

UK-MED



**We save lives
in emergencies**

Annual Report 2022-23

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UK-Med

Afghanistan
Bangladesh
Cape Verde
China
Djibouti

Greece
Haiti
Mauritania
Myanmar
Poland

Philippines
Rwanda
Sierra Leone
Somalia
Syria

Ukraine
United Kingdom
Yemen

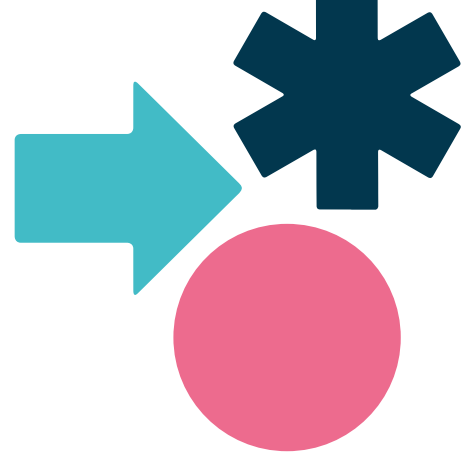
UK-Med as partners of the UK Emergency Medical Team (UK EMT)

Armenia
Bangladesh
Botswana
Burkina Faso
Cambodia
Chad
Eswatini

Gaza
Ghana
Haiti
Lebanon
Lesotho
Malawi
Mozambique

Myanmar
Namibia
Nepal
Papua New Guinea
Samoa
Soloman Islands
South Africa

South Sudan
Turkey
Tunisia
Zambia



On the frontline

Message from our CEO

The world is going to be measured by how it deals with the problems of the coming twenty or thirty years. And within UK-Med we are deliberately shaping ourselves in preparation for increased effects of climate change, more infectious disease outbreaks, and the potential for greater conflict and displacement.

2022-23 was a year bracketed by the significant clash of forces on European soil – affecting global economics and international politics – then a once in a decade Category 8 earthquake affecting five cities of over a million people each, and a significant cholera outbreak. Certainly a year of some emergency significance. And yet we're still just in the foothills of change, where crises on this scale are something we anticipate we're going to see more of.

In terms of operational growth, in 2022 to 2023 we went from a head office team of 40 to nearly 70, with an annual operational budget of around £10 million (a significant rise from £3.5 million the previous year). No organisation is ever fully ready to deal with events of the scale we've experienced over the past year, and in order to respond effectively we had to increase our capacity rapidly, across the board, in a matter of weeks.

Our Register now totals nearly 1000 clinicians, logisticians and health humanitarians: experts taken from both the UK and across the world. And the range and complexity of the different services we've delivered has been remarkable.

In the last 12 months we reached 45,000 people globally. Of these 35,000 were patients and nearly 11,000 were medical staff, receiving training that ranged from primary healthcare, to disease prevention and national response, as well as in highly technical surgical interventions.

By the end of the year, in February, we had a world-class surgical team working in Mogadishu; at the same time as another team running two cholera treatment centres in Malawi; at the same time as another setting up a field hospital in the middle of an earthquake in Turkey; whilst in Ukraine we were running four field bases, including surgical, primary and training programmes. We'd also received accreditation from the WHO, both as the sole UK WHO verified EMT and for our field hospitals. Staggering achievements, which couldn't have been attained without the effort and commitment shown by our fantastic team.

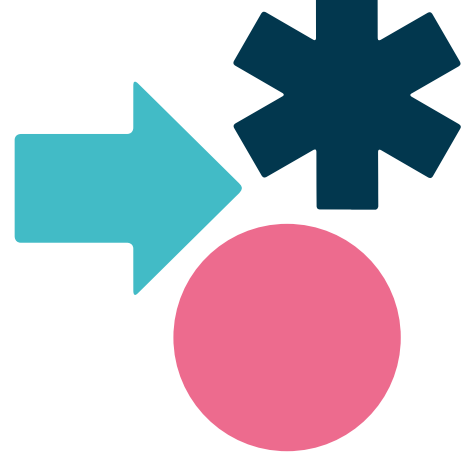
We are still a relatively small NGO – although now fully functioning and capable of projecting globally – and our nimbleness and adaptability is one of our core strengths.

UK-Med is a team of people that moves quickly, gets things done and is focussed on reaching the most vulnerable in the most difficult of circumstances. And it's one that I am immensely proud to be a part of.



David Wightwick, CEO UK-Med





What we believe in

Our vision

A world where everyone has the healthcare they need when crises or disasters hit.

Our mission

We save lives in emergencies. When health services are overwhelmed, we get expert health staff to where they're needed fast. We help communities prepare for future crises.

Our values



Compassion

We care about people. The health and wellbeing of our patients and our people is central to everything we do.



Excellence

We set high standards for ourselves and the organisation. We strive to be outstanding in everything we do.



Learning

We believe in knowledge-sharing and giving people the means to develop their capabilities. We value learning and continual growth.



Collaboration

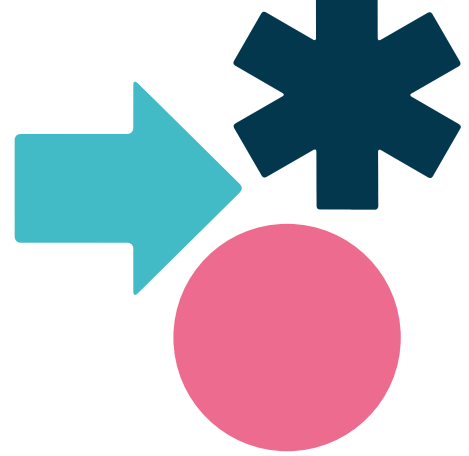
Working in partnership with stakeholders, communities, and colleagues is key to the success of our work.



Determination

We have a can-do attitude and thrive on problem solving. No matter what the challenge, we explore all options so if there's a way, we'll find it. We don't give up easily.





Our life saving impact in numbers



35,000

people treated and quality of life improved.



11,285

people trained in emergency healthcare and humanitarian work.



413

medics and expert staff deployed to emergencies across the globe.



6

emergency calls responded to for assistance getting critical healthcare to where it's needed most.



2,055

people donated and supported our emergency appeals to get urgent aid to Turkey-Syria and Ukraine.

A year in Ukraine



In Ukraine, health care has come under attack, impacting the health of millions of people.



1.2 million in need of health assistance



6 million uprooted and internally displaced from their homes



11,000 civilian casualties



9 million have fled the country for safety

Our impact



9,956 people have accessed our mobile health clinics



3,404 people have accessed our mental health and psychosocial service



9,114 people trained in First Aid – training communities to save lives



265 life and limb-saving surgeries delivered



30 tonnes of life-saving medical aid dispatched, with enough supplies to support 30,000 people

When the war began in February 2022, UK-Med were one of the first NGOs to enter Ukraine.



I was expecting the call to go, but when it came in March 2022 I was understandably nervous. My first 24 hours were spent on a train heading to Dnipro. That was surreal: all the displaced people, children travelling alone, lots of emotional scenes as families who were being torn apart said goodbye to each other. Those early days of relationship building were crucial in terms of creating trust, particularly with our local drivers, fixers and translators. But within a week of meeting my contact we'd arranged to hire mobile clinic trucks, had a team of medics on the ground and identified 20 locations in need of our services.

And our teams were amazing. I could not have been prouder. Particularly as we were dealing with blackouts, – 20c temperatures, water supply cut-offs and constant missile attacks. Over the first year we worked incredibly hard to build our programme, delivering a range of services in locations from west to east Ukraine.

It takes exceptional people to rise to a challenge like Ukraine. Using our Register (as well as recruiting externally) we found the right people, built an amazing team, and I know have made a huge impact."

Lizzi Marmont, Senior Operations Manager and former Ukraine Country Director

Image to the right: Surgeons operating on a patient in Ukraine.

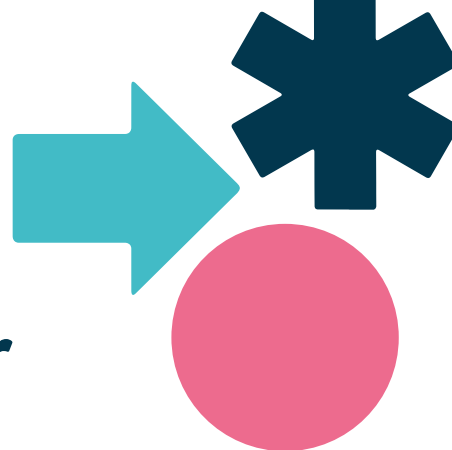


“

Over the year I've visited Ukraine three times. It already had an extremely efficient health service, but any country would struggle under the burden imposed by war, and Ukrainian doctors had little training in the injuries caused by conflict trauma, which is what we were specifically sent in to provide.

It's been extraordinary to see the extent to which the Ukrainian teams have taken what we've been able to teach them and expand it so much more. We know they've been able to treat roughly 600 patients, as well as share their knowledge with others. Meaning that from a relatively small start point UK-Med has helped create a web of training that will ultimately benefit thousands.”

Shehan Hettiaratchy,
Consultant Plastic and Reconstruction surgeon



Quicker, faster, better

The logistics of emergency humanitarian aid

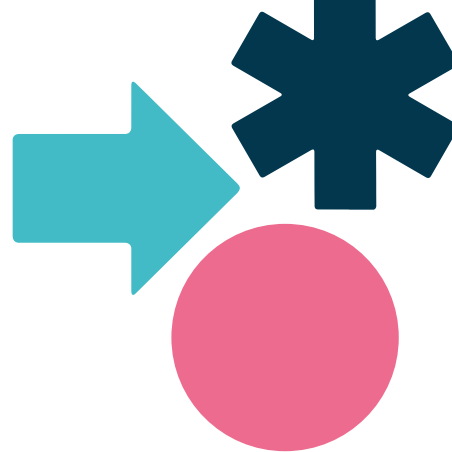
Rapid response in an emergency saves lives and increases the chances of survival. Our Type 1 field hospital can be operational 24 hours after arriving at an emergency.



The difference between UK-Med going into Ukraine at the beginning of the year, compared to us going into Turkey at the end of it was marked. Our ability to collectively manage everything was hugely enhanced by the understanding that individuals and teams had with each other, and how they worked together."

David Wightwick, CEO UK-Med





Gemma Blakey is UK-Med's Associate Director of Logistics. With more than eight years' experience deploying large scale equipment around the world, she leads a team combining warehouse and procurement staff and a pharmacist.

“

In response to the earthquake in Turkey in February 2023 we sent 13 tents, 2 generators, 16 boxes of equipment/electromedical equipment/PPE as well as WASH and logistics equipment to support the running of a hospital in Türköglü.

We have relationships in place with trucking/freight agents to help us be as quick as we can. So when we got the green light on Thursday at about 9pm we had trucks at the warehouse by 10am the next morning, with all the kit loaded and dispatched within three hours to the nearest site for loading onto a plane.”

After we initially deployed to Ukraine, we took the time to assess our operations, reviewing all the feedback and ideas and implementing them,

or finding new and better ways of doing things. The team is incredibly dedicated and willing to put in the extra time and effort, because they know how our performance impacts how quickly we can meet the needs of those affected by emergencies. Many are professional logisticians with strong humanitarian backgrounds, meaning the organisation really benefits from their skills and experience.

Together with the rest of UK-Med, we're investing in Preparedness – ensuring we have both the right team and the funding to maintain all the kit in a state of 100% readiness, meaning we're ready to go at any time.

Logisticians are problem solvers: highly organised and passionate about doing the best job possible.”

Often there are lots of factors outside of our control that are incredibly challenging – roads damaged by earthquakes or congestion at smaller airports due to a huge increase of incoming supplies. We're flexible and able to adapt to whatever situation we're faced with, as solving these problems is usually key to getting to people quicker and meeting their immediate needs.”

Turkey-Syria earthquake



Following the earthquakes in Turkey and Syria on 6 February, UK-Med deployed an assessment team, acting as the UK government's Emergency Medical Team (EMT), in response to the Turkish government's request for assistance.

After setting up the Type 1 field hospital in southern Turkey, UK-Med staff began treating patients in the facility from 14 February onwards. Mobile clinics were also mobilised as part of the response, reaching more than 2,700 people from 41 villages who were not able to access the main facility. In total the team provided consultations for 7,048 patients throughout the response, before leaving Turkey on April 20.

A total of 109 personnel deployed with the EMT over the three-month response. This included 62 international and 47 local staff, hired for logistics and interpretation functions which supported the integration of the UK EMT into the local emergency response.



109 personnel deployed



7,048 consultations provided



2,685 children treated



284 referrals made to other existing health facilities

The UK EMT was the first civilian EMT into Turkey, and also the last to leave.

The extended deployment of the EMT was possible due to the strong relationships that had been built with health authorities and the adaptability of the team to respond to local priorities. They fostered a strong coordination with the Turkish EMT which helped in building trust with health authorities and with the local community.

Northwest Syria

Across the border, in northwest Syria, UK-Med provided support for a hospital that was playing a critical role in healthcare for the region. With limited resources, restrictions on access, and a fragile health infrastructure, northwest Syria found itself caught in a complex and multilayered crisis after the earthquake, compounded by conflict and displacement. With humanitarian access so restricted, the immediate response of the aid sector across northwest Syria was markedly reduced in comparison to Turkey.

Despite this, with funds raised through the Turkey-Syria public appeal, UK-Med was able to deliver £370,000 worth of medical equipment, including medical devices, instruments, and pharmaceuticals, which allowed the hospital to continue to treat complicated injuries – particularly constructive surgery cases.

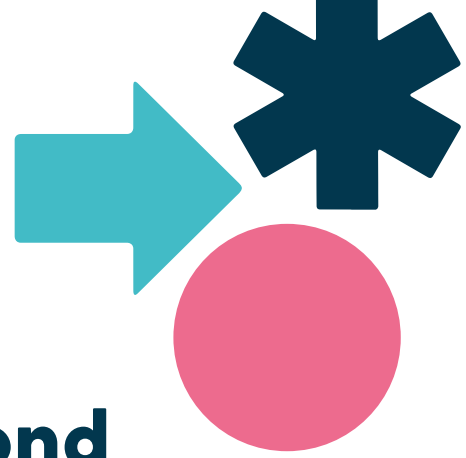
Image to the right: Medics from the UK-Med Register on deployment in Turkey after the earthquake..



“

We're seeing very vulnerable people who need our help, so for us it's about offering a safe space, showing that we care, and doing absolutely everything we can to treat and support them.”

Richard Armitage, UK-Med doctor



Statement from Professor Tony Redmond



As once cooler areas become hotter, insects that carry disease in warmer climates can move to other areas. For example, mosquitoes carrying malaria.

Climate change causes flooding, and mosquitoes breed in pooled stagnant water.

Climate change also causes drought in some areas, destroying crops and livestock. Meaning that those in poorer countries have no alternative but to move. Often they move into already overcrowded, poorly serviced, urban areas. This rapid/unplanned urbanisation means people live close together in unsanitary conditions facilitating the spread of diseases such as cholera.

As founder of UK-Med, and now its Ambassador, I am so very proud of all the effort and dedication shown by our staff and volunteers over the years. Particularly in the last few, as the organisation has expanded and risen to meet an increasing number of humanitarian emergencies across the world.

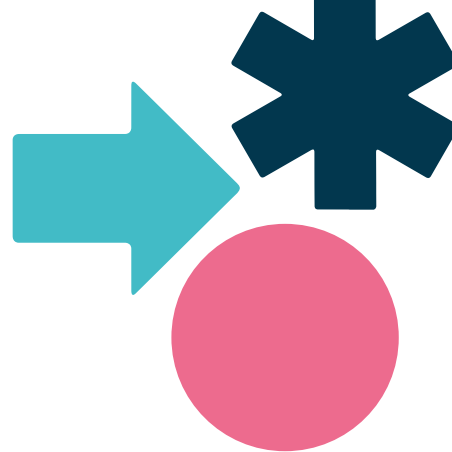
Delivering high quality, professional health care, to those most in need and at the time of their greatest need, has been at the heart of UK-Med's ethos. An ethos that is firmly cemented in our values and demonstrated every day in the work that we do.

I saw for myself the selfless commitment of our teams working tirelessly on the frontline in Ukraine, risking their lives to provide help to the sick and wounded, and supporting local healthcare workers. And this is repeated across all our missions.

Tony Redmond,
UK-Med Founder and Ambassador



Disease outbreak prevention



We know that infection disease outbreaks and pandemics are high on everyone's risk register. And the worse climate change gets, the more alarming these risks become. However, it is possible to mitigate the risks, and this is one of our key priorities, achieved through developing core training programmes.

One of our flagships programmes is the project, aimed at stopping outbreaks before they become global.

Working with our partners, Save the Children, the John Hopkins Center and the Humanitarian Leadership Academy, and funded by the United States Agency for International Development (USAID), UK-Med led on the design, development and implementation of this four-phase training programme which aims to strengthen NGOs' capacity to respond to disease outbreaks.

We collaborated with eight national and small international NGOs in Cameroon, Turkey, Syria, Iraq and Sudan to deliver the 12-month Operational Readiness Training Programme for Major Disease

Outbreak Response (ORTP). The programme involved online and in-person training, alongside six months of remote technical support.

One of the NGOs with whom we collaborated was the Cameroon Baptist Convention Health Services, a humanitarian non-profit that provides health services across nine of the 10 regions of Cameroon and employs more than 5,000 staff.

As a result of the training, they were able to strengthen their operational capacity, coordination and understanding of outbreak risk.

Since completing the in-person portion of the training, the organisation has responded to a measles outbreak in the Southwest Region of Cameroon, a cholera outbreak in the Littoral Region and provided support to a measles outbreak in Akwaja. They've also strengthened their engagement with national coordination mechanisms and it was reported that staff had a better understanding and were able to apply this to their outbreak responses.



We're well-practised at responding to disease outbreaks. Our experienced and specialist staff means we can intervene very rapidly and effectively."

Dr Ram Vadi, Health Director UK-Med

Tackling cholera in Malawi

While cholera has long been endemic in Malawi, in the months prior to January 2023, all 29 districts were announcing cases. Representing the British FCDO as the UK-EMT and working with the Malawi Ministry of Health, UK-Med created a core team of 18, providing emergency medical support and training.

Esther Flora Moyo, who lives in Lilongwe, Malawi, was contracted by UK-Med to work as part of the team.

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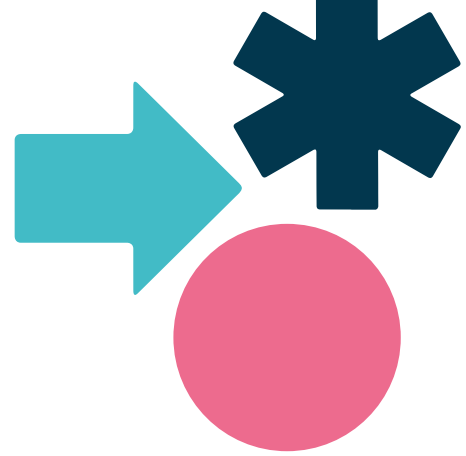
I was a lead nurse, doing cholera case management, working in a team with clinicians from the UK, Nigeria, Rwanda, and Kenya. UK-Med brought doctors, nurses, pharmacists, epidemiologists, IPC and WASH, to name a few. They did not just concentrate on treatment but went into the communities to help in the prevention of cholera.

Working with an international team meant we were able to share our experiences and learn from one another. Despite the language barriers, there were different schools of thought coming together with one clear goal, and now we know so much more about how to go about things in the future.



We're training up a Malawi EMT to improve our future responses. And within the communities, people are now aware of how cholera spreads and how they can prevent it. For instance, we have community oral rehydration points and people know where they can access chlorinated water.”

Esther Flora Moyo, Registered nurse and midwife



The UK-Med register

The UK-Med register comprises roughly a 50/50 split between British nationals and health practitioners, logisticians and other allied non-health professionals from countries around the world: all of whom are highly skilled in emergency work.

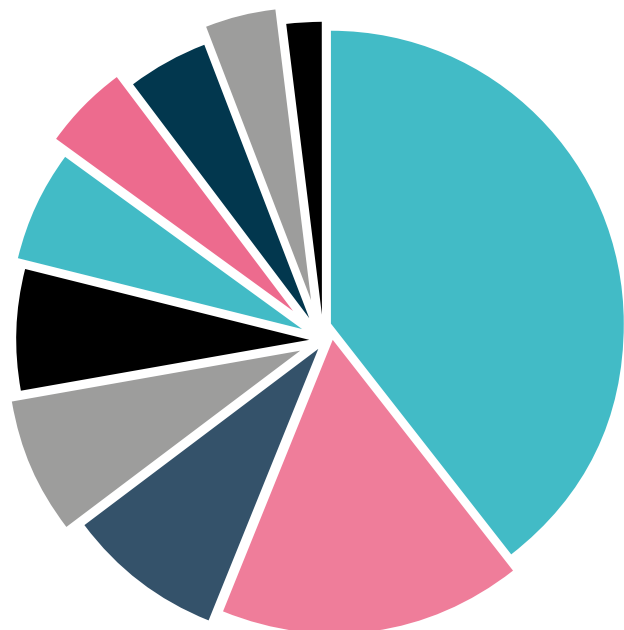
We're moving away from a model of only deploying specialists for four weeks to one that's a mixture of both short and long-term deployments. In Turkey we had waves of people deploying every four weeks – which is challenging to maintain over time. On the other hand, a great benefit with our NHS team members is that we can deploy in large numbers in response to emergencies, buying the time to bring in longer-term staff.

Many of our non-UK Register members have experience of working in very low-resource settings, as well as being able to work in a variety of languages and having contextual understanding. In Ukraine, for instance, we've employed a large number of national staff. There's a great deal of knowledge and experience-sharing amongst members, not to mention having a range of nationalities with the ability to access different countries and territories.

Every member begins their journey with a mandatory online core training, introducing them to the ethos of the UK-Med as an organisation. Following this they participate in a selection of training sessions where they collaborate in teams, navigating real-world deployment scenarios. This serves the dual purpose of allowing us to assess if the member resonates with the core humanitarian competences and provides them with a realistic preview of potential deployment scenarios.

Members are also actively involved in a variety of initiatives beyond deployment. For instance, several have been instrumental in delivering training and capacity building exercises such as First Aid training in Thailand and the READY training programme in Ethiopia and South Sudan. Additionally, they regularly engage in blended deployment courses, hazard environment awareness courses and overseas trainings in collaboration with smaller NGOs.

Nan Smart, HR & Membership Officer





“

I'm now on my fourth deployment with UK-Med. I was first in Somalia doing ortho-plastic surgery for war trauma patients, then I spent two weeks working in Türkoglu, Turkey followed by four weeks in Malawi, doing ortho-plastic surgery for earthquake and cyclone victims, before working in Ukraine.

Working with clinicians from around the world is a great experience. Knowing that other doctors have the same desire as me to share our skills when help is needed. Working together means there is a transfer of skills amongst orthopaedic surgeons, allowing local clinicians to better help their own people.”

*Allan Cortes,
A Register Member from Joliet, Illinois*



UK-Med achieve WHO status to represent the UK as its only EMT

There are only 38 WHO verified Emergency Medical Teams in the world, and this year we became one of them; achieving international recognition when UK-Med became a WHO-verified EMT in our own right. This means we can now deploy either as the UK government's EMT, or independently.

This prestigious status means we can enter any kind of emergency response at the request of the host government and begin treating patients immediately, with all of our own equipment and drugs; treating patients within 72 hours of being invited in.

Representing the UK as its EMT gives us access to a lot of contacts and networks and allows us to operate at a level where we can bring a degree of urgency to a situation. It's advantageous to us in many ways, and something of which we're all extremely proud."

Being part of the WHO EMT global network means we join a rapid and coordinated response effort

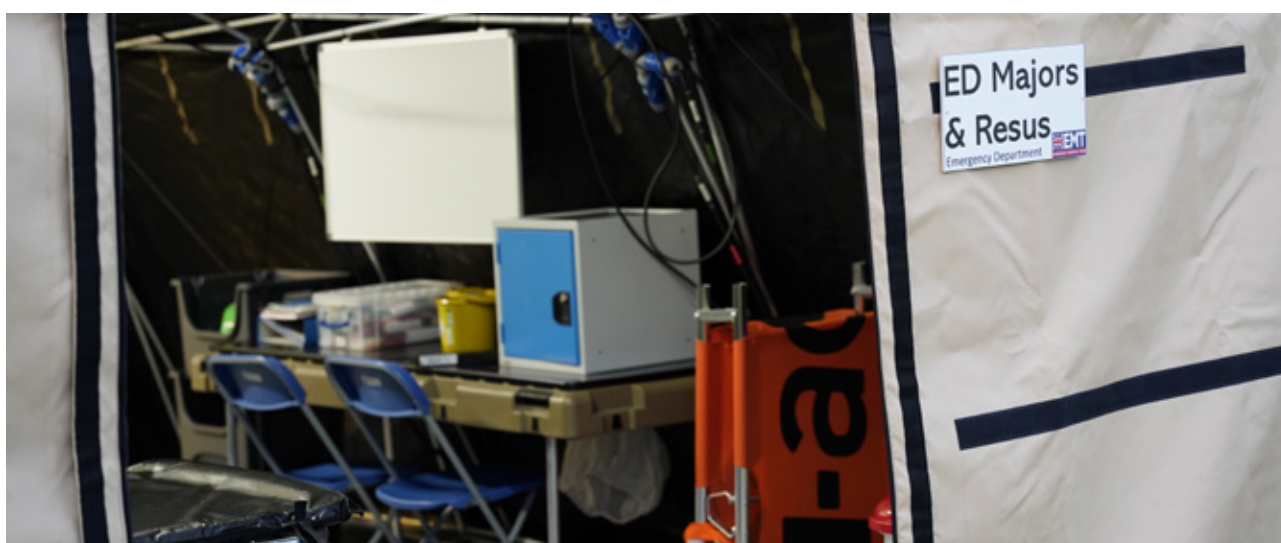
that fully engages the governments of the countries in which we respond, ensuring the right care gets to those in need in the quickest possible timescales.

Part of our work in the WHO EMT network also involves assisting countries to improve their own response capabilities. Within the year we supported the development of Emergency Medical Teams in Georgia, Armenia and Ethiopia..



Every aid operation depends on logistics. At the beginning of the year we had no field hospitals; by the end of it we had two. Both fully accredited and ready to go at pretty much 24-hour notice."

David Wightwick CMG, CEO UK-Med





WHO accreditation achieved for UK-Med's type 1 field hospitals

In June 2022, we also became the first UK-based international NGO to achieve classification from the WHO for our Type 1 Field Hospitals, joining an international network of medical teams able to respond rapidly, and fully equipped, to emerging health crises on a global scale.



Achieving the standards required is not just about being able to set up a primary care medical facility in a line of tents (normally there's about 15 of them, along with water provision, sanitation etc). Gaining accreditation involved an organisational-wide effort, requiring us to increase our operational support functions, logistics capabilities and humanitarian roster to demonstrate that, within 24 hours of getting a call, we could have a tented field hospital – including all the required medications and equipment – and a full team of trained health and operational professionals on their way to respond.

Moreover, field hospitals consist of a lot of complex moving parts that have to be constantly maintained: drugs have to be turned over, destroyed, new ones bought, tents don't last forever. All of these things make a constant living organism and that has be nurtured and maintained."



Robina Saeed, Humanitarian Operations Coordinator

What having WHO type 1 field tent accreditation means to a clinician

David Anderson, UK-Med's Lead Nurse, has done more than 20 deployments during his nine years with us. For him, achieving WHO accreditation means a lot.

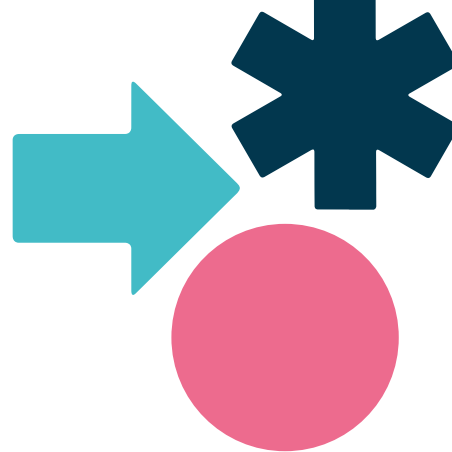


Having our field hospitals enables us to immediately deploy into an area where there are no facilities, setting up as fast as possible to be able to begin treating patients.

The good thing about the tents themselves is that they're the latest types, which can be erected extremely quickly. They're lighter than the traditional ones used by NGOs. One of them, which can house six to eight beds and four nurses and doctors, can be set up by two people in just a couple of minutes. They're also very adaptable. You can send them out planning to establish primary care clinics, but if when you get there, you find you need to set up next to an existing hospital, you can also do that. Again, being as flexible as possible means the best treatment for patients."



David Anderson, UK-Med's Lead Nurse



Building a world prepared to help

Training for future emergencies

Working with a core team of eight, in 2023-2023 we facilitated training for 366 Register members and UK-Med core staff. Within this we delivered 51 training activities, ranging from one-hour Safeguarding Reflection Sessions to specialist training on Essential Burns Care, Nutrition Training and WASH and Logistics training. All with the purpose of enhancing Register members' preparedness for delivering our emergency responses.

On top of this, 139 Register members and core staff completed the online self-directed Safeguarding pathway and 187 completed the Induction Pathway. Meanwhile, our Ukraine response and in-country programmes provided ample opportunity for Register members and core staff to gain hands-on experience in delivering humanitarian health responses.

“

Looking ahead, increasing preparedness via training and capacity building is being prioritised in 2023-2024. For, at the very least, Ukraine has reinforced that the value of robust preparedness training cannot be underestimated.”

Michelle Hanegård, Director of Learning and Capacity Building



A portrait of Assistant Professor Diana Maddah, a woman with long, wavy brown hair, wearing sunglasses on her head and a red patterned scarf. She is looking slightly to the left with a serious expression. The background is a blurred outdoor setting with a white tent and a green metal fence.

Our Beirut Academic, Working in Syria – and the rest of the world

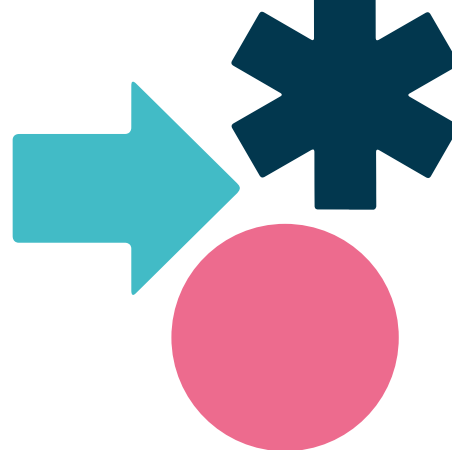
From her home in Lebanon, Assistant Professor Diana Maddah is one of UK-Med's senior health advisors, working in risk communication and community engagement and research and contributing to global guidelines issued by WHO, UNICEF and other international organisations.

"Regarding the changes that UK-Med have made through research, recommendations we've made will hopefully enhance the effectiveness of EMT work, such as the best practices from the deployment of EMTs during COVID 19 across different countries. Through our research work we're also trying to fill the gap in the literature, taking into account the scarcity of research in the humanitarian field, especially among EMTs."

Following the earthquake in February, Diana also worked remotely with 230 community health workers in northwest Syria, supporting and empowering communities to make decisions about their own health and well-being. Delivering the course in Arabic, the two day course involves interactivity, role-play, case studies and discussion.

"I help translate any fears, concerns and behaviours into positive action and the feedback has been absolutely amazing. Understanding how the people we help perceive risk means we can work with them and decide on the best interventions. It's a hugely reward process for everyone involved."

**Assistant Professor Diana Maddah,
UK-Med's Senior Health Advisor**



A year of awards



May 2022

Professor Tony Redmond wins the Manchester Pride of Britain Lifetime Achievement Award and the Peter Safar Award at the World Association for Disaster and Emergency Medicine.



December 2022

David Wightwick awarded the CMG (Companion of the Most Distinguished Order of St Michael and St George) for services to UK humanitarian support.



Emergency consultant, Paul Ransom awarded an OBE for services to health support overseas.



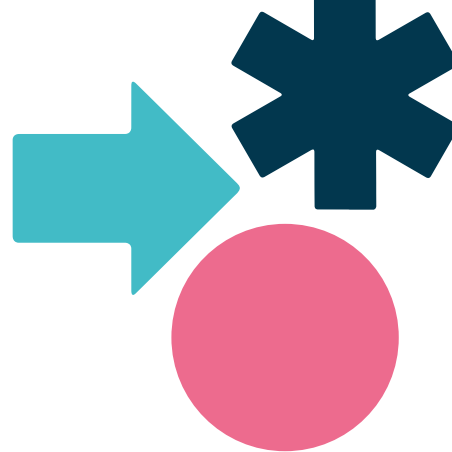
November 2022

Dr Freda Newlands wins 'Best Doctor' at the 'Who Cares Wins' awards and was presented with her award by King Charles at Dumfries House in Ayrshire.



July 2023

Consultant surgeon, Andy Kent awarded an OBE for services to health support overseas.



A message from our Chair

What this report clearly shows is both the organisation's astonishing achievements of the last year, and a frightening picture of the world to come within the next twenty. One we'll all have to endure, and which will ultimately set everyone's agenda.

Which is why it's excellent that preparedness is clearly so high amongst UK-Med's priorities (along with Respond and Learn). In just one area: infectious disease control, it's demonstrated by the amount of time and energy being put into training, education, sharing of skills and learning – all of which will help countries build sustainable infrastructures for the future.

UK-Med is looking hard at what's coming and preparing the world to cope with it. Which is both humbling and immensely reassuring.

The organisation's growth is equally impressive. While the situation within Ukraine forced it to take a number of leaps forward which normally would have taken much longer, its ability to be nimble, agile and responsive is clearly one of its core strengths.

Prior to taking on the role of Chair, my background has included years spent as a chief exec and chair within the NHS. Therefore, I can see how important the NHS

is to UK-Med (not least in terms of its staff on the Register), and that the relationship is reciprocal. One of the things I'm keen to work on is continuing to build this relationship at the highest levels, so the mutual benefits can be better and more broadly understood.

UK-Med will be 30 next year, and I feel both excited and privileged to have come on board; becoming part of the custodianship of something really valuable. And I bring, in my own way, 50 years' experience in the field of leadership and team building, particularly in the clinical field, as well as a wide network of contacts. For I am equally keen to do what I can to help acquire the long-term funding the organisation needs in order to ensure that, not only is it sustainable, but truly able to thrive. Because, quite frankly, if UK-Med didn't exist, right now we'd be having to invent it.

What it does is as astonishing and essential as any global NGO. And to demonstrate this through the amazing stories of its patients and staff – nothing could be more powerful.



David Whitney, Chair, UK-Med



Funding our mission to save lives in emergencies

What is clear is that when there is a large emergency, the response to saving lives is supported wholeheartedly and generously by the public, and we see this repeatedly. There's a sense of common humanity and people want to try and help.

What we need to do is convert this desire to respond to big emergencies to an understanding that regular financial support will help prevent these big impacts. A private funding supporter base will also bring in the amount of unrestricted income that's required for keeping the rest of the organisation going. Unfortunately, 'keeping the lights on' is always a challenge for any charitable organisation.

Within UK-Med we are working towards both strategic and financial independence, and we know that this is going to take time. Traditionally we have been almost entirely government-funded, mainly by the FCDO, and it is very much both our intention and desire to keep working with them.

However, we would like to also be able to respond to emergencies independently and urgently; unhampered by the negotiations that take place when receiving money downstream of the big international agencies.

In order to do this, we need to grow a pot of £1million, maintained on a rolling basis so that we are ready to deploy at any moment. At the end of the year 2022-2023 this Emergency Response Fund stood at around £440,000. We raised a total of £650,000 from the public in response to all our appeals during the fiscal year.

We know that the British public are generous, and as our organisation becomes better known we are confident that both institutions and the public will be willing to support our mission to save lives in emergencies.. For what work it is we do! And we are growing our team to help achieve this.

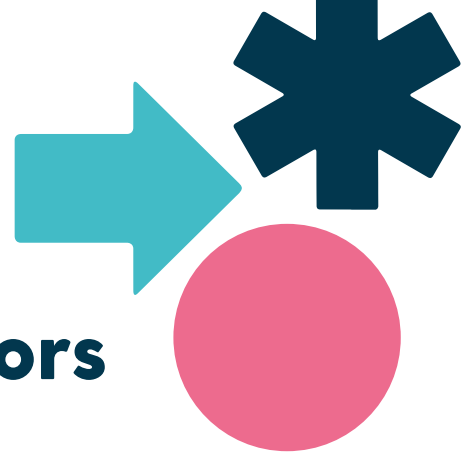
There is also more funding going into humanitarian response from world governments, along with an understanding that the humanitarian sector is essential to plug those gaps.



No country nor region is going to be capable of dealing with the scale of disasters that we are beginning to see. But, with the right funding we can be one of the first on the frontline: dedicated, nimble and responsive, using our unique combination of skills, born both of the NHS and internationally, to ensure we give the best possible care that really will make a difference."



Jackie Snell,
Director of Fundraising
and Communications



Thank you to our donors

We are extremely grateful to the funders and donors who help drive our global work.

Our institutional funders



Our philanthropy donors

The Dowager Countess
Eleanor Peel Trust

Organon

Clitheroe Rotary Club

The Royal College of
Surgeons of Edinburgh

Bramhall & Woodford
Rotary Club

Citrefine International Ltd

VetPlus

Belmont Community Housing

Clitheroe Town Council

University of Manchester
Physician Associate Studies

University of Manchester
Chemical Engineering

Boroughmuir High School

Oxton St Saviour's School

The Henhurst Charitable
Trust

Gillespie Gifford and
Brown LLP

Wirral Schools Concert Band

High Lane Men's Forum

Thornton Law Solicitors

The Barbers' Company
General Charities

Halton Libraries

Droylesden Lively Minds Club

Royden Revolve Rotary Club

Eden Court Theatre

Theatr Gwaun

West Lancashire
Freemasons' Charity

St Fittich Rotary Club

Darlington Choral

Freckleton Sport and
Social Club

Betty Messenger Foundation

KKL Charity

Houghton Dunn Trust

How you can support our life saving work

Donate

www.uk-med.org/donate-now

For fundraisers

www.uk-med.org/fundraising

Join the conversation



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/UKMedNGO

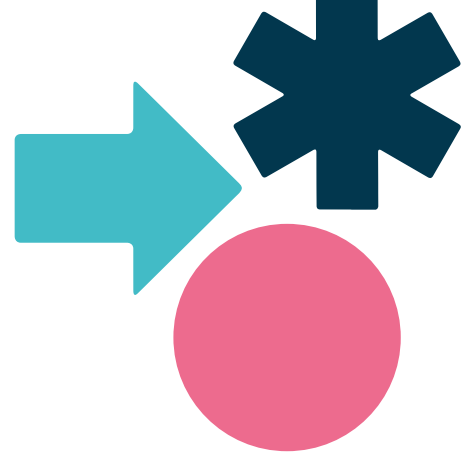


@uk_med



@uk-med





Financial review

We have noted a significant increase in income this year, from £4.46m (2022) to £11.71m – an increase of 162%. This is mainly due to an increase in restricted funding. Our Ukraine response has contributed £5.99m to the total restricted income. Our unrestricted income also increased by 174%, from £0.25m (2022) to £0.701m. The unrestricted funding was in response to our fundraising appeals for Ukraine and Turkey/Syrian responses.

Our expenditure has also increased in line with income, by 144% from £4.40m (2022) to £10.75m. We have decided to register UK-Med in Ukraine in order to provide support during the ongoing conflict. During the financial year, UK-Med has provided lifesaving services for a cost of £6.01m. This funding was secured through institutional grants and corporate and individual donations.

Our partnership with FCDO further strengthened during the fiscal year as we successfully acquired the follow-up funding for the EDT. This grant will cover the preparedness of the UK-Med UK-EMT for the next five years. FCDO remained as the principal source of funding during the period.

Investment Policy

The trustees, following an assessment of the liquidity requirements of the organisation, have reserved available funds in an interest-bearing deposit account, and will 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 criterium:

1. To act as a buffer for the cashflow as the 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 for any liabilities should the charity cease to operate

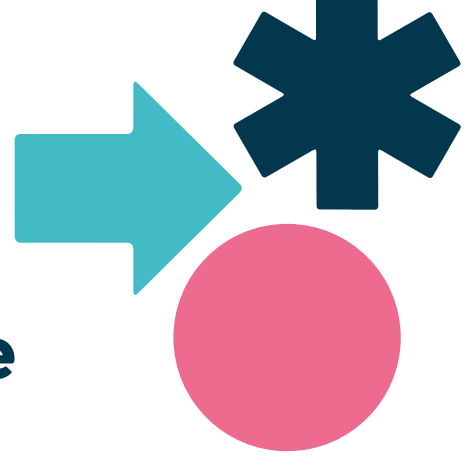
On 31st March 2023, UK-Med held total reserves of £2.25m (£1.30m:2022). This amount includes free reserves of £1.042m (£1.011m:2022), designated reserves of £0.821m (£0.237m:2022), fixed asset fund of £0.197m (0.056m:2022) and Stock £0.196m (0.184m:2022).

The increase of £0.228m in free reserves during the year indicates 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 the significant financial growth of UK-Med, with a forecast of the charity's turnover reaching £24m in the next four years. The amount held in free reserves required will be much greater to support higher levels of business. We aim to grow free reserves to £6m by the end of 2027.

Plan for future period

We aspire to deliver life-saving services through the Emergency Medical Team (EMT) mechanism during natural disasters, conflicts, and outbreaks. We will continue to develop partnerships with other actors in the humanitarian sector. We have signed a standby partnership agreement with FCDO to provide capacity to WHO and other UN organisations. We are currently working on a standby partnership agreement with IOM for providing capacity to support with their responses, as well as delivering training in emergencies. We are part of other consortiums as a humanitarian response lead organisation and will be delivering activities alongside other partners.





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)
Dr Harpreet Kohli
Orla Fee
Jenny Christine Appleton Buckle
Dr Tsitsi Dadirai Chawatama-Kwambana (Resigned Feb 2022)
Louise Parnell – Treasurer (Resigned Jun 2023)
Marian Mathias
Cathryn Nerys Rhiannon Turton
Dr. Imogen Freya Dawn Stephens
Dr. Suzanne Marie Candy
Sir John Oldham (Appointed November 2022 & Resigned June 2023)

Key management personnel David Wightwick – Chief Executive
Adil Shah – Director of Support Services
Dr. Ram Vadi – Health Director
Tom Godfrey – Humanitarian Operations Director
Jackie Snell – Fundraising and Communications Director
Michelle Hanegaard – Capacity Building and Learning Director
Duncan Mann – Associate Director of HR & Membership

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

Auditors Champion Accountants LLP
7-9 Staion Road
Hesketh Bank
Preston
Lancashire
PR4 6SN

The trustees present their report and the audited financial statements for the year ended 31 March 2023. 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 registered in 2016 and 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.

Public Benefit

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. The governing documents have been amended in September 2023 to increase the number of trustees from 10 to 12 through an ordinary resolution.

Recruitment and appointment of trustees

We are currently in the process of recruiting our next Chair of the Board. Each trustee appointment reflects 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 go 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 ongoing as per plan and two additional trustees have been opted onto the board, and are currently going through the necessary checks.

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, Risk and Audit sub-committee (FRASC) meets. The FRASC consists of at least two trustees, including Treasurer (who chairs the FRASC), the Chief Executive, and Director of Support Services. Management accounts are reviewed in detail by the FRASC members, who make 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, consisting of the 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.

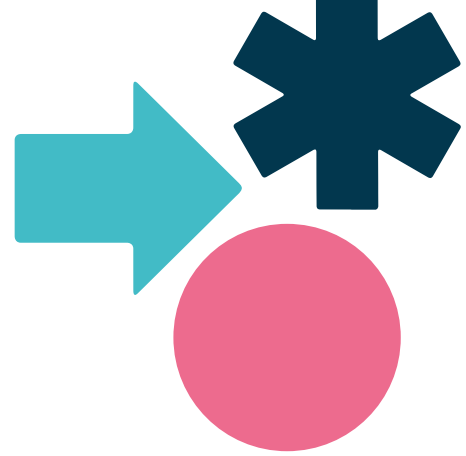
The trustees give their time voluntarily and receive no financial benefits from the charity. Any expenses reclaimed from the charity are set out in note 7 to the accounts.

Related parties and relationships with other organisations

Larissa Fast is Head of Department 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 NHS and other humanitarian organisations. 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 due 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 have concluded that no material uncertainties related to events or conditions that may cause significant doubt regarding the ability of UK-Med to continue as a going concern have been identified.

Therefore, the financial statements for the year ended 31 March 2023 are prepared on the going concern basis.

Auditors

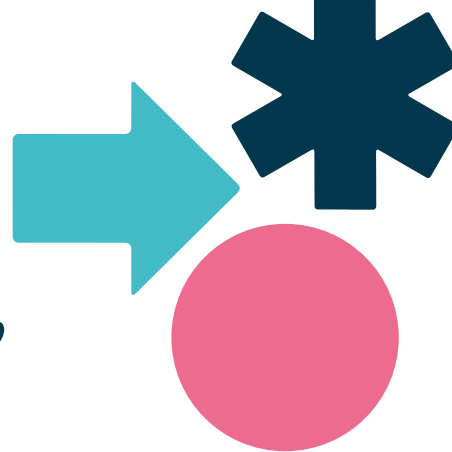
Champions Accountants LLP were appointed as the charity's auditors during the year and have expressed their willingness to continue in that capacity.

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

Cathryn Turton

Cathryn Nerys Rhiannon Turton
Deputy Chair and Trustee

Date: 22 January 2024



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 2023 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 2023, 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.

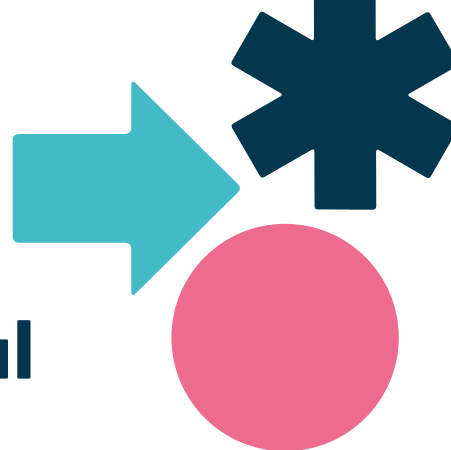
A handwritten signature in black ink, appearing to read 'P. Buck', with a stylized, cursive flourish at the end.

Peter Buck FCA, DChA (Senior Statutory Auditor)
Champion Accountants LLP
7-9 Staion Road
Hesketh Bank
Preston
Lancashire
PR4 6SN

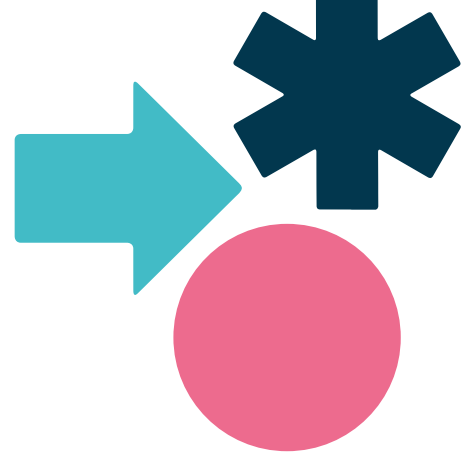
Date: 22 January 2024

Champion Accountants LLP 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 2023



	Notes	Unrestricted funds £	Restricted funds £	Total funds 2023 £	Total funds 2022 £
Incoming resources	3				
Income and endowments from:					
Donations and legacies		701,665	828,066	1,529,731	255,987
Charitable activities: Emergency response and preparedness		264,874	9,916,947	10,181,821	4,214,004
Investments		1,741	0	1,741	0
Total		968,280	10,745,013	11,713,293	4,469,991
Resources expended	4				
Expenditure on:					
Raising funds		97,222	0	97,222	84,557
Charitable activities: Emergency response and preparedness		629,227	10,025,734	10,654,961	4,319,874
Total		726,449	10,025,734	10,752,183	4,404,431
Net income/(expenditure) before investment gains/(losses)		241,831	719,279	961,110	65,560
Net gains/(losses) on investments		0	0	0	0
Net income/(expenditure)		241,831	719,279	961,110	65,560
Transfers between Funds		710,107	(710,107)	(0)	0
Other recognised gains/(losses):					
Gains and losses on revaluation of fixed assets for the charity's own use		0	0	0	9,501
Net movement in funds		951,938	9,172	961,110	75,061
Reconciliation of funds:					
Total funds brought forward		1,304,784	97,402	1,402,186	1,327,125
Total funds carried forward		2,256,722	106,574	2,363,296	1,402,186



Balance sheet as at 31 March 2023

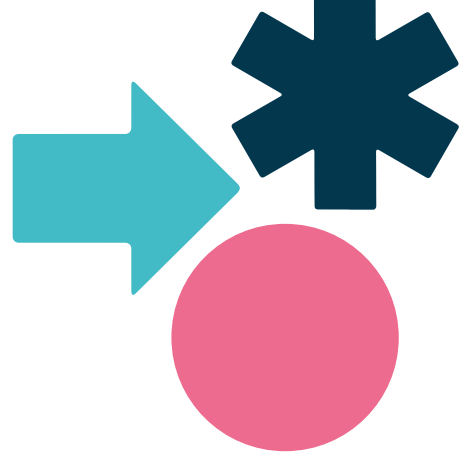
	Notes	2023 £	2022 £
Fixed assets:			
Tangible assets	10	197,596	56,069
Total fixed assets		197,596	56,069
Current assets:			
Stocks		196,284	184,114
Debtors	11	1,964,105	288,425
Cash at bank and in hand		2,191,452	1,160,380
Total current assets		4,351,841	1,632,919
Creditors: amounts falling due within one year	12	2,186,141	286,803
Net current assets/(liabilities)		2,165,700	1,346,117
Total assets less current liabilities		2,363,296	1,402,186
Total net assets or liabilities		2,363,296	1,402,186
Funds of the Charity:			
Restricted income funds	13	106,574	97,402
Unrestricted funds	14	2,256,722	1,304,784
Total funds		2,363,296	1,402,186

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

Cathryn Turton

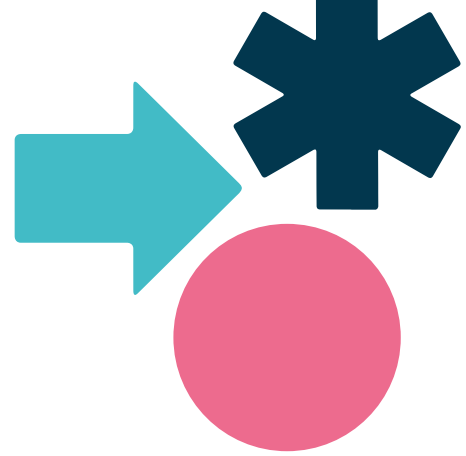
Cathryn Nerys Rhiannon Turton
Trustee

Date: 22 January 2024



Statement of cash flows for the year ending 31 March 2023

	Notes	2023 £	2022 £
Cash flows from operating activities:	15		
Net cash provided by (used in) Operating activities	A	1,214,610	957,244
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		(183,538)	(9,069)
Proceeds from sale of investments		0	0
Purchase of investments		0	0
Net cash provided by (used in) investing activities		(183,538)	(9,069)
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		1,031,072	948,175
Cash and cash equivalents at the beginning of the reporting period		1,160,380	212,205
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	2,191,452	1,160,380



Notes to the accounts for the year ended 31 March 2023

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 2023 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) Support costs

Support costs are those costs that, whilst necessary to deliver an activity, do not themselves produce or constitute the output of the charitable activity. Support costs include the UK office functions such as operations support, logistics, general management, governance, payroll administration, budgeting and accounting, insurances, information technology, human resources, MEAL and finance. Support costs have been allocated on the basis of head count.

l) 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.

m) 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.

n) 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.

o) Financial instruments

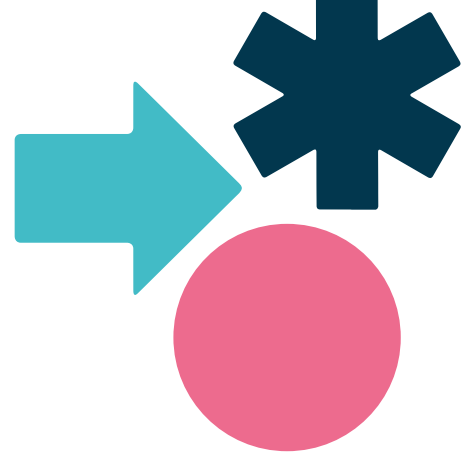
The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic Financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently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

p) 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.

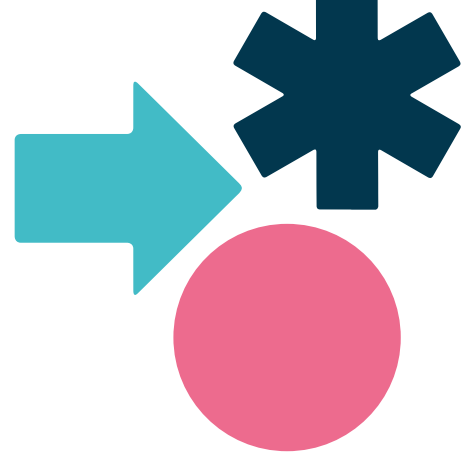
2. Legal status of the charity

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



3. Analysis of income

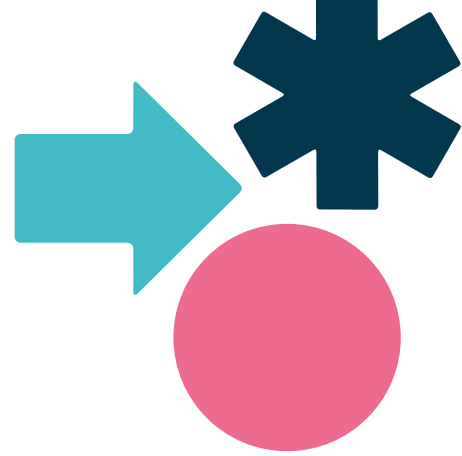
	Unrestricted funds £	Restricted funds £	Total funds 2023 £	Total funds 2022 £
Donations and legacies:				
Donations and gifts	701,665	808,066	1,509,731	255,987
General grants provided by government/ other charities	–	20,000	20,000	30,000
Total	701,665	828,066	1,529,731	285,987
Grant Income:				
FCDO – EMT Programme	–	2,332,164	2,332,164	2,484,922
FCDO – Solomon Islands	–	209,400	209,400	–
FCDO – Malawi	–	347,657	347,657	–
FCDO – Turkey	–	1,185,949	1,185,949	–
Save the Children – READY	–	218,922	218,922	191,589
Humanity and Inclusion – Integrated Hospital Disaster Preparedness Myanmar	–	137,735	137,735	94,392
BHA/Save the Children – Ukraine	–	2,002,714	2,002,714	–
IOM – Ukraine	–	1,570,752	1,570,752	–
FCDO – Ukraine	–	300,000	300,000	–
FCDO – Syria response	–	300,000	300,000	–
DEC/Save the Children – Ukraine	–	1,311,654	1,311,654	–
Arbeiter-Samariter-Bund	22,745	–	22,745	–
Save the Children – Climate Change	–	–	–	25,000
FCDO – AFRO COVID Support	–	–	–	589,691
FCDO – Tunisia	–	–	–	30,684
FCDO – PNG	–	–	–	313,000
Randal Trust	–	–	–	50,000
Total	22,745	9,916,947	9,939,692	3,779,277
Earned income:				
WHO – Somalia	231,511	–	231,511	–
Training Fees	10,618	–	10,618	–
FCDO – CHASE/Pharmacy	–	–	–	206,051
WHO – Djibouti	–	–	–	112,641
WHO – Eswatini	–	–	–	61,231
WHO – Mauritania	–	–	–	24,804
Total	242,129	–	242,129	404,726
Income from investments:				
Interest income	1,741	–	1,741	–
Total	1,741	–	1,741	–
TOTAL INCOME	968,280	10,745,013	11,713,293	4,469,991



4. Analysis of total expenses

	2023			
	Emergency response and preparedness	Fundraising Costs	Support Costs	Total
	£	£	£	£
Expenditure on raising funds:				
Staff costs (note 6)	4,363,309	70,837	824,838	5,258,984
Training & Capacity Building	247,466	–	–	247,466
Deployment Readiness	145,618	–	–	145,618
Medical supplies & equipment	2,501,384	–	–	2,501,384
Travel and transport	1,039,332	181	118,351	1,157,864
Insurance	420,476	–	109,663	530,139
Professional Services	65,023	20,897	24,882	110,802
IT infrastructure and support	39,608	2,541	29,903	72,052
Premises and office running costs	573,920	1,329	118,310	693,559
Communications	–	1,437	5,694	7,131
Governance	–	–	27,183	27,183
Subtotal	9,396,136	97,222	1,258,825	10,752,183
Support costs	1,245,933	12,892	(1,258,825)	–
Total expenditure	10,642,069	110,114	–	10,752,183

	2022			
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	1,761	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



5. Analysis of governance costs

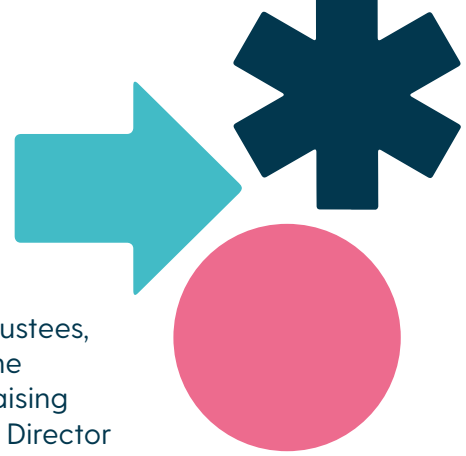
	2023	2022
	£	£
Auditors remunerations	17,800	5,700
Turstees reimbursment	1,452	–
Trustees meeting costs	712	–
Trustees and managers liability insurance	7,219	–
Total	27,183	5,700

6. Staff costs

	2023	2022
	£	£
Salaries and wages	3,931,736	1,506,267
Social security costs	239,221	155,030
Pension costs (defined contribution scheme)	154,377	150,627
Total staff costs based in the UK	4,325,334	1,811,924
Staff cost for emergency response and consultancies	892,656	823,779
Staff recruitment, training and development	40,994	17,069
Total staff costs (UK and Overseas)	5,258,984	2,652,772

Band	Number of employees	
	2023	2022
£60,000 to £69,999	1	–
£70,000 to £79,999	–	1
£80,000 to £89,999	1	–
£90,000 to £99,999	–	–
£100,000 to £109,999	–	–
£110,000 to £119,999	–	1
£120,000 to £129,999	1	–
£130,000 to £139,999	–	–

	2023	2022
	Number	Number
Average head count in the year	57.16	37.60
Total	57.16	37.60



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, Fundraising and Communications Director, Capacity Building and Learning Director and Associate Director of HR and Membership. The total pay to those roles, through PAYE, in the year was £444,227.

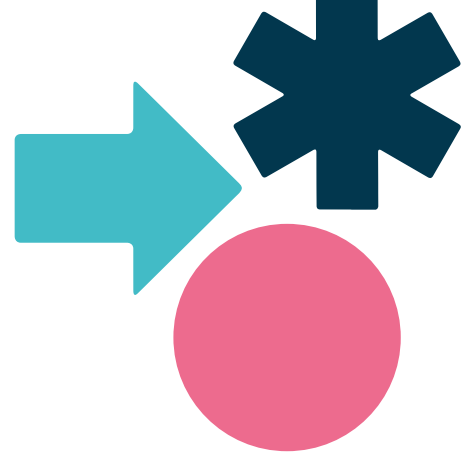
7. Trustees remuneration and expenses, and related party transactions

During the year 10 trustees serviced on the board. Five trustees were reimbursed £1,452 for costs related to travel and phone calls during the year ending 31 March 2023 (2022:£72).

One trustee received remuneration of £6,493 in relation to their services as a Medical doctor in Ukraine during the year ending 31 March 2023 (2022: £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

	2023 £
FCDO – Emergency Deployment Team	2,332,164
FCDO – Solomon Islands	209,400
FCDO – Malawi	347,657
FCDO – Turkey	1,185,949
FCDO – Ukraine	300,000
FCDO – Syria Response	300,000
Total	4,675,170
	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

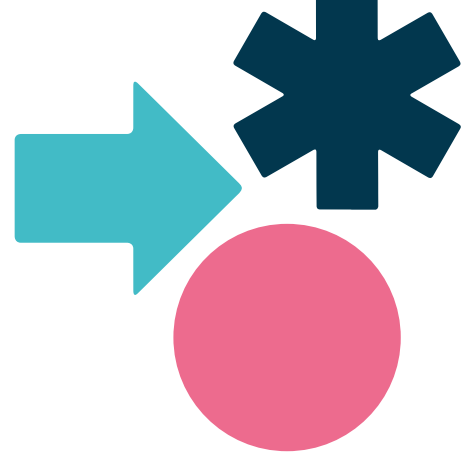


9. Corporation tax

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 2022	288,669	27,942	316,611
Additions	183,538	–	183,538
Revaluations	–	–	–
Disposals	(181,191)	–	(181,191)
Transfers*	–	–	–
At 31 March 2023	291,016	27,942	318,958
Depreciation and impairments			
At 1 April 2022	246,190	14,352	260,542
Disposals	(181,191)	–	(181,191)
Depreciation	35,452	6,559	42,011
At 31 March 2023	100,451	20,911	121,362
Net book value			
At 31 March 2023	190,565	7,031	197,596
At 31 March 2022	42,479	13,590	56,069

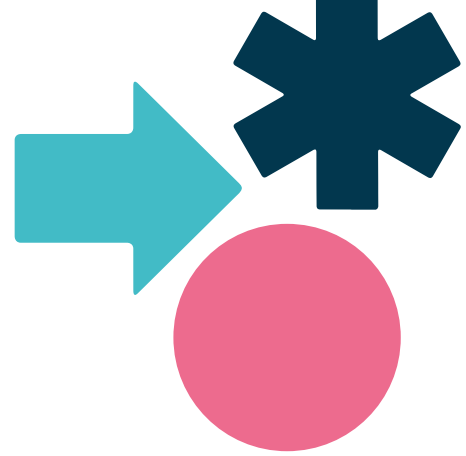


11. Debtors and prepayments

	2023	2022
	£	£
Grants receivable	115,793	158,182
Prepayments and accrued income	1,831,902	113,833
Other receivables (Deposits)	16,410	16,410
Total	1,964,105	288,425

12. Creditors and accruals

	2023	2022
	£	£
Trade creditors	677,556	226,110
Accruals	1,502,078	55,143
Taxation and social security	4,804	3,454
Other creditors	1,703	2,096
Total	2,186,141	286,803



13. Analysis of movements in restricted funds

	Balance at 1 April 2022	Income	Expenditure	Balance at 31 March 2023
	£	£	£	£
FCDO – EDT Programme	110,419	974,727	(1,085,146)	0
FCDO – EDT 2	–	1,357,437	(1,347,333)	10,104
FCDO – GIK	–	808,066	(808,066)	0
FCDO – PNG	104,754	–	(462)	104,292
FCDO – Solomon Island	(100,744)	209,400	(108,656)	(0)
FCDO – Malawi	–	347,657	(347,657)	0
FCDO – Turkey	–	1,185,949	(1,185,949)	0
FCDO – Turkey April 2023	–	–	(1,971)	(1,971)
BHA/Save the Children	–	2,002,714	(2,006,364)	(3,650)
IOM – Ukraine 3	–	353,465	(353,945)	(480)
Barbers Foundation	–	20,000	(20,000)	0
FCDO – Ukraine	–	300,000	(300,000)	0
FCDO – Syria Response	–	300,000	(300,000)	0
IOM – Ukraine 1 & 2	–	1,217,287	(1,217,287)	0
IOM UKRAINE 4	–	–	(1,721)	(1,721)
DEC/Save the Children – Ukraine	(53,484)	1,311,654	(1,258,170)	(0)
BHA/Save the Children – READY 1	–	218,922	(218,922)	0
Humanity and Inclusion – Intergrated Hospital Disaster Preparedness: For more resilient health facilities, emergency insitiutions and communicites affected by sidasters in Myanmar	(13,543)	137,735	(124,192)	(0)
Randal Trust	50,000	–	(50,000)	0
Total	97,402	10,745,013	(10,735,841)	106,574

The transfer between restricted and unrestricted funds recorded on SOFA reflects the contribution made by restricted funding to organisation overheads/NPAC costs.

Previous reporting period

	Balances at 1 April 2021	Income	Expenditure	Balance at 31 March 2022
	£	£	£	£
FCDO – EDT Programme	219,117	2,484,922	(2,593,619)	110,419
FCDO – Coronavirus Outbreak – UK Response	26,606		(26,606)	0
FCDO – Ebola Technical Support for Rwanda	5,652		(5,652)	0
FCDO – AFRO COVID Support	–	589,691	(589,691)	0
FCDO – Tunisia	–	30,684	(30,684)	0
FCDO – PNG	–	313,000	(208,247)	104,754
FCDO – Solomon Island	0		(100,744)	(100,744)
Save the Children/DEC – Ukraine	0		(53,485)	(53,484)
Save the Children – READY	(5,041)	191,589	(186,547)	(0)
Humanity and Inclusion – Intergrated Hospital Disaster Preparedness: For more resilient health facilities, emergency insitiutions and communicites affected by sidasters in Myanmar	0	94,392	(107,935)	(13,543)
Save the Children – Humanitarian Sector and the Climate	6,179	25,000	(31,179)	0
Randal Trust	0	50,000	0	50,000
Total	252,513	3,779,277	(3,934,389)	97,402

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 – EDT 2

This purpose of this funding is to provide internationally recognised rapid response capability to support people in need of emergency medical and search and rescue assistance including strengthen global emergency response systems and initiatives.

FCDO – GIK

Gift In-Kind donation of Surgical Unit and consumables to Ukraine for hospital in Trostyanets in Sumi Olasi.

Name of restricted fund

Purpose and Restrictions

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.

FCDO – Solomon Island

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.

FCDO – Malawi

The purpose of this grant is to provide assistance and support to the Malawi Ministry of Health, due to concerns around domestic capacity for medical supply and relevant staffing for the delivery of CTC appropriate care linked to case management of cholera patients.

Name of restricted fund

Purpose and Restrictions

FCDO – Turkey

The funding provided UK-Med to deploy UK EMT to turkey post devastating earthquake. The support including deployment of Type 1 field hospital and mobile clinics.

FCDO – Turkey April 2023

The funding provided UK-Med to deploy UK EMT to turkey post devastating earthquake. The support including deployment of Type 1 field hospital and mobile clinics.

BHA/Save the Children

The purpose of this funding is to protect and provide lifesaving assistance to conflict-affected people in Ukraine—including children, women, people with disabilities, LGBTQI+, and vulnerable men—by enabling access to basic services and protection through adaptable, multi-sectoral, and integrated response modalities.

IOM – Ukraine 3

The funding enabled Uk-Med to provide healthcare services for conflict affected IDPs and host population in conflict-affected newly accessible oblasts of Ukraine icnluding Kharkivska, Khersonska, Mykolaivska, Poltava, & Sumy.

Barbers Foundation

This funding has support supply of surgical equipment and consumables to hospitals in Ukraine.

FCDO – Ukraine

The grant helped improveing overall access to health care for resident population and war affected IDPs in Ukraine along with improved preparedness and capacity building for targeted health facilities through embedding in host struc-tures, developing training programs and provision of mentorship whilst at the same time running continuous needs assessments and enhancing UK-Meds operational capacity in Ukraine.

FCDO – Syria Response

The purpose of this funding is to provide essential material for performing quality reconstructive surgery of those injured and other essential material for primary health care and public health work in North West Syria. £300,000

Name of restricted fund

Purpose and Restrictions

IOM – Ukraine 1 & 2

This funding agreement provided support to UK-Med's emergency response for the humanitarian crisis in Ukraine. Through this project, UK-Med has established mobile clinics for primary health care provision, provide training and capacity building, and direct trauma and surgical care.

IOM UKRAINE 4

This grant is to provide emergency health response to the Humanitarian Crisis in Ukraine Provision of of healthcare services and support for conflict affected internally displaced persons from and host populations in newly accessible areas of Ukraine.

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 institutions and communities affected by disasters in Myanmar

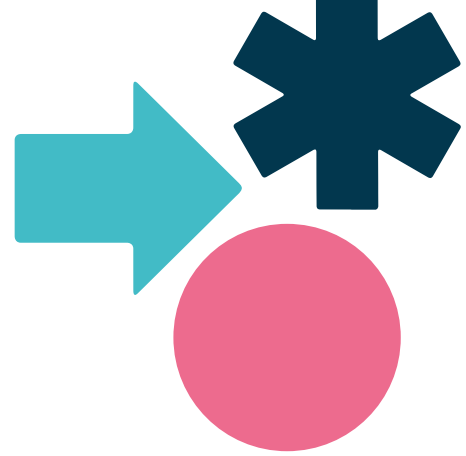
The purpose of this funding is to enhance community resilience through disaster preparedness and incident management in hospitals, multi partner coordination and community empowerment ensuring continuous inclusive care for disaster affected population in Myanmar.

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 Lviv surgical training and capacity building programme to deploy approximately 6 surgeons to provide surgical support.

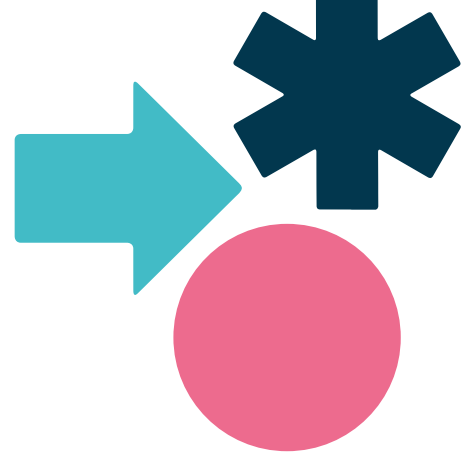


14. Analysis of movement in unrestricted funds

	Balance at 1 April 2022	Income	Expenditure	Transfers	Balance at 31 March 2023
	£	£	£	£	£
General Fund	826,646	82,099	(596,008)	730,058	1,042,795
Deployment Fund – Ukraine Appeal	192,689	158,255	(35,204)	0	315,740
Deployment Fund – Turkey/Syria Appeal	0	101,541	(36,994)	0	64,547
Emergency Response Fund	25,316	414,443	0	0	439,759
Verification Fund	19,951	0	0	(19,951)	0
Fixed Assets	56,068	183,538	(42,009)	0	197,597
Stock	184,114	196,284	(184,114)	0	196,284
Total	1,304,784	1,136,160	(894,329)	710,107	2,256,722

Previous reporting period

	Balances at 1 April 2021	Income	Expenditure	Transfers	Balance at 31 March 2022
	£	£	£	£	£
General Fund	660,908	334,035	(435,856)	267,558	826,646
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



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

	2023	2022
	£	£
Net movement in funds (as per the statement of financial activities)		
Adjustments for:	961,109	75,061
Depreciation charge	42,011	52,005
Decrease/(increase) in stock	(12,169)	(39,396)
Decrease/(increase) in Debtors	(1,675,679)	932,096
Increase/(Decrease) in creditors	1,899,338	(62,521)
Net cash provided by (used in) operating activities	1,214,610	957,244

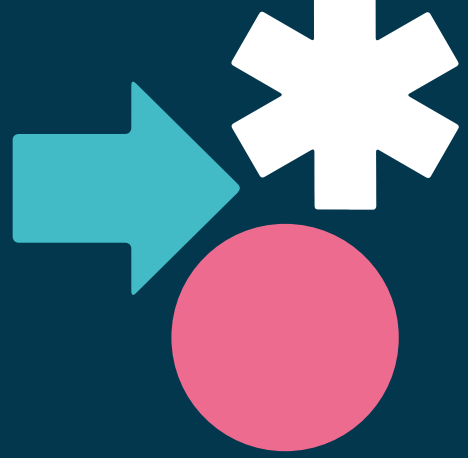
B. Analysis of cash and cash equivalents

	2023	2022
	£	£
Cash at bank and in hand	2,191,452	1,160,380
Total cash and cash equivalents	2,191,452	1,160,380

C. Analysis of changes in net debt

	At 1 April 2022	Cash flows	At 31 March 2023
	£	£	£
Cash at bank and in hand	1,160,380	1,031,072	2,191,452

UK-MED



Building a world prepared to help.