern have been identified by the trustees.

Therefore, the financial statements for the year ended 31 March 2022 are prepared on the going concern basis.

c) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received, and the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably, and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of a provision of a specified service is deferred until the criteria for income recognition are met.

d) Donated services and facilities

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. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised; refer to the trustees' annual report for more information about their contribution

These accounts include a donation of fixed assets, this is equipment for a field hospital mainly consisting of tents, these have been valued at replacement value.

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.

e) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the Bank

f) Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of charity.

Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose.

Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity

g) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required, and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Expenditure on charitable activities includes the costs undertaken to further the purposes of the charity and their associated support costs.
- Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h) Operating leases

Operating leases are leases in which the title to the assets, and the risks and rewards of ownership, remain with the lessor. Rental charges are charged on a straight-line basis over the term of the lease.

i) Tangible fixed assets

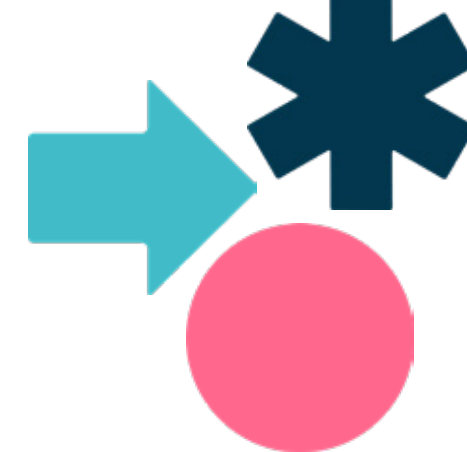
Individual fixed assets costing £1,000 or more are capitalised at cost and are depreciated over their estimated useful economic lives on a straight-line basis as follows:

Medical & Surgical Equipment 25%

IT Equipment 25%

j) Stock

Stock is included at the lower of cost or net realisable value. In general, cost is determined on a first in, first out basis. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving, and defective stocks. Donated items of stock are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.



k) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

l) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

m) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

n) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic Financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method

o) Pensions

Employees of the charity are entitled to join a defined contribution 'money purchase' scheme. The charity's contribution is restricted to the contributions disclosed in note 9. There were no outstanding contributions at the year end.

2. Legal status of the charity

The charity is a charitable incorporated organisation, registered as a charity in England & Wales.

3. Analysis of income

	Unrestricted funds	Restricted funds	Total funds 2022	Total funds 2021
	£	£	£	£
Donations and legacies:				
Donations and gifts	255,987	–	255,987	19,932
General grants provided by government/ other charities	30,000	–	30,000	15,000
Fixed assets donated	–	–	–	–
Stock donated	–	–	–	–
Total	285,987	–	285,987	34,932
Grant Income:				
FCDO – EMT Programme	–	2,484,922	2,484,922	2,308,516
FCDO – Samoa	–	–	–	–
FCDO – Coronavirus Outbreak – UK Response	–	–	–	1,395,066
FCDO – Rwanda	–	–	–	8,082
Save the Children – READY	–	191,589	191,589	70,764
Humanity and Inclusion – Integrated Hospital Disaster Preparedness Myanmar	–	94,392	94,392	33,371
FCDO – Emergency Response to Beirut Explosion	–	–	–	689,351
FCDO – UK-Med Support to the COVID-19 Response in Yemen	–	–	–	476,809
IOM – COVID-19 Outbreak Surge Support in Cox's Bazar, Bangladesh	–	–	–	48,036
Save the Children – Climate Change	–	25,000	25,000	20,000
FCDO – AFRO COVID Support	–	589,691	589,691	–
FCDO – Tunisia	–	30,684	30,684	–
FCDO – PNG	–	313,000	313,000	–
FCDO – Solomon Islands	–	–	–	–
Randal Charitable Foundation	–	50,000	50,000	–
Total	–	3,779,277	3,779,277	5,049,995
Earned income:				
Palladium Pharmacy	–	–	–	–
FCDO – CHASE/Pharmacy	206,051	–	206,051	354,495
Palladium Other	–	–	–	5,221
DAI – TDDAP	–	–	–	18,254
WHO – Djibouti	112,641	–	112,641	–
WHO – Eswatini	61,231	–	61,231	–
WHO – Mauritania	24,804	–	24,804	–
Total	404,726	–	404,726	377,970
Total income	690,713	3,779,277	4,469,991	5,462,897

4. Analysis of total expenses

	2022			
	Emergency response and preparedness	Fundraising Costs	Support Costs	Total
	£	£	£	£
Expenditure on raising funds:				
Staff costs (note 6)	2,253,891	71,090	327,792	2,652,772
Training & Capacity Building	296,499	–	–	296,499
Deployment Readiness	137,139	–	–	137,139
Medical supplies & equipment	176,765	–	–	176,765
Travel and transport	551,456	83	–	551,539
Insurance	160,334	–	41,491	201,825
Professional Services	56,211	3,449	24,091	83,751
IT infrastructure and support	43,806	3,714	18,774	66,294
Premises and office running costs	149,739	4,460	64,174	218,373
Communications	8,409	1,760	3,604	13,773
Governance	–	–	5,700	5,700
Subtotal	3,834,249	84,557	485,625	4,404,431
Support costs	475,147	10,478	(485,625)	–
Total expenditure	4,309,395	95,036	–	4,404,431

	2021			
Expenditure on raising funds:				
Staff costs (note 6)	2,737,799	47,067	228,722	3,013,588
Training & Capacity Building	323,180	–	–	323,180
Deployment Readiness	109,629	–	–	109,629
Medical supplies & equipment	257,423	–	–	257,423
Travel and transport	895,465	–	–	895,465
Insurance	97,707	–	30,626	128,333
Professional Services	82,002	604	21,729	104,335
IT infrastructure and support	32,739	651	10,913	44,303
Premises and office running costs	115,432	718	90,721	206,871
Communications	3,176	1,363	1,059	5,598
Governance	–	–	4,920	4,920
Subtotal	4,654,552	50,403	388,690	5,093,645
Support costs	384,526	4,164	(388,690)	–
Total expenditure	5,039,078	54,567	–	5,093,645

5. Analysis of governance costs

	2022	2021
	£	£
Auditors remunerations	5,700	4,920
Turstees reimbursement	–	–
Trustees meeting costs	–	–
Total	5,700	4,920

6. Staff costs

	2022	2021
	£	£
Salaries and wages	1,506,267	1,317,846
Social security costs	155,030	136,057
Pension costs (defined contribution scheme)	150,627	99,195
Total staff costs based in the UK	1,811,924	1,553,098
Staff cost for emergency response and consultancies	823,779	1,435,123
Staff recruitment, training and development	17,069	25,367
Total staff costs (UK and Overseas)	2,652,772	3,013,588

Band	Number of employees	
	2022	2021
£60,000 to £69,999	–	–
£70,000 to £79,999	1	–
£80,000 to £89,999	–	–
£90,000 to £99,999	–	–
£100,000 to £109,999	–	–
£110,000 to £119,999	–	1
£120,000 to £129,999	1	–
	2022	2021
	Number	Number
Average head count in the year	37.6	34.5
Total	37.6	34.5

The key management personnel of the charity comprise the trustees, the Chief Executive Officer, the Director of Support Services, the Humanitarian Operations Director, the Medical Director and Fundraising and Communications Director. The salaries and benefits, including pension contributions and employer's National Insurance contributions of the key management personnel were £433,405 (2021 £377,461) for the year ended 31 March 2022.

7. Trustees remuneration and expenses, and related party transactions

During the year 9 trustees serviced on the board. One trustee was reimbursed £72.50 for costs related to travel and phone calls during the year ending 31 March 2022 (2021: £nil).

No trustees received any remuneration during the year ending 31 March 2022 (2021: £nil).

There are no other related party transactions to disclose during the year ending 31 March 2022 (2021: £nil).

8. Analysis of receipts of government grants

	2022 £
FCDO – Emergency Deployment Team	2,484,922
FCDO – AFRO COVID Response	589,691
FCDO – Tunisia	30,684
FCDO – PNG	313,000
Total	3,418,297
	2021 £
FCDO – Emergency Deployment Team	2,308,516
FCDO – Coronavirus Outbreak – UK Response	1,395,066
FCDO – Rwanda	8,082
FCDO – Lebanon	689,351
FCDO – Yemen	476,809
Total	4,877,824

9. Corporation tax

The charity is exempt from tax on income and gains falling within Chapter 3 of Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects. No tax charges have arisen in the charity.

10. Fixed tangible assets

	Medical & Surgical Equipment £	IT Equipment £	Total £
Cost or valuation			
At 1 April 2021	288,669	18,873	307,542
Additions	–	9,069	9,069
At 31 March 2022	288,669	27,942	316,611
Depreciation and impairments			
At 1 April 2021	201,171	7,366	208,537
Depreciation	45,019	6,986	52,005
At 31 March 2022	246,190	14,352	260,542
Net book value			
At 31 March 2021	87,498	11,507	99,005
At 31 March 2022	42,479	13,590	56,069

11. Debtors and prepayments

	2022	2021
	£	£
Grants receivable	158,182	1,067,898
Prepayments and accrued income	113,833	116,692
Other receivables (Deposits)	16,410	35,931
Total	288,425	1,220,521

12. Creditors and accruals

	2022	2021
	£	£
Trade creditors	226,110	217,983
Short term compensated absences (holiday pay)	–	58,589
Accruals	55,143	52,847
Taxation and social security	3,454	11,444
Other creditors	2,096	8,461
Total	286,803	349,324

13. Analysis of movements in restricted funds

	Balance at 1 April 2021	Income	Expenditure	Transfers	Gains and losses	Balance at 31 March 2022
	£	£	£	£	£	£
FCDO – EDT Programme	219,117	2,484,922	(2,416,815)	(176,804)	–	110,419
FCDO – Coronavirus Outbreak – UK Response	26,606	–	(25,975)	(631)	–	0
FCDO – Ebola Technical Support for Rwanda	5,652	–	–	(5,652)	–	0
FCDO – AFRO COVID Support	–	589,691	(551,126)	(38,565)	–	0
FCDO – Tunisia	–	30,684	(28,677)	(2,007)	–	0
FCDO – PNG	–	313,000	(200,018)	(8,229)	–	104,754
FCDO – Solomon Island	0	–	(93,930)	(6,814)	–	(100,744)
Save the Children/DEC – Ukraine	0	–	(49,989)	(3,496)	–	(53,485)
Save the Children – READY	(5,041)	191,589	(173,423)	(17,430)	4,306	(0)
Humanity and Inclusion – Integrated Hospital Disaster Preparedness: Myanmar	0	94,392	(97,704)	(10,231)	–	(13,543)
Save the Children – Humanitarian Sector and the Climate	6,179	25,000	(27,377)	(3,802)	–	0
Randal Charitable Foundation	0	50,000	0	0	–	50,000
Total	252,513	3,779,277	(3,665,034)	(273,660)	4,306	97,402

The transfers between restricted and unrestricted funds reflects the contribution made by restricted funding to organisation overheads/NPAC costs.

Previous reporting period

	Balances at 1 April 2019	Income	Expenditure	Transfers	Gains and losses	Balance at 31 March 2020
	£	£	£	£	£	£
FCDO – EDT Programme	53,584	2,308,516	(2,002,787)	(140,196)	–	219,117
FCDO – Coronavirus Outbreak – UK Response	–	1,395,066	(1,278,934)	(89,526)	–	26,606
FCDO – Ebola Technical Support for Rwanda	–	8,082	(2,271)	(159)	–	5,652
Save the Children – READY	–	70,764	(68,914)	(6,891)	–	(5,041)
FCDO – Emergency Response to Beirut Explosion	–	689,351	(644,253)	(45,098)	–	0
FCDO – UK-Med Support to the COVID-19 Response in Yemen	–	476,809	(445,616)	(31,193)	–	0
Humanity and Inclusion – Integrated Hospital Disaster Preparedness: Myanmar	–	33,371	(33,371)	0	–	0
IOM – COVID-19 Outbreak Surge Support in Cox's Bazar, Bangladesh	–	48,036	(44,893)	(3,143)	–	0
Save the Children – Humanitarian Sector and the Climate	–	20,000	(12,565)	(1,256)	–	6,179
Total	53,584	5,049,995	(4,533,604)	(317,462)	0	252,513

Name of restricted fund

Purpose and Restrictions

FCDO – EDT Programme

The purpose of this funding is to maintain a deployable UK capability during a rapid onset humanitarian emergency overseas and an organisation that provides on global co-ordination for UK Emergency Medical Team (UKEMT).

FCDO – Coronavirus Outbreak – UK Response

This funding contributes to reducing morbidity and mortality as a consequence of the COVID 19 pandemic, through provision of expertise and support to national health Actors in seven countries including Armenia, Bangladesh, Burkina Faso, Cambodia, Chad, Eswatini, Ghana, Lebanon, Lesotho, South Africa and Zambia.

FCDO – Ebola Technical Support for Rwanda

The purpose of this funding is to provide technical expertise in the form of technical experts in the area relating to outbreak preparedness in Rwanda.

FCDO – AFRO COVID Support

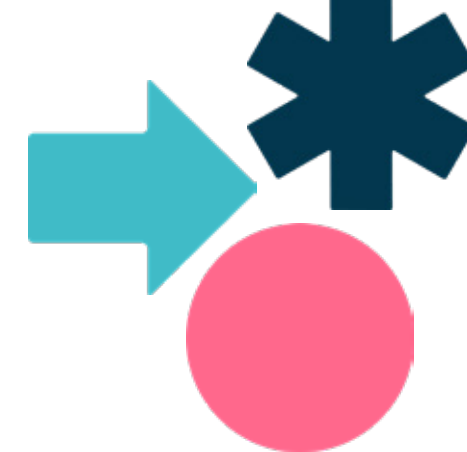
This funding provides suitable and experienced health care and operations staff, who will provide training, on the job-supervision and clinical care (subject to registration with appropriate professional bodies and in accordance with individual country requests) working alongside national health staff in the pre-identified health facilities, targeting COVID cases as per set case-definitions defined by the WHO and in line with the country Ministry of Health, ensuring health activities are technically sound and of high quality.

FCDO – Tunisia

The purpose of this funding is to provide provision of training and capacity building of health professionals and direct case management support of patients in identified facilities, in order to better handle the COVID 19 outbreak.

FCDO – PNG

The purpose of this grant is to provide targeted support to the health structure in Mount Hagen for strengthening and building the capacity of health services to respond better and more effectively to the ongoing COVID 19 pandemic.



Name of restricted fund

FCDO – Solomon Island

Purpose and Restrictions

The purpose of this funding is to provide the capacity within health facilities to treat severe and critical COVID-19 cases and support MoH around the community perceptions around COVID-19 and ongoing vaccination efforts.

Save the Children/DEC – Ukraine

The purpose of this funding is to provide the emergency healthcare support in Ukraine during the current conflict and set up mobile clinics, build capacity of locals through First Aid training, UXO training, CBRN training and MCI training, as well as trauma and surgical care training and direct intervention al support.

Save the Children – READY

This funding is to augment capacity for humanitarian emergencies of infectious diseases with epidemic or pandemic potential.

Humanity and Inclusion – Integrated Hospital Disaster Preparedness: For more resilient health facilities, emergency insitiutions and communities affected by disasters in Myanmar

The purpose of this funding is to enhance community resilience through disaster preparedness and incident management in hospitals, multi partner coordination and community empowerment ensuring continuous inclusive care for disaster affected population in Myanmar.

Save the Children – Humanitarian Sector and the Climate

This funding enabled UK-Med to produce a report that makes recommendations to support the humanitarian system to address the global climate emergency effectively.

Randal Charitable Foundation

The funding is to provide L'viv surgical training and capacity building programme to deploy approximately 6 surgeons to provide surgical support.

14. Analysis of movement in unrestricted funds

	Balance at 1 April 2021	Income	Expenditure	Transfers	Balance at 31 March 2022
	£	£	£	£	£
General Fund	660,908	334,035	(435,856)	267,558	826,645
Development Fund	75,000	0	(97,969)	22,969	0
Deployment Fund – Ukraine	0	201,567	(7,706)	(1,172)	192,689
Emergency Response Fund	0	25,316	0	0	25,316
Verification Fund	94,982	30,000	(85,031)	(20,000)	19,951
Fixed Assets	99,004	9,069	(52,005)	0	56,068
Stock	144,718	100,227	(60,830)	0	184,114
Total	1,074,612	700,214	(739,397)	269,355	1,304,784

Previous reporting period

	Balances at 1 April 2020	Income	Expenditure	Transfers	Balance at 31 March 2021
	£	£	£	£	£
General Fund	464,149	399,266	(454,490)	251,983	660,908
Development Fund	70,216	0	(1,745)	(68,471)	0
Deployment Fund	63,277	0	(27,227)	38,950	75,000
Verification Fund	0	0	(18)	95,000	94,982
Fixed Assets	155,623	7,458	(64,077)	0	99,004
Stock	151,024	6,178	(12,484)	0	144,718
Total	904,289	412,902	(560,041)	317,462	1,074,612

15. Notes and reconciliation to the statement of cash flows

A. Reconciliation of net movement in funds to net cash provided by (used in) operating activities

	2022	2021
	£	£
Net movement in funds (as per the statement of financial activities)		
Adjustments for:	75,061	369,252
Depreciation charge	52,005	64,076
Decrease/(increase) in stock	(39,396)	6,306
Decrease/(increase) in Debtors	932,096	(613,874)
Increase/(Decrease) in creditors	(62,521)	129,581
Net cash provided by (used in) operating activities	957,244	(44,659)

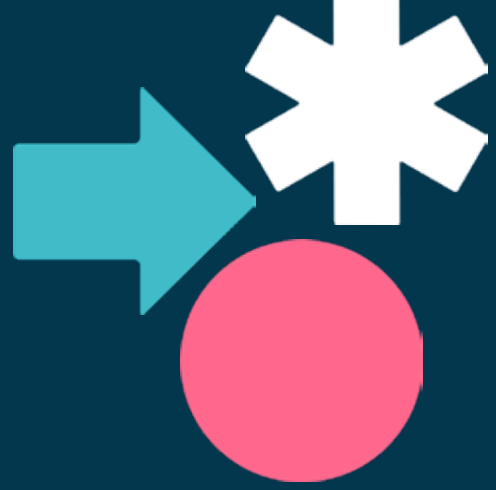
B. Analysis of cash and cash equivalents

	2022	2021
	£	£
Cash at bank and in hand	1,160,380	212,205
Total cash and cash equivalents	1,160,380	212,205

C. Analysis of changes in net debt

	At 1 April 2020	Cash flows	At 31 March 2021
	£	£	£
Cash at bank and in hand	212,205	948,175	1,160,380

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