

The UK-MED logo is positioned in the top right corner. It consists of the text "UK-MED" in a bold, dark blue, sans-serif font, followed by a dark blue right-pointing arrow.

UK-MED

A red rectangular banner with the text "ANNUAL REPORT" in white, bold, sans-serif capital letters.

ANNUAL REPORT

A red rectangular banner with the text "2023-24" in white, bold, sans-serif capital letters.

2023-24

Contents

04	Our Mission
05	Our Impact
06	Foreword by David Wightwick CMG
08	On the Frontline in Gaza
12	Logistics Against the Odds: How UK-Med Deployed and Equipped a Field Hospital in Gaza
14	Our Continued Commitment in Ukraine
18	Supporting Health Workers in Libya
19	Combating Cholera in Zambia
20	Rehabilitation: The Path to Recovery
21	Armenia: Rehabilitation in Action
22	Statement from Our Founder, Professor Tony Redmond
24	Always Ready: How We Train for Emergencies
26	Statement from Our Chair, David Whitney
28	Funding Report
29	Our Donors
30	How You can Support Us
32	Financial Review
34	Governance, Structure, and Management
38	Auditor's Report
42	Financial Statements



Photo on front page: Paediatric nurse Kathleen Shields holds a newborn at the UK-Med field hospital in Al Mawasi, Khan Younis, Gaza Strip. © Sean Sutton/UK-Med.



UK-Med

Afghanistan
Bangladesh
Cape Verde
China
Djibouti

Gaza
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
Libya
Malawi

Morocco
Mozambique
Myanmar
Namibia
Nepal
Papua New Guinea
Samoa

Soloman Islands
South Africa
South Sudan
Turkey
Tunisia
Zambia

Our mission

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.



Photo: Children wait to be seen by the medical team at the UK-Med field hospital in Al Mawasi, Khan Younis, Gaza Strip. © Majdi Fathi/UK-Med.

Our impact in numbers

For the year ended 31 March 2024



38,997
people treated



881
surgeries performed



21,601
people reached
through Risk
Communication
and Community
Engagement



4,197
local staff,
civilians, and
first responders
trained



338
international staff deployed

Foreword by David Wightwick

The world is gripped in conflict. From the Middle East to the fringes of Eastern Europe, armed conflict is creating unprecedented levels of instability and uncertainty. Millions of lives have been shattered by violence. Displacement has reached a new scale. Again, it is the most vulnerable of society: children, pregnant mothers, the elderly and the disabled, who are hardest hit. Providing healthcare for those in need is our primary mission, but it is not without challenges.

This year has tested the limits of our ability to provide medical aid at scale in the most challenging contexts we have ever seen. At the end of March 2024, while running a country programme in Ukraine, we constructed a field hospital in Rafah, southern Gaza, where fierce fighting had displaced thousands and left many more wounded.

We deployed to Gaza shortly after concluding EMT deployments in Armenia and Libya: countries also impacted by violence or grappling with the movement of people in response to conflict.

Our ability to maintain simultaneous emergency responses in conflict zones more than 1,000 miles apart is a testament to the ingenuity and resourcefulness of our staff. In Gaza in particular, our team overcame enormous obstacles to bring lifesaving aid to those who need it. Humanitarian access, security, impartiality: these are not new issues for the aid sector to contend with, yet in Gaza, the stakes are raised to the extreme. Our team's ability to navigate those issues and establish a health response at scale has won the confidence of our donors, raised the profile of UK-Med as a first responder and helped us to reach hundreds of thousands of patients in urgent need.

The expertise that UK-Med brings to capacity building and training for emergency response has also never been more needed. UK-Med continues to support the design and training of new national Emergency Medical Teams. In close

collaboration with the Ethiopian EMT, the new team from Toulouse and supporting the emerging pan-European capabilities, UK-Med is working hard to ensure we can support building a reliable and effective response capacity around the World.

We have been working hard to ensure we have the resources available to deliver rapidly. We have expanded the number of people on our register and the number in our HQ team to ensure we have the skilled and experienced people needed to respond effectively in such difficult circumstances.

Our logistics team has not only been busy supporting field teams but has made sure that we have two field hospitals in the warehouse ready to go and the pharmaceuticals and supplies needed to sustain lengthy operations.

We are keenly aware that the year ahead will be no less challenging. The global humanitarian overview for 2025 paints an alarming picture: 305 million people are in need of humanitarian aid. With the pace and ferocity of current emergencies, we have our work cut out to fulfil our mission of providing lifesaving healthcare. We are approaching this task with grit and determination, confident that UK-Med is an experienced emergency responder. Our strength lies in our ability to act quickly and save lives in the first phase of an emergency, and we will remain true to that goal.



**David Wightwick CMG,
Chief Executive UK-Med**

Photo to the right: Smoke rises in the distance in the Gaza Strip. Since January 2024, UK-Med has provided emergency medical care in response to the conflict. © Sean Sutton/UK-Med.



“

We went into Gaza at the request of the World Health Organization. In my 25 years of humanitarian aid work, this is by far the most challenging situation I have seen.”

David Wightwick CMG, CEO of UK-Med.

On the Frontline in Gaza

In January, a UK-Med surgical team deployed to the Gaza Strip, precipitating a humanitarian response that would become UK-Med's largest to date and lead to the deployment of a UK-Med field hospital by the end of March.

With the renewed outbreak of hostilities following the 7 October attack by Hamas and the ensuing military operation by the Israeli Armed Forces into the Gaza Strip, the Ministry of Health came under immense pressure as health infrastructure was destroyed or damaged and tens of thousands of people were in critical need of medical care.

The World Health Organization (WHO) issued a call for immediate assistance from the global network of Emergency Medical Teams. In January, UK-Med answered the call, deploying a surgical team to Nasser Medical Complex in southern Gaza. By the time the team arrived, 13 of the initial 36 Ministry of Health hospitals were partially functional, alongside only 17% of primary healthcare facilities.

As the fighting moved closer towards Nasser Medical Complex, in February UK-Med took the decision to move its surgical team to Al Aqsa Hospital in Deir el Balah, in the central Gaza Strip.

By that time, it was clear that the enormous scale of humanitarian need in Gaza warranted a far larger response. UK-Med Senior Health Advisor, David Anderson, explained:

“

Following a new route with the UN, we entered Gaza via the Rafah crossing. Immediately, what struck me was the level of destruction; the scale of which I'd only seen before in small pockets of Ukraine. In Gaza, the destruction was everywhere. It was obvious that our response would have to be huge to meet the scale of need.”

While the surgical team worked tirelessly to save lives at Al Aqsa Hospital, which was operating at 500% capacity, on 27 February the Type 1 field hospital was dispatched from the UK, en route to Gaza.

While awaiting the arrival of the tented Type 1 field hospital, the UK-Med team in Gaza began construction of a fixed facility to provide vital healthcare in Al Mawasi, Khan Younis, to meet the enormous health needs of the increasing influx of internally displaced people.

Photo to the right: Dr Newport and the UK-Med surgical team operate on an injured man in Al Aqsa Martyrs Hospital in Deir el Balah, central Gaza Strip. © Majdi Fathi/UK-Med.



“

We worked at Al Aqsa Hospital six days a week, undertaking around 20 procedures every day. Cases ranged from major chest, abdominal and limb trauma to wound debridement and burn dressings. Although we saw a steady number of gunshot wounds, 90 per cent were injuries caused by explosions and fragmentation.”

Dr Matthew Newport, Anaesthetist

Rapidly Scaling Our Response

Beginning with a structure of salvaged timber and tarpaulin and staffed by a small clinical team, UK-Med built up stocks of medicine in Gaza and acquired the necessary medical equipment to run the clinics at the fixed facility. The ability to source medicine and equipment inside Gaza to supplement the supplies being trucked through the Rafah crossing was only possible as a result of the team's ingenuity and UK-Med's extensive network of contacts and relationships with peer NGOs, UN agencies (such as WHO, UNICEF and UNFPA who donated maternity kits, hospital beds, and medical supplies), and the Ministry of Health.

Whilst providing necessary and desperately needed primary healthcare, constructing a fixed facility was also part of UK-Med's overall strategy in Gaza to increase local awareness of UK-Med and to improve community acceptance in an exceptionally hazardous environment.

At the same time, the clinical team began working on plans to run mobile health clinic services to reach patients who were unable to travel to the field hospital. From 5 March, four mobile clinics began running between Khan Younis and Deir el Balah along the coastal road where large numbers of internally displaced people had sheltered, and where there was little or no adequate healthcare provision. With supplies provided by the World Health Organization, the mobile clinics provided primary healthcare, wound care, and health promotion activities.

On 15 March, the tented Type 1 field hospital arrived at the field hospital site, accompanied with large stocks of pharmaceuticals and medical equipment. Based on a request from the Ministry of Health to scale up the Type 1 into a Type 2 surgical field hospital, the UK-Med team began planning the rapid expansion of the facility and its capabilities.

The Type 2 planned to serve a catchment area extending from the middle of Al Mawasi to slightly north of Khan Younis with the intention of replacing some of the services lost following the week-long siege and subsequent raid of Nasser Hospital on 14 February. In order to scale up to a Type 2, the Ministry of Health provided UK-Med with a significant amount of equipment and supplies, much of which had been salvaged from Nasser hospital.

To assist with the expansion of UK-Med's health programming, UK-Med began working with a local partner, Save Youth Future Society (SYFS), to rapidly recruit and onboard local Palestinian staff.

In January – the first month of UK-Med's response in Gaza – UK-Med teams treated 83 people, mostly surgical patients. That number had risen 464 at the end of February. By 31 March:



8,582

patients treated



666

surgeries performed



2,791

people reached through risk communication and community engagement

Photo to the right: A young patient receiving care at the UK-Med field hospital in Al Mawasi, Khan Younis. Approximately 40 per cent of people treated by UK-Med in Gaza are children and young people under 18 years of age. © Majdi Fathi/UK-Med.



“

The situation in Gaza remains desperate and the need for medical aid is crucial. That is why this money is so important. Helping to save lives and deliver emergency care to those most in need.”

UK Foreign Secretary, David Lammy, on announcing funding from the Foreign, Commonwealth and Development Office (FCDO) for UK-Med.

Logistics Against the Odds: How UK-Med Deployed and Equipped a Field Hospital in Gaza

The humanitarian response in Gaza constitutes the largest UK-Med deployment in its 30-year history. For the logistics team, supplying such a huge operation with the quantities of medicine and equipment needed to meet the enormous health needs in the Gaza Strip presented a significant challenge.

The logistics team displayed remarkable flexibility, determination, and ingenuity in overcoming these challenges, the first of which was the need to be entirely self-sufficient as an EMT. Water and medicine would have to be sourced by UK-Med; a considerable task when sustaining a field hospital. But even before that, the tented Type 1 field hospital itself would have to be packed, loaded, and transported to Gaza.



The ability to act quickly in emergencies saves lives. This ethos is maintained not only by our medics, but by everyone at UK-Med, including the logistics team.”

David Wightwick CMG, CEO of UK-Med



Photo: The UK-Med field hospital under construction in Al Mawasi, Khan Younis. © Sean Sutton/UK-Med.

From Stockport to Gaza

The first step was identifying a suitable plot of land for the hospital. UK-Med received permissions from the Ministry of Health to establish the field hospital, using an area previously deconflicted for UNICEF.

The list of tents for the Type 1 with accompanying equipment, medicines, and supplies was finalised and presented to the Israeli Coordination of Government Activities in the Territories (COGAT) at the beginning of February for approval, which was necessary before it could be transported into Gaza.

At the same time, the UK-Med team in Gaza were already procuring large numbers of ration packs, canned food supplies, communications equipment, and other necessary items to support its surgical teams which had to be carried by UK-Med staff as they entered Gaza via the Rafah border crossing. With health needs mounting and the number of ill and injured growing by the day, it was imperative that the Type 1 made it safely and quickly into Gaza.

COGAT approval was granted on 22 February. Procurement for shipping of the Type 1 was quickly finalised, and the shippers collected the pharmaceuticals and medical supplies held by IMRES in the Netherlands.

On 27 February the EMT Type 1 tented field hospital was dispatched from the UK-Med warehouse in Stockport and trucked to Manchester Airport. It was dispatched in two shipments: the first with the Type 1 tents plus 20 beds, with a second shipment shortly after with an additional 30 beds. At the same time, the team in Gaza were in the process of constructing a fixed facility using locally available materials to meet the health needs that were growing beyond the team's initial capacity of the team.

On 15 March, the tented Type 1 field hospital and accompanying pharmaceuticals crossed the border into Gaza with a UNICEF convoy and arrived at the field hospital site and was added to the fixed facility – a major achievement in exceptionally challenging circumstances. With 66 beds on opening, the field hospital provided much needed primary healthcare in the Al Mawasi area.

Leveraging strong connections with the Foreign, Commonwealth and Development Office (FCDO), UN agencies such as UNICEF and UNRWA, and the local Ministry of Health, UK-Med was able to achieve the enormous feat of shipping and equipping an EMT Type 1 field hospital in Gaza in a matter of months.



Photo: Utilising tents dispatched from the UK in addition to materials sourced locally, UK-Med constructed a field hospital to provide vital healthcare for the population in Khan Younis.
© Sean Sutton/UK-Med.

Our Continued Commitment in Ukraine



In Ukraine, UK-Med continued to focus on hard-to-reach areas close to the frontline, bringing healthcare to the most vulnerable while also building and improving local capabilities and fostering durable approaches. Furthermore, the mission significantly developed its internal structure and governance, allowing UK-Med to finalise its transition from an emergency response platform to a more stable country programme.

In addition to its life-saving activities (with the deployment of Mobile Medical Units comprising a GP, nurse, psychologist and a community health worker, or the surgical intervention carried out by surgeons and nurses), the Ukraine mission continued to bring new technical skills to a range of beneficiaries through trainings, from specialised health workers to civil society members. In line with these efforts, UK-Med also developed partnerships with local NGOs – an initiative which will allow UK-Med to maximise its impact as well as to build local actors' capacities.

Access to Primary Healthcare and Mental Health Support

UK-Med made strides in improving access to primary healthcare for internally displaced and vulnerable populations in the Kharkiv and Zaporizhzhia regions. These areas, being close to the frontline, have a substantial need for primary medical care. Our mobile medical units (MMUs), comprising doctors, nurses, social workers, and psychologists, have been instrumental in reaching these communities. Over the past year, we have assisted over 17,000 people who would otherwise have had limited or no access to healthcare.

An essential component of the mobile units is mental health and psychological support services (MHPSS). According to global estimates from the World Health Organization, one in five people living in an area affected by conflict is estimated to have a mental health condition, from depression to PTSD. Nearly half of all those who received mental health support from UK-Med since April 2022 have been displaced at one time or another. 75 per cent of them are also women.

Capacity Building

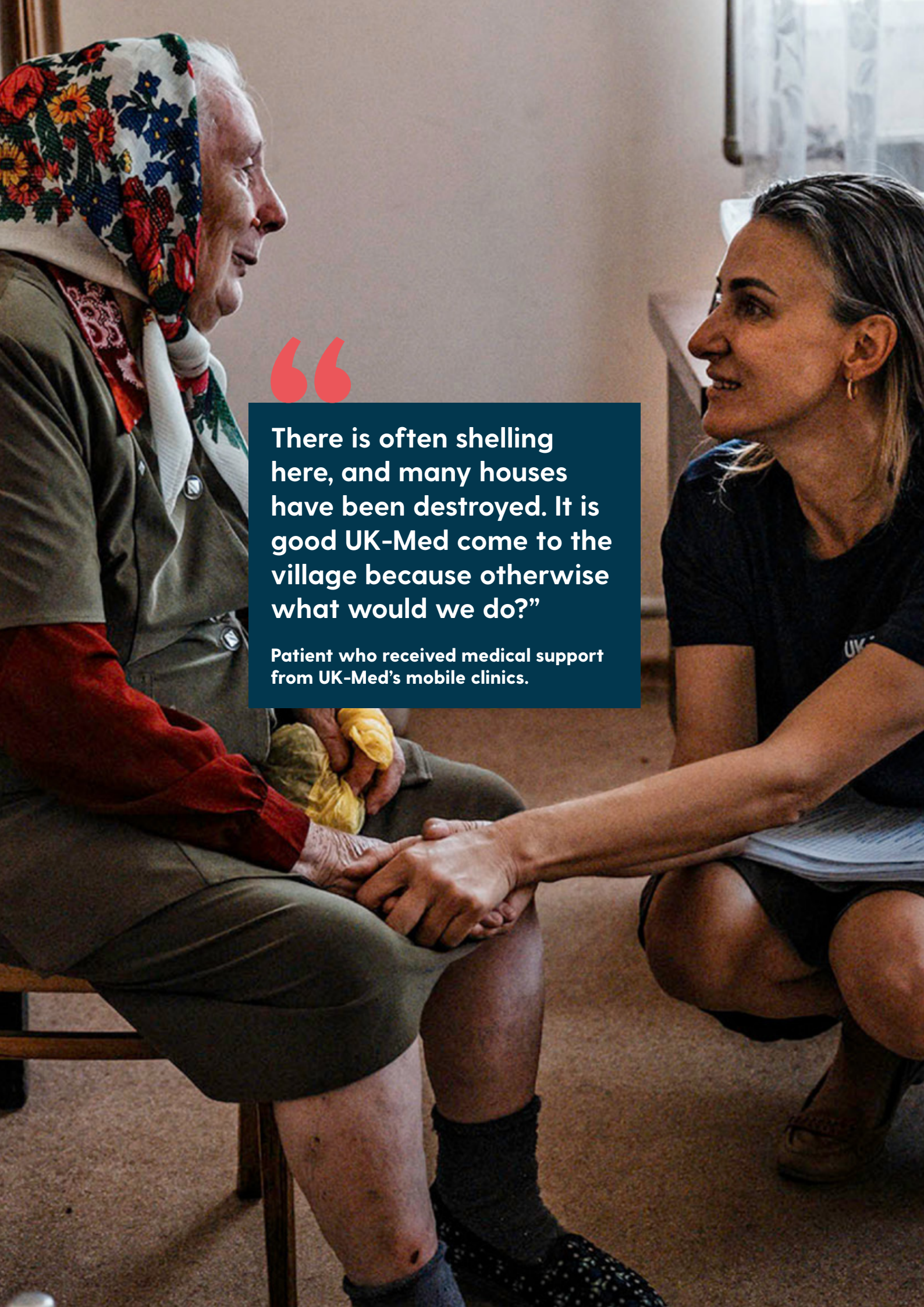
One of the core components of UK-Med's strategy in Ukraine is building the capacity of health systems to better respond to health emergencies resulting from the conflict. Over the past year, we conducted 500 training sessions for civilians, first responders, and health workers. These trainings covered essential areas such as First Aid & Trauma Care (FA&TC), Psychological First Aid (PFA), Mass Casualty Incident (MCI) management, Advanced Sonography Trauma Course (ASTC), and The Advanced Trauma Course (ATC). In the last year, UK-Med trained 3,822 people in Ukraine.



Now with our knowledge, we can save someone's life – it's impossible to describe in words how important that is."

Oleksandra, participant of first aid and trauma care training

*Photo on the right: A doctor checks a patient at one of UK-Med's mobile medical units in Zaporizhzhia, Ukraine.
© Sean Sutton/UK-Med.*



“

There is often shelling here, and many houses have been destroyed. It is good UK-Med come to the village because otherwise what would we do?”

Patient who received medical support from UK-Med's mobile clinics.

Supporting the Trauma Pathway

The trauma pathway has been a critical focus for UK-Med, with the aim of strengthening the continuum of care from pre-hospital treatment to surgical interventions and post-operative care. Our medical specialists, including trauma surgeons, OT nurses, and anaesthetists, have collaborated closely with national staff to enhance the quality and effectiveness of trauma care. This has both improved immediate patient outcomes and contributed to long-term capacity building within Ukraine's healthcare infrastructure.

From 1 April to 31 March, UK-Med teams performed 215 surgeries and 110 postoperative care procedures.



I remember the posters on the walls of the trauma department that said: 'We are returning to a happy life'. And every day, I am slowly returning to a happy life."

Natalia, trauma surgery patient from Zaporizhzhia who was operated on by the UK-Med team.

Risk Communication and Community Engagement (RCCE)

In addition to our healthcare services, UK-Med has placed a strong emphasis on Risk Communication and Community Engagement (RCCE) and has reached more than 18,000 people in the last year via RCCE. Our activities have been designed to ensure that war-affected communities are well-informed and empowered to protect their health. We have developed and disseminated crucial health information to help individuals make informed decisions about their well-being in these challenging circumstances.

In the past year, UK-Med has played a crucial role in addressing the severe healthcare challenges faced by communities in conflict-affected regions of Ukraine.

Our targeted interventions—ranging from expanding access to primary healthcare and strengthening trauma care pathways to building local capacity and empowering communities through effective communication—have had a profound impact on the lives of thousands. We've not only provided immediate medical care but have also fostered resilience and long-term sustainability within local health systems. This work has been more than a response to a crisis; it has been a commitment to restoring dignity, health, and hope to those whose lives have been upended by conflict.

Photo on the right: Dr Tbaileh in the operating theatre at a UK-Med supported hospital in Zaporizhzhia, Ukraine.
© Sean Sutton/UK-Med



“

We do complicated operations here. From all sorts of causes from landmine explosions to car crashes – both are common.”

Anaesthetist, Dr Nidal Tbaileh.

UK-MED

Supporting Health Workers in Libya



On 10 September, Storm Daniel made landfall in Libya. The storm destroyed two dams in the port of Derna, resulting in floods that claimed thousands of lives.

The UK EMT arrived on the scene on 27 September and began providing mobile healthcare one week later in Derna, through direct support to primary health clinics. The multi-national team comprised doctors, nurses, pharmacists, and support staff.

UK-EMT quickly scaled up the response, supporting a maternity unit, providing essential medicines and supplies, and delivering training for Libyan health staff. Working alongside Libyan health workers, other international organisations and EMT partners, our team eased the burden on Derna's health system by providing respite and support for local healthcare staff.



There were clear needs to support the local population with primary health care and mental health and psychosocial support, given that many of the pre-existing primary health clinics had been damaged and many health workers had tragically been killed."

David Anderson, UK-Med Medical Coordinator in Libya.



The disastrous floods not only devastated towns in Libya, but also caused huge psychological trauma for many of the survivors."

Jemma Berwick, UK-Med nurse.

Over three weeks UK-Med staff treated 472 patients and trained 6 staff, having helped reach many flood-affected communities who otherwise had little access to healthcare.

The UK EMT also procured and donated items totally over £140,000 requested by the Ministry of health to replenish items damaged following the flood as well as additional items to upgrade Derna ICU.



Combating Cholera in Zambia



One of the worst cholera outbreaks in Zambia began in October 2023. By December, following a surge in cases, the Zambian government requested support to respond to the public health crisis. UK-EMT specialists in case management arrived in Zambia in January 2024.

The surge in cholera cases strained Zambia's health system. Despite the presence of a central-level Cholera Treatment Centre (CTC), rural and smaller medical centres became overwhelmed, prompting an urgent response from the UK EMT. The focus of the deployment was to support the Ministry of Health and its staff in case management and training across three cholera treatment centres (CTCs).

At Levy CTC, a referral health facility that received a high number of children with cholera, as well as patients with comorbidities such as diabetes, hypertension, and malnutrition, the team provided mentorship and on-the-job training for doctors and nurses.

“

The UK EMT went out of their way to organise training sessions for all the staff working at our CTC. Being so overwhelmed with cases during the cholera outbreak, the training gave us a chance to slow down and better understand ways of working.”

said one of the local health staff.

UK-EMT specialists bolstered the confidence of local staff in their case management skills and their ability to quickly identify and triage cholera patients; skills that can save lives when treating deadly diseases.

Over eight weeks, UK-Med specialists trained 330 health staff, ensuring Zambia's health system will be better prepared to handle outbreaks in the future.



Photo: Rehabilitation aims to promote healing, prevent health complications, and maximize the person's ability to participate in activities that bring meaning and joy to their lives. © Nare Shahinyan/WHO.

Rehabilitation: The Pathway to Recovery

What is rehabilitation?

At its core, rehabilitation focuses on the person and their individual needs. Through person-centred interventions including functional retraining and the provision of assistive products and prosthetics, rehabilitation works alongside a person to maximize their opportunities to lead a fulfilling life after sustaining major injuries or when coping with the impact of other health conditions.

Leading the way in rehabilitation in emergencies

UK-Med has integrated rehabilitation as a core part of its humanitarian responses, promoting it as an essential component for comprehensive healthcare. We actively emphasise the importance of rehabilitation to ensure people achieve the best possible outcomes in their recovery by preventing health complications and aiming to reduce the rates of long-term disability.

UK-Med is leading the way for promoting the role of rehabilitation in Emergency Medical Teams by making rehabilitation a required element of our Type 1 (outpatient emergency care) EMT and by delivering the only WHO-verified Rehabilitation Specialised Care Team as part of the UK EMT.

“

The work of the UK-Med rehabilitation team in emergencies shows us the significant impact rehabilitation services can have. They are supporting people and communities to not only survive – but to maximize their resilience and abilities to care for themselves and each other.”

Dr April Gamble, UK-Med Senior Health Advisor for Rehabilitation.



Photo: Rehabilitation aims to promote healing, prevent health complications, and maximize the person's ability to participate in activities that bring meaning and joy to their lives. © Nare Shahinyan/WHO.

Armenia: Rehabilitation in Action



In October 2023, the Rehabilitation Team deployed to Armenia where an explosion at a fuel depot claimed over 200 lives and left nearly 200 people with severe burns. Under coordination of the World Health Organization's EMT mechanism, the UK EMT multidisciplinary team provided specialised surgical and rehabilitation support for survivors and delivered a three-day training course for local healthcare staff focused on burns rehabilitation – the first time in an EMT response that a multi-agency capacity-building activity was delivered within a national health strategy.



This small surgical and rehab team arrived in Yerevan, and coordinated closely with the Armenian Ministry of Health, other EMTs, and local partners to support survivors of the blast."

Lizzi Marmont, UK-Med Team Lead in Armenia.

Central to this response was ensuring that people who sustained injuries could regain their mobility and independence, particularly as many of them had suffered severe burns to both of their hands.



The way that hands heal affects how people live – whether they can handle cutlery or learn to write again. Bandaging each finger separately enables people to start rehabilitation and regain their independence sooner."

Matilda Willow, UK-Med Specialist Burns Nurse.



Photo: Dr April Gamble assists a person with burn injuries as part of the UK EMT response in Armenia. © Nare Shahinyan/WHO.

Statement from Our Founder, Tony Redmond



As the founder of UK-Med it is a continuing source of pride for me to witness the enormous achievements of the organisation over the last twelve months. Not only has UK-Med established and now continues to provide a vital and extensive network of medical support to war-torn Ukraine, it is currently also at the forefront of the medical support to those caught up in the terrible conflict in Gaza. This is dangerous but much-needed work, in which our teams display, daily, the bravery and altruism at the heart of humanitarianism.

A core principle from the outset has been to match the undoubted altruism of our team members with corresponding skill and professionalism. This has continued to be applied across conflicts, sudden onset disasters, and disease outbreaks all around the world.

In addition, we continue to train those most in need to strengthen their own response to future crises.

UK-Med is the strongest and most active that it has ever been. This has only been achieved by the remarkable hard work and dedication of all those who work within the organisation and by the continuing generosity of its supporters.

Professor Tony Redmond OBE
Founder, UK-Med

Photo on the right: Dr Matthew Newport and the UK-Med surgical team at Al Aqsa Martyr's Hospital.



Always Ready: How We Train for Emergencies

The final year of READY



READY successfully increased the outbreak readiness capacity of humanitarian NGOs through innovative approaches like the Operational Readiness Training Program for Major Disease Outbreak Response [which] provided practical experience, fostered skill development, and were tailored to specific contexts, resulting in demonstrable improvements in outbreak readiness.”

READY external evaluation.

UK-Med has been a partner in the READY initiative since its inception in 2018, and 2023-24 marked the final year of the initiative, the aim of which was to improve the readiness of NGOs to respond to infectious disease outbreaks. UK-Med delivered several key outputs throughout the project:

Risk Communication and Community

Engagement (RCCE): UK-Med co-designed a learning pathway comprising eLearning courses and in-person training. UK-Med co-facilitated READY's delivery of RCCE training in Ethiopia.

Operational Readiness for Outbreak Response

Training Programme (ORTP): In 2023-24, UK-Med worked with eight national and small international NGOs from Ethiopia, Lebanon, Pakistan, Somalia and South Sudan to strengthen their ability to respond to disease outbreaks. As a result of the programme:

- An Ethiopian NGO secured funding for a cholera outbreak response because they had an Emergency Preparedness Plan (EPP) in place. All organisations developed or strengthened preparedness plans as part of the training programme.

- An organisation in South Sudan established a Rapid Response Team that managed a Measles outbreak response.
- Several organisations developed preparedness tools such as well as processes for scaling up in emergencies.

Twinning with Ethiopia's EMT



The collaboration between Ethiopia and UK-Med stands as a pivotal force in bolstering Ethiopia's emergency response capabilities. [...] the partnership between the Ethiopian EMT and UK-Med is not just about strengthening individual capacities but forging a lasting alliance that transcends borders.”

Collaborative Milestones report.

In line with the WHO EMT 2030 strategy, UK-Med and the Ethiopian EMT began a twinning project to strengthen preparedness and response capability in Ethiopia through the development of a WHO-verified EMT, facilitating the transfer of knowledge and best practice, and contributing to the sustainability of the EMT initiative.

In 2023-24 UK-Med supported Ethiopian colleagues to develop a national-level EMT strategy, to deliver tailored capacity-building and to maintain our long-term relationship with the Ethiopian EMT. Leveraging our deployment experience and capacity-building expertise, UK-Med engaged in capacity-building visits to Ethiopia, hosted Ethiopian colleagues for UK EMT training exercises, and facilitated remote technical and operational support.

Always Ready: How We Train for Emergencies

Preparing for Conflicts, Disasters, and Outbreaks

Simulation Exercise (SIMEX): In October 2023, UK-Med hosted a training exercise planned around WHO's reclassification of the UK EMT. With the Type 1 field hospital constructed by Manchester Airport, the exercise was attended by representatives of the Foreign, Commonwealth, and Development Office (FCDO), aspiring EMTs from Ethiopia and France, UK-Med partners, and staff and register members. It constituted an important step towards exercising full deployment capabilities.

“

There is a real benefit in giving our register medics an opportunity to experience and work through the key aspects of a Type 1 field hospital response while testing key clinical, operational, logistical and WASH procedures within a field hospital setting.”

Yaroslava Tytarenko, UK-Med Training Manager.

Hostile Environment Awareness Training (HEAT): In August 2023, UK-Med continued to hone the skills of our register members and core staff through HEAT; a series of simulations designed to prepare staff and medics for operating in unstable and dangerous environments such as conflict zones.

“

There's lots of complicated scenarios, but it's helpful to explore these in a safe environment so that when we do deploy, we can be confident in the knowledge that we've had the appropriate training.”

Michael, UK-Med medic and HEAT participant.



Photo: During simulation training such as the one pictured, UK-Med medics train to respond quickly and effectively in crisis scenarios. © Adam Finch/UK-Med.

A personal message from our Chair

Even judged by the astonishing history of UK-Med – now in its 30th year – the year 2023-24 was remarkable.

UK-Med deployed humanitarian emergency medical services simultaneously into two of the world's most high-risk and high-profile environments – the conflicts in Ukraine and Gaza respectively.

The magnitude of this endeavour can never be over-estimated. It required all the resources of the organisation to mobilise and maintain these two deployments which in the case of Ukraine has now lasted well over two years – with Gaza now into its tenth month. We anticipate that both deployments will last at least for a further year.

I had the enormous privilege, together with fellow Trustee Dr Marian Davis, of joining UK-Med deployed colleagues, both clinical and non-clinical, on the front line in Ukraine for a week in November last year to witness first-hand the immense bravery and skill of our international and national staff in delivering high quality emergency trauma surgery and primary care in the most demanding of situations.

A particular memory that stands out – amongst many – is attending a mobile primary care clinic near the frontline; the clinic was being delivered by a Ukrainian GP and nurse on behalf of UK-Med as shells and drones were exploding very close by. The clinic was being held in a bomb shelter and had to be concluded before 11am as by then the intensity of shelling made it impossible for the clinic to continue. Nevertheless out of somewhere in this town that had been completely devastated by continual shelling some 30 patients arrived to attend the clinic; thousands of the population had already fled or been evacuated from the town including the local primary care services; UK-Med is therefore providing essential local primary care services without which the predominantly elderly residents who had decided to remain would have had no treatment for their long term chronic conditions such as diabetes and COPD. The UK-Med mobile primary clinics are still operating in some 20 similar locations along the eastern frontline even as the conflict has escalated.

I quote my own very limited experience of life on the frontline to highlight the truly remarkable and humbling work of UK-Med core and deployed staff in both of Ukraine and Gaza. They are performing highly skilled and demanding roles day in and day out in the most dangerous of situations. Their work is an inspiration to us all and demonstrates why we are so proud to be associated with UK-Med. We must pay particular tribute to David Wightwick our CEO and his SMT colleagues for their work in leading and supporting these deployments; David Wightwick has himself recently returned himself from six months leading the team on the ground in Gaza. I ask you to read the patient and staff stories on the UK-Med website to give you a first-hand insight into the reality of the work of UK-Med staff in both Ukraine and Gaza.

Even as I write this piece, I am aware that the UK Prime Minister Sir Kier Starmer referred to the work of UK-Med in Gaza in his speech to the UN Security Council in September – there is no higher accolade. UK-Med has a fast growing and richly deserved global reputation.

UK-Med continues to go from strength to strength; it will continue to demonstrate its defining characteristics of agility, responsiveness, bravery and above all its mission to deliver high quality humanitarian emergency medical care wherever and whenever the situation in any part of the world demands.



David Whitney, Chair UK-Med



Photo: A young patient is prepared for a procedure at the UK-Med field hospital in Al Mawasi, Khan Younis. © Sean Sutton

Fundraising Report 2023-24

This year has been a remarkable period for UK-Med, marked by unprecedented challenges and extraordinary achievements in humanitarian healthcare deployments. With the generous support of individuals, companies, Trusts and Grants, we have raised £311,099 through private to support our emergency response medical teams to help injured and sick people during the toughest times, responding swiftly and effectively to global health emergencies.

Throughout the year, UK-Med has engaged in a variety of fundraising activities designed to mobilise resources and raise awareness about our cause. These activities included:

Manchester Airport Supporter Event: It was wonderful to meet so many of our dedicated supporters in person at the Manchester Airport Concord Centre. Guests met with the UK-Med team for a tour of UK-Med's pop-up field hospital and updated on the impact that donations to UK-Med have made in changing the lives of people during crisis from a panel of returning medics from Ukraine.

Community Fundraisers: Local communities across the UK organised bake sales, charity runs, and other events, raising vital funds and fostering a sense of solidarity and support for our cause.

Digital and Direct Mail Campaigns: Leveraging the power of social media and online platforms, we launched several digital fundraising campaigns as well as our first direct mail to supporter homes. These campaigns reached a global audience, encouraging donations and spreading awareness about our work.

As we reflect on the past year, we are filled with gratitude for the incredible support we have received. However, the need for our services continues to grow, and we remain committed to expanding our reach and impact. In the coming year, we aim to:

Expand Our Donor Base: We will continue to engage with new donors and partners, ensuring a diverse and sustainable funding stream.

Enhance Transparency: We are committed to maintaining the highest standards of transparency and accountability in our fundraising efforts, providing regular updates on how funds are utilised.

Innovate and Adapt: We will explore new and innovative fundraising strategies to adapt to the evolving landscape and maximize our impact.



Thank you for your support. The success of our fundraising efforts is a testament to the generosity and commitment of our supporters. Together, we are making a tangible difference in the lives of those affected by health emergencies. Thank you for standing with us and for your continued support as we strive to build a world where everyone has access to the healthcare they need, when they need it most."

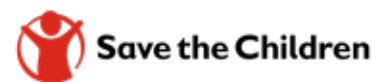


Selina Lodge, Head of Fundraising

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 Charitable Trust

Oraganon Trustees

Clitheroe Rotary Club

Bramhall & Woodford Rotary Club

The Betty Messenger Foundation

Houghton Dunn Trust

The Rakem Group

Woodley Methodist Church

Mazars Charitable Trust

The Big Give

Gatley United Reform Church

How you can support our lifesaving work

Donate

www.uk-med.org/donate-now

For fundraisers

www.uk-med.org/fundraising

Join the conversation



@UKMed



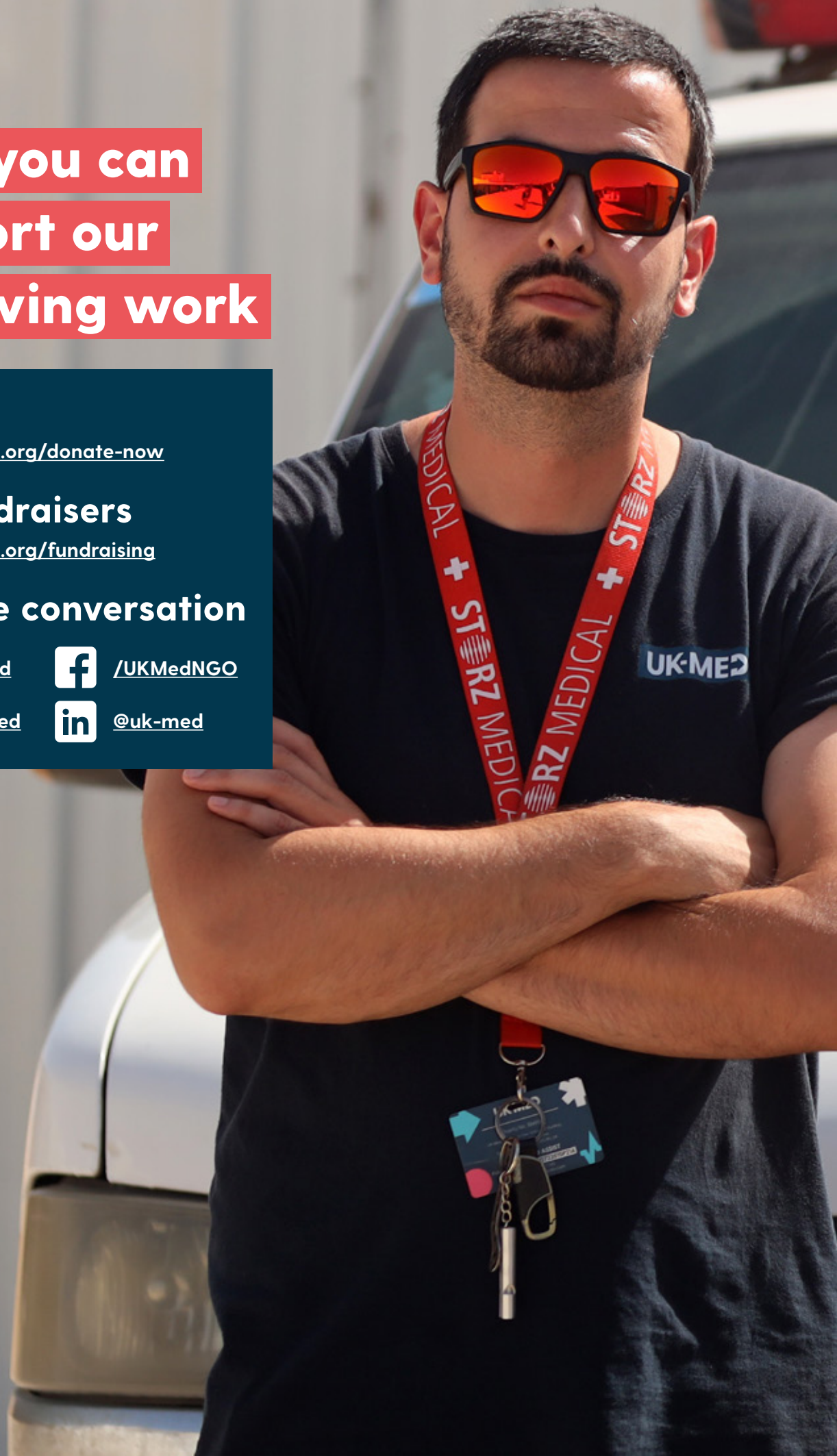
/UKMedNGO



@uk_med



@uk-med





Financial review

The past year has been one of financial consolidation for UK-Med, with total income reducing slightly from £11.71m (2023) to £11.48m.

The majority of this was restricted funds income, which increased from £10.75m to £11.06m. This included EDT 2 funding of £2.76m from the Foreign Commonwealth and Development Office (FCDO) to support the preparedness of the UK-Med EMT, along with other significant grants for programmes in Ukraine and Gaza, as well as funding for some smaller deployments.

Unrestricted income reduced from £0.701m (2023) to £0.427m, with income for the prior year having been boosted by appeals for two major responses.

Our expenditure reduced from £10.75m (2023) to £9.40m, largely because planned expenditure of around £0.8m for our Ukraine UHF1 programme to match the related income has been held over until 2024-25.

Post year-end, our funding has grown, with continued grant income for our work in Gaza and Ukraine, new income for several other deployments, and an expansion on our EDT2 programme to fund Type 2 field hospitals for our UK-EMT operations. This increase in funding and activity reflects greater demand for our frontline emergency health responses due to conflict, outbreaks, natural disasters.

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 2024, UK-Med held total reserves of £3.45m (£2.36m:2023), split into unrestricted funds of £2.52m (£2.25m:2023) and restricted funds of £0.93m (£0.11m: 2023).

Our unrestricted funds consist of free reserves of £1.448m (£1.042m:2023), designated reserves of £0.728m (£0.821m:2023), fixed asset fund of £0.209m (£0.197m:2023) and Stock £0.134m (£0.196m:2023).

The increase of £0.405m 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. However, our new strategy aims to achieve significant financial growth of UK-Med, with our turnover for 2024-25 already projected to exceed £20.0m. The amount that we hold in free reserves will therefore need to increase to support higher levels of business, so we aim to grow these reserves to £6m by the end of 2027.

The increase in the balance on restricted funds at the year-end was due to the receipt of £0.817m for our UHF 1 – Ukraine programme, which was unspent as at 31st March 2024.



Photo: © Kieran Seager, UK-Med

Structure, governance and management

Charity number 1166956

**Registered office
and operational
address** UK Med
Elliot House,
151 Deansgate,
Manchester,
M3 3WD

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

David Whitney – Chair (Appointed November 2023)
Dr Harpreet Kohli (Resigned August 2024)
Orla Fee (Resigned August 2024)
Jenny Christine Appleton Buckle (Resigned September 2024)
Marian Mathias
Cathryn Nerys Rhiannon Turton
Dr. Imogen Freya Dawn Stephens
Dr. Suzanne Marie Candy
Paul Richard Taylor (Appointed June 2023)
Professor Larissa Fast
Laura Blakey (Appointed June 2023)
Paula Sansom (Appointed September 2024)
Flora McCabe (Appointed September 2024)

**Key management
personnel** David Wightwick – Chief Executive Officer
Adil Shah – Chief Operating Officer
Dr. Ram Vadi – Health Director
Tom Godfrey – Director of International Operations (resigned Dec 2023)
Sonia Zambakides – Director of International Operations (Appointed Feb 2024)
Jackie Snell – Director of Fundraising and Communications (Resigned June 2024)
Michelle Hanegaard – Director of Capacity Building
Duncan Mann – Director of People

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

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

The trustees present their report and the audited financial statements for the year ended 31 March 2024. Reference and administrative information set out on page 34 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

Each trustee appointment reflects the necessary skills to oversee such an organisation, including humanitarian health, risk management, safeguarding and fundraising experience. We are currently advertising for a Trustee Role for Major Donors and Corporates..

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 will be ongoing in the New Year as some Trustees will be finishing their first term and stepping down from the Board.

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 and Audit committee meets. The Finance and Audit committee consists of at least two trustees, including Treasurer (who chairs the committee), the Chief Executive, and Chief Operating Officer. Management accounts are reviewed in detail by the committee 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 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 has access to office suites in the HCRI.

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 mitigations 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.

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.

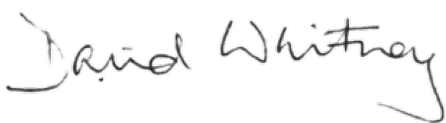
The trustees have concluded that no material uncertainties related to events or conditions that may cause significant doubt regarding the ability of UK-Med to continue as a going concern have been identified.

Therefore, the financial statements for the year ended 31 March 2024 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:



David Whitney
Chair of the Trustee Board

Date: 29 January 2025

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 2024 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and notes to the financial statements, including significant accounting policies. 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).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024 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 Companies Act 2006.

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.

Other information

The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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 statement of trustees' responsibilities, the trustees, who are also the directors of the charity for the purpose of company law, are responsible for the preparation of the financial statements and for being satisfied that they 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 charitable company 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 the Act and relevant regulations made or having effect thereunder.

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.

The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below:

- We obtained an understanding of the legal and regulatory frameworks applicable to the Charity and the sector in which they operate. We determined that the following laws and regulations were most significant; the Charities Act 2011, the Health and Social Care Act 2008, Employment regulation and Health and Safety legislation.
- We obtained an understanding of how the Charity is complying with those legal and regulatory frameworks by making inquiries to the management.
- We assessed the susceptibility of the Charity's financial statements to material misstatement, including how fraud might occur. Audit procedures performed by the audit engagement team included:
 - Identifying and assessing the design effectiveness of controls management has in place to prevent and detect fraud;
 - Understanding how those charged with governance considered and addressed the potential for override of controls or other inappropriate influence over the financial reporting process;
 - Challenging assumptions and judgements made by management in its significant accounting estimates;
 - Identifying and testing journal entries; in particular any journal entries posted with unusual account combinations;
 - Reviewing material variation from our expectation in the income, expenses and balances; and
 - Assessing the extent of compliance with the relevant laws and regulations.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Use of our report

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.

A handwritten signature in black ink, appearing to read 'P. Buck'.

Peter Buck FCA, DChA (Senior Statutory Auditor)
for and on behalf of Champion Accountants LLP

Champion Accountants
Statutory Auditor
7-9 Station Road
Hesketh Bank
Preston
Lancashire
PR4 6SN

Date: 29 January 2025

Champion Accountants LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

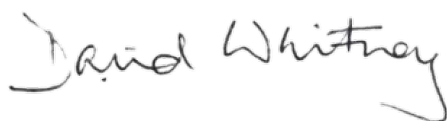
Statement of financial activities for the year ended 31 March 2024

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2024 £	Total funds 2023 £
Incoming resources	3				
Income and endowments from:					
Donations and legacies		311,099	0	311,099	1,529,731
Charitable activities: Emergency response and preparedness		104,836	11,055,069	11,159,905	10,181,821
Investments		11,166	0	11,166	1,741
Total		427,101	11,055,069	11,482,170	11,713,293
Resources expended	4				
Expenditure on:					
Raising funds		122,489	0	122,489	97,222
Charitable activities: Emergency response and preparedness		869,006	9,402,235	10,271,241	10,654,961
Total		991,495	9,402,235	10,393,730	10,752,183
Net income/(expenditure) before investment gains/(losses)		(564,394)	1,652,834	1,088,440	961,110
Net gains/(losses) on investments		0	0	0	0
Net income/(expenditure)		(564,394)	1,652,834	1,088,440	961,110
Movement in Funds		828,387	(828,387)	0	0
Other recognised gains/(losses):					
Gains and losses on revaluation of fixed assets for the charity's own use		0	0	0	
Unrealised gains/(losses)		0	0	0	0
Net movement in funds		263,993	824,447	1,088,440	961,110
Reconciliation of funds:					
Total funds brought forward		2,256,722	106,574	2,363,296	1,402,186
Total funds carried forward		2,520,715	931,021	3,451,736	2,363,296

Balance sheet as at 31 March 2024

	Notes	2024 £	2023 £
Fixed assets:			
Tangible assets	10	209,221	197,596
Total fixed assets		209,221	197,596
Current assets:			
Stocks		134,484	196,284
Debtors	11	1,413,181	1,964,105
Cash at bank and in hand		3,953,322	2,191,452
Total current assets		5,500,987	4,351,841
Creditors: amounts falling due within one year	12	2,258,472	2,186,141
Net current assets/(liabilities)		3,242,515	2,165,700
Total assets less current liabilities		3,451,736	2,363,296
Total net assets or liabilities		3,451,736	2,363,296
Funds of the Charity:			
Restricted income funds	13	931,021	106,574
Unrestricted funds	14	2,520,715	2,256,722
Total funds		3,451,736	2,363,296

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



David Whitney
Chair of the Trustee
Board

Date: 29 January 2025

Statement of cash flows for the year ending 31 March 2024

	Notes	2024 £	2023 £
Cash flows from operating activities:	15		
Net cash provided by (used in) Operating activities	A	1,785,153	1,214,610
Cash flows from investing activities:			
Dividends, interest and rents from investments		0	0
Proceeds from the sale of property, plant and equipment		183,538	0
Purchase of property, plant and equipment		(206,821)	(183,538)
Proceeds from sale of investments		0	0
Purchase of investments		0	0
Net cash provided by (used in) investing activities		(23,283)	(183,538)
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		1,761,870	1,031,072
Cash and cash equivalents at the beginning of the reporting period		2,191,452	1,160,380
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	3,953,322	2,191,452

Notes to the accounts

for the year ended

31 March 2024

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 2024 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 2024	Total funds 2023
	£	£	£	£
Donations and legacies:				
Donations and gifts	196,099	–	196,099	1,509,731
General grants provided by government/ other charities	115,000	–	115,000	20,000
Total	311,099	–	311,099	1,529,731
Grant Income:				
FCDO – EMT Programme	–	2,757,476	2,757,476	2,332,164
FCDO – Solomon Islands	–	–	–	209,400
FCDO – Malawi	–	455,566	455,566	347,657
FCDO – Turkey	–	320,000	320,000	1,185,949
Save the Children – READY	–	312,190	312,190	218,922
Humanity and Inclusion – Integrated Hospital Disaster Preparedness Myanmar	–	111,920	111,920	137,735
BHA/Save the Children – Ukraine	–	908,522	908,522	2,002,714
IOM – Ukraine	–	1,332,007	1,332,007	1,570,752
FCDO – Ukraine	–	–	–	300,000
FCDO – Syria response	–	–	–	300,000
DEC/Save the Children – Ukraine	–	–	–	1,311,654
Arbeiter-Samariter-Bund	–	–	–	22,745
FCDO – Armenia	–	50,000	50,000	–
UHF – Ukraine	–	1,251,040	1,251,040	–
FCDO – Gaza	–	2,750,000	2,750,000	–
FCDO – Zambia	–	97,563	97,563	–
FCDO – Morocco	–	31,547	31,547	–
FCDO – Libya	–	677,238	677,238	–
Total	–	11,055,069	11,055,069	9,939,692
Earned income:				
WHO – Somalia	–	–	–	231,511
Training Fees	74,864	–	74,864	10,618
PHRST Deployment	18,332	–	18,332	–
CHU Toulouse	11,640	–	11,640	–
Total	104,836	–	104,836	242,129
Income from investments:				
Interest income	11,166	–	11,166	1,741
Total	11,166	–	11,166	1,741
TOTAL INCOME	427,101	11,055,069	11,482,170	11,713,293

4. Analysis of total expenses

	2024			
	Emergency response and preparedness	Fundraising Costs	Support Costs	Total
	£	£	£	£
Expenditure on raising funds:				
Staff costs (note 6)	4,146,680	73,207	810,750	5,030,637
Training & Capacity Building	251,441	–	–	251,441
Deployment Readiness	120,352	–	7,224	127,576
Medical supplies & equipment	1,879,777	–	–	1,879,777
Travel and transport	1,516,941	747	48,502	1,566,190
Insurance	265,832	–	93,650	359,482
Professional Services	405,341	31,745	18,602	455,688
IT infrastructure and support	63,806	15,756	35,763	115,325
Premises and office running costs	480,350	1,034	92,360	573,744
Communications	–	–	–	–
Governance	–	–	33,870	33,870
Subtotal	9,130,520	122,489	1,140,721	10,393,730
Support costs	1,125,620	15,101	-1,140,721	–
Total expenditure	10,256,140	137,590	–	10,393,730

	2023			
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	–	–	27,184	27,184
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

5. Analysis of governance costs

	2024	2023
	£	£
Auditors remunerations	19,500	17,800
Turstees reimbursement	2,428	1,452
Trustees meeting costs	3,683	712
Trustees and managers liability insurance	8,259	7,219
Total	33,870	27,183

6. Staff costs

	2024	2023
	£	£
Salaries and wages	2,136,570	3,931,736
Social security costs	220,674	239,221
Pension costs (defined contribution scheme)	162,690	154,377
Total staff costs based in the UK	2,519,934	4,325,334
Staff cost for emergency response and consultancies	2,453,788	892,656
Staff recruitment, training and development	56,915	40,994
Total staff costs (UK and Overseas)	5,030,637	5,258,984

Band	Number of employees	
	2024	2023
£60,000 to £69,999	3	1
£70,000 to £79,999	-	-
£80,000 to £89,999	1	1
£90,000 to £99,999	-	-
£100,000 to £109,999	-	-
£110,000 to £119,999	-	-
£120,000 to £129,999	1	1

	2024	2023
	Number	Number
Average head count in the year	56.53	57.16
Total	56.53	57.16

The key management personnel of the charity comprise the trustees, the Chief Executive Officer, the Chief Operating Officer, the Humanitarian Operations Director, the Health Director, Capacity Building and Learning Director and Director of People. The total pay to those roles in the year was £613,193.

7. Trustees remuneration and expenses, and related party transactions

During the year 11 trustees serviced on the board. Six trustees were reimbursed £2428 for costs related to UK-Med's business during the year ending 31 March 2024 (2023: £1,452).

No trustee received any remuneration during the year ending 31 March 2024 (2022: £6,493). There are no other related party transactions to disclose during the year ending 31 March 2024 (2023: £nil).

8. Analysis of receipts of government grants

	2024 £
Foreign, Commonwealth and Development Office – UKAID	7,139,390
Bureau for Humanitarian Assistance – USAID	1,220,712
Total	8,360,102

	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

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 2023	291,017	27,942	318,959
Additions	205,706	1,115	206,821
Revaluations	–	–	–
Disposals	(183,538)	–	(183,538)
Transfers*	–	–	–
At 31 March 2024	313,185	29,057	342,242
Depreciation and impairments			
At 1 April 2023	100,452	20,910	121,362
Disposals	–	–	–
Depreciation	7,027	4,632	11,659
At 31 March 2024	107,479	25,542	133,021
Net book value			
At 31 March 2024	205,706	3,515	209,221
At 31 March 2023	190,565	7,031	197,596

11. Debtors and prepayments

	2024	2023
	£	£
Grants receivable	1,358,365	115,793
Prepayments and accrued income	3,558	1,831,902
Other receivables (Deposits)	51,258	16,410
Total	1,413,181	1,964,105

12. Creditors and accruals

	2024	2023
	£	£
Trade creditors	909,122	677,556
Short term compensated absences (holiday pay)	–	–
Accruals	1,264,876	1,502,078
Taxation and social security	62,704	4,804
Other creditors	21,770	1,703
Total	2,258,472	2,186,141

13. Analysis of movements in restricted funds

	Balance at 1 April 2023	Income	Expenditure	Balance at 31 March 2024
	£	£	£	£
FCDO – EDT 2	10,104	2,757,476	(2,757,476)	10,104
FCDO – PNG	104,292	–	0	104,292
FCDO – Malawi	–	455,566	(455,566)	0
FCDO – Turkey	-1,971	320,000	(318,029)	0
BHA/Save the Children Ukraine	-3,650	908,522	(904,872)	0
IOM – Ukraine 3	-480	0	480	0
IOM UKRAINE 4 & 5	-1,721	1,028,390	(1,026,669)	0
BHA/Save the Children Ukraine - READY II	–	312,190	(312,190)	0
Humanity and Inclusion – Integrated Hospital Disaster Preparedness: For more resilient health facilities, emergency institutions and communities affected by disasters in Myanmar	0	111,920	(111,920)	0
IOM Ukraine 6	0	303,617	(303,617)	0
UHF 1 – Ukraine	0	1,251,040	(434,415)	816,625
FCDO – Libya Assessment and Response	0	677,238	(677,238)	0
FCDO – Morocco Assessment	0	31,547	(31,547)	0
FCDO – Armenia	0	50,000	(50,000)	0
FCDO – Zambia	0	73,761	(73,761)	0
FCDO – Zambia (SBP)	0	23,802	(23,802)	0
FCDO – Gaza	0	2,750,000	(2,750,000)	0
Total	106,574	11,055,069	(10,230,622)	931,021

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 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 Islands	(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 – Integrated Hospital Disaster Preparedness: For more resilient health facilities, emergency institutions and communities affected by disasters 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

Name of restricted fund

Purpose and Restrictions

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 – 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 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 - Ukraine

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 4 & 5

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

BHA/Save the Children - READY II

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.

IOM Ukraine 6

The funding enabled UK-Med to provide immediate assistance for the most vulnerable on the frontline and support Ukrainian health systems in delivering primary and secondary level hospital health care serviced in Dnipropetrovsk, Zaporizhzhia and Kharkiv oblasts through the provision of mobile health services in areas difficult to access and technical capacity building and training on ALS, BLS sessions.

UHF 1 – Ukraine

This purpose of this funding is to support Humanitarian outreach to Protect and Enhance in areas of return and rural areas close to the frontline in Ukraine.

FCDO – Libya Assessment and Response

This funding supported UK-EMT health response to Libya for conducting assessment, PHC and mobile clinics support for flood effectees.

FCDO – Morocco Assessment

This funding was to deploy UKEMT assessment team to Morocco to determine the situation and need post earthquake in September 2023.

Name of restricted fund

Purpose and Restrictions

FCDO – Armenia

The purpose of this funding is to deploy UKEMT burns specialist care and surgical team to treat burns patients in Yerevan, Armenia following an explosion at a fuel storage facility in Berkadzor.

FCDO – Zambia

The purpose of this funding is to provide technical support to the Case Management Pillar of the Cholera Outbreak to the Ministry of Health of the Republic of Zambia for the ongoing Cholera response activities at national, provincial and district levels.

FCDO – Zambia (SBP)

This funding supported secondment of two specialist in Case Management and WASH to FCDO UKHSA based in Lusaka, Zambia.

FCDO – Gaza

This funding enabled UK-MED to build a Type 2 field hospital in Almawasi areas and support other health intervention to the crisis in the Occupied Palestinian Territories.

14. Analysis of movement in unrestricted funds

	Balance at 1 April 2023	Income	Expenditure	Transfers	Balance at 31 March 2024
	£	£	£	£	£
General Fund	1,042,795	223,965	(646,815)	828,387	1,448,332
Deployment Fund – Ukraine Appeal	315,740	9,345	(165,038)		160,047
Deployment Fund – Turkey/Syria Appeal	64,547	10,650	(74,138)	(1,059)	0
Deployment Fund – Gaza	0	69,314	(57,085)		12,229
Emergency Response Fund	439,759	113,827	1,757	1,059	556,402
Fixed Assets	197,597	206,821	(195,197)		209,221
Stock	196,284	126,365	(188,165)		134,484
Total	2,256,722	760,287	(1,324,681)	828,387	2,520,715

Previous reporting period

	Balances 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

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

	2024	2023
	£	£
Net movement in funds (as per the statement of financial activities)		
Adjustments for:	1,088,440	961,109
Depreciation charge	11,658	42,011
Decrease/(increase) in stock	61,800	(12,169)
Decrease/(increase) in Debtors	550,924	(1,675,679)
Increase/(Decrease) in creditors	72,331	1,899,338
Net cash provided by (used in) operating activities	1,785,153	1,214,610

B. Analysis of cash and cash equivalents

	2024	2023
	£	£
Cash at bank and in hand	3,953,322	2,191,452
Total cash and cash equivalents	3,953,322	2,191,452

C. Analysis of changes in net debt

	At 1 April 2023	Cash flows	At 31 March 2024
	£	£	£
Cash at bank and in hand	2,191,452	1,761,870	3,953,322



Photo: © Kieran Seager, UK-Med

UK-MED➤

**Building a world
prepared to help.**