

ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

England & Wales · Charity number 1139527

Details

Other names	THE ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP, ST. JOHN EYE HOSPITAL
Status	Registered
Legal form	Charitable company
Company number	07355619
Registered	2010-12-29
Register	View on the Charity Commission register

Contact

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Group
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Activities

Objects: (A) THE RELIEF OF SICKNESS AND THE PROTECTION AND PRESERVATION OF HEALTH BY PROVIDING EYE CARE FACILITIES AT THE ST. JOHN EYE HOSPITAL IN JERUSALEM AND AT SUCH HOSPITALS AND CLINICS ELSEWHERE AS THE DIRECTORS THINK FIT AND THE MEDICAL AND NURSING EDUCATION AND MEDICAL RESEARCH ACTIVITIES CONNECTED THEREWITH;(B) THE SUPPORT OF HUMANITARIAN RELIEF ANYWHERE IN THE WORLD;(C) THE CARRYING ON OF SUCH OTHER EXCLUSIVELY CHARITABLE ACTIVITIES AS THE DIRECTORS MAY THINK FIT.

Activities: St John of Jerusalem Eye Hospital Group is the main provider of eye care in Jerusalem, the West Bank and Gaza. It is a renowned teaching hospital with medical and nursing training programmes. Research and development are also part of the hospitals' activities.

Classification

- **How:** Provides Buildings/facilities/open Space, Provides Services, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

Geography

- **Area of benefit:** JERUSALEM
- Occupied Palestinian Territories

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£13,917,000	£10,427,000	£28,395,000	265
2023-12-31	£12,946,000	£12,392,000	£24,080,000	275
2022-12-31	£13,642,000	£11,435,000	£23,798,000	277
2021-12-31	£13,344,000	£10,888,000	£22,628,000	264
2020-12-31	£10,708,000	£10,476,000	£19,002,000	257

Trustees

Name	Role	Appointed
Andrew John Cash	Chair	2018-09-06
Avinderjit Bhatia		2022-01-01
Christopher Hault		2022-01-01
David Pyott		2020-10-01
David Verity		2016-06-24
Helen Elizabeth Winterton		2025-02-01
Helen Forsyth		2022-01-01
Ismat Levin		2022-01-01
Joachim Von Einem		2023-06-25
John Macaskill		2018-01-08
Paul Hackwood		2022-01-01
Robert James Ingham Clark		2017-09-01
Timothy William Jones		2019-11-01

ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

England & Wales - Charity number 1139527

Accounts



St John of Jerusalem
Eye Hospital Group

ANNUAL REPORT 2024





St John of Jerusalem Eye Hospital Group

SAVING SIGHT CHANGING LIVES

St John of Jerusalem Eye Hospital Group is a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land regardless of ethnicity, religion, social class, or ability to pay. We have been treating patients in the region for over 140 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

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GLOSSARY: JCI - Joint Commission International; the gold-standard for healthcare worldwide. NGO - nongovernmental organisation. NIS - New Israeli Shekel. oPt - occupied Palestinian territories. SJEHG - St John of Jerusalem Eye Hospital Group; this refers to all our entities. SOA - St John of Jerusalem Eye Hospital Group Ophthalmic Association, PRCS - Palestinian Red Crescent Society, RAAB - Rapid Assessment of Avoidable Blindness survey conducted in 2018-19 by SJEHG, UNRWA - United Nations Relief and Works Agency, the UN branch responsible for Palestinian refugees. USAID - United States Agency for International Development

All uncredited photos throughout this Annual Report have been taken by staff of SJEHG. All the images used in this report are of actual SJEHG staff and patients and they have given their consent.

St John of Jerusalem Eye Hospital Group Company no: 7355619, Charity no: 1139527
Registered Office: 4 Charterhouse Mews, London EC1M 6BB

CHAIRMAN & CEO INTRODUCTION

Despite the significant challenges faced this year, the Group has continued its mission and achieved new service delivery milestones.

The Gaza war was ongoing in 2024 and presented many issues for the Hospital Group. Even though the Gaza Hospital has remained nonfunctional, the Board of Trustees approved a three-phase Emergency Response Plan in Gaza which commenced in April 2024. As a result, more than 31,000 patients were treated by our teams, including 213 who have received sight-saving intravitreal Avastin injections and 159 who received laser treatments.



Dr Ahmad Ma'ali & Sir Andrew Cash in the Jerusalem Hospital Gardens

As for the West Bank and Jerusalem, patient access to eye care was also compromised due to the heightened level of violence. The war has impacted the movement of people and goods in the West Bank and hindered the access of patients to the Jerusalem Hospital. Management has undertaken several steps to improve patients' access to quality eye care. These included the expansion of services in Kufr Aqab, establishing a community-based Child Vision Screening Programme, and enhancing outreach activities to the most isolated communities including the establishment of a second outreach service in the north of the West Bank.

As a result, the Hospital Group's clinical activities were exceptionally high at almost all sites. In total, 175,534 outpatient visits were conducted which represents a new record for SJEHG. As for major surgeries, 4,321 surgeries were performed at the hospital, 28% less than in 2023. This decline was due to the loss of surgical activities in Gaza. Some 2,200 major surgeries are typically performed annually at our Gaza Hospital, which has been non-operational since October 2023.

We have continued to provide training and education for all staff. This included fellowship training for three medical staff, postgraduate nurse training, leadership training, and our medical residency programme.

As for the group's finances, patient related income declined by 5.4 million NIS (£1.1 million) since 2023. This reduction in patient income was related to the worsening economic situation in the West Bank, affecting patient ability to pay service fees, as well as the ongoing war in Gaza.

Thank you to all St. John Pories and Associations for their continued and unwavering support, as well as all our other donors. We would especially like to thank the Priory in the USA of the Order of St John for increasing their donations to US\$3.6 million (£2.8 million), which has been instrumental not only in the sustainability of our services but also the development of new sight-saving provisions.

The Hospital Group has maintained its quality care and ensured the safety of its patients and staff. The quality assurance team has completed embedding clinical standards in all Satellite Centres/Hospitals (except Gaza) and has prepared Hebron Hospital for the forthcoming JCI inspection and accreditation.

Looking forward, our plans include implementing models of eye care in Gaza, fully opening the Nablus Day Hospital, ensuring the continuation of the Child Vision Screening project, expanding subspeciality services at the Kufr Aqab clinic, and pursuing staff capacity building initiatives.

We are mindful of future challenges but remain committed and determined to delivering services to the neediest people in the Holy Land.

Thank you.

Sir Andrew Cash OBE
Chairman

Dr Ahmad Ma'ali
CEO



HOSPITALLER'S REPORT

2024 was, by any standard, a difficult year for the Hospital Group. The war in Gaza overshadowed much of the Hospital Group's work (a subject covered later in this Annual Report), with the challenges following barely two years after the COVID-19 pandemic. Both these events placed unprecedented demands on hospital staff as they treated patients across the territories with resilience and dedication.

As an ophthalmic surgeon, I understand the challenges they face under normal conditions. Working in a volatile and unpredictable environment is infinitely more complex, and makes their service and achievement even more commendable.

In Gaza, clinical services came to an abrupt halt in October 2023 with the onset of hostilities. A three-phase plan was adopted to provide eye-care services through several semi-static outpatient clinics in the Gaza Strip, with staff

continuing to work tirelessly to treat patients, including many diabetic patients with time-sensitive disease.

The hostilities through 2024 further reduced our patients' access to ophthalmic services in the West Bank. This enduring issue is being addressed by an expansion of services in Kufr Aqab (which lies outside the separation wall near East Jerusalem), and in Nablus, where a new, fully equipped hospital opened in March 2025. This will address long-standing access issues in this region, and the Nablus Hospital is larger, with much-needed surgical facilities.

An important development in 2024 was the Child Vision Screening Programme. Reduced vision in the first few years of life (due, for example, to congenital squint or cataract, or the need for glasses) can lead to amblyopia unless treated urgently. In this condition, the cerebral visual cortex (primarily responsible for visual perception) fails to

develop normally, and unless the primary ocular disorder is corrected within the first 8 – 10 years of life, the patient will suffer life-long visual reduction, with no further remedy possible.

You can read more about the Child Vision Screening Programme on page 13.

In summary, 2024 has been one of the most challenging years in the Hospital Group's 142-year history, and the immediate future looks equally uncertain. It is thanks to our staff, our Board of Trustees, the Order and her Priors, and all our supporters that the St John of Jerusalem Eye Hospital Group can continue its mission of preventing sight-loss in one of the most marginalised populations in the world.

Thank you.

Professor David H. Verity, KStJ MD MA BM BCH FRCOphth Hospitalier, Order of St John. Consultant Ophthalmic Surgeon, Moorfields Eye Hospital

Gaza: An Ophthalmic Emergency

A BEACON OF HOPE

Rebuilding Gaza's shattered healthcare system



St John of Jerusalem Eye Hospital Group

PHASE 1:
3 - 6 months
Mobile screening and primary eye care treatment

- Location: Nuseirat Camp, Rafah and Deir al Balah
- Partners: UNRWA, UK Meds, PRCS
- Eye care needs assessment

Cost £530,000

PHASE 2:
6 - 9 months
High-impact medical intervention focusing on treatment of diabetic retinopathy and preventable blindness

- Semi-static venues
- Partners: PRCS and International Medical Corps

Cost £495,000

PHASE 3:
12 months
Rehabilitation of SJEHG hospital and provision of surgical services

- Establish new supply chain
- Partners: Tilganga Institute of Ophthalmology, Nepal
- Obtain JCI accreditation standards

Cost £4.7million

Diabetic Retinopathy is the leading cause of blindness in Gaza

15% of Gazans have diabetes



UPDATE ON GAZA

The war in Gaza continued into 2024, following the events of 7th October 2023. Life in the Strip remains unimaginable, with people unable to access the most basic resources amid ongoing hostilities.

Despite the immense challenges, SJEHG has been able to provide primary eye care to displaced people as the first stage of our three-phase Emergency Response Plan since April 2024. In October/November, we were able to begin the second phase of the plan, administering laser therapy and Avastin treatments for patients suffering from diabetic retinopathy.

The Gaza Hospital has not been operational since October 2023 and has suffered extensive collateral damage. Our dedicated teams confront daily obstacles as they continue to work tirelessly to treat patients at six locations across the north, centre and south of Gaza, partnering with agencies

like the Benevolent Friends Association, Al-Awda Hospital, the Palestinian Red Crescent Society, UNRWA and the Al-Amal Hospital.

Most of our staff were displaced to the south of the region, residing in Rafah and Deir al-Balah (south of the Gaza Strip) and remained safe. Due to the increased workload, 24 staff members were engaged in the initial medical response on both a part- and full-time basis. SJEHG remains committed to paying staff in Gaza during the conflict.

Despite the chaos, the team is doing everything possible to keep hope alive. Plans to rebuild the hospital and potentially establish a mobile outreach clinic in southern Gaza remain underway. The team also helped with other critical public health interventions, such as providing space at Deir Al Balah for polio vaccines and raising awareness among displaced communities.



Inside SJEHG's Gaza Hospital



SJEHG on the Ground in Gaza

"Hello, I am Suhad Abu Diab, an Optometrist at St. John's Eye Hospital in the Deir al-Balah branch. We work under very difficult conditions with limited resources, yet we strive to provide patients with essential care, including vision examinations, children's refractive tests (cyclorefraction) and auto refractometer tests. We also assist with patient coordination and screenings. One of our patients, Mazen Barakah, suffers from high intraocular pressure (IOP). Tragically, he has lost his left eye and received an artificial implant 12 years ago, making it critical for him to follow up on his remaining eye to prevent further complications. While his IOP is currently stable, the severe shortage of anti-glaucoma drops in Gaza is putting his only eye at serious risk. We are doing what we can, but the lack of resources and necessary medications is a constant challenge. Proper surgical intervention will only be possible when the war stops, and our hospital is reestablished."

HOSPITALLER'S Perspective on Gaza

During the war, innumerable patients in Gaza with acute and chronic time-sensitive diseases will have lost their sight. In the case of diabetes, failure to stabilise blood sugar levels and ocular disease will already have led to irreversible sight loss. The exact number of injured eyes with remaining visual potential is still unknown. However, the greatest challenge lies in stabilising ophthalmic patients who have had limited access to healthcare for over a year.

The prevalence of diabetic retinopathy (DR) will have risen sharply for three reasons. Firstly, for a given individual, diabetic control will have been difficult due to reduced availability of drugs and blood glucose measuring equipment. Second, the effects of DR are usually insidious, but can be detected through regular ophthalmic screening – a facility which has been absent for the great majority. Third, poor diabetic control and patchy (or no) screening would have been compounded by degraded treatment facilities.

By November 2024, only 17 of Gaza's 36 hospitals were partially functional, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), and management of eye disease was severely hampered by the lack of drugs and laser machines, the latter reflecting the near impossibility of importing equipment into Gaza.



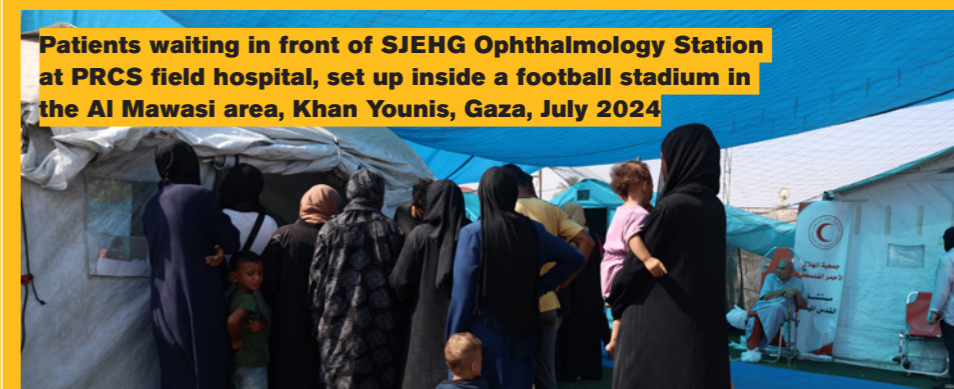
Dr. Shadi Lafi, Ophthalmology Specialist, examining a patient at SJEHG Ophthalmology Station at PRCS field hospital in Khan Younis, Gaza, July 2024.

However, DR is only one such time-sensitive disorder, and the value of screening across the oPt cannot be overstated. Glaucoma, often referred to as the 'silent thief of sight,' causes few symptoms until vision loss is established and becomes irreversible. In the absence of effective surveillance in Gaza during 2024, and the paucity of drug treatment, a rough estimate of the number of unmonitored adult patients over this period (given a glaucoma prevalence of about 4% and a population of 2.23M) is about 90,000, this excluding the disproportionate numbers of congenital glaucoma in this population, likewise untreated.

The demand on surgical skills, for glaucoma and all areas of

ophthalmology, will outstrip the capacity of the skilled and dedicated clinicians in Gaza, and will almost certainly require major international initiative(s) to work alongside them to prevent further sight loss. While cataract surgery can safely wait, notwithstanding the severe impact on vision, there will be scores of patients requiring ocular surface and anterior segment surgery, vitreoretinal surgery, and reconstructive oculoplastic and socket surgery.

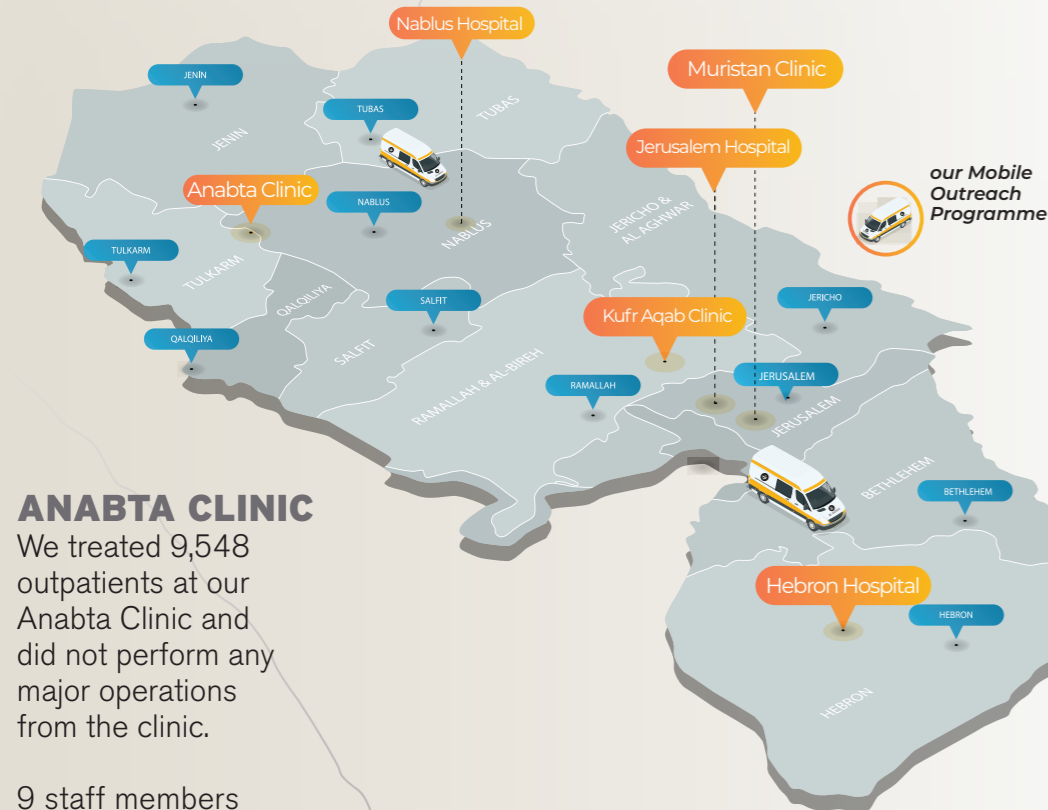
Professor David H. Verity, KStJ MD MA BM BCH FRCOphth Hospitalier, Order of St John. Consultant Ophthalmic Surgeon, Moorfields Eye Hospital



Patients waiting in front of SJEHG Ophthalmology Station at PRCS field hospital, set up inside a football stadium in the Al Mawasi area, Khan Younis, Gaza, July 2024

SNAPSHOT OF 2024

We reached over 175,500 patients (29% up on 2023), performed over 4,000 major surgeries, and employed 264 people across our services.*



ANABTA CLINIC

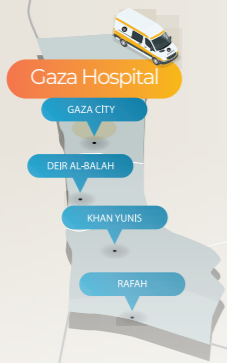
We treated 9,548 outpatients at our Anabta Clinic and did not perform any major operations from the clinic.

9 staff members including 6 medical, allied health and nursing professionals.

GAZA HOSPITAL

As part of our Emergency Response Plan for Gaza, we treated 31,309 patients in Gaza at a series of semi-static outpatient clinics. Our Gaza Hospital has not been operational since 8th October 2023.

39 staff members, including 29 medical, allied health and nursing professionals.



MOBILE OUTREACH SERVICES (GAZA) ***

The mobile outreach service in Gaza has not been operational since 8th October 2023.

HEBRON HOSPITAL

Our Hebron Hospital saw 15,860 patients and performed 654 major surgeries.

22 staff members including 16 medical, allied health and nursing professionals.

CHILD SCREENING PROJECT

Our Child Vision Screening Programme in Jerusalem and the West Bank screened 34,651 children.

JERUSALEM HOSPITAL

We treated 53,834 patients in our East Jerusalem Hospital and performed 3,434 major operations.

183 staff members, including 115 medical, allied health and nursing professionals.

MURISTAN CLINIC**

We saw over 300 patients in our mobile Old City screening programme and Muristan Clinic.

KUFR AQAB CLINIC**

Our Kufr Aqab Clinic treated 11,493 patients.

NABLUS HOSPITAL

Opened in March 2025, our new Nablus Day Hospital will provide vital ophthalmic and surgical services in the West Bank.

MOBILE OUTREACH SERVICES (WEST BANK)**

Our Jerusalem-based Mobile Outreach service in the West Bank screened 13,316 individual patients. In August 2024, we introduced a second Mobile Outreach service in the West Bank based in Anabta, which screened 5,194 individuals. ****



THE EYE HEALTH CONTEXT



30% of Palestinian adults over the age of 50 have visual impairment to an acuity lower than legal driving standards in the UK.

Our strategy draws on the contextual factors that influence our service delivery and was based on the community needs as outlined by the Rapid Assessment of Avoidable Blindness (RAAB) survey conducted in 2018-2019 by SJEHG.

The 2019 RAAB study identified the following as the

main causes of blindness and visual impairment amongst the population we serve:

- Cataracts
- Diabetic retinopathy
- Glaucoma
- Lack of public awareness regarding the prevention of avoidable causes of blindness and visual impairment

The survey also identified certain unique contextual factors which have contributed

to avoidable and preventable blindness across the oPt:

- Poor access to eye care resulting from physical, financial and knowledge barriers
- Poverty and unemployment
- Consanguinity and inherited eye diseases
- Poor quality eye care and fragmentation of the health care systems
- Socioeconomic factors leading to gender inequality

*Staff number includes four London staff.
Muristan, Kufr Aqab and West Bank Mobile Outreach staff are counted in our Jerusalem Hospital figures. * Gazan Mobile Services staff are counted in our Gaza Hospital figures. **** West Bank Mobile Outreach figures include our outreach service and school screening.

RUNNING COSTS 2024

In 2024, the cost to run our services amounted to £10.4 million, of which we needed 58% from fundraising. Your support enables our vital services to continue.

Patient Income 42%

NABLUS DAY HOSPITAL & OUTREACH UPDATE

MOBILE OUTREACH PROGRAMMES

Despite ongoing violence in the region, we expanded our mobile outreach services in 2024 by introducing a third mobile outreach in the northern West Bank. This complements our Jerusalem-based service, which now focuses more on the central and southern areas of the region. The addition of this new service has significantly improved access to vital eye care for some of the region's most vulnerable and isolated communities.

Those requiring further treatment or follow up care are referred to our facilities in Jerusalem or Anabta, and from 2025, the hospital at Nablus will handle many of these cases, ensuring comprehensive services for those living in the six northern governorates.

With demand far exceeding our expectations, our mobile outreach services, including the Child Vision Screening Programme, treated over 53,000 individuals in 2024 – a 156% increase from 2023, with nearly 9,000 referred to the Hospital for further treatment.

The expansion of the Mobile Outreach Programme, along with the introduction of the Child Vision Screening initiative, has had a profound impact – nearly half of our beneficiaries in 2024 were children.



Patient undergoing examination in outreach

	Male	Female
Jerusalem outreach	5,866	7,450
Nablus outreach	2,485	2,709
Total beneficiaries	8,351	10,159

SJEHG team including CEO Dr Ahmad Ma'ali visiting the construction site of the Nablus Hospital



NABLUS DAY HOSPITAL

For the first time, the new Nablus Day-Care Hospital will enable patients in the West Bank to undergo surgery without the need to travel to Jerusalem, marking a major milestone in our mission to provide accessible eye care for all. In its first three years, the facility is expected to increase service capacity in the region by 50%, treating over 16,000 outpatients in its first year alone – including 5,000 children – and performing 400 major eye surgeries, 250 of which will be for children.

The hospital structure is rapidly taking shape, with two operating theatres established and essential utilities – including electricity, fire safety systems, medical gases, and water – now in place. Tenders for furniture, IT, and medical equipment are underway, while staff recruitment, which began in October 2024, is progressing to ensure patient services can commence in March 2025.

The Nablus Day-Care Hospital began receiving patients in March 2025.



Members of the outreach team

OUR STRATEGY 2023-2025

The 2023-2025 Strategic Plan was developed through the collaborative efforts of the SJEHG's Board of Trustees, the senior management team, and staff. You can read our [full Strategy](#) on our website.



MISSION:

SJEHG is a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land regardless of ethnicity, religion, social class, or ability to pay.

VISION:

SJEHG will work to address avoidable blindness in the Holy Land and be recognised as the leader in the provision of quality eye care in East Jerusalem, the West Bank, and the Gaza Strip.

OUR STRATEGY IS CENTRED ON OUR CARE VALUES:

- **Compassion:** Providing eye care with empathy and willingness to promote wellbeing
- **Accountability:** Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve
- **Respect:** Honouring the dignity and diversity of each person
- **Excellence:** Providing exceptionally high quality and advanced care

OUR STRATEGIC AIMS:

Our strategy outlines how we will continue our mission through six strategic aims:

- **SERVICES:** Provide eye care which is of the highest quality, accessible and patient centred.
- **CLINICAL DEVELOPMENTS:** Lead ophthalmic education, research, and innovation.
- **PEOPLE & STAFF:** Become the employer of choice in our community.
- **TECHNOLOGY & DATA:** Integrate secure technology and data governance with all core aspects of the Group's clinical work.
- **GOOD GOVERNANCE & PARTNERSHIPS:** Ensure the Group's good governance and strengthen partnerships, communications, and marketing locally and worldwide.
- **FINANCES:** Ensure financially sustainable services.

It should be noted that our strategy was developed prior to the current war in Gaza. Much of what we had planned, especially in Gaza, will be severely delayed by the current situation.

SERVICES

Provide eye care that is of the highest quality, accessible and patient centred



The population we serve face many barriers to care. This can be physical, such as the separation wall, checkpoints and blockades, or it can be a lack of eye health awareness or financial constraints.

INCREASING ACCESSIBLE QUALITY CARE FOR ALL

As access to our flagship Jerusalem Hospital has become limited for most of the Palestinian population, we have adapted our services to help best reach those who need them most. We now provide care from three hospitals and three clinics strategically placed throughout Jerusalem, the West Bank and the Gaza Strip.

Our Jerusalem Hospital has been accredited by the Joint Commission International (JCI) for a decade, which is the gold-standard for healthcare worldwide. Ahead of our next accreditation we are aiming to bring all facilities to similar standards.

This year, we have continued to provide care through a second outreach team serving the population residing in the northern districts of the West Bank. This has massively improved our ability to provide primary eye care, raise awareness of our services and refer serious cases to our facilities based in the West Bank. In 2024, our West Bank Mobile Outreach teams provided care to over 18,000 beneficiaries—excluding those reached through the Child Screening Programme—accounting for nearly 11% of all patients seen

across the Group. We have also been addressing equity of care by targeting community groups who represent women, children and people living with disabilities. These groups are more likely to miss out on care, especially as travel is difficult, and our mobile outreach programme has provided excellent means for eye care as almost 79% of patients seen on outreach are either women or young girls.

ADDRESSING THE GRAVE NEED FOR EYE CARE IN GAZA

With the continuation of the war and the displacement of our staff to the southern parts of the Gaza Strip, our Gaza Hospital remained non-functional in 2024. However, the Board of Trustees approved a three-phase Emergency Response Plan which started in April 2024. Phase One, which essentially focuses on the provision of primary eye care services, commenced on 20th April 2024 and Phase Two, which focuses on the treatment of Diabetic Retinopathy, was established in September 2024.

We have continued to face challenges in securing medical supplies to Gaza including the delivery of two laser machines and the regular supply of Avastin injections. We have continued to work closely with the World Health Organization and the Jordanian Royal Hashemite Court to secure the delivery of medical supplies, essential for the second phase of the plan.

In total, since April 2024, 31,309 patients were treated in Gaza, including 213 patients who received sight saving intravitreal Avastin injections and 159 diabetic patients who received laser treatments.

ADDRESSING A BACKLOG OF SURGERIES

With the worsening economic situation in the West Bank where, according to the International Labour Organization (ILO), the unemployment rate has reached 32%, fewer patients are able to seek private eye care services. This has heightened the demand for charitable surgical services at the Group and as a result it has increased our surgical waiting lists.

There were hundreds of patients on the backlogs across the Group – and new cases are added every day. Thanks to generous funding from the Qatari Fund for Development, the European Society of Cataract and Refractive Surgeons and the Australian NGO Cooperation Program (ANCP) in 2024 we have been able to clear some of this backlog.

Almost 4,300 major surgeries were performed across the Group overall. This was lower than expected due to the ongoing conflict in Gaza and the heavier restrictions of movement across the West Bank in the latter half of the year. While there is much still to be done, we can celebrate the thousands of lives enhanced as part of this scheme.



A child being screened as part of our Child Vision Screening Programme

SPOTLIGHT ON: Child Vision Screening Programme

The Child Vision Screening Programme was launched in October 2023 and continued to operate through to the end of 2024. The initial phase was funded by the US-based Hilton Foundation, with additional funding secured by the US Priority to ensure the continuation and expansion of vision screening efforts in the coming year.

Originally designed to provide vision screening for children in Gaza, in response to the conflict in Gaza, the programme was adapted to serve West Bank refugee camps instead. In collaboration with SJEHG's outreach team as well as staff from both the Anabta and Kufr Aqab clinics, the programme has made a significant impact.

KEY ACHIEVEMENTS

- **Children screened:** Over 50,000 children screened between October 2023 and December 2024

- **Referrals for further treatment:** Around 19% of children screened were referred to SJEHG's facilities for further diagnosis, treatment or surgery.
- **Successful Collaboration:** Strong partnerships with local school staff enabled seamless operations and maximised outreach. Numerous success stories have emerged, highlighting life-changing improvements for children with visual impairments. This collaboration is in line with our strategic aims.
- **Mobile Clinics for Remote Areas:** The outreach team deployed mobile clinics to reach children in isolated and Bedouin communities, ensuring equitable access to vision screening services.

NEW U.S. INITIATIVE - 2025 EXPANSION:

Funding and Goal: The new U.S. initiative, backed by a generous budget of \$500,000, launched in February 2025 to screen an additional 50,000 children.

Patient Case Studies

MOHAMMAD'S STORY

Mohammad Salameh, a 13-year-old student from the Old Askar refugee camp in Nablus, lives with his father, mother, one brother, and three sisters. His father works as a labourer in Nablus, and they are financially struggling. Mohammad was first screened at school by the SJEHG team. He was then referred for a full examination at our Anabta Clinic with several other students.

At the centre in Anabta, Mohammad underwent a full examination, including visual acuity (VA),

cyclorefraction, and slit lamp examination by the doctor. He was diagnosed with allergic conjunctivitis, and treatment was prescribed with a follow-up scheduled after one month.

His mother, who accompanied him to the Anabta Clinic, said that she felt very satisfied and happy with the care provided by SJEHG. She expressed that she had suspected her son had an eye problem before, but was encouraged by the school screening to seek further examination and treatment. She conveyed her gratitude for the assistance provided.



Mohammad undergoing tests in Anabta

MALAK & NOOR'S STORY

Malak Bizo, a 15-year-old student, and her sister Noor, a 13-year-old student, both suffer from myopia (near-sightedness). The sisters live with their family in Asker Camp, Nablus, under modest economic circumstances – their father works as a labourer, earning a limited income.

Malak and Noor's family consists of nine members, including their parents and five other siblings. The family's financial situation is precarious, with five children already wearing glasses due to vision issues.

Both girls were initially screened for eye problems at school by the SJEHG medical team as part of our Child Vision Screening Programme and were subsequently referred for a comprehensive

examination at the Group's Anabta Clinic.

There, Malak and Noor underwent detailed examination including visual acuity testing, cyclorefraction measurement, slit lamp examination, and fundus examination conducted by a doctor.

Based on the findings, Malak was advised to continue using her current glasses and to return for a follow-up appointment in six months. Noor was prescribed corrective glasses to fully correct her vision. Further treatment options will be explored (if necessary) during their follow-up visits.

This intervention by SJEHG aims to ensure Malak and Noor's visual health is monitored and managed effectively despite the economic challenges their family face.



Malak waiting to be screened after her sister Noor at the Anabta Clinic

CLINICAL DEVELOPMENTS

Lead ophthalmic education, research, and innovation.



ADVANCING OPHTHALMOLOGY TRAINING & EDUCATION

The St. John of Jerusalem Eye Hospital Group is the leading provider of eye healthcare for Palestinians and a premier institution for ophthalmology training. Our Hospital offers a comprehensive four-year residency programme accredited by the Palestinian Board, the Arab Board, and the International Council of Ophthalmology.

In addition to residency training, we provide advanced subspecialty fellowship programmes in various ophthalmology disciplines. We also maintain strong collaborations with both local and international institutions, fostering continuous knowledge exchange and professional development.

As part of our commitment to medical education, we are affiliated with Al-Quds University, providing ophthalmology training to its medical students.

In 2024, several notable achievements were recorded in our medical community. Dr. Muath Natsheh successfully completed a two-year

Vitreoretinal Fellowship in December, with an extra consolidation period of six months until June 2025. Dr. Hana' Husein, from our Gaza Hospital, began a one-year Paediatric Ophthalmology Fellowship in Canada in July.

In August, Dr. Meqdad Saeed joined a combined Ophthalmology Postdoctoral Research Fellowship and a Master's Programme in Biomedical Informatics at the University of Pennsylvania for one year. Additionally, Dr. Amjaad Abu Shams, Dr. Ahmad Salhab, and Dr. Qusai Yousef successfully completed their residency training. In recognition of their dedication, Dr. Zaina Saleh and Dr. Mahmoud Qabaja were appointed as Resident Doctors in 2024, followed by Dr. Jomana Swidan and Dr. Rawan Ayyad in 2025. These accomplishments highlight the continuous growth and excellence within our institution.

Our Education Committee remains dedicated to continuously enhancing and developing our training curricula to uphold the highest standards of medical education.

NURSING

In 2022, our Stephen Miller School of Nursing established a partnership with Al-Quds University to provide a nine-month Specialised Professional Diploma in Ophthalmic Nursing. The programme is delivered over two terms comprising 32 credit hours and awards a university degree in Ophthalmic Nursing that is formally acknowledged locally and internationally which in turn improves graduates' job prospects. Both the theoretical and clinical components of the teaching programme are fully administered at SJEHG. Students are offered stipends, free accommodation, food, and stationery to better support them both financially and socially throughout the whole period of the teaching programme. They very much appreciate the valuable support they get.

There are seven students in the current cohort, male and female, who come from various Palestinian areas. Students started their autumn term in September 2024 and all students successfully completed the term in January 2025. Currently, they are undertaking their Spring course which ends in late May 2025. They are in line with their theoretical curriculum which is conducted by the lecturer practitioner.

Clinically, students are assigned to a rotation training schedule that includes all hospital clinical areas and units which allow students to apply theory to practice at all levels of ophthalmic nursing practice. Students are closely supervised by their mentors and well supported by the hospital staff. The impact on students' performance is very positive.

POSTGRADUATE ACTIVITIES

Over the past 10 years, SJEHG has fostered a new research culture, with a remarkable uptick in published research activity, both from SJEHG directly, and in collaboration with other units. [Reviewing the published literature](#), there were 39 peer-reviewed citations including SJEHG staff between 2015 and 2025, yet only 7 in the previous decade.

This developing postgraduate culture, with increased training opportunities, international exposure, and high-quality research output, is one of SJEHG's strategic aims; the progress over recent years is a credit to our staff and further raises the Hospital Group's regional and international profile.

PEOPLE & STAFF

Become the employer of choice in our community

We cannot achieve any of our strategic aims without a strong team to implement our ambitions. We will continue to ensure a working environment that enhances the physical and mental health of all staff, and adheres to the principles of equality, diversity and inclusion.

In 2024 we have continued to implement training and development of all staff across the Group, with clear succession plans in place to future-proof the services offered. We have also ensured transparency of pay by developing a universal Grading and Reward System across the Group.

Senior management keep in direct communication with all staff and pay regular visits to our satellite clinics to ensure that the

whole of SJEHG work cohesively and effectively together. We distribute a CEO newsletter every four months to keep staff engaged and informed of all developments across the Group.

We continue to reward staff for their distinguished performance through the “Employee of the Year” nominations and our annual Prize Giving Ceremony.

As for Gaza, we have continued to pay the salaries of our staff, either partially or in full, despite a long period of work interruption.

This gesture has been highly appreciated by all staff at the group.



Zakaria Khalil Samara outside the damaged Gaza Hospital

Staff Case Study

ZAKARIA KHALIL SAMARA

Zakaria Khalil Samara is one of our ophthalmic theatre nurses at our Gaza Hospital and has been part of the team for seven years.

In October 2024, he was the first member of staff to return to the damaged hospital, at great cost to his personal safety, to survey the damage. In his own words, he gave an insight into what the past year has been like for the team in Gaza:

“Our work is meaningful because we are helping people. We have a great team, with great management. All we care about is the patients.”

“For the first five months of the war, we were unable to provide any services. We gathered, and with the limited resources of an outpatient clinic, we began providing primary eye care services at ophthalmic stations.”

“The patients are deeply grateful for the care we provide, and their gratitude gives us strength to continue. I have seen many patients lose their

sight due to the lack of operating theatres. If we had just one, their sight could have been saved.

“I have been displaced three times. Death surrounds us. I've survived more than once, coincidentally leaving a place just moments before it was bombed. Our life's dream is for a ceasefire to happen so we can return to serving people with full strength. We are ready.”



SJEHG Gaza staff members



TECHNOLOGY & DATA

Integrate secure technology and data governance with all core aspects of the Group's clinical work

MAJOR IT UPGRADES AND EXPANSION ACROSS THE GROUP

SJEHG is making significant improvements to its technology and infrastructure in 2025. As part of these efforts, we will be replacing the Hospital's network system to improve speed and reliability. Additionally, we are upgrading our servers to support the latest medical and administrative technologies, ensuring a smoother and more efficient operation.

A key focus is also on strengthening cybersecurity. We are implementing new security systems, including updated software and firewalls, to protect patient information and hospital data. To improve connectivity, secure VPN networks will link our satellite clinics in the West Bank with our Jerusalem Hospital, allowing staff to access resources more easily while keeping data confidential.

We are also adopting cloud-based solutions to support different hospital functions, making it easier to manage information, improve efficiency, and provide better service to our patients.

Another exciting development is the opening of our new Nablus Day Hospital, which will be fully connected to our network. This integration will allow seamless collaboration between all SJEHG sites, ensuring better patient care.

These upgrades and expansions reflect our commitment to using the best technology to support our staff and provide the highest level of care for our patients. We thank the Qatar Fund for Development (QFFD) for their generous funding of many of our IT projects.



Triage desk, Jerusalem

WHY IS TECHNOLOGY IMPORTANT?

1. Efficient data management:

It processes vast amounts of patients' data, such as demographic information, medical history, treatment plans, billing details.

2. Improved Patient Care:

Relevant staff members have access to reliable and up to date patient information, can track patient progress, monitor their treatment plan, and identify any potential health risks.

3. Collaboration of medical staff:

Patient information can be accessed from any site, no matter where the patient was diagnosed. This gives our staff across the different facilities the ability to collaborate on treatment plans.

4. Making admin easy:

Administrative tasks, such as appointment scheduling, billing, and insurance claims processing are carried out online, made easier and reducing paperwork.

GOOD GOVERNANCE & PARTNERSHIPS

Ensure good governance and strengthen partnerships, communications, and marketing locally and worldwide

Partnerships and good governance ensure we are delivering patient quality care.

We are a proud, founding member of The Order of St John:

Being a founding member of one of the world's biggest providers of healthcare gives SJEHG access to partnership with The Order of St John, Johanniter International and the Alliance of the Orders of St John. Together, and alongside several other international bodies, we collaborate on best practice for clinical governance, sustainability and more.

The Order aims to regionalise its services, and we plan to play a key role in the development of the Order's Europe, Middle East, and Africa regions.



Technical Support and Grant Partnerships:

There are several other development organisations which collaborate with SJEHG on eye health projects across the oPt. We rely on their expertise or influence to deliver our services at the highest level. Several of these bodies are also donors, to see a full list of major donors go to page 59.



Quality and Transparency:

Through our commitment to quality eye care, we have been accredited by the ISO 9001:2015 (Accreditation for Quality Control) and JCI and are subject to regular external audits to ensure that we are adhering to their gold-standard for quality healthcare. We take transparency very seriously, following all UK guidelines to ensure both our accounting and fundraising practices are operating to the correct level. As such, we are registered with official charity bodies in the UK and are independently audited each year. To see our full fundraising statement, see page 32, to see our Independent Auditors' report from PwC see page 38.



Local partnerships:

Our strategic partnerships with local health networks are vital to ensure an integrated approach to eye health. We have a Memorandum of Understanding in place with the Ministry of Health in both the West Bank and Gaza, to guarantee patients who present with eye conditions at general clinics are referred to us for specialist treatment.



Training:

Both our Sir Stephen Miller School of Nursing and our Medical Residency Programme are internationally and locally accredited, ensuring that our staff are trained to the highest possible standard. Our medical team benefit from opportunities to train in subspecialties internationally and regularly collaborate on medical research with their cohort across the globe. This collaboration has been encouraged by the introduction of the St John Ophthalmic Association.



Digital community building:

To better network and provide accessibility we aim to expand our digital presence. We will be developing a marketing strategy, revamping our English website and developing an Arabic website. These tools will undergo regular monitoring and evaluation to ensure they are best serving all our stakeholders.



Members of the outreach team in front of one of our specialised vans

SPOTLIGHT ON: CARE International Partnership

CARE International is a global humanitarian organisation that provides disaster relief and works to end poverty and social injustice. Founded in 1945, it originally began as a relief effort to send food packages to survivors of World War II. Over time, it expanded its mission to focus on long-term development, gender equality, and emergency response in over 100 countries. SJEHG and CARE International have maintained a strong and collaborative partnership since the 1960s, working together to enhance eye health services for Palestinians. CARE's support has been instrumental in expanding our outreach efforts and medical capabilities, ensuring that vulnerable populations have access to quality eye care services.

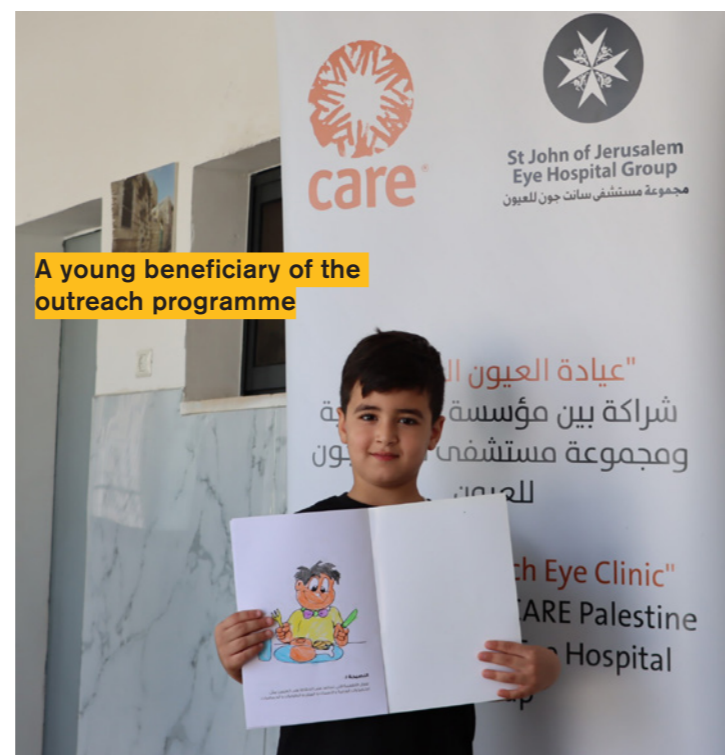
One of the major milestones in our partnership is the establishment of a dedicated mobile outreach clinic for the northern West Bank, serving communities across the six northern governorates: Nablus, Jenin, Tulkarem, Qalqilya, Salfit, and Tubas.

This expansion allows us to reach more communities in need, particularly those in occupied territories and refugee camps. By complementing our existing Jerusalem-based mobile clinic, this initiative helps to ensure comprehensive coverage across the West Bank. CARE has played a vital role in supporting the operational costs, medication, and staffing of this programme.

Additionally, CARE has supported the procurement of advanced medical equipment,

such as the OCTA System, which enhances diagnostic capabilities and improves patient outcomes. Their contribution reflects a shared commitment to reducing preventable blindness and ensuring that Palestinians – especially those in underserved areas – receive timely and effective eye care.

Through this ongoing partnership, SJEHG and CARE International continue to drive meaningful change in the Palestinian eye health sector, ensuring that the most marginalised communities receive the care they need.



A young beneficiary of the outreach programme

SPOTLIGHT ON:

the European Society of Cataract & Refractive Surgeons (ESCRS) Partnership

Founded in 1991, ESCRS is dedicated to advancing education and research in implant and refractive surgery while fostering the study and practice of ophthalmology. The organisation supports and promotes research on intraocular lens implantation and refractive surgery, ensuring the dissemination of valuable findings. With a global membership exceeding 7,000 individuals across 130 countries, ESCRS continues to drive innovation in the field.

SJEHG began a three-year project with ESCRS in 2023 (among other externally funded projects) to help reduce the number of people suffering from severe cataracts and who are on our long surgical waiting list that surpassed 1,000 cases post-Covid-19.

This project is a key part of SJEHG's urgent appeal to tackle the rapidly growing need for cataract surgery among the most vulnerable populations in the West Bank and Gaza, amid the ongoing humanitarian crisis faced by Palestinians every day.

According to the latest RAAB study, cataract is still the leading cause of blindness in the occupied Palestinian territories. One of the major recommendations of the RAAB study is increasing the uptake of cataract surgery, especially among women and people with disabilities.

The project has offered ESCRS ophthalmologists a unique on-site opportunity to encounter conditions and patients they are unlikely to come across in Europe.

During the three-year project, SJEHG hosted two junior ophthalmologists from Ukraine, for one-week observation visits, participating in the diagnosis and treatment of Palestinian patients including those who are examined in rural areas



Yuliia Kuts and Anna Polinyk, junior ophthalmologists from Ukraine

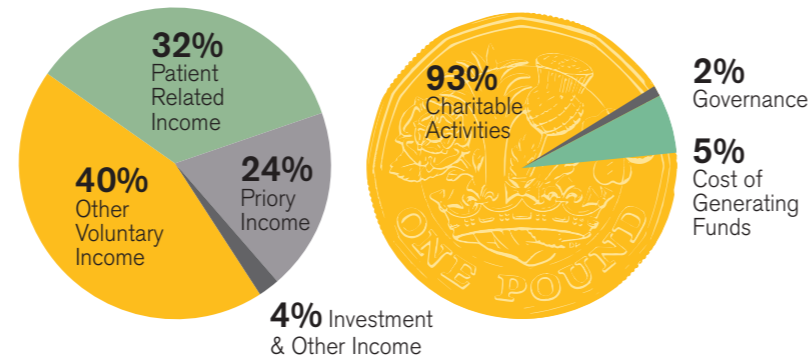
through our Mobile Outreach Programme.

Visiting ophthalmologists had the opportunity to work within some of the most disadvantaged localities such as refugee camps, remote areas, and Bedouin communities, which fostered the valuable exchange of knowledge and practice in an entirely new setting. It was also an opportunity for the visiting doctors to utilise and apply highly modern equipment and practices in a challenging clinical environment with complex caseloads.

The project originally aimed at receiving 12 junior ophthalmologists from across Europe, but due to the conflict outbreak in October 2023 we were not able to receive more interns. We hope to complete the project in December 2025.

FINANCES

Ensure financially sustainable services



STATEMENT OF FINANCIAL ACTIVITIES

Incoming Resources: £13.9m	2024 £000	2023 £000	2024 \$000	2023 \$000	2024 %	2023 %
Patient Related Income	4,425	5,448	5,664	6,756	32	42
Priory Income	3,332	3,240	4,265	4,018	24	25
Other Voluntary Income	5,587	3,926	7,151	4,868	40	30
Investment & Other Income	573	332	733	412	4	3
Total	13,917	12,946	17,813	16,054		

Resources Expended: £10.4m	2024 £000	2023 £000	2024 \$000	2023 \$000	2024 %	2023 %
Charitable Activities	9,657	11,671	12,361	14,472	93	94
Cost of Generating Funds	585	540	749	670	5	4
Governance & Other Expenditure	185	181	237	224	2	2
Total	10,427	12,392	13,347	15,366		

Thanks to the continued support of our donors, we can provide high-quality charitable eye care to thousands of people each year.

The communities we serve need sustainable services. Ensuring that we have the finances to continue to work and invest in key areas is essential. Central to this aim is to continue to diversify our sources of income, while continually seeking ways to control costs and increase efficiency across the Group.

Patient income through private payments from those who can afford it, as well as medical insurance payments from the health systems in Israel and the West Bank is a vital part of our sustainability. We aim to increase patient related income to 55% of our overall income by 2025. We will do this by continuing to operate and coordinate with central health services, and by increasing our digital presence and

marketing for patients.

Grants and donations make up the remainder of our funding. Our St John Pories have been the backbone of our funding since our establishment in 1882, and they make up around 24% of our total income. We aim to increase their support by continuing to showcase the unique impact created by each Priory. Pories are responsible for many of the salaries of our key clinical team as well as providing support to our most vulnerable patients to access care.

Institutional donations from a variety of sources – both international and specific to the Middle East region are of increasing importance too. These donors invest in multi-

year programmes which help to strategically develop our infrastructure and services. We aim to continue to foster further support from these sources.

The charitable support we receive from Pories, institutions, foundations and individuals combined is the backbone of our organisation. Without it, we simply could not run the vital services we provide to thousands of individuals each year. Thank you.

For more information on our major donors for 2024, please see page 59.

We also maintain a high level of reserves to ensure financial sustainability, more details can be found on page 34.

GOVERNANCE STRUCTURE



BOARD COMMITTEES:

- Steering
- Finance
- Audit & Risk
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Liaison
- Digital & IT

The Committee Terms of Reference were updated in 2023.

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member

of the Charity and appoints the Chairman of the Board of Trustees. The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem, where possible. Meetings are held both in person and virtually.

The Board reviews the performance of SJEHG and, in particular, the performance of the facilities in Jerusalem, Gaza, Hebron and the Anabta, Muristan and Kufr Aqab Clinics, as well as the Mobile Outreach Programme. The Board also considers and approves the operational and capital budgets.

The Board Committees focus, in detail, on their areas of responsibility and report back to the Board. The Board is aware of the codification of directors' duties under the Companies Act 2006 and takes these duties into account in consideration of

SJEHG's activities and within its Articles of Association. New Trustees are selected by the Board to maintain an appropriate balance of skills, experience and diversity. Trustees are appointed for a term of three years and may be reappointed for two further terms of three years but are not normally eligible for a further reappointment.

Two new Trustees were appointed in 2024. Two board members left in 2024.

Charity Trustee Indemnity insurance is provided at a cost of £12,699 (2023, £13,433) to cover the charity, trustees and officers against potential claims and losses.

An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the Charity to the Chief Executive, Dr Ahmad Ma'ali and the SJEHG Senior Management Team.

TRUSTEES & COMMITTEE MEMBERS

The Trustees of the charity, who are also the directors for the purposes of UK company law, during the year and, at the time of this report, are listed below:



Sir Andrew Cash OBE KStJ
(Chairman)

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Sir Andrew is an experienced Chair, Non-Executive Director and Chief Executive working in the health, life sciences, charity and consultancy sectors. He is Chair of the Board of Trustees for SJEHG and is also a Trustee on the Executive Committee of the Order of St John. Andrew joined the UK's National Health Service (NHS) as a fast-track graduate management trainee and was a successful Chair and CEO for more than 35 years. He has worked at local, regional and national levels by invite at the Department of Health on several occasions. He has been Chair of an Integrated Care Board, led an integrated care system and was the founder CEO of the Sheffield Teaching Hospitals NHS Foundation Trust from 2004 to 2018.

Prof. David H Verity KStJ, MA (Oxon), MD (Lon), BM BCh, FRCOphth
(Order Hospitaller)

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David Verity was appointed to the Board in June 2016 and became the Order's Hospitaller in September 2018. He is a surgeon at Moorfields Eye Hospital, the immediate past-President of the British Oculoplastic Surgery Society and Treasurer for the European Society (ESOPRS), and past Editor in-Chief of the international journal 'ORBIT'. In 2015, with the ophthalmic

Hospitallers of the Order, he founded the St John of Jerusalem Eye Hospital Group Ophthalmic Association (SOA), a world-wide professional organisation dedicated to the postgraduate work of SJEHG. The SOA celebrates its tenth anniversary in 2025 and is now formed of six world-wide hubs of 12 separate chapters, engaging medical expertise across the Pories and supporting our staff with training courses and medical exchanges. As a surgeon, he also undertakes regular working visits to our hospitals in Jerusalem and Gaza. In 2024, Prof. Verity was appointed visiting professorships at both the Hebrew University of Jerusalem, and the Al-Azhar University of Gaza.

Mr Chris Hoult OStJ FCA
(Treasurer and Company Secretary)

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Chris Hoult joined the Board of Trustees in January 2022 as Treasurer bringing over 25 years of board level experience in roles that have encompassed Finance, IT, Procurement, Estates and Facilities as well as international trading which included two years spent living and working in Denmark. He qualified as a Chartered Accountant in 1987 and since then he has worked in a variety of commercial and not-for-profit organisations including four years as the Director of Finance of Plymouth Hospitals NHS Trust and nine years advising NHS

organisations in London on major strategic reorganisation projects. Having spent five years as the Director of Finance of the Royal Voluntary Service up to the end of 2024, he now provides interim support to charities on a range of financial and governance matters.

Dr Maged Abu-Ramadan KStJ MD FRCSEd

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Dr Maged Abu-Ramadan is a resident of Gaza, a Senior Consultant Ophthalmic Surgeon, and the Founder and President of the Palestinian Ophthalmological Society. In 2005 he was made Mayor of Gaza. He is the Treasurer of the Middle East Africa Council of Ophthalmology, and the Chairman of Coastal Municipalities Water Utility. Previously, he was the Palestinian Authority Director General of Hospitals General Administration and the Director General of the International Cooperation Department of the Ministry of Health. Maged became a member of the Board in April 2013 and retired in December 2022. He was reappointed in January 2024 and resigned in April 2024.

Mrs Avey Bhatia OBE OStJ RGN, MPA

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Avey Bhatia is Chief Nurse at Guy's and St Thomas' Trust. Avey qualified in 1991, and her clinical experience includes theatres, general intensive care, coronary care and cardiothoracic nursing.

She held various staff nurse and sister posts at hospitals in London before becoming Chief Nurse and Director of Infection Prevention and Control at St George's University Hospitals NHS Foundation Trust in 2017. Avey holds a postgraduate diploma in health services management and a master's in public administration. She is also the Trust's Director of Patient Experience, and the executive lead for adults and children's safeguarding, and for infection, prevention and control. Beyond Guy's and St Thomas', Avey is President of the Florence Nightingale Foundation and Honorary Vice President of The Nightingale Fellowship. Avey joined the Board in January 2022.

Mr Jamie Ingham Clark KStJ FCA

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Jamie Ingham Clark is a Chartered Accountant and pursued a career in the Lloyd's insurance market, where he had many years' board experience as either Finance or Compliance Director. He served on the Court of Common Council (the local authority for the City of London) from 2013 and was the Chairman of its Finance Committee until March 2022. He is a Liveryman of the Clothworker's and Pattenmaker's Companies and is a member of the Knights Templar. Jamie has been involved with The Order of St John for over 40 years as a member of the

Ceremonial Staff and is currently the Sword Bearer. He retired as Lay Chair of The Guild Church Council of St. Lawrence Jewry-next-Guildhall in April 2025. He joined the Board in 2017.

HE Diane Corner CMG OBE OStJ

●
Diane Corner was British Consul-General in Jerusalem from July 2021 until November 2024. Diane was British Ambassador to the Democratic Republic of Congo (2013-14) and prior to that British High Commissioner to Tanzania. From 2014-17 Diane was Deputy Special Representative of the UN Secretary-General (Political and Protection of Civilians) in the Central African Republic. Other diplomatic postings have included Kuala Lumpur (1985-88), New York (1989), Berlin (1994-98), Harare (2001-3) and Sierra Leone (2008-9). Diane holds a BA Hons in French and Politics from the University of Bristol, and an MA in International Relations and Contemporary War from King's College London. She also has a diploma from the NATO Defence College Senior College which she attended in 2000. Diane joined the Board in July 2021. Diane Corner resigned from the board in November 2024 and has been replaced by Helen Winterton, the new British Consul-General in Jerusalem.

Miss Helen Dodds (Helen Forsyth) OStJ

●●●●●●
Helen Dodds is an international lawyer and board member with over 30 years' experience in the legal and financial services sectors. She is a solicitor, a CEDR accredited mediator and a Senior Honorary Fellow of the British Institute of International and Comparative Law. Helen is currently also a board member of the UK Gambling Commission and a director of LegalUK. Previously she was Global Head of Legal, Dispute Resolution at Standard Chartered Bank, and a non-executive director of the London Court of International Arbitration. She joined the Board in January 2022.

Mr Paul Hackwood OStJ

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Paul Hackwood is the CEO and General Secretary of Toc H, a national community development charity. He is ordained in the Church of England and a Canon at Leicester Cathedral. Paul has extensive experience in management and governance within the not-for-profit sector and has held non-executive roles in both the NHS and the Police Service. He previously served as CEO of the Ampleforth Abbey Trust and the Church Urban Fund, where he established the Together Network, supporting communities in deprived areas across the



UK, and the Near Neighbours Programme, fostering relationships between faith communities. He has also held the role of Archdeacon of Loughborough. Until recently, Paul was a Trustee of the Henry Smith Charity and currently chairs its Clergy and Projects Group. He joined the Board in January 2022.

Mrs Ismat Levin OStJ JP



Ismat Levin joined the Board as a Trustee in January 2022. Ismat trained and practiced as a solicitor at City law firm Dentons following which she has spent 30 years as General Counsel for commercial, international growth and technology-led industries listed on NASDAQ or in private equity contexts. She has substantial experience of intellectual property licensing, governance, risk management and regulation. Ismat has served as a committee member for the Royal College of Radiologists (2016- 2020) and on the Board of LXi REIT plc, a real estate investment trust and FTSE 250 company, listed on the London Stock Exchange, as Non-Executive Director between 2022 and 2024 until it was merged with Secure Income REIT plc. Ismat has served as a Magistrate on the North West London Bench since April 2015.

Mr Timothy Jones OStJ



Tim Jones is a retired solicitor, Chair of Trustees of homelessness charity The Connection at St Martins, a trustee of the Safer London charity and of the National Botanic Garden

of Wales and a school governor. Tim was formerly a partner in the law firm Freshfields Bruckhaus Deringer LLP working on a wide range of corporate and commercial projects internationally. He was managing partner of the London office between 2007 and 2011 and worked in the Madrid office between 1994 and 2000. Tim joined the Board in November 2019.

Mr John Macaskill KStJ CA



John Macaskill was a Founding Partner and Managing Director of Groton Partners, a Private Equity firm based in New York. Mr Macaskill joined Groton Partners in March 2005 and focused his efforts on alternative investments, including Private Equity. Mr Macaskill is a General Partner in several private equity and real estate funds and has spent the last 40 years in the financial services industry in New York and London. He is a member (retired) of the Institute of Chartered Accountants of Scotland, and a Chapter Member of the Priory in the United States of the Order of St John. He joined the Board in January 2018. He is also the treasurer of the Priory of the USA.

Dr David E.I. Pyott CBE, CStJ



Dr David Pyott is the former Chairman and CEO of Allergan Inc. During his tenure, Allergan was transformed from a small eye care business with about \$1 billion in sales to a global company, with sales over \$7

billion. Dr Pyott is a member of the Board of several U.S. pharmaceutical companies and a member of the Supervisory Board of Royal Philips. He is Chairman of the Board of Governors of London Business School, a Trustee of the California Institute of Technology, President of the Advisory Board of the Foundation of the American Academy of Ophthalmology and is also involved on the Boards of many other U.S. and international eyecare charities. Dr Pyott and his wife, Molly, are Members of the Priory of the USA and stalwart supporters of SJEHG. Dr Pyott joined the Board in October 2020.

Mr Joachim von Einem



Joachim von Einem was a lawyer and notary public in his own office for more than 40 years in Bremen, Germany. He joined the Johanniterorden in 1976 taking over several functions within the Order. From 2008 to 2022 he was the Governing Commander of the Hannover Commandery, covering most parts of Northern Germany. Joachim joined the Board in June 2023.

Ms. Helen Winterton

Ms. Helen Winterton serves as His Majesty's Consul-General to Jerusalem, succeeding Ms. Diane Corner OBE. She took up her appointment in December 2024. Ms. Winterton has an extensive diplomatic career, having served as His Majesty's Ambassador to Tunis

from 2021 to 2024. Prior to that, she underwent full-time Arabic language training from 2020 to 2021. From 2018 to 2020, she was the Deputy Director for the Arabian Peninsula in the Middle East and North Africa Directorate at the Foreign, Commonwealth & Development Office (FCDO). Between 2012 and 2014, she was the Deputy Director for the Middle East and North Africa at the Department for International Development (DFID). Earlier in her career, she was Head of the DFID Office in Jerusalem from 2009 to 2012 and Private Secretary to the Secretary of State at DFID from 2007 to 2009. She also held roles in the Middle East & North Africa Department at DFID from 2006 to 2007 and served as Deputy Head of DFID Iraq in Baghdad in 2005. In 2004, she worked as a Deputy Programme Manager in Addis Ababa. She joined the Board in November 2024.

CO-OPTED COMMITTEE MEMBERS WHO ARE NOT TRUSTEES

Mr Ken Baksh



Ken is an investment consultant with over 45 years' experience.

Mr Thomas E.K. Cerruti Esq, CStJ



Thomas is a corporate lawyer who has served on numerous boards of healthcare, medical research, arts, and educational institutions. He has held board and/or leadership roles in various private foundations

and charitable gateways. As a member of the Priory of the USA, he formerly served as a Chapter member for eight years.

Mr Kevin Custis



Kevin is a registered trust and estate practitioner, Legal Executive and the chair of the London Central Branch of the Society of Trust and Estate Practitioners (STEP).

Mr Paul Double CVO OStJ



Paul is a barrister and is currently Counsel to the City of London and Under-Sheriff of the City of London. Previously, he was the Remembrancer at the City of London.

Mr Mike Driver CB



Mike is a former Civil Servant and held senior roles at His Majesty's Treasury, Ministry of Justice and Department for Work and Pensions. He is an accountant and was the President of CIPFA in 2020/21. He now holds roles as a Non-Executive Director and Strategy Advisor.

Mrs Anzo Francis MStJ



Anzo is an ICAEW Chartered Accountant and Director of Finance of Water & Sanitation for the Urban Poor.

Mrs Sarah Jane Holden CStJ



Sarah-Jane was the Chair of the Guild of SJEHG in 2024. She has been a member of the Guild for over 30 years and is a former elected Conservator of Wimbledon & Putney Commons.

Mr David Thompson ACA



David is a chartered accountant with many years of experience in the charity sector. He is also a member of the Ceremonial Staff at the Priory of England and the Islands.

Mr Herbert von Bose



Herbert served on the board of SJEHG until June 2023 and is now a committee member. He is a lawyer and joined the Johanniterorden in 1984, serving as chairman of the Brussels Johanniter Group from 2002 to 2012. Since 2014, he has been Governing Commander of the Balley and is responsible for international affairs.

KEY:

- Board
- Steering
- Finance
- Audit & Risk
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- St John of Jerusalem Eye Hospital Group Ophthalmic Association (SOA)
- Guild Liaison
- Digital and IT

THE CHIEF EXECUTIVE

Dr Ahmad Ma'ali

KStJ PhD MPH BSN PGCE ENB, CEO

CEO

Dr Ahmad Ma'ali joined the SJEHG family in 1990 as a student nurse, successfully completing his secondment at Greenwich University in 1996 followed by a six-month postgraduate specialist ophthalmic nursing course at London's Moorfields Eye Hospital. In 1999, he was certified with a Nurse Tutor Diploma by the Bolton Institute. Thereafter, he returned to Jerusalem where he assumed the role as clinic Charge Nurse for one year, and in 2000 took responsibility for course leadership at the Sir Stephen Miller School of Nursing. He was also responsible for

infection control, acted as clinical services coordinator, and gained a master's degree in Public Health Management at Al Quds University in 2003. In May 2009, Dr Ma'ali made SJEHG history as the first Palestinian Nursing Director. In 2017, he attained a PhD in Advanced Nursing Practice at De Montfort University and, after 10 years as Director of Nursing and Allied Health Professions, building relations with staff, students and patients, he was appointed as an interim Joint CEO with Peter Khoury in September 2017. In May 2019 Dr Ma'ali became our first Palestinian CEO.



STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of St John of Jerusalem Eye Hospital Group for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Statement of Recommended Practice:

Accounting and Reporting by Charities

- Make judgments and estimates that are reasonable and prudent
- State whether FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" has 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 charitable company will continue in business

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group 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 charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other

jurisdictions. In so far as the Trustees are aware at the time of approving the Trustees' Annual Report: (a) there is no relevant audit information of which the charitable company's auditors are unaware; and (b) the Trustees have taken all the steps that they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

PUBLIC BENEFIT

The Trustees have given due regard to the Charity Commission's General Guidance on public benefit when planning the Charity's activities. Our Annual Report sets out our activities, achievements, and performance during the year, which are directly related to the objects and purposes for which SJEHG exists. SJEHG achieves its principal objectives through the delivery of services to members of the public in Jerusalem, the West Bank and Gaza without regard to ethnicity, religion, social class, or ability to pay.

THE PUBLIC BENEFITS FROM SJEHG'S ACTIVITIES ARE:

- the provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza, Hebron and Nablus, the Anabta, Muristan and Kufr Aqab Clinics and the Mobile Outreach Programme
- the exemption of patients' charges when the relevant authority does not finance the treatment, and the patient is unable

- to pay all or part themselves
- the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region
- d. the research into endemic diseases affecting the Palestinian population
- e. our services enhance education and employment prospects and contribute to economic growth



Pharmacist at SJEHG's Jerusalem Hospital

FUNDRAISING STATEMENT

St John of Jerusalem Eye Hospital Group, as a charity with income over £1m, is required to make a statement regarding its fundraising activities in accordance with the Charities Act 2016.

SJEHG is registered with the Fundraising Regulator and complies with the Code of Fundraising Practice.

We raise funds from individuals, charities, corporate donors, events, and legacies. This is done both directly through our fundraising team and via approaches made by Trustees.

In all our communications and relationships, we are committed to being open and transparent.

A significant number of donations also come through organisations affiliated with the Order of St John. While we do not directly oversee this fundraising, we expect it to be conducted in accordance with the Code of Fundraising Practice.

Both staff and Trustees are made aware of the Fundraising Code of Practice and our own ethical fundraising policy. They receive appropriate training, with a

particular focus on safeguarding vulnerable individuals.

This year, we have engaged a professional fundraising consultancy, CCS Fundraising, to help expand our donor base and develop a clear strategic fundraising plan. While they do not directly fundraise on our behalf, we hold regular monthly meetings to review their activity and progress.

Complaints are reviewed by the Fundraising Subcommittee of the Board. We have received no complaints during this financial year.

FINANCIAL REVIEW:

Achievements and Performance in 2024

For the year ended 31 December 2024, incoming resources amounted to £13.9m, (2023, £12.9m) while resources expended amounted to £10.4m (2023, £12.4m). This resulted in a surplus of £3.5m (2023, £0.5m) before taking into account realised and unrealised gains on investments of £0.8m (2023, £0.4m) and exchange gains of £0.07m (2023, exchange losses of £0.7m). Overall fund balances accordingly increased by £4.3m in the year (2023, £0.3m).

During the year, patient-related income decreased due to the war in Gaza and the unstable political situation within the Occupied Palestinian Territories which imposed movement restrictions. Within voluntary income, donations from St John Pories increased from £3.2m in 2023 to £3.3m in 2024.

Expenditure on charitable activities amounted to £9.7m (2023, £11.7m), being 93% (2023, 94%) of total resources expended. These costs include running the operational hospitals in Jerusalem, Hebron and Gaza, the Anabta Clinic, the Muristan Clinic, Kufr Aqab clinic and two operational Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running costs of the genetics laboratory and the refractive suite. The expenditure on charitable activities is primarily personnel costs which makes up 63% of the total cost (2023, 55%). Operating

costs were contained through the continuation of enhanced cost controls introduced in earlier years as well as the actions taken by trustees and management to seek to minimise the financial impact of the war in Gaza.

Costs of generating funds constituted 5% (2023, 4%) of total resources expended and is the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team in addition to carrying out various fundraising events. Governance costs amounted to 2% (2023, 2%) of the total resources expended and reflect the international nature of the charity's activities and governance arrangements.

Total voluntary income increased to £8.9m (2023, £7.2m) representing 64% (2023, 55%) of the incoming resources. Donations included £0.4m (2023, £1.3m) restricted for capital projects and medical equipment, in addition to £3.3m (2023, £3.2m) donated by the Pories of The Order of St John. Overall, the value of capital projects completed during the year amounted to £1.2m (£0.5m).

Funds generated from charitable activities (mainly patient income) amounted to £4.4m (2023, £5.4m) and constituted 32% (2023, 42%) of total incoming resources. The remaining 4% (2023, 3%) incoming resources related to income from investments.

During 2023, the Palestinian Authority (PA) has been facing

major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group. Additionally, due to the political unrest within the region especially after 7th October 2023, there are doubts about the ability of the PA to continue paying the Group on a regular basis. Funding this level of debt impacts on SJEHG's cash flows and it is ameliorated, to a certain extent, when the European Union and USAID pay a substantial part of the PA outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually for capital projects.

The Group owns a building in Gaza. Although the hospital building was not directly struck, and as a result of the hostilities, it sustained some considerable collateral damages. As it has remained to be one of the few standing buildings in the city, it is believed that the building still has a value. However, due to the damages, the building was impaired by trustees to £100,000 in 2023.

The investment portfolio is held as a means of earning income to support operational activities and as reserves to ensure that SJEHG can continue to fulfil its charitable objectives, while maintaining the real value of capital over the medium to long term. The investment objectives include aiming for lower volatility than equity markets, higher diversification and only a modest

FINANCIAL REVIEW

Achievements and Performance in 2024

exposure to illiquid assets. The Investment Committee reviews the portfolio's strategy and performance with the investment manager on a regular basis.

RESERVES

At 31 December 2024, SJEHG had total funds of £28.4m (2023, £24.1m). This comprised permanent endowments of £3.2m (2023, £3m), £0.7m (2023, £1.3m) in restricted income funds, and £24.5m (2023, £19.8m) in unrestricted reserves, of which £12.8m (2023, £9.7m) is available to meet the normal operating needs of SJEHG.

RESERVES POLICY

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be maintained, when circumstances allow, to equate to at least 18 months running costs (equivalent to £19m based on 2025 operational budget) to ensure that SJEHG can continue to run efficiently with adequate working capital. It is intended to achieve this through a continuing focus on cost-cutting, revenue generation, the introduction of new sources of revenue, and enhanced fundraising activity in order to ensure financial resilience and sustainability for the future.

PRINCIPAL RISKS AND UNCERTAINTIES

A comprehensive risk management policy is in place with a risk register of all clinical, operational, financial, external, political and governance risks. The risk register is regularly reviewed by the relevant committees and the Board, with particular focus on residual risks.

A key risk which SJEHG faces continues to be financial. The position has been exacerbated by the political situation in the region, the impact of the continuing reduction in value of the Israeli Shekel, and by changes to the statutory level of minimum wages in Israel. SJEHG relies heavily on voluntary income received mainly from donors in the Middle East, Europe, the United Kingdom and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs and capital projects.

Operationally, patient and staff access to Jerusalem is crucial to the continuation of our ability to provide eye care services in the occupied Palestinian territories. Working in a volatile region has inherent risks. Gaza has its own risks. As is currently experienced and since 7th October 2023, the situation could escalate at any time as instability and strife continues to affect the neighbouring countries, a particular current

concern. To reduce the impact of this, the Board along with management has decided to open a new day care hospital in Nablus which is accessible to patients in the Northern part of the West Bank. Moreover, there are plans to expand our services in the southern part of the West Bank through the establishment of a new outreach services within Hebron governate.

The Clinical Governance Committee continues its regular review of all medical and nursing policies and protocols in addition to instigating and reviewing clinical audits and investigating clinical complications and 'near misses'.

The Board engages independent firms of accountants to carry out internal audit programmes on the financial controls in operation within the Company's activities.

FINANCIAL RISK MANAGEMENT

Liquidity is a recurring issue, especially with the prolonged payment pattern of the PA due to its operational needs. SJEHG therefore sets aside a portion of the investment portfolio as a cash deposit, in order to ensure operational needs can be met. International currency exchange movements are an additional risk. It should be recognised that exchange gains do not represent realisable income which are capable of being utilised by SJEHG (the same is true for exchange losses), as they largely reflect the translation into Sterling of the Israeli Shekel value of the Hospital premises. Wherever possible purchasing commitments are made to suppliers in the currency of the source of funding for that expenditure, which is usually US Dollars.

GOING CONCERN

The Trustees must satisfy themselves as to SJEHG's ability to continue as a going concern for a minimum period of 12 months from the date of approval of the financial statements.

The Trustees have produced detailed, yet adaptable, business plans that consider SJEHG's forecast and projected activity, the related financial budgets, cash flows and liquidity for the period to December 2026.

The Trustees have also considered in their assessment of going concern the impact of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) on the Group's liquidity position. Under this scenario, SJEHG projects to have sufficient liquidity through the period to December 2026, without needing to implement mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that SJEHG can maintain sufficient liquidity over the period to December 2026 – maintaining a balance between supporting the activity that is crucial to delivering the objects of the charity, whilst ensuring the long-term financial sustainability of SJEHG.

Further details of the above are set out in Note 1 to the Financial Statements.

Having assessed the combination of all these various matters, the Board of Trustees have a reasonable expectation that SJEHG has adequate resources to continue in operational existence for the period to December 2026, being a period of at least 12 months from the

date of approval of the financial statements.

For these reasons, the Board of Trustees have adopted the going concern basis of preparation of the financial statements.

REMUNERATION POLICY

All roles within SJEHG are evaluated in order to determine where they fit on our pay scale. The salaries within the scale are determined by the market rates for an equivalent position. In exceptional cases, where the market information supports it, salaries may be above the top of the band. Each year, the payroll budget is reviewed, based on legislative, statutory and market changes, using a range of sources and taking account of affordability, all as part of the annual budgetary process.

Management consult with the Finance, the Human Resources, and the Pay and Remuneration Committees of the Board, and a pay review proposal is submitted to the Board, which makes the decision on the proposal. Staff costs are set out in note 6 of the financial statements.

GUIDE TO SJEHG'S FINANCES

The aim of this note is to summarise the key points to an understanding of the complexities and vulnerabilities of SJEHG's financial position.

More detailed information is set out below, but the key features which can obscure the financial difficulties/pressures on the operating budget are–

- capital donations are treated as income (in accordance with the Charities Statement of Recommended Accounting Practice),
- exchange rate variations: these have recently arisen mainly from the strengthening of the shekel during the first, third and fourth quarters of 2024 and its depreciation during the second quarter of 2024.
- The exchange gains or losses apparent from the annual results shown in the financial statements do not represent realisable amounts which are capable of being utilised by SJEHG. They are largely derived from the translation into Pound Sterling of the Hospital premises with an unchanged Shekel valuation.

TABLE OF ADJUSTMENTS 2024

	in £'000	2024	2023
Net (outgoing)/incoming resources per Statutory Accounts		4,315	282
Reconciling Items			
Donations for capital projects		(405)	(1,332)
Unrealised gain on investments		(757)	(378)
Exchange gains/(losses)		(68)	650
Impairment Loss		-	1,362
Adjusted net operating result		3,085	584
Less: Outstanding restricted income		(571)	(275)
Actual adjusted net operating result		2,514	309

STATEMENT OF COMPLIANCE

with Trustees' Duties under Section 172(1)

For the 2024 financial year we are required to report on how the Board of Trustees has complied with its duty under section 172 of the UK Companies Act 2006. Section 172 requires the Trustees to have regard to the long-term consequences of its decision making on the interests of key stakeholders and to the importance of maintaining high standards of conduct.

In our 2023-2025 strategy we set out the values and strategic aims which inform the Board's decision making, reflecting the Board's commitment to the long-term sustainability of the Group and to the maintenance of high standards not only in the provision of ophthalmic care and in research, but also in governance and in the way we care for our staff. Below we report on how the Trustees engage with four key groups of stakeholders. These are:

1. Staff
2. Patients
3. The Patients' Communities
4. Donors including major donors and Priors.

The following sections outline a well-established strategy that ensures decisions made by the Board of Trustees are always well informed by our stakeholders. Communications and feedback from our stakeholders are featured in Board meetings and form a fundamental basis for the Trustees' decisions. Furthermore, Trustees ensure that management operates

the Hospital in a responsible manner that reflects the values of The Order of St John.

HOSPITAL STAFF

Within the Hospital Group there are several staff committees that form the main platforms for decision making. Each of these committees has at least one Senior Management Team (SMT) representative who is in direct communication with the relevant Trustees. The Board of Trustees has 13 different specialised committees that meet regularly where SMT members are in attendance. Trustees, working alongside staff representatives, make relevant decisions as appropriate during committee meetings. The Board also meets three times annually, present at Board meetings are SMT members representing the various categories of staff. Staff surveys are conducted annually to explore staff levels of satisfaction as well as engagement in the decision-making process at each Hospital. These findings are presented at the various Board Committees for further analysis and conclusions. A good example of the Trustees' full engagement with staff was the Strategic Plan 2023-2025. Several workshops were held at each Hospital operational level to conduct a SWOT analysis and proposed strategic aims and objectives. These strategic aims were presented to the Board of Trustees who, with the SMT, agreed a set of

five strategic objectives that shape the Hospital activities throughout the strategy (see page 11).

PATIENTS

As part of our commitment to JCI accreditation, inspectors look to see that patients are engaged with Hospital management on a regular basis and that their suggestions for service improvements are taken on board. Patients' views are fully appraised through a biannual survey that is conducted across the Group by our quality-of-care teams. Patients are asked to comment on the service that they receive as well as make recommendations for improvements and their perceived needs for additional services as appropriate. The results of these surveys are discussed at the Board of Trustees' meetings and decisions concerning patients' expressed needs are taken by the Trustees and the SMT. We are committed toward achieving equity in our services and we consult with local disability and women's rights organisations to best understand how we can meet their needs.

PATIENTS' COMMUNITIES

The Chairman and local Trustees of the Board meet with representatives from the Palestinian Ministry of Health at the ministerial level and with NGOs in the oPt to discuss the needs of their

patients and strategies that the Hospital Group might be able to employ to respond to such needs. The SMT is in constant dialogue and communication with representatives from the Israeli Patients' Fund to discuss services provided by the Hospital Group to their patients. Decisions relating to the delivery of services are brought to the various Trustees' committees for discussion. The Board of Trustees are fully aware of the considerations and decisions made at the Jerusalem community level. In this regard, we are part of the East Jerusalem Hospitals Network that meets regularly to discuss ways of enhancing the quality of care provided to patients in East Jerusalem.

St John Eye Hospital is a member of the Palestinian Health Cluster Committee which is co-chaired by the World Health Organisation. This active engagement with the main health care providers in West Bank and Gaza has been instrumental in identifying patients' needs and enabling us to coordinate our medical and humanitarian efforts in Gaza, especially after the war broke out.

OTHER MAJOR DONORS AND STAKEHOLDERS

We value the feedback from our stakeholders on what they consider the most effective use of funds and why, and we report back demonstrating the impact of this investment. Our Trusts and Foundations programme have a reporting schedule for every grant given, dependent on each stakeholders' specific requirements. Our Development Team in Jerusalem is in regular contact with our institutional donors and have a stringent reporting policy for each project managed.

The fundraising Guild, made up of supporters who work voluntarily to fundraise for the Hospital, is a vital channel through which we communicate and receive feedback on our work. The organisation is considered a sub-committee of the Board (Guild Liaison Committee), and its membership includes, in addition to members of the Guild, Board Trustees and Senior Management Team members. The Guild Chairperson participates in committee meetings which allows us to share information across Trustees, staff and volunteers, which feeds into our decision-making. Finally, our wider public donors are regularly engaged with via our bi-annual Jerusalem Scene, our Annual Report and our social media channels. Any donor is welcome and encouraged to contact our fundraising team to discuss our work.

PRIORIES

As a foundation member of The Order of St John, and beneficiary of most Priors, we have a distinct obligation to receive input and work in collaboration with the wider St John family. We cater our reporting and engagement to each Prio's preferences. For example, St John Scotland has sponsored both staff and the Mobile Outreach Programme, prior to which we provided a detailed report on current and future operations and the budget. The St John Priors in Canada, Australia and New Zealand also sponsor members of staff. We endeavour to keep Priors well informed and engaged regarding the developments and welfare of their sponsored staff. The Prio in the USA sponsors staff through their Nurse Initiative and receives video messages from each staff member they support in thanks alongside a more detailed report.

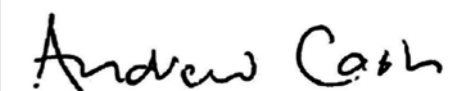
The US Prio has sponsored the work of a second outreach team. Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.

During the war, the Chairman, the Hospitaller and the CEO held regular meetings with Priors' Senior Officers to keep them both engaged and updated regarding the humanitarian catastrophe in Gaza.

TRUSTEES

Trustees' have an involvement in the decision making and high-level monitoring of fundraising, project development, and marketing. They are all well informed through quarterly meetings focused on developments in the aforementioned areas. The Board usually give input to any donor required pre-award surveys or due diligence processes that examine the capabilities, performance, and policies of the Hospital Group.

The Trustees' Annual report, including the Strategic Report, on pages 2 to 37 was approved by the Trustees and signed on their behalf by:



Sir Andrew Cash, Chairman,
St John of Jerusalem Eye
Hospital Group
Charity no. 1139527
Company no. 7355619

4 August 2025

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

Report on the audit of the financial statements

OPINION

In our opinion, St. John of Jerusalem Eye Hospital Group's financial statements and parent charitable company financial statements (the "financial statements"):

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2024 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report, which comprise: the Group and Charity Balance Sheets as at 31 December 2024; the Consolidated Statement of Financial Activities (including income and expenditure account), and the Consolidated Cash Flow Statement for the year then ended; and the notes to the financial statements, which include a description of significant accounting policies.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

CONCLUSIONS RELATING TO GOING CONCERN

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 group's and the parent charitable company's ability to continue as a going concern for a period of at least twelve months from the date on which the financial statements are authorised for issue.

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.

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the group's and the parent charitable company's ability to continue as a going concern.

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

REPORTING ON OTHER INFORMATION

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover

the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance 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 an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of 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 based on these responsibilities.

With respect to the Strategic Report and Trustees' Annual Report, we also considered whether the disclosures required by the UK Companies Act 2006 and Charities Act 2011 have been included.

Based on our work undertaken in the course of the audit, the Companies Act 2006 requires us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Annual Report

In our opinion, based on the work undertaken in the course of the audit the information given in the Strategic Report and the Trustees' Annual Report for the year ended 31 December 2024 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements. In light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we did not identify any material misstatements in the Strategic Report and the Trustees' Annual Report.

RESPONSIBILITIES FOR THE FINANCIAL STATEMENTS AND THE AUDIT

Responsibilities of the Trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they 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 group's and parent charitable company'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 group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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 auditors' 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 extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Based on our understanding of the group and its industry/environment, we identified that the principal risks of non-compliance with laws and regulations related to the Companies Act 2006 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered the direct impact of these laws and regulations on the financial statements. We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting of inappropriate journal entries and manipulation of key accounting judgements and estimates. Audit procedures performed by the engagement team included:

- Testing journal entries where we identified particular fraud risk criteria.
- Testing estimates and judgements made in the preparation of the financial statements for indicators of bias.
- Reviewing minutes of meetings of the Board of Trustees and Board subcommittees, and reviewing the terms and conditions of significant contracts and agreements.
- Holding discussions with the trustees and management to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with applicable laws and regulations.
- Assessing financial statement disclosures, and agreeing these to supporting evidence, for compliance with applicable laws and regulations.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as

fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations or through collusion.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

Use of this report

This report, including the opinions, has been prepared for and only for the parent charitable company's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

COMPANIES ACT 2006 EXCEPTION REPORTING

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- we have not obtained all the information and explanations we require for our audit; or
 - adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
 - certain disclosures of trustees' remuneration specified by law are not made; or
 - the parent charitable company financial statements are not in agreement with the accounting records and returns.
- We have no exceptions to report arising from this responsibility.



Sasha Lewis (Senior Statutory Auditor) for and on behalf of PricewaterhouseCoopers LLP Chartered Accountants and Statutory Auditors Southampton

8 August 2025

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Consolidated Statement of Financial Activities (Including Income & Expenditure Account)
for the year ended 31 December 2024

	Notes	Unrestricted Funds 2024 £000	Restricted Funds 2024 £000	Endowment Funds 2024 £000	Total Funds 2024 £000	Total Funds 2023 £000
Income and Endowments						
Income from donations and legacies	3	4,228	4,691	-	8,919	7,166
Income from charitable activities	4	4,425	-	-	4,425	5,448
Income from investments	8e	445	128	-	573	332
Total Income and Endowments		9,098	4,819	-	13,917	12,946
Resources Expended						
Expenditure on generating funds		(585)	-	-	(585)	(540)
Expenditure on charitable activities		(5,539)	(4,118)	-	(9,657)	(11,671)
Governance and Other expenditure		(185)	-	-	(185)	(181)
Total Resources Expended	5	(6,309)	(4,118)	-	(10,427)	(12,392)
Net Income		2,789	701	-	3,490	554
Net gains on investments	8	591	-	166	757	378
Net (expenditure) / income		3,380	701	166	4,247	932
Transfers between funds	12,13,14	1,323	(1,323)	-	-	-
Exchange gains/ (losses) on overseas activities		68	-	-	68	(650)
Net Movement in Funds		4,771	(622)	166	4,315	282
Fund balances brought forward at 1 January		19,741	1,317	3,022	24,080	23,798
Fund balances carried forward at 31 December	15	24,512	695	3,188	28,395	24,080

All gains and losses recognised in the year are included in the Statement of Financial Activities.
All of the above results are derived from continuing activities.

The accounting policies and the notes on pages 42 to 56 form part of these financial statements.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Balance Sheets
as at 31 December 2024

	Notes	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Fixed Assets					
Tangible assets	7	6,098	5,217	18	1
Investments	8	17,921	16,320	14,311	13,015
Total Fixed Assets		24,019	21,537	14,329	13,016
Current Assets					
Stocks	9	664	639	-	-
Debtors	10	3,921	2,150	887	262
Cash at bank and in hand	22	9,907	10,867	7,753	6,110
Total Current Assets		14,492	13,656	8,640	6,372
Creditors: Amounts falling due within one year	11	(2,703)	(4,343)	(50)	(73)
Net Current Assets		11,789	9,313	8,590	6,299
Total Assets Less Current Liabilities		35,808	30,850	22,919	19,315
Creditors: Amounts falling due after more than one year	11	(7,413)	(6,770)	-	-
Net Assets		28,395	24,080	22,919	19,315
The Funds of the Group and Charity					
Restricted income funds	14	695	1,317	160	216
Endowment funds	15	3,188	3,022	3,188	3,022
Unrestricted income funds	12				
Designated funds	13	10,379	9,498	4,299	4,282
Revaluation funds		1,316	590	1,316	590
Other general funds		12,817	9,653	13,956	11,205
Unrestricted income funds		24,512	19,741	19,571	16,077
Total Group and Charity Funds	16	28,395	24,080	22,919	19,315

The Charity's net income was £3,613,000 (2023, £1,839,000). The accounting policies and the notes on pages 42 to 56 form part of these financial statements. The financial statements on pages 40 to 56 were approved by the Trustees and signed on their behalf by:

Andrew Cash

Sir Andrew Cash
Chairman, Board of Trustees

4 August 2025

Chris Hoult

Chris Hoult
Treasurer and Company Secretary

Company number: 7355619

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Consolidated Cash Flow Statement
for the year ended 31 December 2024

	Notes	2024 £000	2023 £000
Net cash inflow from operating activities	17	997	3,529
Cash flows from investing activities			
Investment income	8e	573	332
Purchase of tangible fixed assets	7	(1,679)	(2,444)
Proceeds from disposal of tangible fixed assets		-	-
Purchase of fixed asset investments	8a	(797)	(553)
Proceeds from sale of fixed asset investments	8a	-	165
Net cash outflow from investing activities		(1,903)	(2,500)
Foreign exchange differences		(54)	66
Change in cash and cash equivalents in the financial year		(960)	1,095
Cash at bank and in hand at 1 January		10,867	9,772
Increase in cash in the year		(960)	1,095
Cash at bank and in hand at 31 December		9,907	10,867

The accounting policies and the notes on pages 42 to 56 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2024

1 Principal accounting policies

a Basis of preparation

The Group constitutes a public benefit group as defined by FRS102. The financial statements have been prepared on the going concern basis, under the historical cost convention, except for investments which are stated at market value, with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the 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 ("Charities SORP (FRS 102)"), the Financial Reporting Standard applicable in the UK and Republic of Ireland ("FRS 102"), the Charities Act 2011 and the Companies Act 2006.

These financial statements consolidate, on a line by line basis, the results and financial position of St John of Jerusalem Eye Hospital Group (the "Charity") together with its wholly owned and controlled charitable subsidiary undertakings, St John of Jerusalem Eye Hospital, St John Eye Hospital in Jerusalem (RA), and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited (together the "Group"). Where a subsidiary has different accounting policies to the Group, adjustments are made on consolidation to apply the Group's accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been

eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity's balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

The Group's objects are the relief of sickness and the prevention and protection of health, in particular expert eye care in Jerusalem and the occupied Palestinian territories and the clinical, teaching and research activities connected therewith.

Going Concern

BACKGROUND

In assessing the going concern position of the Charity and the Group, the Trustees have produced detailed, yet adaptable, business plans that consider the Group's forecast and projected activities, the related financial budgets, cash flows and liquidity for the period to December 2026, which is a period of at least 12 months from the date of approval of the financial statements.

This assessment period was selected as it aligns to the Group's financial year end, is consistent with its budgeting process and timelines and is a period of at least 12 months from the date of approval of the financial statements.

Based on the Group's cash flow projections, the Trustees have adopted the going concern basis of accounting in preparing these financial statements.

KEY ASSUMPTIONS

The business and financial plans incorporate the following key assumptions:

- Demand for services from patients and the capacity and supply of patient services by the Group is budgeted for the same levels of activity during 2024 due to the current unstable political and security situation in the region. No income is assumed to be received from Gaza during 2025.
- Payment by the Palestinian Authority (PA) (directly, or indirectly via its own funding sources) of sufficient payments to the Group for patient services provided.
- The achievement of a reduction in cash outflows through the on-going restructuring of the organization.
- The Group is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Priors.

SENSITIVITY ANALYSIS

The Trustees have considered the impact on forecast and projected activities, budgets, cash flows and liquidity of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) such that the key assumptions are not met, or able to be met, in whole or in part. This comprises:

- Reduced patient demand and/or capacity supply of services.
- Reduced levels of voluntary and fundraising unrestricted income.
- Increase in minimum wage and higher levels of inflation on payroll costs and materials, and higher energy costs.
- Extended closure of the Gaza Hospital

Under this scenario, the Group projects to have sufficient liquidity through the period to December 2026, by implementing minimal mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that the Group can maintain sufficient liquidity over the period to December 2026. Such actions include conducting an efficiency exercise throughout the Hospital Group.

CONCLUSIONS

Having assessed the combination of all these various matters, the Trustees have a reasonable expectation that the Charity and the Group has adequate resources to continue in operational existence for the period to December 2026, being a period of at least 12 months from the date of approval of the financial statements. For these reasons, the Trustees have adopted the going concern basis of preparation of these financial statements.

Accordingly, these financial statements do not include any adjustments to the carrying amount or classification of assets and liabilities that would result if the Charity and the Group were unable to continue as a going concern.

b Foreign currencies

The Charity's functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/(losses). All other exchange differences are included as incoming resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2024 year-end was 4.5743 (2023, 4.6209), while the average rate for 2024 was 4.7288 (2023, 4.5856).

c Income recognition

Donations and other income are recognised in the financial statements on a receivable basis. Grants are recognised when the entitlement to the grant is confirmed. Legacies are recognised when the entitlement arises, being the earlier of the Group being notified of the impending distribution or the legacy being received. Donations in kind are recorded as income when the resources

are received and recorded at fair value. Income from charitable activities is accounted for when earned (i.e. the service is provided to patients).

Subsidies and exemptions in respect of medical services provided without charge are shown as a deduction from gross income.

d Medical volunteers

The value of services rendered by medical volunteers is not recognised in these financial statements. However, where doctors, nurses or other members of staff are employed by the Group but paid by third parties, the estimated market value of their services is recorded within both income (donations) and expenditure (salaries).

e Resources expended and basis of allocation of costs

Resources expended are accounted for on an accruals basis and have been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. The irrecoverable value added tax is included with the item of expense to which it relates.

f Costs of generating funds

These include the salaries and direct expenditure costs of the staff who primarily promote fundraising.

g Expenditure on charitable activities

These represent the costs of providing the medical and training services of the hospital and its clinics including both direct expenditure and the associated support cost.

h Governance costs

These comprise costs attributable to the overall management of the Group's affairs and compliance with constitutional and statutory requirements.

i Cash flow statement exemption

The Charity has taken advantage of the exemption in FRS 102 from preparing a statement of cash flows, on the basis that it is a qualifying entity and the Group cash flow statement included in these financial statements includes the cash flows of the Charity.

j Pension and other end of service costs

The amount charged in the Statement of Financial Activities in respect of pension costs is the contributions payable in the year on an accruals basis in respect of defined contribution and money purchase pension arrangements. Other end of service benefits are accrued as earned on an undiscounted basis.

k Rentals

The costs in respect of rentals are charged to the Statement of Financial Activities on a straight line basis over the contract period.

The rental cost for the office in London occupied rent free has been computed based on an estimate of arm's length value. No charge is imputed in respect of the Hospital premises in Jerusalem, which the Group occupied rent free until 2015, after which it has paid a nominal rent.

l Taxation

The Charity and each group entity is entitled to certain tax exemptions on income and gains from investments, and surpluses on any activities carried on in furtherance of their primary charitable objectives.

m Tangible assets and depreciation

Cost of tangible assets includes the original purchase price of the asset and the costs attributable to bringing the asset to its working condition for its intended use.

Donated fixed assets are brought into account at an estimate of their market value at the time of acquisition and, thereafter, depreciated on the bases set out below. The costs of minor additions to fixed assets under £500 are expensed in the year in which they are incurred. Impairment reviews are carried out if there is an indication that the recoverable amount of an asset is below its net book value.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements for the year ended 31 December 2024

Depreciation on fixed assets is provided at rates estimated to write off the cost, less estimated residual value, of each asset over its expected useful life on a straight line basis, as follows:

Buildings	- 2.5% per annum
Building improvements	- 10% per annum
Medical equipment	- 15% per annum
Motor vehicles	- 20% per annum
Other Assets	
Other equipment	- 20% per annum
Fixtures and fittings	- 6% per annum
Computer equipment	- 33% per annum
UK office fixed assets	- 25% per annum

The estimated useful lives of assets are regularly reviewed. On disposal of an item of tangible assets, the difference between the disposal proceeds and its carrying amount is recognised in profit or loss within 'Other hospital income' in note 4.

n Investments

Listed investments are stated at market value. Realised gains and losses on investments are calculated as the difference between the sales proceeds and their market value at the start of the period, or subsequent cost. Unrealised gains and losses represent the difference between market values at the beginning and at the end of the period. Income from fixed assets investments is recorded on an accruals basis. Market value for unlisted investments is calculated by the fund managers using underlying financial information.

o Cash at bank and in hand

Cash at bank and in hand includes time deposits, and certificates of deposit, in addition to cash at bank and in hand held in current accounts with UK, Israeli and Palestinian Banks. Cash equivalents are short-term (maturity of less than 3 months), highly liquid investments that are readily convertible to known amounts of cash and that are subject to an insignificant risk of changes in value.

p Stocks

Stocks are determined using the "first in-first out" method and stocks are stated at the lower of cost and net realisable value.

q Funds

Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include designated funds, which are amounts that have been set aside to finance tangible fixed assets and a number of other projects.

General reserves are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.

Restricted funds are funds which are subject to specific conditions imposed by the donors.

Endowment funds are capital funds where the capital cannot be spent in the normal course of activities, although the income is added to restricted or unrestricted funds depending on the terms of the original endowment.

Transfers between funds represent tangible fixed assets purchased with restricted donations and used for hospital operations.

r Impairment of non-financial assets

At each balance sheet date non-financial assets are assessed to determine whether there is an indication that the asset may be impaired. If there is such an indication the recoverable amount of the asset is compared to the carrying amount of the asset.

The recoverable amount of the asset is the higher of the fair value less costs to sell and value in use. Value in use is defined as the present value of the future cash flows before interest and tax obtainable as a result of the asset's continued use. These cash flows are discounted using a pre-tax discount rate that represents the current market risk-free rate and the risks inherent in the asset.

If the recoverable amount of the asset is estimated to be lower than the carrying amount, the carrying amount is reduced to its recoverable amount. An impairment loss is recognised in profit or loss.

If an impairment loss is subsequently reversed, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but only to the extent that the revised carrying amount does not exceed the carrying amount that would have been determined (net of depreciation or amortisation) had no impairment loss been recognised in the prior periods. A reversal of an impairment loss is recognised in profit or loss.

s Financial Instruments Policy

The group only enters into basic financial instrument transactions and applies section 11 and 12 of FRS 102 in respect of these financial instruments.

Financial assets and liabilities are recognised in the Consolidated Balance Sheet when the group becomes a party to the contractual provisions of the instrument. The net amount is reported in the Balance Sheet when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Financial assets

Basic financial assets, including trade and other debtors and cash and bank balances are initially recognised at transaction price. Such assets are subsequently carried at amortised cost using the effective interest method.

At the end of each reporting period financial assets measured at amortised cost are assessed for objective evidence of impairment. If an asset is impaired the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows. The impairment loss is recognised in profit or loss. If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been had the impairment not previously been recognised. The impairment reversal is recognised in profit or loss.

Other financial assets, including investments are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in profit or loss.

Financial assets are derecognised when (a) the contractual rights to the cash flows from the asset expire or are settled, or (b) substantially all the risks and rewards of the ownership of the asset are transferred to another party.

Financial liabilities

Basic financial liabilities, including trade and other creditors initially recognised at transaction price. Such liabilities are subsequently carried at amortised cost using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Creditors are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities.

Financial liabilities are derecognised when the liability is extinguished, that is when the contractual obligation is discharged, cancelled or expires.

t Judgements and estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions

may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Estimates: The Group provides against receivables (mainly the Palestinian Authority Debt) by making estimates based on experience regarding the level of provision required to account for potentially uncollectible receivables.

Judgements: As at 31 December 2024 and at 31 December 2023, the Group has accounted for an impairment loss provision of £1,362k covering the hospital building, medical and other equipment and inventory in the Gaza branch. The war in Gaza started on the 7th October 2023, when Hamas militants attacked southern parts of Israel. The Israeli military responded with massive air strikes on almost all parts of the Gaza Strip which was later followed by a land incursion on northern and southern parts of the Strip. SJEHG Gaza Hospital staff were given clear orders by the Israeli authorities to evacuate the hospital on the second day of the war and, since then, the hospital has not been functional and the war continues. Although the hospital building was not directly struck, it has sustained some considerable collateral damage as a result of the hostilities. Gaza staff have not yet been able to return to the hospital to carry out a proper assessment of the damage to the building, furniture and equipment. However, based on reports and photos received, much of the furniture and equipment and inventory have either been damaged or removed. Accordingly, the Group has recorded a full 100% impairment loss provision against the net book value of these assets. As the building has remained to be one of the few standing buildings in the neighbourhood, the Trustees believe that the building still has an intrinsic value. However, it is clear, and after taking professional advice, based on a value in use basis assessment, that an impairment loss provision should be recorded, and this has been accounted for at 90% of

the net book value of the asset.

Judgements also include the classification of liquid resources held within the liquidity fund at Cazenove as cash equivalent. The Trustees do believe that there are a number of current threats that have the potential to be unresolved. Threats include: Stalemate in Gaza with continuing IDF/Hamas activity, a war on Israel's from Yemen or Iran, a new Intifada in the West Bank, and the collapse of the Palestinian Authority. This might result in movement restrictions between Israel and the West Bank, difficulty accessing the supplies the hospitals rely on, the PA stopping referring patients to SJEHG, the PA ceasing to provide healthcare services, an outbreak in hostilities deters donors of voluntary income as seen in Gaza, and Gaza activity restricted to Phases 1 & 2 for an extended period. This means that the hospital will need large sum of liquid resources to be available to ensure business continuity, and hence, £4.5m of the liquidity fund at Cazenove has been presented as a cash equivalent.

2 Legal status

The Charity was incorporated in England as a company limited by guarantee in August 2010 under registration number 7355619. It is registered as a charity under number 1139527. The registered office is at 4 Charterhouse Mews, London EC1M 6BB. It has no share capital and the liability of each member in the event of winding up is limited to £10.

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2024 Total £000	Unrestricted £000	Restricted £000	2023 Total £000
Donations	3,430	4,691	8,121	2,097	4,694	6,791
Legacies	700	-	700	105	-	105
Donations in kind	98	-	98	270	-	270
	4,228	4,691	8,919	2,472	4,694	7,166

Donations in kind include the value of donated tangible fixed assets and medical supplies £41,000 (2023: £213,000). Income from related parties is set out in note 20.

4 Income from charitable activities

	2024 £000	2023 £000
Outpatient income	1,942	2,290
Surgical income	2,464	3,363
Less: Patient Relief	(589)	(666)
Net patient related income	3,817	4,987
Other hospital income	301	67
Rental income, board and lodging	307	394
Total other income	608	461
Total income from charitable activities	4,425	5,448

Patient Relief principally represents subsidies and exemptions to cover the value of medical services rendered when payment is waived by the Group where funding is not available from the relevant authorities and where the patients are unable to pay any balance owing. All of the above income comprises unrestricted funds.

5 Total resources expended

	Costs of Generating Funds 2024 £000	Costs of Generating Funds 2023 £000	Charitable Activities 2024 £000	Charitable Activities 2023 £000	Governance & Other Costs 2024 £000	Governance & Other Costs 2023 £000	Total 2024 £000	Total 2023 £000
Personnel costs (note 6)	288	250	6,242	6,590	33	26	6,563	6,866
Recruitment costs	2	18	-	-	-	-	2	18
Medical costs	-	-	1,572	1,997	-	-	1,572	1,997
Establishment costs	84	83	611	597	22	23	717	703
Depreciation (note 7)	1	2	872	956	-	-	873	958
Impairment of tangible fixed assets	-	-	-	1,284	-	-	-	1,284
mpairment of stocks	-	-	-	78	-	-	-	78
Office expenses	32	27	168	198	4	3	204	228
Travel and subsistence	25	38	67	103	-	-	92	141
Marketing and publicity	128	53	-	-	-	-	128	53
Auditors' remuneration	-	8	-	-	111	90	111	98
Other professional fees	22	61	22	11	-	-	44	72
Legal fees	3	-	17	-	5	30	25	30
Finance costs	-	-	16	18	10	9	26	27
Foreign exchange differences	-	-	70	(161)	-	-	70	(161)
Total resources expended	585	540	9,657	11,671	185	181	10,427	12,392
Support costs included above	-	-	1,205	1,045	32	30	1,237	1,075

Total resources expended in 2024 of £10,427,000 (2023, £12,392,000) comprise £6,309,000 (2023, £8,663,000) for unrestricted funds and £4,118,000 (2023, £3,729,000) for restricted funds.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

	2024	2023
	£000	£000
Support costs comprise:		
Personnel costs	480	492
Establishment costs	322	315
Depreciation	87	96
Office expenses	171	201
Travel and subsistence	67	103
Other professional fees	23	11
Finance costs	17	18
Foreign exchange differences	70	(161)
	1,237	1,075

	2024	2023
	£	£
Auditors' remuneration (excluding VAT):		
External audit	82,814	71,732
Other services provided by external auditors	4,536	11,669
	87,350	83,401

6 Employee information

a Number of employees

The average monthly number of employees, including part time staff, analysed by function during the year was:

	2024	2023
	Number	Number
Medical, nursing and allied health professionals	175	183
Support services	45	44
Fundraising	9	9
Administration	36	39
	265	275

b Staff costs

	2024	2023
	£000	£000
Wages and salaries	5,819	6,181
Social security costs	436	434
Other pension costs	286	293
Other related (income) /costs	22	(42)
	6,563	6,866

c Emoluments of employees

The number of employees whose emoluments (salaries and benefits in kind) fell within the following bands were:

	2024	2023
	Number	Number
£180,001 - £190,000	-	1
£170,001 - £180,000	-	1
£150,001 - £160,000	-	-
£140,001 - £150,000	2	-
£90,001 - £100,000	1	1
£80,001 - £90,000	1	1
£70,001 - £80,000	1	2
£60,001 - £70,000	3	2

The above amounts include End of Service Benefits allowance.

During the year, provident benefits and pension contributions on behalf of these staff amounted to £16,000 (2023, £16,000).

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

d Remuneration received by key management personnel

The total remuneration received by the 11 (2023, 11) senior management personnel in managing the operations of the Group amounted to £844,000 (2023, £905,000).

e Pension costs

Pension costs comprise the contributions payable to authorised Israeli money purchase pension schemes in respect of non UK employees and a UK defined contribution retirement benefit scheme in respect of UK based employees.

End of service accrued retirement benefits for non UK employees included in wages and salaries costs are included in the Balance Sheet in Creditors: Amounts falling due within and after more than one year (note 11).

7 Tangible assets

a Group

	Buildings & Improvements	Medical Equipment	Motor Vehicles	Other Assets	Total
Cost	£000	£000	£000	£000	£000
1 January 2024	9,113	10,813	315	3,383	23,624
Additions	685	899	-	95	1,679
Exchange differences	116	141	3	36	296
Disposals	-	-	-	(1)	(1)
31 December 2024	9,914	11,853	318	3,513	25,598
Accumulated Depreciation					
1 January 2024	5,899	9,376	227	2,905	18,407
Charge for the year	268	471	30	104	873
Exchange differences	69	111	3	37	220
Disposals	-	-	-	-	-
31 December 2024	6,236	9,958	260	3,046	19,500
Net Book Value					
31 December 2024	3,678	1,895	58	467	6,098
31 December 2023	3,214	1,437	88	478	5,217

Other Assets comprise fixtures and fittings, computer and office equipment.

b Charity

	Other Assets	Total
Cost	£000	£000
1 January 2024	70	70
Additions	18	18
31 December 2024	88	88
Accumulated Depreciation		
1 January 2024	69	69
Charge for the year	1	1
31 December 2024	70	70
Net Book Value		
31 December 2024	18	18
31 December 2023	1	1

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

8 Investments

a Analysis of movements (Group)	Bank		Listed Investments £000	Total £000
	Deposits £000	Investments £000		
Market value at 1 January 2024	2,701	13,619		16,320
Additions	147	650		797
Exchange differences	39	8		47
Unrealised gains	-	757		757
Market value at 31 December 2024	2,887	15,034		17,921
Historical cost at 31 December 2024	2,887	13,307		16,194

In 2024, unrealised gains of £757,000 comprise £591,000 for unrestricted funds and £166,000 for endowment funds.

b Analysis of movements (Charity)	Listed Investments £000		Total £000
	Investments £000	Total £000	
Market value at 1 January 2024		13,015	13,015
Additions		573	573
Unrealised gains		723	723
Market value at 31 December 2024		14,311	14,311
Historical cost at 31 December 2024		12,618	12,618

c Listed investments:

Analysis by category of underlying holding and location

		2024 Group £000	2024 Charity £000	2023 Group £000	2023 Charity £000
Equity investments	- UK	516	516	474	474
	- Overseas	6,944	6,944	6,122	6,122
Fixed interest securities	- UK	965	965	1,016	1,016
Property Unit Trusts	- UK	1,010	1,010	1,039	1,039
Alternative Investments	- UK	479	479	592	592
Sterling & Cash Instruments	- UK	4,397	4,397	3,772	3,772
Others	- Overseas	723	-	604	-
Market value of listed investments		15,034	14,311	13,619	13,015

At 31 December 2024, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2024 %	2023 %
Fidelity Global Dividend Fund	6.0	12.5
Vanguard S&P 500 ETF	9.2	8.1
SPDR S&P 500 UCITS	5.9	-
M&G Japan Fund	4.9	4.0
Savills Charities Property Fund	6.5	7.1
Schroder Income Fund	5.1	5.2
Schroder Global Sustainable Growth Fund	8.3	8.3
HSBC FTSE All World Index Fund	10.1	9.4

d Bank deposits

Bank deposits classified as investments represent deposit funds managed by investment managers.

Analysis of movements (Group)	Bank		Listed Investments £000	Total £000
	Deposits £000	Investments £000		
Market value at 1 January 2023	2,760	13,041		15,801
Additions	142	411		533
Withdrawals	-	(165)		(165)
Exchange differences	(201)	(46)		(247)
Unrealised gains	-	378		378
Market value at 31 December 2023	2,701	13,619		16,320
Historical cost at 31 December 2023	2,701	12,291		14,992

In 2023, unrealised gains of £378,000 comprise £182,000 for unrestricted funds and £196,000 for endowment funds.

Analysis of movements (Charity)	Listed Investments £000		Total £000
	Investments £000	Total £000	
Market value at 1 January 2023		12,500	12,500
Additions		332	332
Withdrawals		(165)	(165)
Unrealised gains		348	348
Market value at 31 December 2023		13,015	13,015
Historical cost at 31 December 2023		11,671	11,671

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

e Income from investments

	2024 £000	2023 £000
Unrestricted funds	445	146
Restricted funds	128	186
	573	332

The Charity is the controlling member of St. John of Jerusalem Eye Hospital (SJEH), a UK registered charitable company limited by guarantee (Company No.3867950 and Charity No. 1080185) and having no share capital. The liability of each member in the event of winding up is limited to £10. SJEH provides ophthalmic services through a branch in the occupied Palestinian territories.

The Charity is also the controlling member of St. John Eye Hospital in Jerusalem (RA) (SJEHJ), an Israeli registered charitable society (No. 580040368), limited by guarantee and having no share capital. SJEHJ provides ophthalmic services from the Jerusalem Hospital and the Mobile Outreach Programme.

SJEH owns two £1 shares being all the issued shares in The St. John of Jerusalem Eye Hospital (Palestine) Limited (Company No.6365210), which has not traded since incorporation.

The Charity owns one £1 share being all the issued shares in SJEH Trading Limited (Company No.12375269) a UK registered company, which has not traded since incorporation.

The Charity is the controlling member of St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, a UK private company limited by guarantee (Company No.12631428) and having no share capital. The liability of each member in the event of winding up is limited to £1. The company supports the activities of the Charity.

The Charity is the controlling member of St John of Jerusalem Hong Kong Foundation Limited, a Hong Kong registered company (No.3045181), which has not traded since incorporation.

Summary financial information for the subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA)	St. John of Jerusalem Eye Hospital	St. John of Jerusalem Eye Hospital Group Ophthalmic Association Limited	St. John Eye Hospital in Jerusalem (RA)	St. John of Jerusalem Eye Hospital	St. John of Jerusalem Eye Hospital Group Ophthalmic Association Limited
	2024 £'000	2024 £'000	2024 £'000	2023 £'000	2023 £'000	2023 £'000
Total income and endowments	8,232	3,088	162	7,458	3,731	47
Total resources expended	(8,158)	(2,515)	(162)	(8,077)	(3,926)	(47)
Net (outgoing) incoming resources before other recognised (losses)	74	573	-	(619)	(195)	-
Other recognised losses	25	77	-	(119)	(501)	-
Net movement in funds	99	650	-	(738)	(696)	-
Total assets	10,848	7,039	-	11,856	7,796	-
Total liabilities	(9,034)	(1,870)	-	(10,123)	(3,277)	-
Total funds	1,814	5,169	-	1,733	4,519	-
Restricted income funds	486	49	-	181	920	-
Designated funds	2,910	3,170	-	2,624	2,592	-
Other general funds	(1,582)	1,950	-	(1,072)	1,007	-
Total funds	1,814	5,169	-	1,733	4,519	-

9 Stocks

Stocks comprise hospital medical stores and supplies all owned by subsidiaries.

10 Debtors

a Amounts falling due within one year

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Trade debtors	3,652	4,035	-	-
Allowance for bad debts	(2,790)	(2,784)	-	-
Net trade debtors	862	1,251	-	-
Donations receivable	2,835	728	864	237
Prepayments and accrued income	224	171	23	25
Total debtors	3,921	2,150	887	262

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

b Movement in allowance for bad debts

	Group 2024 £000	Group 2023 £000
1 January	2,784	2,517
Additions	359	538
Write off *	(359)	(238)
Exchange differences	6	(33)
31 December	2,790	2,784

* The majority of the write off relates to an agreement with UNRWA whereby the actual contractual payments are lower than the normal invoiced value of services provided to those patients. The allowance also includes a provision against the receivables from the Palestinian Authority.

11 Creditors

a Amounts falling due within one year

	Note	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Trade creditors		662	1,815	3	23
Retirement benefits	11 d	1,344	1,728	-	-
Taxation and social security		102	77	3	5
Accruals		595	623	44	45
Deferred income	11 b	-	100	-	-
Total creditors		2,703	4,343	50	73

b Deferred income

	Group 2024 £000	Group 2023 £000
1 January	100	43
Deferred income recognised	79	368
Deferred income released	(175)	(307)
Exchange differences	(4)	(4)
31 December	0	100

Deferred Income represents income received in advance from renting out some of the Hospital's properties in Jerusalem.

c Amounts falling due after more than one year

	Group 2024 £000	Group 2023 £000	Charity 2023 £000	Charity 2022 £000
Retirement benefits	7,413	6,770	-	-

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

d Movement in the total retirement benefits

	Group 2024 £000	Group 2023 £000	Charity 2023 £000	Charity 2022 £000
Retirement benefits				
1 January	8,498	8,418	-	-
Additions	919	1,084	-	-
Exchange differences	93	(584)	-	-
Payments	(753)	(420)	-	-
31 December	8,757	8,498	-	-

Accrued retirement benefits mainly represents amounts payable under Israeli law when staff leave the Group's employment. Such amounts are accrued when earned, based on current monthly salaries and periods of service. The balance also includes provident schemes in respect of certain Jerusalem employees and other retirement benefit amounts payable in line with Palestinian law.

12 Unrestricted income funds

	1 January 2024 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & (Losses) £000	31 December 2024 £000
Group						
General reserves	9,653	8,743	(5,436)	-	(143)	12,817
Designated funds	9,498	355	(873)	1,323	76	10,379
Revaluation reserve	590	-	-	-	726	1,316
Total unrestricted funds	19,741	9,098	(6,309)	1,323	659	24,512
Charity						
General reserves	11,205	3,283	(532)	-	-	13,956
Designated funds	4,282	18	(1)	-	-	4,299
Revaluation reserve	590	-	-	-	726	1,316
Total unrestricted funds	16,077	3,301	(533)	-	726	19,571
	1 January 2023 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & (Losses) £000	31 December 2023 £000
Group						
General reserves	10,056	6,098	(6,421)	-	(80)	9,653
Designated funds: Tangible fixed assets	5,484	1,968	(2,242)	4,757	(469)	9,498
Revaluation reserve	509	-	-	-	81	590
Total unrestricted funds	16,049	8,066	(8,663)	4,757	(468)	19,741
Charity						
General reserves	9,697	1,933	(425)	-	-	11,205
Designated funds: Tangible fixed assets	2	2	(3)	4,281	-	4,282
Revaluation reserve	509	-	-	-	81	590
Total unrestricted funds	10,208	1,935	(428)	4,281	81	16,077

Transfers represent amounts released from restricted funds for the purchase of tangible fixed assets.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

13 Designated funds

	1 January 2024	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2024
	£000	£000	£000	£000	£000	£000
Group						
Designated funds	9,498	355	(873)	1,323	76	10,379
Charity						
Designated funds	4,282	18	(1)	-	-	4,299

	1 January 2023	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2023
	£000	£000	£000	£000	£000	£000
Group						
Designated funds	5,484	1,968	(2,242)	4,757	(469)	9,498
Charity						
Designated funds	2	2	(3)	4,281	-	4,282

Designated funds represent amounts that have been set aside to finance tangible fixed assets £5.9m (2023, £5.2m) and a number of other projects. During 2023, the Trustees determined to transfer the Bed Endowment fund (£4.3m) (note 15) to an unrestricted but designated funds category. The areas of designation as set by Trustees are:

- Funding of Nablus Project £1.0m - purchase and renovation costs, to be spent during 2025.
- Poor Patients Relief Fund £1.4m - uninsured and marginalised patients who cannot afford basic treatment costs due to the worsening of economic situation within the West Bank and Gaza. To be spent over the next couple of years.
- Upgrading Hospital Infrastructure £1.2m - to be used as a sustainable funding source that provides reliable, continuous capital necessary for hospital infrastructure continuous maintenance and renovation. To be spent over the next couple of years.
- High levels of unplanned Capital investment (mainly medical equipment) £0.7m - to avoid service interruption. To be spent over the next couple of years.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

14 Restricted Income Funds

	1 January 2024	Incoming Resources	Charitable Activities	Transfers - Purchase of Tangible Fixed Assets	31 December 2024
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	407	(407)	-	-
Outreach	-	96	(96)	-	-
West Bank and Gaza facilities	-	58	(58)	-	-
Other capital projects	30	114	-	(58)	86
Patient relief	9	29	(38)	-	-
Income received from endowments	-	128	(128)	-	-
Other projects	79	50	(58)	-	71
Others value less in each case than £25,000	98	86	(181)	-	3
Total Charity	216	968	(966)	(58)	160
Capital projects	1,020	292	-	(1,265)	47
Service Delivery projects	44	3,527	(3,128)	-	443
Others value less in each case than £25,000	37	32	(24)	-	45
Total Group	1,317	4,819	(4,118)	(1,323)	695

	1 January 2023	Incoming Resources	Charitable Activities	Transfers - Purchase of Tangible Fixed Assets	31 December 2023
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	708	(708)	-	-
Outreach	-	96	(96)	-	-
West Bank and Gaza facilities	-	69	(69)	-	-
Other capital projects	3	27	-	-	30
Patient relief	4	15	(10)	-	9
Income received from endowments	-	186	(186)	-	-
Other projects	79	-	-	-	79
Others value less in each case than £25,000	75	27	(4)	-	98
Total Charity	161	1,128	(1,073)	-	216
Capital projects	191	1,305	-	(476)	1,020
Service Delivery projects	245	2,403	(2,604)	-	44
Others value less in each case than £25,000	45	44	(52)	-	37
Total Group	642	4,880	(3,729)	(476)	1,317

Charity

- Staff sponsorship represents funds received to cover or contribute to staff costs of 42 hospital staff.
- Outreach funds cover the running costs of three outreach units.
- West Bank and Gaza facilities fund contribute to cover the operating costs of Gaza, Hebron and Anabta Clinic.
- Capital projects funds represent funds received from various UK Trusts and Middle East donors to purchase medical equipment for the Group.
- Patient relief funds contribute towards the treatment costs of needy patients.
- Other projects include joint teaching programmes with other medical institutions, and funds that cover the School of Nursing costs and Muristan.

Group

- Capital projects funds represent funds received from various donors to establish a new hospital in Nablus and purchase medical equipment for the Group.
- Other projects include donations received to resume operations within the Gaza Strip, and to cover patient services and medical supplies for the Group.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

15 Endowment Funds Group and Charity

	1 January 2024 £000	Investment Gains £000	Transfers 2024 £000	31 December 2024 £000
American Society of St John: Walsh Bequest	526	30	-	556
Frost Charitable Trust	576	31	-	607
Frost Nursing School	544	30	-	574
Mr. Owen Smith Endowment	116	6	-	122
The John Swire Foundation Endowment	1,260	69	-	1,329
	3,022	166	-	3,188

	1 January 2023 £000	Investment Gains £000	Transfers 2023 £000	31 December 2023 £000
American Society of St John: Walsh Bequest	512	14	-	526
Bed Endowment	4,165	116	(4,281)	-
Frost Charitable Trust	560	16	-	576
Frost Nursing School	530	14	-	544
Mr. Owen Smith Endowment	113	3	-	116
The John Swire Foundation Endowment	1,227	33	-	1,260
	7,107	196	(4,281)	3,022

These funds represent:

- The American Society of St John: Walsh Bequest: The Bequest was made in 2000 in honour of the Rev. Canon Edward West and Don Wesley Lundquist, for the endowment of 2 beds in the Children's Ward at the Hospital's facilities, maintained for the care of needy children.
- The Bed Endowment Fund: Originally, the donation was to endow 37 beds between 1981-1995, with the use of income applied to general patient care in the Hospital. Following a review carried out by the Trustees in 2023, and confirmation obtained from the Charity Commission, it was resolved that the Bed Endowment fund is neither restricted for all time nor an endowment. Due to advancement in the way health care services are now delivered, the existence of beds at the Hospital became less important. Research in the archives of The Order of St John has revealed that this endowment fund was not necessarily restricted for all time. As Trustees and management became aware of this fact, it was decided to transfer it to Designated funds within the Unrestricted section but not in General reserves. For areas of designation please refer to note 13 to the financial statements.
- The Frost Endowment Funds: These amounts were donated in 1989 by The Frost Charitable Trust (Mrs Sally Frost) to endow 4 beds at the Hospital and the Nurses Training School.
- The Endowment of Mr Owen Smith was received in 2008 to fund professional medical training.
- The John Swire Foundation Endowment was received in 2013 to fund general operating costs.
- Investment income on endowment funds is applied in providing the on-going services covered by the endowment and is accounted for as restricted investment income in the Statement of Financial Activities.

16 Total Group and Charity Funds

a Analysis by type of asset and liability (Group)	Unrestricted Funds 2024 £000	Unrestricted Funds 2023 £000	Restricted Funds 2024 £000	Restricted Funds 2023 £000	Endowment Funds 2024 £000	Endowment Funds 2023 £000	Total Funds 2024 £000	Total Funds 2023 £000
	Tangible assets	6,098	5,217	-	-	-	-	6,098
Investments	14,733	13,298	-	-	3,188	3,022	17,921	16,320
Net current assets	11,094	7,996	695	1,317	-	-	11,789	9,313
Creditors: Amounts falling due after more than one year	(7,413)	(6,770)	-	-	-	-	(7,413)	(6,770)
	24,512	19,741	695	1,317	3,188	3,022	28,395	24,080
b Analysis by type of asset and liability (Charity)								
Tangible assets	18	1	-	-	-	-	18	1
Investments	11,123	9,993	-	-	3,188	3,022	14,311	13,015
Net current assets	8,430	6,083	160	216	-	-	8,590	6,299
	19,571	16,077	160	216	3,188	3,022	22,919	19,315

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

17 Reconciliation of net operating income to net cash inflow from operating activities

	2024 £000	2023 £000
Net incoming resources	3,490	554
Investment income	(573)	(332)
Depreciation	873	958
Impairment of tangible fixed assets	-	1,284
Impairment on stocks	-	78
(Increase) in stocks	(25)	(142)
(Increase) in debtors	(1,771)	(76)
(Decrease) / Increase in creditors	(997)	1,205
Net cash inflow from operating activities	997	3,529

18 Financial instruments

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Financial assets at fair value through statement of financial activities				
Investments	17,921	16,320	14,311	13,015
Financial assets at amortised cost				
Debtors	3,697	1,979	864	237
Cash at bank and in hand	9,907	10,867	7,753	6,110
	13,604	12,846	8,617	6,347
Financial liabilities at amortised cost				
Trade creditors	662	1,815	3	23
Accruals	595	623	44	45
Retirement benefits	8,757	8,498	-	-
	10,014	10,936	47	68

19 Trustees' remuneration

The Trustees receive no remuneration.

Reimbursement of Trustees' expenses for travel, accommodation and flights for 6 Trustees (2023, 11) during the year amounted to £21,861 (2023, £52,713).

Donations made by Trustees amounted to £3,750 (2023, £390,925).

Charity Trustee Indemnity insurance is provided at a cost of £12,699 (2023, £13,433) to cover the Charity, Trustees and Officers against potential claims and losses.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

20 Related parties transactions

The Charity is a wholly owned subsidiary of The Most Venerable Order of the Hospital of St John of Jerusalem (Charity No. 235979, Principal Office: St John House, 3 Charterhouse Mews, London, EC1M 6BB).

The Jerusalem Hospital premises occupied by the Group are owned by The Order of St John and were previously occupied rent free on a full repairing basis. During 2015, the Group signed an agreement with The Order of St John to lease the Hospital in Jerusalem and similarly the Muristan property at peppercorn rent. In the opinion of the trustees, it would be impracticable to place a value on these facilities.

The Group also occupies, on a rent free basis, offices in London owned by The Order of St John. The value of this facility has been estimated at £57,000 per annum based on the rents payable by the external tenants at the complex. This amount is included in the financial statements as a donation in kind.

During the year, the Chairman of the Charity, Sir Andrew Cash, was also a trustee of The Most Venerable Order of the Hospital of St John of Jerusalem.

Donations include amounts received from Priors and Establishments of the Order of St John, which are considered to be related party transactions:

Priority	2024 £000	2023 £000
USA	2,828	2,543
England and the Islands	65	222
Scotland	146	101
New Zealand	121	132
Australia	139	138
Canada	33	104
	3,332	3,240

Other Members of St. John Family	2024 £000	2023 £000
Johanniter Orde in Sweden	36	37
Johanniter Orde in Nederland	-	20
St John Rescue Corps Malta	8	-
The Secretariat of the Alliance of the Orders of St John	8	-
	52	57

Donations by the Priory of the United States:	2024 £000	2023 £000
Hospital - General Support	2,145	1,563
Hospital Restricted Gifts	683	980
	2,828	2,543

During the year, the Charity reimbursed the Priory of England and the Islands and The Order of St John £nil (2023, £3,015) in respect of certain expenses incurred.

Outstanding donations from the Priors and Establishments of The Order of St John at 31 December 2024 amounted to £877,000 (2023: £59,000).

21 Contractual & designated obligations

In 2023, the Board approved the plan of relocating the Anabta Clinic and the establishment of a new day hospital in Nablus City. The total cost for this project is c£3m including the cost to purchase the property. The project is funded by The Priory in the USA of The Order of St John, the David & Molly Pyott Foundation, The Australian Department of Foreign Affairs and Trade (DFAT), and the Group's general reserves estimated at £1.2m. The project is currently expected to be completed by March 2025.

22 Breakdown of Cash Balance

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Cash	5,407	10,867	3,253	6,110
Cash Equivalent held in liquidity fund	4,500	-	4,500	-
	9,907	10,867	7,753	6,110



ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

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London EC1M 6BB

Jerusalem Hospital

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Jerusalem 91198

Bankers in the UK

National Westminster Bank Plc
134 Aldersgate Street
London EC1A 4JB

Bankers in the occupied Palestinian territories

Bank of Palestine PLC
Hebron Road
P.O. Box 765
Bethlehem

Investment Managers

Schroders (C.I.) Limited
PO Box 334, Regency Court
Gategny Esplanade
St Peter Port
Guernsey GY1 3UF

Independent Auditors

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3 Ocean Way, Southampton
SO14 3TJ

St John of Jerusalem Eye Hospital Group (a UK Company Limited by guarantee, Company number 7355619, Charity number 1139527) has three active subsidiary undertakings; St John of Jerusalem Eye Hospital (a UK Company Limited by guarantee, Company number 3867950), Charity number 1080185); St John Eye Hospital in Jerusalem (RA) (an Israeli charitable society, registration number 580040368) and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, a UK Company Limited by guarantee, Company number 12631428).

ST JOHN PRIORY FUNDING 2024

£ £139k **Australia**, £33k **Canada**, £65k **England and the Islands**,
£121k **New Zealand**, £146k **Scotland**, £2.83m **USA**

\$ \$178k **Australia**, \$42k **Canada**, \$83k **England and the Islands**,
\$155k **New Zealand**, \$187k **Scotland**, \$3.62m **USA**

THANK YOU

Without our donors we could not continue saving sight and changing lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2024. The St John Priors from around the world have, once again, delivered much-valued assistance to SJEHG and we thank them for their continued support.

We are grateful to the Guild, the St John Ophthalmic Association, the Friends of St John Society, the Alliance of the Orders of St John, St John Associations and the St John Fellowship for their on-going and crucial support.



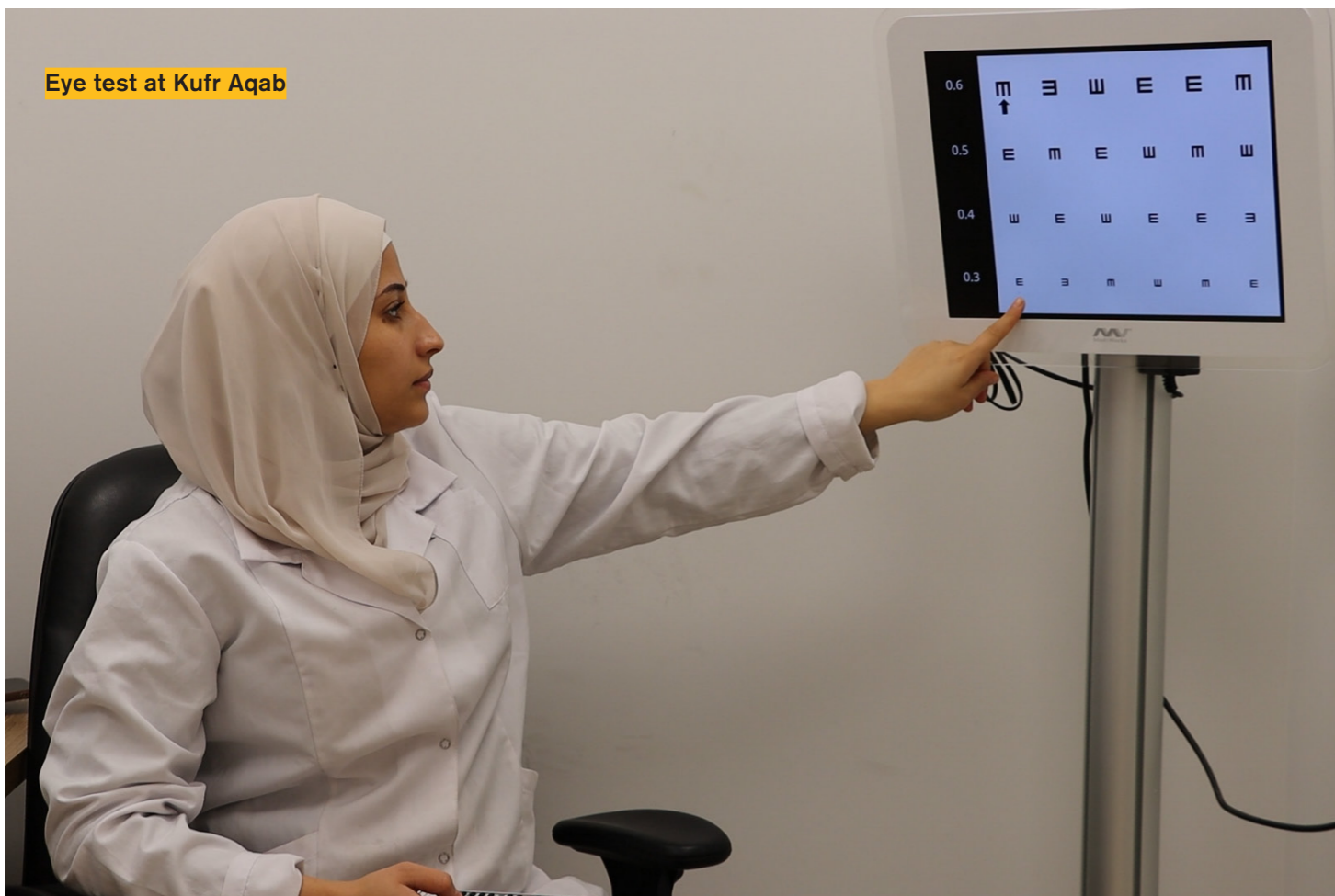
Interfaith Walk, September 2024. Pictured right to left: Iman Ibrahim Mogra, Rabbi Morris, SJEHG Trustee Rev. Paul Hackwood, and Dr Ed Kessler OBE, founder of the Woolf Institute, Cambridge, pictured outside the Bevis Marks Synagogue, London

A total of 1,095 hours were offered by volunteers in 2024 (compared to 1,373 in 2023). We thank volunteers for their time provided to support our work.

FURTHER MAJOR DONORS 2024:

- The Al Tajir Trust
- The Anthony & Elizabeth Mellows Charitable Trust
- Arab Fund for Economic and Social Development
- Australian NGO Cooperation Program (ANCP)
- Australian Representative Office, Ramallah
- The British Humane Association
- Care International
- CBM International
- CHK Foundation
- Christian Broadcasting Network (CBN)
- The Clothworkers' Foundation
- Department of Foreign Affairs and Trade (DFAT), Australia
- The Dumetum Trust
- The Edwina Mountbatten & Leonora Children's Foundation
- European Society of Cataract and Refractive Surgery (ESCRS)
- Federal Ministry of Economic Cooperation
- The Fred Hollows Foundation
- German Federal Foreign Office
- Greendale Foundation
- HATS Group Ltd
- Johanniter International Assistance (JIA)
- The Knights Templar
- Martin & Esmee Clarke Charitable Trust
- Qatar Fund for Development (QFFD) – State of Qatar
- Roche Products Ltd
- The St John of Jerusalem Eye Hospital Group Ophthalmic Association (SOA)
- The Valentine Charitable Trust
- And to all our anonymous donors*

Eye test at Kufr Aqab





**St John of Jerusalem
Eye Hospital Group**

If you would like to support St John of Jerusalem Eye Hospital Group or would like more information, please contact us:

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 @stjohnehospital

 @StJohnEyeHosp

 @StJohnEyeHospital

ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

England & Wales - Charity number 1139527

Accounts



St John of Jerusalem
Eye Hospital Group

ANNUAL REPORT 2023





**St John of Jerusalem
Eye Hospital Group**

SAVING SIGHT CHANGING LIVES

St John of Jerusalem Eye Hospital Group is a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land regardless of ethnicity, religion, social class, or ability to pay. We have been treating patients in the region for over 140 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

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GLOSSARY: JCI - Joint Commission International; the gold-standard for healthcare worldwide. Knights Templar - The United Religious Military and Masonic Orders of the Temple and of St John of Jerusalem Palestine Rhodes and Malta of England and Wales and provinces overseas. NGO - nongovernmental organisation. NIS - New Israeli Shekel. oPt - occupied Palestinian territories. SJEHG - St John of Jerusalem Eye Hospital Group; this, refers to all our entities. SOA - St John of Jerusalem Ophthalmic Association. UNOCHA: United Nations Office for the Coordination of Humanitarian Affairs. UNRWA - United Nations Relief and Works Agency, the UN branch responsible for Palestinian refugees. USAID - United States Agency for International Development.

All uncredited photos throughout this Annual Report have been taken by staff of SJEHG. All the images used in this report are of actual SJEHG staff and patients and they have given their consent.

St John of Jerusalem Eye Hospital Group Company no: 7355619, Charity no: 1139527
Registered Office: 4 Charterhouse Mews, London, EC1M 6BB

CHAIRMAN & CEO INTRODUCTION



Sir Andrew Cash & Dr Ahmad Ma'ali in the Jerusalem Hospital Gardens

This has been one of the most difficult years faced by the Hospital Group and the community in which we serve. In spite of this, 2023 still leaves us with good progress made and we have achieved much.

There has been serious disruption to our ability to operate within Gaza as well as across our services due to the current conflict. It has forced our staff in Gaza to evacuate the hospital and flee to the south of the Gaza Strip.

Our Gaza Hospital, located in Gaza City, has not been functional since the 8th October 2023.

Although it has not been directly hit by missiles, it has sustained some considerable collateral damage and our staff have been evacuated. Our team in Gaza have made an initial assessment of the damage to the building and equipment which has been impaired in our financial statements (see page 45). See page 4 for further updates on Gaza.

The war has also impacted the movement of people and goods in the West Bank and hindered the ability of patients to reach the Jerusalem Hospital. As an overall result of the conflict, the number of outpatients seen at the Group declined by 5% in 2023 compared to 2022. In total 135,293 patients were treated at the Hospital Group as compared to 143,000 patients seen in 2022. The Group performed 5,966 major eye surgeries in 2023 as compared to 6,922 major eye surgeries performed in 2022 which reflects a 14% decline.

We continue to work on enhancing the sustainability of our services across the Group. Thank you to the Priors of St John who continue to contribute 45% of our voluntary income. We would especially like to thank the Priory in the USA for increasing their donation to \$3.2 million USD this year. Their heartfelt passion for our cause is unwavering and truly appreciated. Patient-related income was above budget by almost £105k and there was £1m GBP savings in payroll as well as other Group expenditures. Plans for 2024 include implementing models of eye care in Gaza as soon as we are able and it is safe, expanding subspeciality services in Kufor Aqab Clinic, strengthening services provided to Jerusalemites and enhancing access to quality eye care for patients from northern West Bank through the relocation of our services from the clinic at Anabta to a new Nablus Hospital.

In September 2023, SJEHG received a global recognition for its work in the fight against blindness when we were granted the prestigious Champalimaud Vision Award. This is one of the highest honours in eye health and great cause to celebrate our dedicated staff, and our loyal supporters. We will continue to deliver on our mission to provide ophthalmic care of the highest quality to the people of the Holy Land regardless of ethnicity, religion, social class, or ability to pay, as we have for over 140 years. **We thank all who continue to make this mission a reality.**

Thank you.

Sir Andrew Cash OBE
Chairman

Dr Ahmad Ma'ali
CEO

UPDATE ON GAZA



The war in Gaza started on the 7th of October 2023 when Hamas militants attacked southern parts of Israel. The Israeli military responded with massive air strikes on almost all parts of the Gaza Strip which was later followed by a land incursion on northern and southern parts of the Strip.

Our staff were given clear orders by the Israeli authorities to evacuate our Gaza Hospital on the second day of the war and, since then, the hospital has not been functional and the war continues. Our staff and their families were also instructed to move to the south of the Strip where it was deemed safer. Staff have been instructed to be vigilant and take no risk and refrain from any actions that might compromise their safety. Unfortunately, some of our staff have lost family members and many have also sustained injuries. SJEHG, with guidance from the Board, has continued to pay staff in Gaza during the war and it is very likely that this arrangement will continue.

Although the hospital building was not directly struck, it has

sustained some considerable collateral damage as a result of the hostilities. As it is one of the last remaining standing buildings in the neighbourhood, displaced refugees have moved to the hospital as a safe shelter.

Our staff have not been able to return to the hospital to carry out a proper assessment of the damage to the building, furniture and equipment. However, and based on reports and photos received, much of the furniture and equipment have either been damaged or removed. The building will require substantial repair to bring it back into use.

As at 31 December 2023, SJEHG has accounted for an impairment loss provision of £1,362k covering the hospital building, medical and other equipment and inventory in the Gaza branch.

SJEHG's medical response plan has been discussed with the concerned stakeholders and approved by the Board. The plan is a three-phase interventional response which we hope will commence in 2024. We plan to work with partners active on the

ground including the World Health Organization, the Palestinian Red Crescent Society and others. This plan will be actioned as soon as it is possible and safe to recommence activities in Gaza. There is no guarantee as to if or when this can take place. We are aware that many ophthalmic healthcare facilities in Gaza have been destroyed, some completely, which means that, in the future, once the war is over, almost all ophthalmic care services will be delivered by SJEHG in Gaza. We are eager to restore the building and re-equip the hospital in Gaza as soon as practically possible, in order to start meeting the huge demand for eye care services.



HOSPITALLER'S REPORT

International Partnerships and Excellence in Medicine



Our staff and patients faced severe challenges in the last quarter of 2023. Nevertheless, the year saw much progress in the breadth and depth of our services, our training programmes, and in our research.

The new clinic in Kufor Aqab, situated in East Jerusalem beyond the dividing wall, treated over 7,000 patients in its second year alone, reflecting the massive demand for ophthalmic services in this population. Our 2019 cross-sectional study on the causes of sight loss identified three leading pathologies: refractive error, cataract, and diabetic retinopathy. In all cases, early treatment prevents sight loss, but the key is early detection. In this regard, SJEHG has embarked on an ambitious programme of eye-screening among children. Treatment as early in life as possible is key to avoiding permanent vision loss and ensuring each child reaches their full potential.

A thriving research culture is a barometer of the health of a training hospital.

The Board's strategic aims include excellence in ophthalmic research and developing collaborative partnerships. On both these counts SJEHG staff have made impressive progress. Eight peer-reviewed publications were published this year with a year-on-year increase over the past decade. This reflects our rising national and international profile and the valuable contribution that we are making to the scientific community.

Partnerships in 2023 included Fellowships in Israel and Canada, and research with the Hadassah Hospital and London's Moorfields Hospital. Six congresses were conducted with SJEHG's Ophthalmic Association, including the first research summit and the Association's fifth clinical congress, both in Jerusalem.

Since 2020, our clinicians have contributed to over ten meetings, with the US and Canadian Pories making defining contributions. With their support, since 2019 SJEHG has held four meetings

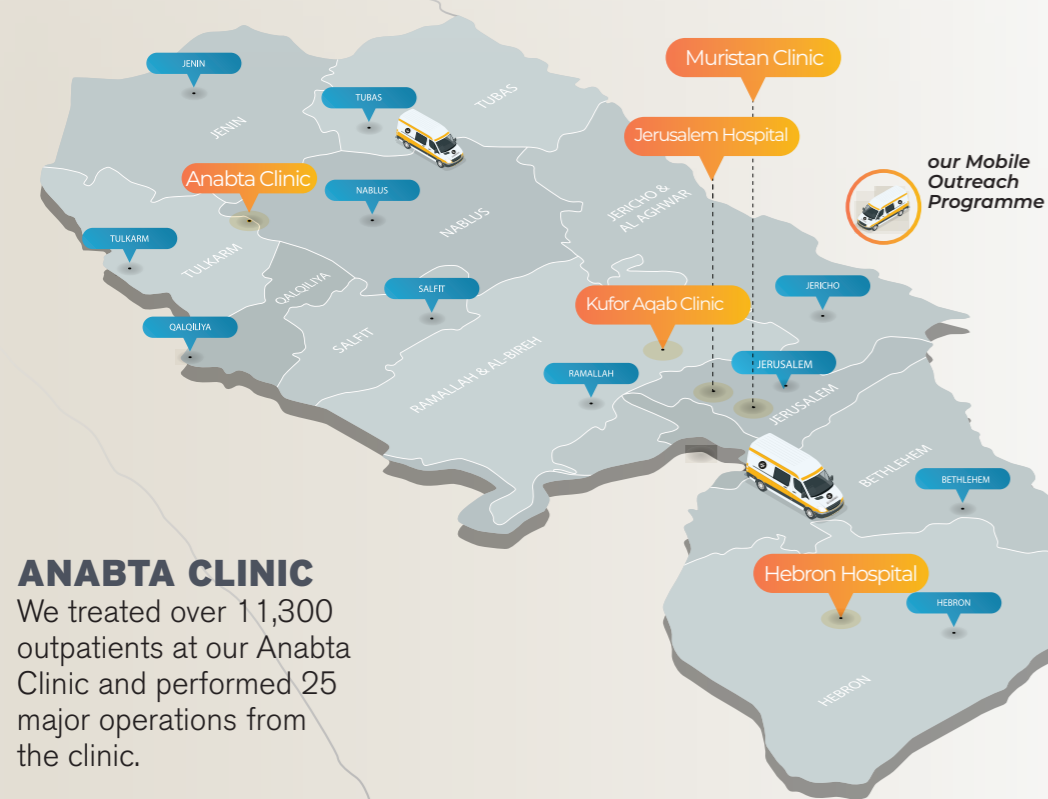
at the American Academy of Ophthalmology, two in-depth symposia at the Priory in the USA's annual Investiture, and the first congress in Artificial Intelligence (AI), collectively drawing over 200 delegates. The programme in AI is now expanding, with the world's largest such meeting now underway for 2024 in London, again reflecting SJEHG's increasing postgraduate reach and influence, and in the process generating training opportunities for our staff.

Our most important investment is in our staff and their development, giving them the skills to tackle ophthalmic disease in a region where sight loss is ten times higher than that in western nations, but which is avoidable in over 80% of cases. Despite the serious challenges ahead, we remain wholly committed to our staff, be they in Gaza, the West Bank or Jerusalem, and the patients they serve. We thank every one of our supporters for enabling them to meet these formidable challenges.

Mr David H. Verity, KStJ MD MA BM BCH FRCOphth
 Hospitalier, Order of St John. Consultant Ophthalmic Surgeon, Moorfields Eye Hospital

SNAPSHOT OF 2023

We reached almost 135,300 patients, performed almost 6,000 major surgeries, and employed 275 people across our services.*



ANABTA CLINIC

We treated over 11,300 outpatients at our Anabta Clinic and performed 25 major operations from the clinic.

13 staff members including 9 medical, allied health and nursing professionals.

GAZA HOSPITAL

We treated almost 30,600 patients and performed over 2,000 major operations. Our Gaza Hospital has not been operational since 8th October 2023.

45 staff members, including 34 medical, allied health and nursing professionals.



MOBILE OUTREACH SERVICES (GAZA) ***

Our outreach services reached over 3,500 patients via our Mobile Outreach Programme.

HEBRON HOSPITAL

Our Hebron Hospital saw over 13,000 patients and performed almost 600 major surgeries.

20 staff members including 14 medical, allied health and nursing professionals.

JERUSALEM HOSPITAL

We treated over 51,500 patients in our East Jerusalem Hospital and performed over 3,300 major operations.

193 staff members, including 126 medical, allied health and nursing professionals.

MURISTAN CLINIC**

We saw over 800 patients in our mobile Old City screening programme and Muristan Clinic.

KUFOR AQAB CLINIC**

Our Kufor Aqab Clinic screened almost 7,300 patients.

MOBILE OUTREACH SERVICES (WEST BANK)**

Our West Bank Mobile Outreach service screened almost 17,200 patients.****

*Staff number includes four London staff.
 Muristan, Kufor Aqab and West Bank Mobile Outreach staff are counted in our Jerusalem Hospital figures. * Gazan Mobile Services staff are counted in our Gaza Hospital figures. **** West Bank Mobile Outreach figures include our outreach service and school screening.

THE EYE HEALTH CONTEXT



Our strategy draws on the contextual factors that influence our service delivery and is based on the community needs as outlined by the Rapid Assessment of Avoidable Blindness (RAAB) survey conducted in 2018-2019 by the Hospital.

The 2019 RAAB study identified the following as main causes of

blindness and visual impairment amongst the population we serve:

- Cataracts.
- Diabetic retinopathy.
- Glaucoma.
- Lack of public awareness regarding the prevention of avoidable causes of blindness and visual impairment.

The survey also identified certain unique contextual factors which have contributed to avoidable and preventable

blindness across the oPt:

- Poor access to eye care resulting from physical, financial and knowledge barriers.
- Poverty and unemployment.
- Consanguinity and inherited eye diseases.
- Poor quality eye care and fragmentation of the health care systems.
- Socioeconomic factors leading to gender inequality.

RUNNING COSTS 2023

Patient Income 44%

In 2023, the cost to run our services amounted to 12.4million GBP of which we needed 56% from fundraising. Your support enables our vital services to continue.

OUR STRATEGY 2023-2025

The 2023-2025 Strategic Plan was developed through the collaborative efforts of the SJEHG's Board of Trustees, the senior management team, and staff. You can read our full Strategy on our website.



MISSION:

St John of Jerusalem Eye Hospital Group exists as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, religion, social class or ability to pay.

VISION:

SJEHG will work to address avoidable blindness in the Holy Land and be recognised as the leader in the provision of quality eye care in East Jerusalem, the West Bank, and the Gaza Strip.

OUR STRATEGY IS CENTRED ON OUR CARE VALUES:

- **COMPASSION:** Providing eye care with empathy and willingness to promote wellbeing
- **ACCOUNTABILITY:** Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve
- **RESPECT:** Honouring the dignity and diversity of each person
- **EXCELLENCE:** Providing exceptionally high quality and advanced care

OUR STRATEGIC AIMS:

Our strategy outlines how we will continue our mission through six strategic aims:

- **SERVICES:** Provide eye care which is of the highest quality, accessible and patient-centred
- **CLINICAL DEVELOPMENTS:** Lead ophthalmic education, research, and innovation.
- **PEOPLE & STAFF:** Become the employer of choice in our community.
- **TECHNOLOGY & DATA:** Integrate secure technology and data governance with all core aspects of the Group's clinical work.
- **GOOD GOVERNANCE & PARTNERSHIPS:** Ensure the Group's good governance and strengthen partnerships, communications, and marketing locally and worldwide
- **FINANCES:** Ensure financially sustainable services.

It should be noted that our strategy was developed prior to the current war. Much of what we had planned, especially in Gaza, will be severely delayed by the current situation.

SERVICES

Provide eye care that is of the highest quality, accessible and patient centred

The population we serve face many barriers to care. This can be physical such as the separation wall, checkpoints and blockades or it can be a lack of eye health awareness or financial constraints.

INCREASING ACCESSIBLE QUALITY CARE FOR ALL

As access to our flagship Jerusalem Hospital has become limited for the majority of the Palestinian population, we have adapted our services to best reach those who need it. We provide care from services strategically placed throughout Jerusalem, the West Bank and the Gaza Strip. However, our services in Gaza were temporarily suspended in the last quarter of 2023.

Our Jerusalem Hospital has been accredited by JCI for a decade, which is the gold-standard for healthcare worldwide. Ahead of our next accreditation we are aiming to bring our Hebron Hospital to similar standards.

We were able to re-establish a second mobile outreach van in October 2022 thanks to the support of the Priory in the USA. It has allowed us to massively improve our ability to provide primary eye care, raise awareness of eye health and refer serious cases to our clinics. Over 17,000 patients were seen in our West Bank

Mobile Outreach service in 2023 – a fantastic increase from just 8,000 patients in 2022. We have also been addressing equity of care by targeting community groups who represent women, children and people living with disabilities. These groups are more likely to miss out on care, especially as travel is difficult, and our Mobile Outreach service is a great means to address this.

ADDRESSING A BACKLOG OF SURGERIES

Unfortunately the COVID pandemic led to reduced services for several months whilst we focussed on the safety of our staff and patients. In 2023, we have been working to clear our backlog of patients waiting for surgical services, with a particular focus on those who cannot afford to pay for the services themselves.

The patients awaiting surgery are suffering from a myriad of conditions including cataracts,

glaucoma, diabetic retinopathy, squints, and keratoconus. These require subspecialist care from doctors in our hospitals in Gaza, Jerusalem and Hebron.

There were thousands of patients on the backlog list across these hospitals – and new cases are added every day. In 2023 we were able to clear some of this backlog thanks to generous funding from the Qatari Fund for Development, the Priory in the USA, the European Society of Cataract and Refractive Surgeons and the Australian NGO Cooperation Program (ANCP).

Almost 6,000 major surgeries were performed across the Group overall. This was lower than expected due to the ongoing war in Gaza and the heavier restrictions of movement across the West Bank in the latter half of the year. Whilst there is much still to be done, we can celebrate the thousands of lives enhanced as part of this scheme.



CLINICAL DEVELOPMENTS

Lead ophthalmic education, research, and innovation.



Dana Jawabra examines a patient in our Jerusalem Hospital.



TRAINING

Our Sir Stephen Miller School of Nursing was launched in 1998. Since its establishment, almost 170 nurses have been trained. In 2022, The School of Nursing established a partnership with Al-Quds University to accredit graduates with university degree in Ophthalmic Nursing that is formally acknowledged locally and internationally, which in turn improves the graduate's job opportunities.

There are eight students in the current cohort, who started in November 2023. Students are assigned to a rotation training schedule that includes all hospital clinical areas and units, which allows students to apply theory to practice at all levels of ophthalmic nursing practice.

Our ability to offer all subspecialties of eye care (excluding oncology) is achieved through our Medical Residency Programme and Joint Teaching Programme. Our Residency Programme is the only training opportunity offered to Palestinians to specialise in ophthalmology. In 2023, one medical resident, Dr Abdel Qader completed his medical residency, two new doctors joined the programme and five doctors continued their studies.

Once qualified, our specialists will work across our services and are given the opportunity to undertake fellowships in subspecialties at St John or at one of our partner organisations. In 2023, two of our former medical residents completed subspecialty fellowships.

Dana Jawabra describes her inspiration for joining the School of Nursing:

"My dad is an ophthalmologist, and he's my role model, I was interested in ophthalmology since childhood because I know the catastrophic impact of blindness which paralyses the patient and family. The ophthalmic course at St John Eye Hospital equips me with the knowledge and skills needed to be a specialised nurse. After graduating from this course, I'm planning to pursue a master's degree to add my input and impact primary eye care in my region. Many thanks to St John Family for the endless support which enables students to grow socially and professionally."

Dr Radwan Juneidi travelled to British Columbia's Children's Hospital to undertake a Paediatric Fellowship and Dr Muath Natsheh started a two-year Vitreoretinal Fellowship in January 2023 which he will complete in our Jerusalem Hospital.

Our allied health professionals were also given opportunities to increase their training in 2023. Muyassar Shawa and Faiti Quasi, our Medical Engineer, travelled to the European Society of Cataract and Refractive Services conference in Vienna in July 2023. Here, Muyassar undertook training to use the OCT machines (an eye imaging test), by Heidelberg Engineering. Nader Hajjaj and Fathi Qaisi also undertook online training on the use of the RoP (Retinitis of Prematurity) machines.

CLINICAL RESEARCH

Our clinical research continued to grow in 2023. These new initiatives reflect a wider strategic aim to encourage high-quality clinical research at SJEHG. We published five papers in 2023 which can be found at <https://www.soa.global/research/peer-reviewed-publications/>

These included research into Behçet Disease, Usher Syndrome, diabetic retinopathy, retinal dystrophies and paediatric ocular reactions to the COVID-19 vaccination.

2023 also offered opportunities for our researchers to collaborate with their colleagues from other institutions. Ongoing research includes:

- A project on diabetes screening with Augusta Victoria Hospital.
- Ongoing project on arthritis & uveitis with Al-Najah University.
- Keracatonis project with Hadassah Academic College kindly supported by the Ben May Charitable Foundation.
- Cornea project (autologous corneal degeneration) with Radboud University.

The St John Ophthalmic Association also ran eight national and international postgraduate meetings in 2023, including a Masterclass on artificial intelligence and the eye in Toronto, with a second such conference planned for 2024 in London.

GENETICS RESEARCH

Since 2016, we have been conducting extensive research into inherited retinal disease across the oPt. This was, until 2019, 'Peace for Sight' - a joint project between SJEHG and Hadassah Medical Hospital funded by the German Johanniter Unfall Hilfe (Johanniter Aid for Accident services) and the European Union Peacebuilding Initiative. This funding allowed us to train a dedicated genetics research team and establish the oPt's first retinal genetics laboratory.

In 2023, we recruited 69 Palestinian families with inherited retinal degenerations to the study. Eighteen of the families are from Gaza who were recruited during a visit by the genetics research team in May. Unfortunately, since the war began none of these families have been able to travel to Jerusalem.

During 2023, the team managed to increase the overall genetic diagnosis rate of our patients to 55%. We now look forward to our largest paper on inherited retinal disease (IRDS) which will be ready for submission in 2024 and will include all genetically diagnosed Palestinian IRDs patients since the project began (more than 700 families in total).



SPOTLIGHT ON: Child Eye Health

RESEARCH

Limited available data in child eye health suggests that vision impairment among Palestinian children is a pressing issue. For instance, a study conducted on urban Palestinian children revealed that a staggering 29% of 3–5-year-olds already suffer from refractive errors. Furthermore, data from school-based screenings conducted by organisations like the SJEHG indicate alarmingly high prevalence rates of refractive errors, reaching up to 70% in certain schools.

In 2023, we conducted a study into the prevalence rates of refractive errors in children across the West Bank and Gaza, funded by the Australian NGO Cooperation Program. Over 1,200 children were surveyed. We also undertook a situational analysis of the current school screening services within the public sector.

Preliminary results suggest that there is high rate of refractive error in both regions. Gazan children had a higher prevalence rate which will be further investigated, when possible, to understand if socioeconomic factors are impacting on child eye health. This survey will be instrumental in forward planning for programmes and eventually establish national school screening guidelines to be introduced in public schools.

SERVICES FOR CHILDREN

Child eye health is especially important. Many conditions, if left untreated in childhood, lead to permanent vision impairment or blindness which would have otherwise been fully treatable. Poor vision can also lead children to missing out on vital education as 80% of learning is done visually.

To address this, in 2023, SJEHG launched screening services in both schools and refugee camps across the West Bank. This was supported by the Hilton Foundation through the Priority in the USA.

From these **5,900 children were screened for vision issues in refugee camps, 1,000 of these children were referred onward for care.**

We also continued our screening of premature babies for retinopathy of prematurity (ROP). This affects 50% of infants born prematurely before 31 weeks of gestation. This is the second year we have been using state-of-the-art digital imaging cameras which can be used by non-specialists to screen for ROP. This is vital as ROP must be identified quickly, as it can cause severe vision loss if left untreated.

These images are then sent to our retina experts based in our Jerusalem Hospital to identify conditions and recommend referrals if needed. In 2023, we screened 215 premature babies for ROP along with other conditions. Twenty-six children were found to have ROP, and other conditions were identified such as congenital cataracts.

Patient Case Study

SAIF'S STORY

When Saif was only 20 days old, he had the flu, and his parents took him to a pediatrician. During the appointment, there was a shock. The pediatrician detected abnormality in the eyes and urged the family to seek specialised eye care as soon as possible. The family attended an emergency clinic at our Anabta Clinic and he was diagnosed with glaucoma.

“We were devastated, and even blamed ourselves for not knowing. But the doctors at SJEHG explained that glaucoma is called the silent thief of sight. I believe awareness can save sight, and that’s why I’m sharing my son’s story.” Saif’s mother Amal explained.

Treatment for glaucoma must be performed quickly to ensure that irreversible damage is not caused. SJEHG facilitated the entry permits to Jerusalem for the baby and his family to start his treatment journey.

“Despite the current security situation and with the help of SJEHG, Saif and I are here today in Jerusalem Hospital in preparation for his second surgery. We are grateful to that pediatrician who discovered something was wrong, and grateful to SJEHG for helping us to treat Saif and fight to not lose his sight.”

Thanks to the availability of SJEHG services and the funding of the Qatari Government through Qatar Fund for Development, Saif was lucky to be diagnosed and treated.



Saif, a 3-month-old sleeping on a bed in SJEHG main hospital in Jerusalem.

The SJEHG team performing retinopathy of prematurity (ROP) screening.



Patient Case Study

BILSAN'S STORY

Bilsan, an 11-year-old girl from Al Walaja village, was screened by our team. She struggled every day to get to her classroom in Aida Refugee Camp due to road closures and made more difficult by her vision impairment. Before being found by our team, she had been struggling in many aspects of life and admitted she was embarrassed to tell anyone about her vision impairment. We comforted her about her situation and referred her to our ophthalmologist at our Hebron Hospital. Following her visit, our ophthalmologist prescribed glasses to assist her see better as she has bilateral myopia.

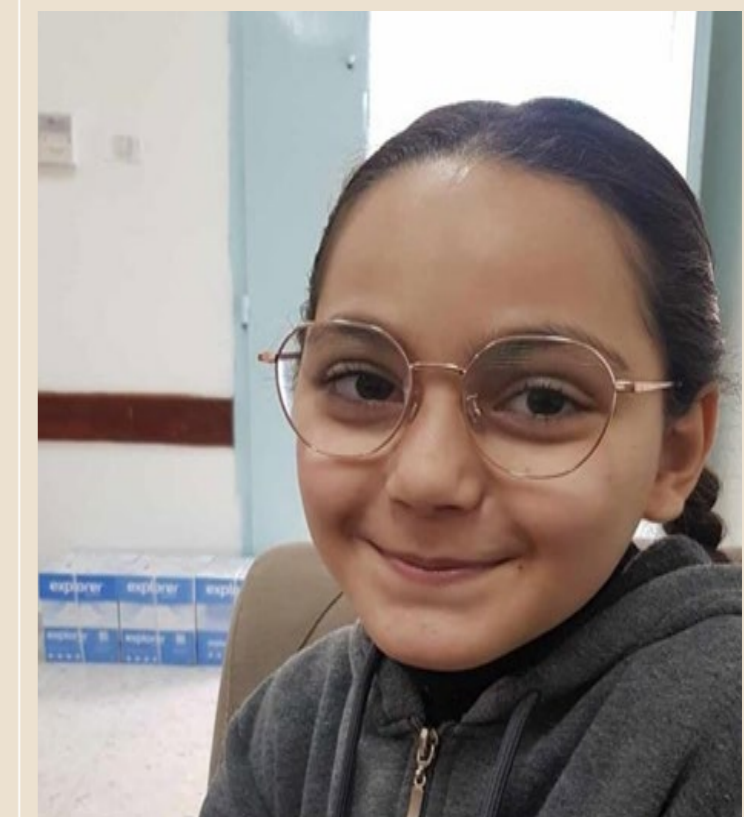
Aida Refugee Camp, near Bethlehem, shelters 5,500 refugees. Population growth has contributed to overcrowding and poor living conditions. The camp has two UNRWA schools without any health care provisions.

Since 7th October 2023, movement restrictions from the West Bank to Jerusalem have been imposed causing difficulties reaching the Jerusalem Hospital to receive eye care. SJEHG introduced the Vision Screening Programme in refugee camps to reach patients in need.

Aida UNRWA Girls' School was one of the schools visited. We referred 63 children, including Bilsan, to be followed up by our ophthalmologist at our Hebron Hospital, for further investigation, treatment and surgery.

Bilsan said:

"I am happy, since I've started using glasses, wearing them is helping me to see school board easier, and I focus better at school. Even at home I can manage better in my daily activities. I'm thankful to all at St John for helping me!"





Above: Dr Radwan training at BC Children's Hospital Foundation in Vancouver.

Right: Radwan with his Fellowship supervisor Dr Christopher Lyons in Canada.



PEOPLE & STAFF

Become the employer of choice in our community

We cannot achieve any of our strategic aims without a strong team to implement our ambitions. We will continue to ensure a working environment that enhances the physical and mental health of all staff, and adheres to the principles of equality, diversity and inclusion.

In 2023, we have continued to implement training and development of all staff across the Group, with clear succession plans in place to future proof the services offered. We have also ensured transparency of pay by developing a universal Grading and Reward System across the Group.

Senior management keep in direct communication with all staff and pay regular visits to our satellite clinics to ensure that the whole of SJEHG work cohesively and effectively together. We distribute a Team Brief every three months to keep staff engaged and informed of all developments across the Group.

We continue to reward staff for their distinguished performance through the "Employee of the Month" nominations and our annual Prize Giving Ceremony, pictured below.

Staff Case Study

RADWAN JUNAIDI, PAEDIATRIC SPECIALIST

When I was a child, my grandmother suffered from diabetic retinopathy but struggled to receive the regular care she needed to manage the condition. There wasn't the availability of eye services offered by St John that there is today. This sparked my ambition to pursue a career in eye health.

My dream came true when I joined St John and started the ophthalmic training. I graduated from St John's Medical Residency programme in 2019 and have been working specifically in paediatric care since. The need in child eye health is great here. Over 40% of our outpatients are children and there is a greater prevalence of congenital eye conditions in the Palestinian population.

We also see a lot of neglected cases of lazy eye and strabismus. These should be picked up as quickly as possible to ensure permanent damage does not occur. Screening here usually starts at age 6 and this is often too late to save a child's sight that could otherwise have been saved.

This has driven home for me the need to increase awareness and screening services to children across Palestine.

This year, I was given an excellent opportunity to undertake a Fellowship in Paediatric Ophthalmology at the BC Children's Hospital Foundation in Canada. It was incredible to get to train with some of the best paediatric ophthalmologists in the world, as well as to experience the excellent hospitality of Canadians!

Since I came back from my fellowship, I'm taking care of the children across St John with much more confidence. At 35, I feel like I am just getting started. I look forward to working with my colleagues to deliver the best and most accessible eye health possible to Palestine's children.

I am very grateful to all the supporters of St John for enabling us to reach and treat the children who need our care. I am especially thankful to the Canadian Priory who have been supporting my personal career development.



L-R: Ahmad Awadallah, Zahra Khaled, Dania Omari, Nasrallah Khalileh.



Hebert Von Bose and Nader Kudsieh.



Trustee Ismat Levin with Medical Resident Dr Amjad Abu Shams.

TECHNOLOGY & DATA

Integrate secure technology and data governance with all core aspects of the Group's clinical and administrative work

HEALTH MANAGEMENT INFORMATION SYSTEM

Our Health Management Information System (HMIS) was launched in 2018 and has revolutionised the traditional paperwork methods across different hospital departments. Since then, our IT team has refined the system to align with evolving hospital needs.

This ongoing process involves configuring the system to fit every service point from primary to specialist care. In 2023, highlights included integration with the Israeli National Health Insurance system, configuring new statistical reports for clinical research, fundraising, and other management reports.

ENTERPRISE RESOURCE PLANNING (ERP) SYSTEM

An Enterprise Resource Planning system has never been implemented at SJEHG, but the hospital has recently begun developing a system to integrate finance, stock management, procurement, and accounts processes, while also replacing traditional paper-based workflows. This move is critical as it will streamline processes, save staff time and save money. This system will eventually be integrated with our HMIS system which will save further time and cost across the Group.

DATA GOVERNANCE

Proper data governance is vital as it ensures the security, availability, usability, user control and accessibility of our data. Our primary focus is especially to ensure the safety of our patient

and staff data. A recent cyber security audit was undertaken which identified a number of vulnerabilities and recommended a number of improvements. This is expected to be addressed during the course of 2024 following a comprehensive action plan and is contingent on the availability of funding for some of the remediation. We also developed a plan to upgrade our infrastructure such as network and storage devices.

DIAGNOSTIC IMAGING SYSTEMS

Since September 2023, we have begun the initial stages of building a Picture Archiving and Communication System (PACS) across the Group. We are now in the process of configuring all diagnostic machines within the hospital to integrate with the PACS system which will be completed in 2024. We are thankful to the Fred Hollows Foundation for helping us to fund this project.

The implementation of PACS holds many benefits. It will enhance patient care by facilitating quicker and more accurate diagnostics. Additionally, it will serve as a centralised repository for diagnostic images across all sites, including Jerusalem and remote locations. This centralised storage not only simplifies management of diagnostic images but also grants medical staff the flexibility to access patient diagnostic images from any location. This will help greatly in the collaboration across teams to deliver patient care, and also for research and education purposes.

WHY IS TECHNOLOGY IMPORTANT?

1. Efficient data management:

It processes vast amounts of patients' data, such as demographic information, medical history, treatment plans, billing details.

2. Improved Patient Care:

Every staff member has access to reliable and up to date patient information, can track patient progress, monitor their treatment plan, and identify any potential health risks.

3. Collaboration of medical staff:

Patient information can be accessed anywhere, no matter where the patient was diagnosed. This gives our staff across different facilities the ability to collaborate on treatment plans.

4. Making admin easy:

Administrative tasks, such as appointment scheduling, billing, and insurance claims processing, reducing paperwork are made easier.

GOOD GOVERNANCE & PARTNERSHIPS

Ensure good Group governance and strengthen partnerships, communications, and marketing locally and worldwide

We are a proud, founding member of The Order of St John:

Being a founding member of one of the world's biggest providers of healthcare gives SJEHG access to partnership with The Order of St John, Johanniter International and the Alliance of the Orders of St John. Together, and alongside several other international bodies, we collaborate on best practice for clinical governance, sustainability and more.

The Order aims to regionalise its services, and we plan to play a key role in development of the Order's Europe, Middle East, and Africa regions.



Local partnerships:

Our strategic partnerships with local health networks are vital to ensure an integrated approach to eye health. We have a Memorandum of Understanding in place with the Ministry of Health in both the West Bank and Gaza, to guarantee that patients who present with eye conditions at general clinics are referred to us for specialist treatment.



Quality and Transparency:

Through our commitment to quality eye care (see page 9) we have been accredited by the ISO 9001:2015 (Accreditation for Quality Control) and JCI International and are subject to regular external audits to ensure that we are adhering to their gold-standard for quality healthcare. We take transparency very seriously, following UK guidelines to ensure both our accounting and fundraising practices are operating to the correct level.

As such, we are registered with official charity bodies in the UK and are independently audited each year. To see our full fundraising statement, see page 23, and to see our Independent Auditors' report from PwC see page 38.



Digital community building:

In order to better network and provide accessibility we aim to expand our digital presence. We will be developing a marketing strategy, enhancing our English website and are developing an Arabic website. These tools will undergo regular monitoring and evaluation to ensure that they are best serving all of our stakeholders.

Technical Support and Grant Partnerships:

There are a number of other development organisations who collaborate with SJEHG on eye health projects across the oPt. We rely on their expertise or influence to deliver our services at the highest level. Several of these bodies are also donors, to see a full list of major donors go to page 59.



Training:

Both our Sir Stephen Miller School of Nursing and our Medical Residency Programme are internationally and locally accredited, ensuring that our staff are trained to the highest possible standard. Our medical team benefit from opportunities to train in subspecialties internationally, and regularly collaborate on medical research with their cohort across the globe. This collaboration has been encouraged by the introduction of the St John Ophthalmic Association.



The Australian NGO Cooperation Program Senior Delegation on a recent visit to the Jerusalem Hospital.



SPOTLIGHT ON: FRED HOLLOWS FOUNDATION

The Fred Hollows Foundation (FHF) is an Australian NGO with a vision for a world in which no person is needlessly blind or vision impaired. This vision is uniquely aligned to the mission of SJEHG. Our two organisations have been working in meaningful partnership for many years to conduct research, implement services, develop the Palestinian eye health workforce and strengthen the eye health service system as it exists across the oPt.

The hospital's partnership with the FHF has been incredibly successful over the years because it is grounded in locally led research to produce an evidence base for investment in data driven programmes.

Together with other key stakeholders, the FHF supported a Rapid Assessment of Avoidable Blindness (RAAB) survey in 2019 that gave a population level snapshot of eye health in the oPt. The findings from the RAAB survey have been a vital tool in helping us to set the strategic priorities for SJEHG, as well as helping us to get a full understanding of the specific barriers our patients are facing to access care.

One condition highlighted in the RAAB survey as a problem condition for the Palestinian population was diabetic retinopathy. FHF, along

with CBM and other partners, have been helping us to tackle this condition for over a decade. We have brought screening services to UNWRA clinics in Gaza, the West Bank and even into refugee camps in neighbouring Lebanon.

On the strength of our experience implementing projects together, the FHF proposed our joint work to the Australian NGO Cooperation Program (ANCP) for multi-year funding that has supported our work in the West Bank since 2019. Australian government funding and FHF's global eye health models, combined with our local clinical expertise, have been transformational to our business model that now treats patients across the continuum of care.

This stable multi-year funding allowed us to take mobile eye health screening services into communities in the West Bank to better serve women, persons with disability and the elderly. These initiatives have supported us to deliver more equitable eye health programs ensuring that the most marginalised communities receive care.

Together we have delivered primary eye health and diabetic retinopathy screening training to general health practitioners. Early identification and treatment of eye disease to prevent avoidable blindness is vital, and integration of eye

health into the general health service is key to tackling this.

The only constant in the oPt is change. Over the years the flexibility of the ANCP funding and the FHF's approach has enabled challenges to be turned into opportunities. When COVID hit in 2020, we rapidly adapted our clinical governance protocols to safely continue eye care surgeries.

SJEHG played its part in the national pandemic response by shouldering the financial burden of emergency eye health cases on government waiting lists. The hospital also continued to work alongside the UNOCHA Health Cluster during the pandemic to ensure UNRWA registered refugees had access to eye care services. This translated into a deepening involvement with UNOCHA organisations and inclusion in the Humanitarian Response Plan for the oPTs.

The recent escalation of events in Gaza is no exception to FHF's adaptability as they are working with us to find ways to collaborate with other organisations across their global portfolio to find durable solutions to people affected by crisis.

Endorsement of SJEHG as a trusted implementing partner of the FHF has amplified

our work nationally and internationally: including representation at the International Association for the Prevention of Blindness working groups. The Australian Department of Foreign Affairs and Trade representatives have visited the hospital with FHF staff on two separate occasions for monitoring purposes and most recently to sign an agreement between the Australian government and the SJEHG. This agreement unlocks bilateral funds directly from the Australian government to support the establishment of a new surgical facility in Nablus, a shared strategic goal since 2020 to increase equity of access for Palestinians living in the northern West Bank.

Our shared future is aspirational and positions SJEHG as a regional centre of excellence sharing our knowledge and expertise to neighbouring contexts to support displaced Palestinians. In an increasingly insecure world that the UN Secretary General refers to as an "age of chaos", this collaboration between global and local partners is helping the sector define ways to integrate eye health services into humanitarian settings. We are very grateful for the continued support from the FHF and the Australian government in pursuit of these goals. Together we are stronger.

FINANCES

Ensure financially sustainable services.

STATEMENT OF FINANCIAL ACTIVITIES 2023

Incoming Resources: £13m	GBP £000	USD \$000	%
Patient Related Income	5,448	6,756	42
Priory Income	3,240	4,018	25
Other Voluntary Income	3,926	4,868	30
Investment & Other Income	332	411	3
Total	12,946	16,053	

Resources Expended: £12m	GBP £000	USD \$000	%
Charitable Activities	11,671	14,472	94
Cost of Generating Funds	540	670	4
Governance and Other Expenditure	181	224	2
Total	12,392	15,366	

Thanks to the continued support of our donors, we can provide high-quality eye care to thousands of people each year.

The communities we serve need sustainable services. Ensuring that we have the finances to continue our work and invest in key areas is vital. Central to this aim is to continue to diversify our sources of income, whilst continually seeking ways to control costs and increase efficiencies across the Group.

Patient income through private payments from those who can afford it, as well as medical insurance payments from the health systems in Israel and the West Bank is a vital part of our sustainability. We aim to increase patient related income to 55% of our overall income by 2025. We will do this by continuing to operate and coordinate with central health services, and by

increasing our digital presence and marketing for patients.

Grants and donations make up the remainder of our funding. Our St John Pories have been the backbone of our funding since our establishment in 1882, and they continue to make up around 45% of our voluntary income. We aim to increase their support by continuing to showcase the unique impact created by each Priory. Pories are responsible for many of the salaries of our key clinical team as well providing support to our most vulnerable patients to access care.

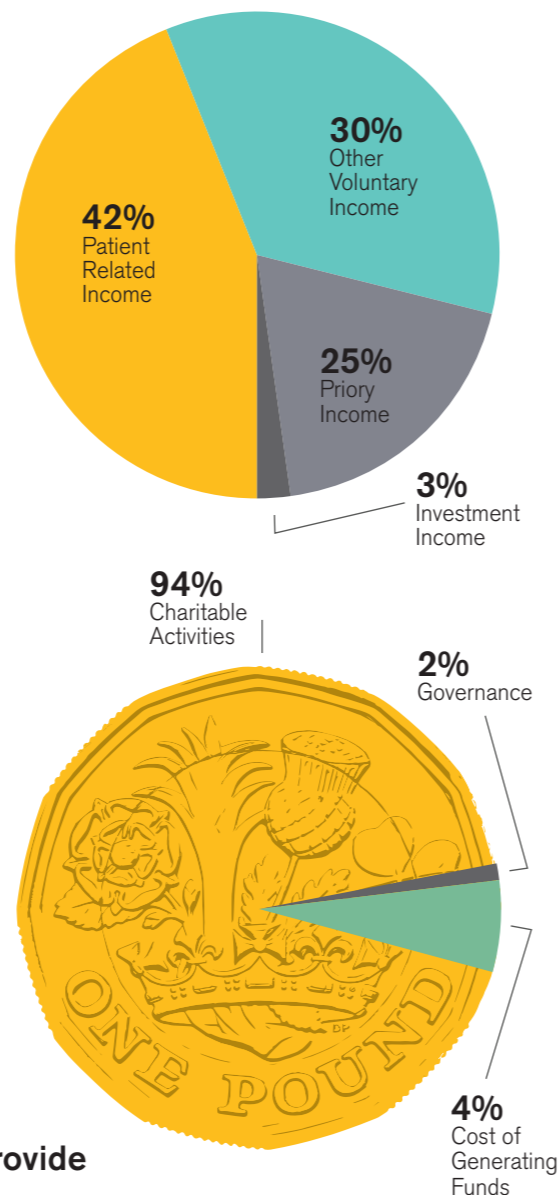
Institutional donations from a variety of sources – both international and specific to

the Middle East region are of increasing importance too.

These donors invest in multi-year programmes which help to strategically develop our infrastructure and services. We aim to continue to foster further support from these sources.

The charitable support we receive from Pories, institutions, foundations and individuals combined is the backbone of our organisation. Without it, we simply could not run the vital services we provide to thousands of individuals each year. Thank you.

For more information on our major donors for 2023, please see page 59.



Nurse Shireen Qawasmi examines a child's vision on Mobile Outreach.

FUNDRAISING STATEMENT

SJEHG, as a charity with income over £1m, is required to make a statement regarding its fundraising activities in accordance with the Charities Act 2016. Fundraising activities are carried out on behalf of SJEHG by our own in-house fundraising staff and by volunteer fundraisers.

We do not consider volunteer fundraisers to be acting as legal representatives for the charity as we have not formally

contracted them to fundraise on our behalf. Our small team of in-house fundraising staff are fully trained on fundraising regulations and have been made aware of relevant policy procedures. We ensure that we protect vulnerable persons from unreasonable intrusion into their privacy, persistent approaches or undue pressure to give by using a personal approach to fundraising.

We do not use professional fundraisers or commercial participators in any of our activities and we are registered with the Fundraising Regulator. No complaints were received by SJEHG in relation to its fundraising during the relevant period and, after due enquiry, we are not aware of any breaches of the regulations of the Fundraising Regulator committed by SJEHG.

SPOTLIGHT ON OUR SUPPORTERS



A visit from Qatar Fund for Development's senior team to the Jerusalem Hospital.

QATAR FUND FOR DEVELOPMENT

Our partnership with the Qatar Fund for Development (QFFD) started in 2011. They have since supported SJEHG to expand our scope of services, and part-fund the build and equipment of our state-of-the-art hospital in Gaza. Since the hospital's opening the QFFD has supported the operating of the hospital, including fully covering patient treatments for those who need it most for two years. Now the fund is helping us to address

a major backlog of surgical patients across SJEHG, which built up during COVID.

Since our partnership began over a decade ago the QFFD has supported SJEHG with over \$9 million USD. This has enabled thousands of Palestinians, especially in Gaza, to access the eye health services they need and have their lives changed for the better in the process. We are incredibly thankful to the QFFD for their continued support.



SJEHG receiving the award in Portugal in the presence of the President of Portugal.

ST JOHN WINS THE ANTÓNIO CHAMPALIMAUD VISION AWARD

St John of Jerusalem Eye Hospital Group has won the 2023 António Champalimaud Vision Award (pictured above). The €1 million award recognises the Hospital Group's longstanding charitable provision of eye care in the region for the last 140 years.

Launched in 2006, the globally renowned António Champalimaud Vision Award is the largest award in all fields of Vision. The Foundation, founded by the late Portuguese industrialist António Champalimaud, is based in Lisbon, Portugal, but it has global impact. We are proud that St John was recognised at this international level, a testament to the quality of the services we offer in difficult times.



Members of the Knights of the Vision Beautiful take part in a Monopoly Challenge for SJEHG.

THE KNIGHTS TEMPLAR

The support of the Knights Templar enables us to treat over 40,000 children a year, ranging from the ages of two days up to 12 years. We are very grateful for their very generous support of the paediatric ward at our Jerusalem Hospital. We are especially grateful to their individual members for taking part in challenges throughout the year to support SJEHG, like the above "Monopoly Challenge".

THE GUILD

The Guild is a group of tremendously dedicated people committed to raising funds to support SJEHG. Over the years the Guild has established a unique and distinguished record of service and fundraising for SJEHG. In 2023, the Guild held a number of fundraising events across London in aid of our Gaza Hospital, including a beautiful Christmas concert (see below).



The Choir of St Cuthbert's sings at the Guild's Winter Concert.

TRUSTEES & COMMITTEE MEMBERS

The trustees of the charity, who are also the directors for the purposes of UK company law, during the year and, at the time of this report, are listed below:



Sir Andrew Cash OBE KStJ
(Chairman)



Sir Andrew joined the NHS as a fast-track graduate leadership trainee and was a Chief Executive for more than 20 years. He has worked at the local, regional and national level.

He has been seconded to the Department of Health and Social Care on a number of occasions, most recently at a Director General level as Head of Provider Development

Sir Andrew was Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust from 2004 to 2018, was the Integrated Care System lead to the South Yorkshire and Bassetlaw system and was the Chair of the Lincolnshire Integrated Care Board, from which he retired last year. He joined the SJEHG Board as Chair in September 2018.

Mr David H Verity KStJ, MA (Oxon), MD (Lon), BM BCh, FRCOphth
(Order Hospitaller)



David Verity was appointed to the Board in June 2016 and became the Order's Hospitaller in September 2018. He is a surgeon at Moorfields Eye Hospital, the President of the British Oculoplastic Surgery Society, the Treasurer for the European Society (ESOPRS),

and immediate past Editor in-Chief of the international journal 'ORBIT'. In 2015, with the ophthalmic Hospitaliers of the Order, he founded the St John Ophthalmic Association (SOA), a professional organisation dedicated to the postgraduate work of SJEHG. The SOA is formed of 5 world-wide hubs, engaging medical expertise across the Pories and supporting our staff with training courses and medical exchanges. As a surgeon, he also undertakes regular working visits to our hospitals in Jerusalem and Gaza. His current professional interests include the application of artificial Intelligence (AI) in ophthalmology and in 2024 is co-organiser of the hospital's second international AI Masterclass in London.

Mr Chris Hoult OStJ FCA
(Treasurer and Company Secretary)



Chris Hoult joined the Board of Trustees in January 2022 as Treasurer bringing over 25 years of board level experience in roles that have encompassed Finance, IT, Procurement, Estates and Facilities as well as international trading which included 2 years spent living and working in Denmark. He qualified as a Chartered Accountant in 1987 and since then he has worked in a variety of commercial and not-for-profit organisations including 4 years as the Director of

Finance of Plymouth Hospitals NHS Trust and 9 years advising NHS organisations in London on major strategic reorganisation projects. He is currently the Director of Finance of Royal Voluntary Service a UK focused charity that promotes volunteering as well as supporting the NHS and its patients.

Dr Maged Abu-Ramadan
KStJ MD FRCSEd



Dr Maged Abu-Ramadan is a resident of Gaza, a Senior Consultant Ophthalmic Surgeon, and the Founder and President of the Palestinian Ophthalmological Society. In 2005 he was made Mayor of Gaza. He is the Treasurer of the Middle East Africa Council of Ophthalmology, and the Chairman of Coastal Municipalities Water Utility. Previously, he was the Palestinian Authority Director General of Hospitals General Administration and the Director General of the International Cooperation Department of the Ministry of Health. Maged retired from the Board in December 2022 and was reappointed in January 2024. Following his appointment as Minister for Health for the Palestinian Authority, Maged retired from the Board on 1 April 2024.

Mrs Avey Bhatia OStJ RGN, MPA



Avey Bhatia is Chief Nurse at Guy's and St Thomas' Trust. Avey qualified in 1991 and her clinical experience includes theatres, general intensive care, coronary care and cardiothoracic nursing. She held various staff nurse and sister posts at hospitals in London before becoming Chief Nurse and Director of Infection Prevention and Control at St George's University Hospitals NHS Foundation Trust in 2017. Avey holds a postgraduate diploma in health services management and a Masters in Public Administration. She is also the Trust's Director of Patient Experience, and the executive lead for adults and children's safeguarding, and for infection, prevention and control. Beyond Guy's and St Thomas', Avey is Vice President for the Florence Nightingale Foundation and Interim President of The Nightingale Fellowship. Avey joined the Board in January 2022.

Mr Jamie Ingham Clark KStJ FCA



Jamie Ingham Clark is a Chartered Accountant and pursued a career in the Lloyd's insurance market, where he had many years board experience as either Finance or Compliance Director. He served on the Court of Common

Council (the local authority for the City of London) from 2013 and was the Chairman of its Finance Committee until March 2022. He is a Liveryman of the Clothworker's and Pattenmaker's Companies and is a member of the Knights Templar. Jamie has been involved with The Order of St John for over 40 years as a member of the Ceremonial Staff and is currently the Sword Bearer. He is the current lay Chair of The Guild Church Council of St. Lawrence Jewry-next-Guildhall. He joined the Board in 2017.

HE Diane Corner OBE OStJ



Diane Corner has been British Consul-General in Jerusalem since July 2021. Diane was British Ambassador to the Democratic Republic of Congo (2013-14) and prior to that British High Commissioner to Tanzania. From 2014-17 Diane was Deputy Special Representative of the UN Secretary-General (Political and Protection of Civilians) in the Central African Republic. Other diplomatic postings have included Kuala Lumpur (1985-88), New York (1989), Berlin (1994-98), Harare (2001-3) and Sierra Leone (2008-9). Diane holds a BAHons in French and Politics from the University of Bristol, and an MA in International Relations and Contemporary War

from King's College London. She also has a diploma from the NATO Defence College Senior College which she attended in 2000. Diane joined the Board in July 2021.

Miss Helen Dodds (Helen Forsyth) OStJ



Helen Dodds is an international lawyer and board member with over 30 years' experience in the legal and financial services sectors. She is a solicitor, a CEDR accredited mediator and a Senior Honorary Fellow of the British Institute of International and Comparative Law. Helen is currently also a board member of the UK Gambling Commission and the UK Human Tissue Authority and a director of LegalUK. Previously she was Global Head of Legal, Dispute Resolution at Standard Chartered Bank, and a non-executive director of the London Court of International Arbitration. She joined the Board in January 2022.

Mr Paul Hackwood OStJ



Paul Hackwood is CEO and General Secretary of Toc H, a national Community Development Charity. Paul is ordained in the Church of England and a Canon at Leicester Cathedral. He has a



background in charity management and has been a charity CEO for over 20 years, with a particular focus on social action, diversity and inter community relations.

He founded the Together Network, an association of charities working to address poverty in English Cities and the Near Neighbours Programme building social cohesion across faith and ethnicity. Paul joined the Board in January 2022.

Mrs Ismat Levin OSTJ JP



Ismat Levin trained and practiced as a solicitor at City law firm Dentons following which she has spent 25 years as General Counsel for commercial, international growth and technology-led industries listed on NASDAQ or in private equity contexts. She has substantial experience of intellectual property licensing, governance, risk management and regulation. Ismat has served as a committee member for the Royal College of Radiologists (2016- 2020) and since April 2015 as a Magistrate on the North West London Bench. Ismat was on the Board of LXi REIT plc, a real estate investment trust and FTSE 250 company, listed on the London Stock Exchange, as a Non-Executive Director from January 2022 until its merger in March 2024 with London Metric property PLC, creating a merged entity that is a FTSE 100 company and the fourth largest U K REIT. Ismat joined the Board in January 2022.

Mr Timothy Jones OSTJ



Tim Jones is a retired solicitor, Chair of the trustees of homelessness charity The Connection at St Martins, a trustee of the Safer London charity and of the National Botanic Garden of Wales, and a school governor. Tim was formerly a partner in the law firm Freshfields Bruckhaus Deringer LLP working on a wide range of corporate and commercial projects internationally. He was managing partner of the London office between 2007 and 2011 and worked in the Madrid office between 1994 and 2000. Tim joined the Board in November 2019.

Dr Umaiye Khammash



Dr Umaiye Khammash is a Medical Doctor and Senior Public Health Specialist. With over 40 years of experience in all aspects of primary healthcare, Dr Khammash currently serves as the Director of Juzoor for Health and Social Development, a leading Palestinian NGO in the health and social sectors. Throughout his career, Dr. Khammash practiced medicine in different West Bank hospitals and managed several local and international health programs. Prior to his current post, he served as the Chief of Health for the United Nations Relief and Works Agency (UNRWA) in the West Bank for over 14 years. He helped to found several

medical organisations including the Union of Palestinian Medical Relief Committees (UPMRC), the Center for Primary Health Care with Al- Quds University, the Palestinian Health Coalition for Adolescents, the MENA Health Policy Forum, and the Palestinian Health Policy Forum. Dr. Khammash has also worked and influenced health services in different countries across Central Asia and Africa. Umaiye joined the Board in January 2023 and retired from the Board in October 2023.

Mr John Macaskill OSTJ CA



John Macaskill was a Founding Partner and Managing Director of Groton Partners, a Private Equity firm based in New York. Mr Macaskill joined Groton Partners in March 2005 and focused his efforts on alternative investments, including Private Equity. Mr Macaskill is a General Partner in a number of private equity and real estate funds and has spent the last forty years in the financial services industry in New York and London. He is a member (retired) of the Institute of Chartered Accountants of Scotland, and a Chapter Member of the Priory in the United States of the Order of St John. He joined the Board in January 2018. He is also the treasurer of the Priory in the USA.

Dr David E.I. Pyott CBE, CSTJ



Dr David Pyott is the former Chairman and CEO of Allergan Inc. During his tenure, Allergan was transformed from a small eye care business with about \$1 billion in sales to a global company, with sales over \$7 billion. Dr Pyott is a member of the Board of several U.S. pharmaceutical companies and a member of the Supervisory Board of Royal Philips. He is Chairman of the Board of Governors of London Business School, a Trustee of the California Institute of Technology, Vice President of the Ophthalmology Foundation, President of the Advisory Board of the Foundation of the American Academy of Ophthalmology and is also involved on the Boards of many other U.S. and international eyecare charities. Dr Pyott and his wife, Molly, are Members of the Priory in the USA and stalwart supporters of SJEHG. Dr Pyott joined the Board in October 2020.

Mr Herbert von Bose



Herbert von Bose is a lawyer and has worked for the European Commission in Brussels since 1983 where he rose to become the Director for Industrial Technologies. He joined the Johanniterorden in 1984 and was chairman of the Brussels Johanniter Group from 2002 to 2012. Since 2014, he has been Governing Commander of the Balley and is responsible for international affairs. Herbert retired from the Board in June 2023.

Mr Joachim von Einem



Joachim von Einem was a lawyer and notary public in his own office for more than 40 years in Bremen, Germany. He joined the Johanniterorden in 1976 taking over several functions within the order. From 2008 to 2022 he was the Governing Commander of the Hannover Commandery, covering most parts of Northern Germany. Joachim joined the Board in June 2023.

CO-OPTED COMMITTEE MEMBERS WHO ARE NOT TRUSTEES

Mr Ken Baksh



Ken is an investment consultant with over 40 years' experience.

Mr Thomas E.K. Cerruti Esq, CSTJ



Thomas is a lawyer, Executive Director of the Shiley Foundation, and trustee. He is a member of the Priory in the USA.

Mr Kevin Custis



Kevin is a registered trust and estate practitioner, Legal Executive and the chair of the London Central Branch of the Society of Trust and Estate Practitioners (STEP).

Mr Paul Double CVO OSTJ



Paul is a barrister and was the Remembrancer at the City of London.

Mr Mike Driver CB



Mike is a retired civil servant and is CIPFA qualified, ending up as Head of Government Finance at HM Treasury.

Mrs Anzo Francis MSTJ



Anzo is an ICAEW Chartered Accountant and Director of Finance of Water & Sanitation for the Urban Poor.

Mrs Sarah Jane Holden CSTJ



Sarah-Jane is current Chairman of the Guild. She has been a member of the Guild for over 30 years and is a former elected Conservator of Wimbledon & Putney Commons.

Mr David Thompson ACA



David is a chartered accountant with many years of experience in the charity sector. He is also a member of the Ceremonial Staff of the Priory of England and Islands.

KEY:

- Board
- Steering
- Finance
- Audit
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Strategy & Planning
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- St John Ophthalmic Association
- Guild Liaison
- Digital and IT

GOVERNANCE STRUCTURE

The Senior Management Team of SJEHG.



BOARD COMMITTEES:

- Steering
- Finance
- Audit
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Strategy & Planning
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Liaison
- Digital and IT

The Committee Terms of Reference were updated in 2023.

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member of the Charity and appoints the Chairman of the Board of Trustees. The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem, where possible. Meetings are held both in person and virtually. The Board reviews the performance of SJEHG and, in particular, the performance of the Hospitals in Jerusalem, Gaza and Hebron and the Anabta, Muristan and Kufor Aqab Clinics, as well as the Mobile Outreach Programmes. The Board also considers and approves the operational and capital budgets. The Board Committees focus, in detail, on their areas of responsibility and report back to the Board. The Board is aware of the codification of directors' duties under the

Companies Act 2006 and takes these duties into account in consideration of SJEHG's activities and within its Articles of Association. New Trustees are selected by the Board to maintain an appropriate balance of skills, experience and diversity. Trustees are appointed for a term of three years and may be reappointed for two further terms of three years but are not normally eligible for a further reappointment.

One new Trustee was appointed in January 2023. Two Board members left in 2023.

An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the Charity to the Chief Executive, Dr Ahmad Ma'ali and the SJEHG senior management team.

THE CHIEF EXECUTIVE

Dr Ahmad Ma'ali

KStJ PhD MPH BSN PGCE ENB, CEO
 CEO

Dr Ahmad Ma'ali joined the SJEHG family in 1990 as a student nurse, successfully completing his secondment at Greenwich University in 1996 followed by a six month postgraduate specialist ophthalmic nursing course at London's Moorfields Eye Hospital. In 1999, he was certified with a Nurse Tutor Diploma by the Bolton Institute. Thereafter, he returned to Jerusalem where he assumed the role as clinic Charge Nurse for one year, and in 2000 took responsibility for course leadership at the Sir Stephen Miller School of Nursing.

He was also responsible for infection control and clinical services coordination, and gained a master's degree in Public Health Management at Al Quds University in 2003. In May 2009, Dr Ma'ali made SJEHG history as the first Palestinian Nursing Director. In 2017, he attained a PhD in advanced Nursing practice at De Montfort University and, after 10 years as Director of Nursing and Allied Health Professions building relations with staff, students and patients, he was appointed as an interim Joint CEO with Peter Khoury in September 2017. In May 2019 Dr Ma'ali became our first Palestinian CEO.



PUBLIC BENEFIT

The Trustees have given due regard to the Charity Commission's General Guidance on public benefit when planning the Charity's activities. Our Annual Report sets out our activities, achievements, and performance during the year, which are directly related to the objects and purposes for which SJEHG exists. SJEHG achieves its principal objectives through the delivery of services to members of the public in Jerusalem, the West Bank and Gaza without regard to ethnicity, religion, social class, or ability to pay.

THE PUBLIC BENEFITS FROM SJEHG'S ACTIVITIES ARE:

- a. the provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza and Hebron, the Anabta, Muristan and Kufor Aqab Clinics and the Mobile Outreach Programmes;
- b. the exemption of patients' charges when the relevant authority does not finance the treatment and the patients are unable to pay all or part themselves;

- c. the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region;
- d. the research into endemic diseases affecting the Palestinian population; and
- e. our services enhance education and employment prospects and contribute to economic growth.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of St John of Jerusalem Eye Hospital Group for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Statement of Recommended Practice:

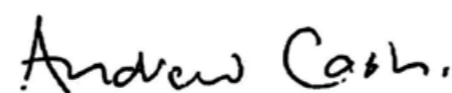
Accounting and Reporting by Charities;

- make judgments and estimates that are reasonable and prudent;
- state whether FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" has been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group 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 charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other

jurisdictions. In so far as the Trustees are aware at the time of approving the Trustees' Annual Report: (a) there is no relevant audit information of which the charitable company's auditors are unaware; and (b) the Trustees have taken all the steps that they ought to have taken as a Trustee to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

The Trustees' Report on pages 2 to 37 was approved by the Trustees and signed on their behalf by:



Sir Andrew Cash, Chairman,
St John of Jerusalem Eye
Hospital Group
Charity no. 1139527
Company no. 7355619

13 August 2024

FINANCIAL REVIEW

Achievements and Performance in 2023

For the year ended 31 December 2023, incoming resources amounted to £12.9m, (2022, £13.6m) while resources expended amounted to £12.4m (2022, £11.4m). This resulted in a surplus of £554k (2022, £2.2m) before taking into account realised and unrealised gains on investments of £0.4m and exchange losses of £0.6m. Overall fund balances accordingly increased by £0.28m in the year.

During the year, patient-related income decreased due to the war in Gaza and the unstable political situation within the occupied Palestinian territories which imposed movement restrictions and decline in patient numbers. Within voluntary income, donations from the Priors of The Order of St John increased from £3.1m in 2022 to £3.2m in 2023.

Expenditure on charitable activities amounted to £11.6m, being 94% (2022, 93%) of total resources expended. These costs include running the hospitals in Jerusalem, Hebron and Gaza, the Anabta Clinic, the Muristan Clinic, Kufr Aqab clinic and two Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running costs of the genetics laboratory and the refractive suite. The expenditure on charitable activities is primarily personnel costs which makes up 56% of the total cost (2022, 61%). As the hospital in Gaza has sustained

some considerable collateral damage, management has decided to record an impairment loss provision of £1.362m against the building, medical and other equipment, and inventory (mainly medical supplies and disposables). This figure is included within the expenditure on charitable activities. Operating costs were contained through the continuation of enhanced cost controls introduced in earlier years as well as the actions taken by trustees and management to seek to minimise the financial impact of the war in Gaza.

Due to the continuous decline in the number of patients within our Anabta Clinic, the Board has approved a plan of relocating the Anabta Clinic and the establishment of a new day hospital in Nablus City. The total cost for this project is estimated at circa £3million, including the cost of purchasing the property. The project is to be funded by the Priory in the USA, the David and Molly Pyott Foundation, The Australian Department of Foreign Affairs and Trade (DFAT), and the Group's general reserves estimated at £1.2million. The project is currently expected to be completed by the end of 2024.

Costs of generating funds constituted 4% (2022, 4%) of total resources expended and is the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team in addition to carrying out various fundraising events. Governance costs amounted to 2% (2022, 2%) of

the total resources expended and reflect the international nature of the charity's activities and governance arrangements.

Total voluntary income decreased to £7.2m (2022, £7.7m) representing 55% (2022, 57%) of the incoming resources. Donations included £1.3m (2022, £0.5m) restricted for capital projects and medical equipment. Overall, the value of capital projects completed during the year amounted to £0.5m.

Funds generated from charitable activities (mainly patient income) amounted to £5.4m and constituted 42% (2022, 42%) of total incoming resources. The remaining 3% (2022, 1%) incoming resources related to income from investments.

During 2023, the Palestinian Authority (PA) has been facing major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group. Additionally, due to the political unrest within the region especially after 7th October, there are doubts about the ability of the PA to continue paying the Group on a regular basis. Funding this level of debt impacts on SJEHG's cash flows and it is ameliorated, to a certain extent, when the European Union and USAID pay a substantial part of the PA outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually

FINANCIAL REVIEW

Achievements and Performance in 2023

for capital projects.

The investment portfolio is held as a means of earning income to support operational activities and has reserves to ensure that SJEHG can continue to fulfil its charitable objectives, while maintaining the real value of capital over the medium to long term. The investment objectives include aiming for lower volatility than equity markets, higher diversification and only a modest exposure to illiquid assets, all within an ethical investment policy. The Investment Committee reviews the portfolio's strategy and performance with the investment manager on a regular basis.

RESERVES

At 31 December 2023, SJEHG had total funds of £24.1m (2022, £23.8m). This comprised permanent endowments of £3.0m (2022, £7.1m), £1.3m (2022, £0.6m) in restricted income funds, and £19.8m (2022, £16.1m) in unrestricted reserves, of which £9.7m (2022, £10.1m) is available to meet the normal operating needs of SJEHG.

RESERVES POLICY

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be maintained, when circumstances allow, to equate to at least nine months running costs (equivalent to £9m) to ensure that SJEHG can continue to run efficiently with adequate working capital.

It is intended to achieve this through a continuing focus on cost-cutting, revenue generation, the introduction of new sources of revenue, and enhanced fundraising activity in order to ensure financial resilience and sustainability for the future.

PRINCIPAL RISKS AND UNCERTAINTIES

A comprehensive risk management policy is in place with a risk register of all clinical, operational, financial, external, political and governance risks. The risk register is regularly reviewed by the relevant committees and the Board, with particular focus on residual risks.

A key risk which SJEHG faces continues to be financial. The position has been exacerbated by the political situation in the region, the impact of the continuing reduction in value of the Israeli Shekel, and by changes to the statutory level of minimum wages in Israel. SJEHG relies heavily on voluntary income received mainly from donors in Australia, the Middle East, Europe, the United Kingdom and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs and capital projects.

Liquidity is a recurring issue, especially with the prolonged payment pattern of the PA for its working capital needs. SJEHG therefore sets aside a portion of

the investment portfolio as a cash deposit, in order to ensure meeting the working capital needs.

International currency exchange movements are an additional risk. It should be recognised that exchange gains do not represent realisable income which are capable of being utilised by SJEHG (the same is true for exchange losses), as they largely reflect the translation into Sterling of the Israeli Shekel value of the Hospital premises.

Operationally, patient and staff access to Jerusalem is crucial to the continuation of our ability to provide eye care services in the oPt. Working in a volatile region has inherent risks. Gaza has its own risks. The current devastating situation could continue and/or escalate at any time as instability and strife continue to affect the neighbouring countries, a particular current concern.

GOING CONCERN

The Trustees must satisfy themselves as to SJEHG's ability to continue as a going concern for a minimum period of 12 months from the date of approval of the financial statements.

The Trustees have produced detailed, yet adaptable, business plans that consider SJEHG's forecast and projected activity, the related financial budgets, cash flows and liquidity for the period to December 2025.

The Trustees have also considered in their assessment of going concern the impact of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) on the Group's liquidity position. Under this scenario, SJEHG projects to have sufficient liquidity through the period to December 2025, without needing to

implement mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that SJEHG can maintain sufficient liquidity over the period to December 2025 – maintaining a balance between supporting the activity that is crucial to delivering the objects of the charity, whilst ensuring the long-term financial sustainability of SJEHG.

Further details of the above are set out in Note 1 to the Financial Statements.

Having assessed the combination of all these various matters, the Board of Trustees have a reasonable current expectation that SJEHG has adequate resources to continue in operational existence for the period to December 2025, being a period of at least 12 months from the date of approval of the financial statements.

For these reasons, the Board of Trustees have adopted the going concern basis of accounting in the preparation of the financial statements.

REMUNERATION POLICY

A new pay scale system was built for the SJEHG in 2023. This was chiefly carried out by an external consultancy firm and then approved by the Board of Trustees. This has now been successfully implemented across the group where each job has both a grade and a band.

All roles within SJEHG are evaluated in order to determine where they fit on our pay scale. The salaries within the scale are determined by the market

rates for an equivalent position. In exceptional cases, where the market information supports it, salaries may be above the top of the band. Each year, the payroll budget is reviewed, based on legislative, statutory and market changes, using a range of sources and taking account of affordability, all as part of the annual budgetary process.

Management consult with the Finance, the Human Resources, and the Pay and Remuneration Committees of the Board, and a pay review proposal is submitted to the Board, which makes the decision on the proposal. Staff costs are set out in note 6 of the financial statements.

GUIDE TO SJEHG'S FINANCES

The aim of this note is to summarise the key points to an understanding of the complexities and vulnerabilities of SJEHG's financial position. More detailed information is set out below, but the key features which can obscure the financial difficulties/pressures on the operating budget are–

- capital donations are treated as income (in accordance

with the Charities Statement of Recommended Accounting Practice),

- exchange rate variations: these have recently arisen mainly from the depreciation of the Israeli Shekel especially during the course of the fourth quarter of 2023. This came after the shekel weakened significantly against most currencies at the beginning of the fourth quarter, with the outbreak of the war in Gaza.
- The exchange gains or losses apparent from the annual results shown in the financial statements do not represent realisable amounts which are capable of being utilised by SJEHG. They are largely derived from the translation into Pound Sterling of the Hospital premises with an unchanged Shekel valuation.

TABLE OF ADJUSTMENTS 2023

	in £'000
Net incoming resources per Statutory Accounts	282
Reconciling Items	
Donations for capital projects	(1,332)
Unrealised gain on investments	(378)
Exchange loss on overseas activities	650
Impairment loss	1,362
Net operating results	584
Less: outstanding restricted income	(275)
Actual net operating results	309

STAKEHOLDER ENGAGEMENT

For the 2023 financial year we are required to report on how the Board of Trustees has complied with its duty under section 172 of the UK Companies Act 2006. Section 172 requires the Trustees to have regard to the long-term consequences of its decision making on the interests of key stakeholders and to the importance of maintaining high standards of conduct.

In our new 2023-2025 strategy we set out the values and strategic aims which inform the Board's decision making, reflecting the Board's commitment to the long-term sustainability of the Group and to the maintenance of high standards not only in the provision of ophthalmic care and in research, but also in governance and in the way we care for our staff. Below we report on how the Trustees engage with four key groups of stakeholders. These are:

1. Staff
2. Patients
3. The Patients' Communities
4. Donors including major donors and Priors.

The following sections outline a well-established strategy that ensures decisions made by the Board of Trustees are always well informed by our stakeholders. Communications and feedback from our stakeholders are featured in Board meetings and form a fundamental basis for the Trustees' decisions. Furthermore, Trustees ensure

that management operates the Hospitals and Clinics in a responsible manner that reflects the values of The Order of St John.

HOSPITAL STAFF

Within the Hospital Group there are several staff committees that form the main platforms for decision making. Each of these committees has at least one Senior Management Team (SMT) representative who is in direct communication with the concerned Trustees. The Board of Trustees has 13 different specialised committees that meet regularly where SMT members are in attendance. Relevant issues are brought to these meetings and Trustees with the staff representatives make decisions as appropriate. The Board also meets three times annually and present at Board meetings are SMT members representing the various categories of staff. Staff surveys are conducted annually to explore staff levels of satisfaction as well as engagement in the decision-making process at SJEHG. These findings are presented at the various Board Committees for further analysis and conclusions. A good example of the Trustees' full engagement with staff was the new Strategic Plan 2023-2025. Several workshops were held at SJEHG's operational level to conduct a SWOT analysis and proposed strategic aims and objectives. These strategic aims were presented to the Board

of Trustees who, with the SMT, agreed a set of five strategic objectives that will shape the Hospital activities throughout the strategy.

PATIENTS

As part of our commitment to JCI accreditation, inspectors look to see that patients are engaged with SJEHG management a regular basis and their suggestions for service improvements are taken on board. Patients' views are fully appraised through a biannual survey that is conducted across the Group by our quality-of-care teams. Patients are asked to comment on the service that they receive as well as make recommendations for improvements and their perceived needs for additional services as appropriate. The results of these surveys are discussed at the Board of Trustees' meetings, in particular Clinical Governance committee meetings, and discussions concerning patients' expressed needs are taken by the Trustees and the SMT. We are committed toward achieving equity in our services and in 2023 consulted with local disability and women's rights organisations to best understand how we can meet their needs.

PATIENTS' COMMUNITIES

The Chairman and local Trustees of the Board meet with representatives from the Palestinian Ministry of Health

at the ministerial level and with the Head of UNRWA in Gaza to discuss needs of their patients and strategies that SJEHG might be able to employ to respond to such needs. The SMT is in constant dialogue and communication with representatives from the Israeli Patients' Fund to discuss services provided by SJEHG to their patients. These decisions are brought to the various Trustees' committees for discussion. The Board of Trustees are fully aware of the considerations and decisions made at the Jerusalem community level. In this regard, we are part of the East Jerusalem Hospitals Network that meets regularly to discuss ways of enhancing the quality of care provided to patients in East Jerusalem.

SJEHG is a member of the Palestinian Health Cluster Committee which is co-chaired by the World Health Organisation. This active engagement with the main health care providers in West Bank and Gaza. This has been instrumental in identifying patients' needs and enabling us to coordinate our medical and humanitarian efforts in Gaza, especially after the war broke out.

TRUSTEES

Trustees who sit on the Fundraising Committee have an involvement in the decision making and high-level monitoring of fundraising, project development, and marketing. They are all well informed through quarterly meetings focused on development in the aforementioned areas. Specific Board committees usually give

input to any donor required pre-award surveys or due diligence processes that examine the capabilities, performance, and policies of the Hospital Group.

PRIORIES

As a foundation member of The Order of St John and beneficiary from most Priors, we have a distinct obligation to receive input and work in collaboration with the wider St John family. We cater our reporting and engagement to each Priory's preferences. For example, St John Scotland has sponsored both staff and the Mobile Outreach Programme, prior to which we provided a detailed report on current and future operations and the budget. St John Priors in Canada, Australia, England and the Islands, New Zealand and the United States also sponsor members of staff. We endeavour to keep priories well informed and engaged regarding the developments and welfare of their sponsored staff. The Priory in the USA sponsors staff through their Nurse Initiative and receives video messages from each staff member they support in thanks alongside a more detailed report. The Priory in the USA has sponsored the work of a second outreach team. Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.

Since 7th October 2023, the Chairman, the Hospitaller and the CEO have held regular meetings with Priors' Senior

Officers to keep them engaged and updated regarding the humanitarian catastrophe in Gaza.

OTHER MAJOR DONORS AND STAKEHOLDERS

We value the feedback from all our stakeholders on what they consider is the most effective use of funds and why, and we report back demonstrating the impact of this investment. Our Trusts and Foundations programme has a reporting schedule for every grant given, dependent on each stakeholders' specific requirements. Our Development Team in Jerusalem is in regular contact with our institutional donors and has a stringent reporting policy for each project managed.

The Guild, made up of supporters who work voluntarily to fundraise for the Hospital Group, is a vital channel through which we communicate and receive feedback on our work. The organisation is considered a sub-committee of the Board (Guild Liaison Committee) and its membership includes, in addition to members of the Guild, Board Trustees and SMT members. The Guild Chair participates in committee meetings which allows us to share information across Trustees, staff and volunteers, which feeds into our decision-making. Finally our wider public donors are regularly engaged with via our bi-annual Jerusalem Scene, our Annual Report and our social media channels. Any donor is welcome and encouraged to contact our Fundraising Team to discuss our work.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

Report on the audit of the financial statements

OPINION

In our opinion, St. John of Jerusalem Eye Hospital Group's group financial statements and company financial statements (the "financial statements"):

- give a true and fair view of the state of the group's and of the company's affairs as at 31 December 2023 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report, which comprise: the group and company balance sheets as at 31 December 2023; the consolidated statement of financial activities, the consolidated income and expenditure account, and the consolidated cash flow statement for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

CONCLUSIONS RELATING TO GOING CONCERN

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 group's and the company's ability to continue as a going concern for a period of at least twelve months from the date on which the financial statements are authorised for issue.

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.

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the group's and the company's ability to continue as a going concern.

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

REPORTING ON OTHER INFORMATION

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance 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 an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of 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 based on these responsibilities.

With respect to the Trustees' Report and the Strategic Report included within it, we also considered whether the disclosures required by the Companies Act 2006 and Charities Act 2011 have been included.

Based on our work undertaken in the course of the audit, the Companies Act 2006 requires us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Report

In our opinion, based on the work undertaken in the course of the audit, the information given in the Strategic Report and the Trustees' Report for the year ended 31 December 2023 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements.

In light of the knowledge and understanding of the group and the company and their environment obtained in the course of the audit, we did not identify any material misstatements in the Strategic Report and the Trustees' Report.

RESPONSIBILITIES FOR THE FINANCIAL STATEMENTS AND THE AUDIT

Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they 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 group's and the company'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 group or the company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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 auditors' 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 extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Companies Act 2006 and the Charities Act 2011 and relevant regulations made or having an effect thereunder, including The Charities (Accounts and Reports) Regulations 2008, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered the direct impact of these laws and regulations on the financial statements. We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to the posting of inappropriate journal entries to conceal misappropriation of assets or manipulate financial results. Audit procedures performed by the engagement team included:

- Testing journal entries where we identified particular fraud risk criteria.
- Obtaining independent confirmations of investments and cash balances at the year end.
- Testing estimates and judgements made in the preparation of the financial statements for indicators of bias.
- Reviewing meeting minutes, and significant contracts and agreements.
- Holding discussions with the trustees and management to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with applicable laws and regulations.
- Assessing financial statement disclosures, and agreeing these to supporting evidence, for compliance with applicable laws and regulations.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of

not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

Use of this report

This report, including the opinions, has been prepared for and only for the company's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

COMPANIES ACT 2006 EXCEPTION REPORTING

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- we have not obtained all the information and explanations we require for our audit; or
 - adequate accounting records have not been kept by the company, or returns adequate for our audit have not been received from branches not visited by us; or
 - certain disclosures of trustees' remuneration specified by law are not made; or
 - the company financial statements are not in agreement with the accounting records and returns.
- We have no exceptions to report arising from this responsibility.



Andrew Lowe (Senior Statutory Auditor)
For and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and Statutory
Auditors
London
13 August 2024

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Consolidated Statement of Financial Activities
for the year ended 31 December 2023

	Notes	Unrestricted Funds 2023 £000	Restricted Funds 2023 £000	Endowment Funds 2023 £000	Total Funds 2023 £000	Total Funds 2022 £000
Income and Endowments						
Income from donations and legacies	3	2,472	4,694	-	7,166	7,711
Income from charitable activities	4	5,448	-	-	5,448	5,756
Income from investments	8e	146	186	-	332	175
Total Income and Endowments		8,066	4,880	-	12,946	13,642
Resources Expended						
Expenditure on generating funds		(540)	-	-	(540)	(592)
Expenditure on charitable activities		(7,942)	(3,729)	-	(11,671)	(10,673)
Other expenditure		(181)	-	-	(181)	(170)
Total Resources Expended	5	(8,663)	(3,729)	-	(12,392)	(11,435)
Net gains / (losses) on investments	8	182	-	196	378	(796)
Net (expenditure) / income		(415)	1,151	196	932	1,411
Transfers between funds	12,13,14	4,757	(476)	(4,281)	-	-
Exchange (losses) on overseas activities		(650)	-	-	(650)	(241)
Net Movement in Funds		3,692	675	(4,085)	282	1,170
Fund balances brought forward at 1 January		16,049	642	7,107	23,798	22,628
Fund balances carried forward at 31 December	16	19,741	1,317	3,022	24,080	23,798

All gains and losses recognised in the year are included in the Statement of Financial Activities.
All of the above results are derived from continuing activities.

Group Income and Expenditure Account for the year ended 31 December 2023

	2023 £000	2022 £000
Income	12,946	13,642
Expenditure	(12,392)	(11,435)
Net Income	554	2,207

The income and expenditure account excludes the unrealised investment and exchange gains and losses shown in the Statement of Financial Activities.
The accounting policies and the notes on pages 42 to 56 form part of these financial statements.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Balance Sheets
as at 31 December 2023

	Notes	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Fixed Assets					
Tangible assets	7	5,217	5,484	1	2
Investments	8	16,320	15,801	13,015	12,500
Total Fixed Assets		21,537	21,285	13,016	12,502
Current Assets					
Stocks	9	639	575	-	-
Debtors	10	2,150	2,074	262	163
Cash at bank and in hand		10,867	9,772	6,110	4,876
Total Current Assets		13,656	12,421	6,372	5,039
Creditors: Amounts falling due within one year	11	(4,343)	(3,084)	(73)	(65)
Net Current Assets		9,313	9,337	6,299	4,974
Total Assets Less Current Liabilities		30,850	30,622	19,315	17,476
Creditors: Amounts falling due after more than one year	11	(6,770)	(6,824)	-	-
Net Assets		24,080	23,798	19,315	17,476
The Funds of the Group and Charity					
Restricted income funds	14	1,317	642	216	161
Endowment funds	15	3,022	7,107	3,022	7,107
Unrestricted income funds	12				
Designated funds		9,498	5,484	4,282	2
Revaluation funds		590	509	590	509
Other general funds		9,653	10,056	11,205	9,697
Unrestricted income funds		19,741	16,049	16,077	10,208
Total Group and Charity Funds	16	24,080	23,798	19,315	17,476

The Charity's net income was £1,839,000 (2022, £691,000). The accounting policies and the notes on pages 42 to 56 form part of these financial statements. The financial statements on pages 40 to 56 were approved by the Trustees and signed on their behalf by:

Andrew Cash

Sir Andrew Cash
Chairman, Board of Trustees

Chris Hoult

Chris Hoult
Treasurer and Company Secretary

13 August 2024

Company number: 7355619

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Consolidated Cash Flow Statement for the year ended 31 December 2023

	Notes	2023 £000	2022 £000
Net cash inflow from operating activities	16	3,529	4,144
Cash flows from investing activities			
Investment income	8e	332	175
Purchase of tangible fixed assets	7	(2,444)	(1,102)
Proceeds from disposal of tangible fixed assets		–	63
Purchase of fixed asset investments	8a	(553)	(2,925)
Proceeds from sale of fixed asset investments	8a	165	189
Net cash outflow from investing activities		(2,500)	(3,600)
Foreign exchange differences		66	(195)
Change in cash and cash equivalents in the financial year		1,095	349
Cash at bank and in hand at 1 January		9,772	9,423
Increase in cash in the year		1,095	349
Cash at bank and in hand at 31 December		10,867	9,772

The accounting policies and the notes on pages 42 to 56 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2023

1 Principal accounting policies

a Basis of preparation

The Group constitutes a public benefit group as defined by FRS102. The financial statements have been prepared on the going concern basis, under the historical cost convention, except for investments which are stated at market value, with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Companies Act 2006.

These financial statements consolidate, on a line by line basis, the results and financial position of St John of Jerusalem Eye Hospital Group (the "Charity") together with its wholly owned and controlled charitable subsidiary undertakings,

St John of Jerusalem Eye Hospital, St John Eye Hospital in Jerusalem (RA), and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited (together the "Group"). Where a subsidiary has different accounting policies to the Group, adjustments are made on consolidation to apply the Group's accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity's balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006 and Charities SORP FRS 102.

The Group's objects are the relief of sickness and the prevention and protection of health, in particular expert eye care in Jerusalem and the occupied Palestinian territories and the clinical, teaching and research activities connected therewith.

Going Concern

BACKGROUND

In assessing the going concern position of the Charity and the Group, the Trustees have produced detailed, yet adaptable, business plans that consider the Group's forecast and projected activities, the related financial budgets, cash flows and liquidity for the period to December 2025, which is a period of at least 12 months from the date of approval of the financial statements.

This assessment period was selected as it aligns to the Group's financial year end, is consistent with its budgeting process and timelines and is a period of at least 12 months from the date of approval of the financial statements.

Based on the Group's cash flow projections, the Trustees have adopted the going concern basis of accounting in preparing these financial statements.

KEY ASSUMPTIONS

The business and financial plans incorporate the following key assumptions:

- Demand for services from patients and the capacity and supply of patient services by the Group is budgeted for 60% of normal levels of activity due to the current unstable political and security situation in the region. Gaza is assumed to be out of commission during 2024.
- Payment by the Palestinian Authority (PA) (directly, or indirectly via its own funding sources) of sufficient payments to the Group for patient services provided.
- The achievement of a reduction in cash outflows through the on-going restructuring of the organisation.
- The Group is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Priors.

SENSITIVITY ANALYSIS

The Trustees have considered the impact on forecast and projected activities, budgets, cash flows and liquidity of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) such that the key assumptions are not met, or able to be met, in whole or in part.

This comprises:

- Reduced patient demand and/or capacity supply of services.
- Reduced levels of voluntary and fundraising unrestricted income.
- Increase in minimum wage and higher levels of inflation on payroll costs and materials and other costs; and higher energy costs.
- Extended closure of the Gaza Hospital.

Under this scenario, the Group projects to have sufficient liquidity through the period to December 2025, by implementing minimal mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that the Group can maintain sufficient liquidity over the period to December 2025. Such actions include giving the Jerusalem staff 2 weeks of unpaid leave during the year.

CONCLUSIONS

Having assessed the combination of all these various matters, the Trustee Board has a reasonable current expectation that the Charity and the Group has adequate resources to continue in operational existence for the period to December 2025, being a period of

at least 12 months from the date of approval of the financial statements.

For these reasons, the Trustee Board has adopted the going concern basis of accounting in the preparation of these financial statements.

Accordingly, these financial statements do not include any adjustments to the carrying amount or classification of assets and liabilities that would result if the Charity and the Group were unable to continue as a going concern.

b Foreign currencies

The Charity's functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/ (losses). All other exchange differences are included as incoming resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2023 year-end was 4.6209 (2022, 4.2376), while the average rate for 2023 was 4.5856 (2022, 4.15).

c Income recognition

Donations and other income are recognised in the financial statements on a receivable basis. Grants are recognised when the entitlement to the grant is confirmed. Legacies are recognised when the entitlement arises, being the earlier of the Group being notified of the impending distribution or the legacy being received. Donations in kind are recorded as income when the resources are received and recorded at fair value. Income from charitable activities is accounted for when earned (i.e. the service is provided to patients). Subsidies and exemptions in respect of medical services provided without charge are shown as a deduction from gross income.

d Medical volunteers

The value of services rendered by medical volunteers is not recognised in these financial statements. However, where doctors, nurses or other members of staff are employed by the Group but paid by third parties, the estimated market value of their services is recorded within both income (donations) and expenditure (salaries).

e Resources expended and basis of allocation of costs

Resources expended are accounted for on an accruals basis and have been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. The irrecoverable value added tax is included with the item of expense to which it relates.

f Costs of generating funds

These include the salaries and direct expenditure costs of the staff who primarily promote fundraising.

g Expenditure on charitable activities

These represent the costs of providing the medical and training services of the hospital and its clinics including both direct expenditure and the associated support costs.

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h Governance costs

These comprise costs attributable to the overall management of the Group's affairs and compliance with constitutional and statutory requirements.

i Cash flow statement exemption

The Charity has taken advantage of the exemption in FRS 102 from preparing a statement of cash flows, on the basis that it is a qualifying entity and the Group cash flow statement included in these financial statements includes the cash flows of the Charity.

j Pension and other end of service costs

The amount charged in the Statement of Financial Activities in respect of pension costs is the contributions payable in the year on an accruals basis in respect of defined contribution and money purchase pension arrangements. Other end of service benefits are accrued as earned on an undiscounted basis.

k Rentals

The costs in respect of rentals are charged to the Statement of Financial Activities on a straight line basis over the contract period. The rental cost for the office in London occupied rent free has been computed based on an estimate of arm's length value. No charge is imputed in respect of the Hospital premises in Jerusalem, which the Group occupied rent free until 2015, after which it has paid a nominal rent.

l Taxation

The Charity and each group entity is entitled to certain tax exemptions on income and gains from investments, and surpluses on any activities carried on in furtherance of their primary charitable objectives.

m Tangible assets and depreciation

Cost of tangible assets includes the original purchase price of the asset and the costs attributable to bringing the asset to its working condition for its intended use.

Donated fixed assets are brought into account at an estimate of their market value at the time of acquisition and, thereafter, depreciated on the bases set out below. The costs of minor additions to fixed assets under £500 are expensed in the year in which they are incurred. Impairment reviews are carried out if there is an indication that the recoverable amount of an asset is below its net book value.

Depreciation on fixed assets is provided at rates estimated to write off the cost, less estimated residual value, of each asset over its expected useful life on a straight line basis, as follows:

Buildings	- 2.5% per annum
Building improvements	- 10% per annum
Medical equipment	- 15% per annum
Motor vehicles	- 20% per annum
Other equipment	- 20% per annum
Fixtures and fittings	- 6% per annum
Computer equipment	- 33% per annum
UK office fixed assets	- 25% per annum

The carrying values and estimated useful lives of assets are regularly reviewed for impairment and, where deemed appropriate, are written down. On disposal of an item of tangible assets, the difference between the disposal proceeds and its carrying amount is recognised in profit or loss within 'Other hospital income' in note 4.

n Investments

Listed investments are stated at market value. Realised gains and losses on investments are calculated as the difference between the sales proceeds and their market value at the start of the period, or subsequent cost. Unrealised gains and losses represent the difference between market values at the beginning and at the end of the period. Income from fixed assets investments is recorded on an accruals basis. Market value for unlisted investments is calculated by the fund managers using underlying financial information.

o Liquid resources

Liquid resources are cash, time deposits, and certificates of deposit, in addition to cash at bank and in hand held in current accounts with UK, Israeli and Palestinian Banks.

p Stocks

Valuation of stocks is determined using the "first in-first out" method and stocks are stated at the lower of cost and net realisable value. Prior to the war on Gaza, the inventory balance was £78k consisting mainly of medical supplies, disposables and medications. Management believes that a total impairment loss should be assigned to this current asset, since the storing conditions of medications as well as the medical disposables, in addition to the delicacy of those small items which are inserted in the eyes, make it risky to be reused for surgeries.

q Funds

Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include designated funds, which are amounts that have been set aside to finance tangible fixed assets and a number of other projects.

General reserves are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.

Restricted funds are funds which are subject to specific conditions imposed by the donors.

Endowment funds are capital funds where the capital cannot be spent in the normal course of activities, although the income is added to restricted or unrestricted funds depending on the terms of the original endowment.

Transfers between funds represent tangible fixed assets purchased with restricted donations and used for hospital operations.

r Estimates and assumptions

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects

only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Exchange rates are fundamental to the uncertainties. Mainly the impact of subsequent adverse movements between the exchange rates of the reporting and the operative currencies which would potentially affect, to some extent, the operating capability notwithstanding the enhanced but unrealisable balance sheet value of non UK assets.

The Group provides against receivables (mainly the Palestinian Authority debt) by making judgements based on experience regarding the level of provision required to account for potentially uncollectible receivables.

As at 31 December 2023, the Group has accounted for an impairment loss provision of £1,362k covering the hospital building, medical and other equipment and inventory in the Gaza branch. The war in Gaza started on the 7th October 2023, when Hamas militants attacked southern parts of Israel. The Israeli military responded with massive air strikes on almost all parts of the Gaza Strip which was later followed by a land incursion on northern and southern parts of the Strip. SJEHG Gaza Hospital staff were given clear orders by the Israeli authorities to evacuate the hospital on the second day of the war and, since then, the hospital has not been functional and the war continues. Although the hospital building was not directly struck, it has sustained some considerable collateral damage as a result of the hostilities. Gaza staff have not yet been able to return to the hospital to carry out a proper assessment of the damage to the building, furniture and equipment. However, based on reports and photos received,

much of the furniture and equipment and inventory have either been damaged or removed. Accordingly, the Group has recorded a full 100% impairment loss provision against the net book value of these assets. As the building has remained to be one of the few standing buildings in the neighbourhood, the Trustees believe that the building still has an intrinsic value. However, it is clear, and after taking professional advice, based on a value in use basis assessment, that an impairment loss provision should be recorded, and this has been accounted for at 90% of the net book value of the asset.

2 Legal status

The Charity was incorporated in England as a company limited by guarantee in August 2010 under registration number 7355619. It is registered as a charity under number 1139527. The registered office is at 4 Charterhouse Mews, London EC1M 6BB. It has no share capital and the liability of each member in the event of winding up is limited to £10.

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2023 Total £000	Unrestricted £000	Restricted £000	2022 Total £000
Donations	2,097	4,694	6,791	2,205	4,935	7,140
Legacies	105	-	105	164	-	164
Donations in kind	270	-	270	407	-	407
	2,472	4,694	7,166	2,776	4,935	7,711

Donations in kind include the value of donated tangible fixed assets and medical supplies £213,000 (2022: £350,000). Income from related parties is set out in note 19.

4 Income from charitable activities

	2023 £000	2022 £000
Outpatient income	2,290	2,732
Surgical income	3,363	4,176
Less: Patient Relief	(666)	(1,571)
Net patient related income	4,987	5,337
Other hospital income	67	88
Rental income, board and lodging	394	331
Total other income	461	419
Total income from charitable activities	5,448	5,756

Patient Relief principally represents subsidies and exemptions to cover the value of medical services rendered when payment is waived by the Group where funding is not available from the relevant authorities and where the patients are unable to pay any balance owing. All of the above income comprises unrestricted funds.

5 Total resources expended

	Costs of Generating Funds 2023 £000	Costs of Generating Funds 2022 £000	Charitable Activities 2023 £000	Charitable Activities 2022 £000	Governance Costs 2023 £000	Governance Costs 2022 £000	Total 2023 £000	Total 2022 £000
Personnel costs (note 6)	250	277	6,590	6,682	26	27	6,866	6,986
Recruitment costs	18	7	-	-	-	-	18	7
Medical costs	-	-	1,997	2,118	-	-	1,997	2,118
Establishment costs	83	87	597	760	23	21	703	868
Depreciation (note 7)	2	-	956	1,107	-	-	958	1,107
Impairment of tangible fixed assets (note 7)	-	-	1,284	-	-	-	1,284	-
Impairment of stocks	-	-	78	-	-	-	78	-
Office expenses	27	38	198	194	3	4	228	236
Travel and subsistence	38	30	103	123	-	-	141	153
Marketing and publicity	53	85	-	-	-	-	53	85
Auditors' remuneration	8	-	-	-	90	86	98	86
Other professional fees	61	66	11	27	-	21	72	114
Legal fees	-	2	-	21	30	11	30	34
Finance costs	-	-	18	18	9	-	27	18
Foreign exchange differences	-	-	(161)	(377)	-	-	(161)	(377)
Total resources expended	540	592	11,671	10,673	181	170	12,392	11,435
Support costs included above	-	-	1,045	1,019	30	46	1,075	1,065

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Total resources expended in 2022 of £11,435,000 comprise £7,183,000 for unrestricted funds and £4,252,000 for restricted funds.

	2023	2022
	£000	£000
Support costs comprise:		
Personnel costs	492	537
Establishment costs	315	396
Depreciation	96	111
Office expenses	201	197
Travel and subsistence	103	123
Other professional fees	11	44
Finance costs	18	18
Foreign exchange differences	(161)	(361)
	1,075	1,065

	2023	2022
	£	£
Auditors' remuneration (excluding VAT):		
External audit	71,732	68,866
Other services provided by external auditors	11,669	4,373
	83,401	73,239

6 Employee information

a Number of employees

The average monthly number of employees, including part time staff calculated on a full-time equivalent basis, analysed by function during the year was:

	2023	2022
	Number	Number
Medical, nursing and allied health professionals	183	188
Support services	44	41
Fundraising	9	12
Administration	39	36
	275	277

b Staff costs

	2023	2022
	£000	£000
Wages and salaries	6,181	6,214
Social security costs	434	462
Other pension costs	293	299
Other related (income) /costs	(42)	11
	6,866	6,986

c Emoluments of employees

The number of employees whose emoluments (salaries and benefits in kind) fell within the following bands were:

	2023	2022
	Number	Number
£180,001 - £190,000	1	-
£170,001 - £180,000	1	-
£150,001 - £160,000	-	2
£90,001 - £100,000	1	1
£80,001 - £90,000	1	2
£70,001 - £80,000	2	3
£60,001 - £70,000	2	1

The above amounts include End of Service Benefits allowance.
During the year, provident benefits and pension contributions on behalf of these staff amounted to £16,000 (2022, £18,000).

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d Remuneration received by key management personnel

The total remuneration received by the 11 (2022, 11) senior management personnel in managing the operations of the Group amounted to £905,000 (2022, £873,000).

e Pension costs

Pension costs comprise the contributions payable to authorised Israeli money purchase pension schemes in respect of non UK employees and a UK defined contribution retirement benefit scheme in respect of UK based employees.

End of service accrued retirement benefits for non UK employees included in wages and salaries costs are included in the Balance Sheet in Creditors: Amounts falling due within and after more than one year (note 11).

7 Tangible assets

a Group

	Buildings & Improvements	Medical Equipment	Motor Vehicles	Other Assets	Total
	£000	£000	£000	£000	£000
Cost					
1 January 2023	8,083	11,182	344	3,501	23,110
Additions	1,714	563	-	167	2,444
Exchange differences	(684)	(932)	(29)	(285)	(1,930)
31 December 2023	9,113	10,813	315	3,383	23,624
Accumulated Depreciation & Impairment					
1 January 2023	5,242	9,213	214	2,957	17,626
Charge for the year	258	559	31	110	958
Exchange differences	(438)	(767)	(18)	(238)	(1,461)
Impairment	837	371	-	76	1,284
31 December 2023	5,899	9,376	227	2,905	18,407
Net Book Value					
31 December 2023	3,214	1,437	88	478	5,217
31 December 2022	2,841	1,969	130	544	5,484

Other Assets comprise fixtures and fittings, computer and office equipment.

The impairment loss of £1,284k against tangible fixed assets includes 90% loss provision against the building and 100% loss provision against medical and other equipment in the Gaza branch (note 1r).

b Charity

	Other Assets	Total
	£000	£000
Cost		
1 January 2023	68	68
Additions	2	2
31 December 2023	70	70
Accumulated Depreciation		
1 January 2023	66	66
Charge for the year	3	3
31 December 2023	69	69
Net Book Value		
31 December 2023	1	1
31 December 2022	2	2

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8 Investments

a Analysis of movements (Group)

	Bank	Listed	Total
	Deposits	Investments	
	£000	£000	£000
Market value at 1 January 2023	2,760	13,041	15,801
Additions	142	411	553
Withdrawals	-	(165)	(165)
Exchange differences	(201)	(46)	(247)
Unrealised gains	-	378	378
Market value at 31 December 2023	2,701	13,619	16,320
Historical cost at 31 December 2023	2,701	12,291	14,992

In 2022, unrealised losses of £796,000 comprise £273,000 for unrestricted funds and £523,000 for endowment funds.

b Analysis of movements (Charity)

	Listed	Total
	Investments	
	£000	£000
Market value at 1 January 2023	12,500	12,500
Additions	332	332
Withdrawals	(165)	(165)
Unrealised gains	348	348
Market value at 31 December 2023	13,015	13,015
Historical cost at 31 December 2023	11,671	11,671

c Listed investments:

Analysis by category of underlying holding and location

		2023 Group	2023 Charity	2022 Group	2022 Charity
		£000	£000	£000	£000
Equity investments	- UK	474	474	1,126	1,126
	- Overseas	6,122	6,122	4,991	4,991
Fixed interest securities	- UK	1,016	1,016	954	954
Property Unit Trusts	- UK	1,039	1,039	1,127	1,127
Alternative Investments	- UK	592	592	706	706
Sterling & Cash Instruments	- UK	3,772	3,772	3,596	3,596
Others	- Overseas	604	-	541	-
Market value of listed investments		13,619	13,015	13,041	12,500

At 31 December 2023, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2023 %	2022 %
Fidelity Global Dividend Fund	12.5	12.5
HSBC FTSE All World Index Fund	9.4	3.9
Schroder Global Sustainable Growth Fund	8.3	-
Vanguard 500 UCITS ETF	8.1	6.2
Schroder Income Fund	5.2	5.0
Savills Charities Property Fund	-	7.9
Mayfair Property Income Trust for Charities	-	4.9
Trojan Income Fund	-	4.1

d Bank deposits

Bank deposits classified as investments represent deposit funds managed by investment managers.

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e Income from investments

	2023	2022
	£000	£000
Unrestricted funds	146	75
Restricted funds	186	100
	332	175

f Investment in subsidiaries

The Charity is the controlling member of St. John of Jerusalem Eye Hospital (SJEH), a UK registered charitable company limited by guarantee (Company No.3867950 and Charity No. 1080185) and having no share capital. The liability of each member in the event of winding up is limited to £10. SJEH provides ophthalmic services through a branch in the occupied Palestinian territories.

The Charity is also the controlling member of St. John Eye Hospital in Jerusalem (RA) (SJEHJ), an Israeli registered charitable society (No. 580040368), limited by guarantee and having no share capital. SJEHJ provides ophthalmic services from the Jerusalem Hospital and the Mobile Outreach Programme. SJEH owns two £1 shares being all the issued shares in The St. John of Jerusalem Eye Hospital (Palestine) Limited (Company No.6365210), which has not traded since incorporation.

The Charity owns one £1 share being all the issued shares in SJEH Trading Limited (Company No.12375269) a UK registered company, which has not traded since incorporation.

The Charity is the controlling member of St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, a UK private company limited by guarantee (Company No.12631428) and having no share capital. The liability of each member in the event of winding up is limited to £1. The company supports the activities of the Charity.

The Charity is the controlling member of St John of Jerusalem Hong Kong Foundation Limited, a Hong Kong registered company (No.3045181), which has not traded since incorporation.

Summary financial information for the subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA)	St. John of Jerusalem Eye Hospital	St John Ophthalmic Association Limited
	2023	2023	2023
	£'000	£'000	£'000
Total income and endowments	7,458	3,731	47
Total resources expended	(8,077)	(3,926)	(47)
Net (outgoing) resources before other recognised (losses)	(619)	(195)	-
Other recognised (losses)	(119)	(501)	-
Net movement in funds	(738)	(696)	-
Total assets	11,856	7,796	-
Total liabilities	(10,123)	(3,277)	-
Total funds	1,733	4,519	-
Restricted income funds	181	920	-
Designated funds	2,624	2,592	-
Other general funds	(1,072)	1,007	-
Total funds	1,733	4,519	-

9 Stocks

Stocks comprise hospital medical stores and supplies all owned by subsidiaries.

10 Debtors

a Amounts falling due within one year

	Note	Group	Group	Charity	Charity
		2023	2022	2023	2022
		£000	£000	£000	£000
Trade debtors		4,035	4,078	-	-
Allowance for bad debts	10 b	(2,784)	(2,517)	-	-
Net trade debtors		1,251	1,561	-	-
Donations receivable		728	133	237	133
Prepayments and accrued income		171	380	25	30
Total debtors		2,150	2,074	262	163

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b Movement in allowance for bad debts

	Group 2023 £000	Group 2022 £000
1 January	2,517	1,801
Additions	538	1,530
Write off *	(238)	(784)
Exchange differences	(33)	(30)
31 December	2,784	2,517

* The majority of the write off relates to an agreement with UNRWA whereby the actual contractual payments are lower than the normal invoiced value of services provided to those patients. The allowance also includes a provision against the receivables from the Palestinian Authority.

11 Creditors

a Amounts falling due within one year

	Note	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Trade creditors		1,815	474	23	15
Retirement benefits	11 c	1,728	1,724	-	-
Taxation and social security		77	78	5	4
Accruals		605	705	44	41
Deferred income	11 b	100	43	-	-
Holiday pay accrual		18	60	1	5
Total creditors		4,343	3,084	73	65

b Deferred income

	Group 2023 £000	Group 2022 £000
1 January	43	51
Deferred income recognised	368	235
Deferred income released	(307)	(243)
Exchange differences	(4)	-
31 December	100	43

Deferred Income represents income received in advance from renting out some of the hospital's properties in Jerusalem.

c Amounts falling due after more than one year

	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Retirement benefits				
1 January	6,824	6,486	-	-
Additions	855	596	-	-
Exchange differences	(450)	(59)	-	-
Transferred to amounts falling due within one year	(109)	(130)	-	-
Payments	(350)	(69)	-	-
31 December	6,770	6,824	-	-

Accrued retirement benefits mainly represents amounts payable under Israeli law when staff leave the Group's employment. Such amounts are accrued when earned, based on current monthly salaries and periods of service. The balance also includes provident schemes in respect of certain Jerusalem employees and other retirement benefit amounts payable in line with Palestinian law.

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12 Unrestricted Income Funds

Group

General reserves	10,056	6,098	(6,421)	-	(80)	9,653
Designated funds	5,484	1,968	(2,242)	4,757	(469)	9,498
Revaluation reserve	509	-	-	-	81	590
Total unrestricted funds	16,049	8,066	(8,663)	4,757	(468)	19,741

Charity

General reserves	9,697	1,933	(425)	-	-	11,205
Designated funds:	2	2	(3)	4,281	-	4,282
Revaluation reserve	509	-	-	-	81	590
Total unrestricted funds	10,208	1,935	(428)	4,281	81	16,077

1 January 2023	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2023
£000	£000	£000	£000	£000	£000
10,056	6,098	(6,421)	-	(80)	9,653
5,484	1,968	(2,242)	4,757	(469)	9,498
509	-	-	-	81	590
16,049	8,066	(8,663)	4,757	(468)	19,741
9,697	1,933	(425)	-	-	11,205
2	2	(3)	4,281	-	4,282
509	-	-	-	81	590
10,208	1,935	(428)	4,281	81	16,077
1 January 2022	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2022
£000	£000	£000	£000	£000	£000
8,299	8,185	(6,079)	-	(349)	10,056
5,598	422	(1,104)	613	(45)	5,484
629	-	-	-	(120)	509
14,526	8,607	(7,183)	613	(514)	16,049
8,170	1,983	(456)	-	-	9,697
2	-	-	-	-	2
629	-	-	-	(120)	509
8,801	1,983	(456)	-	(120)	10,208

Group

General reserves	8,299	8,185	(6,079)	-	(349)	10,056
Designated funds: Tangible fixed assets	5,598	422	(1,104)	613	(45)	5,484
Revaluation reserve	629	-	-	-	(120)	509
Total unrestricted funds	14,526	8,607	(7,183)	613	(514)	16,049

Charity

General reserves	8,170	1,983	(456)	-	-	9,697
Designated funds: Tangible fixed assets	2	-	-	-	-	2
Revaluation reserve	629	-	-	-	(120)	509
Total unrestricted funds	8,801	1,983	(456)	-	(120)	10,208

Transfers include amounts released from restricted funds for the purchase of tangible fixed assets. Designated funds are detailed in note 13.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2023

13 Designated funds

	1 January 2023	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2023
	£000	£000	£000	£000	£000	£000
Group						
Designated funds	5,484	1,968	(2,242)	4,757	(469)	9,498
Total unrestricted funds	5,484	1,968	(2,242)	4,757	(469)	9,498
Charity						
Designated funds	2	2	(3)	4,281	-	4,282
Total designated funds	2	2	(3)	4,281	-	4,282

	1 January 2022	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2022
	£000	£000	£000	£000	£000	£000
Group						
Designated funds	5,598	422	(1,104)	613	(45)	5,484
Total unrestricted funds	5,598	422	(1,104)	613	(45)	5,484
Charity						
Designated funds	2	-	-	-	-	2
Total designated funds	2	-	-	-	-	2

Designated funds represent amounts that have been set aside to finance tangible fixed assets (£5.2m) and a number of other projects.

During the year, the Trustees determined to transfer the Bed Endowment fund (£4.3m) (note 15) to an unrestricted but designated funds category. The areas of designation as set by Trustees are:

- Funding of Nablus Hospital £1.0m - purchase and renovation costs.
- Poor Patients Relief Fund £1.4m - uninsured and marginalised patients who cannot afford basic treatment costs due to the worsening of economic situation within the West Bank and Gaza.
- Upgrading Hospital infrastructure £1.2m - to be used as a sustainable funding source that provides reliable, continuous capital necessary for hospital infrastructure continuous maintenance and renovation.
- High levels of unplanned capital investment (mainly medical equipment) £0.7m to avoid service interruption.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2023

14 Restricted Income Funds

	1 January 2023	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2023
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	708	(708)	-	-
Outreach	-	96	(96)	-	-
West Bank and Gaza facilities	-	69	(69)	-	-
Other capital projects	3	27	-	-	30
Patient relief	4	15	(10)	-	9
Income received from endowments	-	186	(186)	-	-
Other projects	79	-	-	-	79
Others value less in each case than £25,000	75	27	(4)	-	98
Total Charity	161	1,128	(1,073)	-	216
Capital projects	191	1,305	-	(476)	1,020
Other projects	245	2,403	(2,604)	-	44
Others value less in each case than £25,000	45	44	(52)	-	37
Total Group	642	4,880	(3,729)	(476)	1,317

	1 January 2022	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2022
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	808	(808)	-	-
Outreach	-	116	(116)	-	-
West Bank and Gaza facilities	-	9	(9)	-	-
Other capital projects	198	-	-	(195)	3
Patient relief	2	3	(1)	-	4
Income received from endowments	-	100	(100)	-	-
Other projects	79	-	-	-	79
Others value less in each case than £25,000	75	9	(9)	-	75
Total Charity	354	1,045	(1,043)	(195)	161
Capital projects	77	535	(3)	(418)	191
Other projects	-	3,441	(3,196)	-	245
Others value less in each case than £25,000	41	14	(10)	-	45
Total Group	472	5,035	(4,252)	(613)	642

Charity

- Staff sponsorship represents funds received to cover or contribute to staff costs of 42 hospital staff.
- Outreach funds cover the running costs of three outreach units.
- West Bank and Gaza facilities fund contribute to cover the operating costs of Gaza, Hebron and Anabta Clinic.
- Capital projects funds represent funds received from various UK Trusts and Middle East donors to purchase medical equipment for the Group.
- Patient relief funds contribute towards the treatment costs of needy patients.
- Other projects include joint teaching programmes with other medical institutions, and funds that cover the School of Nursing costs and Muristan, and to establish a new hospital in Nablus.

Group

- Capital projects funds represent funds received from various donors to establish a new hospital in Nablus and purchase medical equipment for the Group.
- Other projects include donations received to expand the level of operations within the Gaza hospital through the introduction of a Diabetic Retinopathy screening and epidemiological research components.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2023

15 Endowment Funds Group and Charity

	1 January 2023 £000	Investment Gains £000	Transfers £000	31 December 2023 £000
American Society of St John: Walsh Bequest	512	14	-	526
Bed Endowment	4,165	116	(4,281)	-
Frost Charitable Trust	560	16	-	576
Frost Nursing School	530	14	-	544
Mr. Owen Smith Endowment	113	3	-	116
The John Swire Foundation Endowment	1,227	33	-	1,260
	7,107	196	(4,281)	3,022

	1 January 2022 £000	Investment Losses £000	31 December 2022 £000
American Society of St John: Walsh Bequest	550	(38)	512
Bed Endowment	4,472	(307)	4,165
Frost Charitable Trust	601	(41)	560
Frost Nursing School	569	(39)	530
Mr. Owen Smith Endowment	121	(8)	113
The John Swire Foundation Endowment	1,317	(90)	1,227
	7,630	(523)	7,107

These funds represent:

- The American Society of St John: Walsh Bequest: The Bequest was made in 2000 in honour of the Rev. Canon Edward West and Don Wesley Lundquist, for the endowment of 2 beds in the Children's Ward at the Hospital's facilities, maintained for the care of needy children.
- The Bed Endowment Fund: Originally, the donation was to endow 37 beds between 1981-1995, with the use of income applied to general patient care in the Hospital. Following a review carried out by the Trustees in 2023, and confirmation obtained from the Charity Commission, it was resolved that the Bed Endowment fund is neither restricted for all time nor an endowment. Due to advancement in the way health care services are now delivered, the existence of beds at the Hospital became less important. Research in the archives of The Order of St John has revealed that this endowment fund was not necessarily restricted for all time. As Trustees and management became aware of this fact, it was decided to transfer it to Designated funds within the Unrestricted section but not in General reserves. For areas of designation please refer to note 13 to the financial statements.
- The Frost Endowment Funds: These amounts were donated in 1989 by The Frost Charitable Trust (Mrs Sally Frost) to endow 4 beds at the Hospital and the Nurses Training School.
- The Endowment of Mr Owen Smith was received in 2008 to fund professional medical training.
- The John Swire Foundation Endowment was received in 2013 to fund general operating costs.
- Investment income on endowment funds is applied in providing the on-going services covered by the endowment and is accounted for as unrestricted investment income in the Statement of Financial Activities.

16 Total Group and Charity Funds

a Analysis by type of asset and liability (Group)	Unrestricted Funds 2023 £000	Unrestricted Funds 2022 £000	Restricted Funds 2023 £000	Restricted Funds 2022 £000	Endowment Funds 2023 £000	Endowment Funds 2022 £000	Total Funds 2023 £000	Total Funds 2022 £000
	Tangible assets	5,217	5,484	-	-	-	-	5,217
Investments	13,298	8,694	-	-	3,022	7,107	16,320	15,801
Net current assets	7,996	8,695	1,317	642	-	-	9,313	9,337
Creditors: Amounts falling due after more than one year	(6,770)	(6,824)	-	-	-	-	(6,770)	(6,824)
	19,741	16,049	1,317	642	3,022	7,107	24,080	23,798
b Analysis by type of asset and liability (Charity)								
Tangible assets	1	2	-	-	-	-	1	2
Investments	9,993	5,393	-	-	3,022	7,107	13,015	12,500
Net current assets	6,083	4,813	216	161	-	-	6,299	4,974
	16,077	10,208	216	161	3,022	7,107	19,315	17,476

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2023

17 Reconciliation of net operating income to net cash inflow from operating activities

	2023 £000	2022 £000
Net incoming resources	554	2,207
Investment income	(332)	(175)
Depreciation	958	1,107
Impairment of tangible fixed assets	1,284	-
Impairment of stocks	78	-
(Increase) / decrease in stocks	(142)	183
(Increase) / decrease in debtors	(76)	514
Increase in creditors	1,205	308
Net cash inflow from operating activities	3,529	4,144

18 Financial instruments

	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Financial assets at fair value through statement of financial activities				
Investments	16,320	15,801	13,015	12,500
Financial assets that are debt instruments measured at amortised cost				
Stocks	639	575	-	-
Debtors	2,150	2,074	262	163
Cash at bank and in hand	10,867	9,772	6,110	4,876
	13,656	12,421	6,372	5,039
Financial liabilities that are debt instruments measured at amortised cost				
Trade creditors	1,815	474	23	15
Taxation and social security	77	78	5	4
Accruals	605	705	44	41
Deferred income	100	43	-	-
Holiday pay accrual	18	60	1	5
Retirement benefits	8,498	8,548	-	-
	11,113	9,908	73	65

18 Trustees' remuneration

The trustees receive no remuneration.

Reimbursement of trustees' expenses for travel, accommodation and flights for 11 trustees (2022, 13) during the year amounted to £52,713 (2022, 33,921).

Donations made by trustees amounted to £390,925 (2022, £30,485).

Charity Trustee Indemnity insurance is provided at a cost of £13,433 (2022, £12,369) to cover the charity, trustees and officers against potential claims and losses.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2023

19 Related parties transactions

The Charity is a wholly owned subsidiary of The Most Venerable Order of the Hospital of St John of Jerusalem (Charity No. 235979, Principal Office: St John House, 3 Charterhouse Mews, London, EC1M 6BB).

The Jerusalem Hospital premises occupied by the Group are owned by The Order of St John and were previously occupied rent free on a full repairing basis. During 2015, the Group signed an agreement with The Order of St John to lease the Hospital in Jerusalem and similarly the Muristan property at peppercorn rent. In the opinion of the trustees, it would be impracticable to place a value on these facilities.

The Group also occupies, on a rent free basis, offices in London owned by The Order of St John. The value of this facility has been estimated at £57,000 per annum based on the rents payable by the external tenants at the complex. This amount is included in the financial statements as a donation in kind.

During the year, the Chairman of the Charity, Sir Andrew Cash, was also a trustee of The Most Venerable Order of the Hospital of St John of Jerusalem.

Donations include amounts received from Priors and Establishments of the Order of St John, which are considered to be related party transactions:

Priory	2023 £000	2022 £000
USA	2,543	2,365
England and the Islands	222	186
Scotland	101	96
New Zealand	132	127
Australia	138	192
Canada	104	147
	3,240	3,113

Other Members of St. John Family	2023 £000	2022 £000
Johanniter Orde in Sweden	37	-
Johanniter Orde in Nederland	20	-
	57	-

Donations by the Priory of the United States:	2023 £000	2022 £000
Hospital - General Support	1,563	1,558
Hospital Restricted Gifts	980	807
	2,543	2,365

During the year, the Charity reimbursed the Priory of England and the Islands and The Order of St John £3,015 (2022, £5,112) in respect of certain expenses incurred.

Outstanding donations from the Priors and Establishments of The Order of St John at 31 December 2023 amounted to £59,000 (2022: £79,000).

20 Contractual & designated obligations

In 2023, the Board approved the plan of relocating the Anabta Clinic and the establishment of a new day hospital in Nablus City. The total cost for this project is circa £3m including the cost to purchase the property. The project is funded by the Priory in the USA of The Order of St John, the David and Molly Pyott Foundation, The Australian Department of Foreign Affairs and Trade (DFAT), and the Group's general reserves estimated at £1.2m. The project is currently expected to be completed by the end of 2024.



ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

PROFESSIONAL ADVISERS & ADMINISTRATIVE INFORMATION

London & Registered Office

4 Charterhouse Mews
London EC1M 6BB

Jerusalem Hospital

2 Mujir Eddin Street
Sheikh Jarrah
P.O. Box 19960
Jerusalem 91198

Bankers in the UK

National Westminster Bank Plc
134 Aldersgate Street
London EC1A 4JB

Bankers in the occupied Palestinian territories

Bank of Palestine PLC
Hebron Road
P.O. Box 765
Bethlehem

Investment Managers

Schroders (C.I.) Limited
PO Box 334, Regency Court
Glategny Esplanade
St Peter Port
Guernsey GY1 3UF

Independent Auditors

PricewaterhouseCoopers LLP
1 Embankment Place
London WC2N 6RH

St John of Jerusalem Eye Hospital Group (a UK Company Limited by guarantee, Company number 7355619, Charity number 1139527) has three subsidiary undertakings; St John of Jerusalem Eye Hospital (a UK Company Limited by guarantee, Company number 3867950; Charity number 1080185), St John Eye Hospital in Jerusalem (RA) (an Israeli charitable society, registration number 580040368) and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, a UK company Limited by guarantee, Company No.12631428)

The School of Nursing graduates 2023 with Head of Nursing and Allied Health Professionals, Waleed Khateeb, CEO Dr Ahmad Maali and Head of the School of Nursing Nasrallah Khalilleh.



ST JOHN PRIORY FUNDING 2023

£ £138k Australia, £104k Canada, £222k England and the Islands, £132k New Zealand, £101k Scotland, £2.54m USA

\$ \$171k Australia, \$129k Canada, \$275k England and the Islands, \$164k New Zealand, \$125k Scotland, \$3.15m USA

THANK YOU

Without our donors, we could not continue saving sight and changing lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2023. The St John Pories from around the world have, once again, delivered much-valued assistance to SJEHG and we thank them for their continued support.

We are grateful to the Guild, the St John Ophthalmic Association, the Friends of St John Society, the Alliance of the Orders of St John, St John Associations and the St John Fellowship for their on-going and crucial support.



L-R: Guild Member and former Medical Director Dr Denise Magauran, Lord Prior of The Order of St John, Mark Compton, Hospitaller Dr David Verity and our Chairman Sir Andrew Cash at a Guild Event 2023.

A total of 1,373 hours was offered by volunteers in 2023 (compared to 1,301 in 2022). We thank volunteers for their time provided to support our work.

FURTHER MAJOR DONORS 2023:

Ann Jane Green Trust

The Ancaster Trust

Arab Fund for Economic and Social Development

Australian NGO Cooperation Program (ANCP)

The Bernadette Charitable Trust

The Bryan Guinness Charitable Trust

Care International

The Caroline Agnes Joan Hervey Trust

CBM International

Christian Broadcasting Network (CBN)

The Clothworkers' Foundation

The Dennis Byrne Charitable Trust

DG Albright Charitable Trust

Department of Foreign Affairs and Trade (DFAT),

Australian Representative Office, Ramallah

The Edwina Mountbatten & Leonora

Children's Foundation

The Erica Leonard Trust

European Society of Cataract and Refractive Surgery (ESCRS)

Federal Ministry of Economic Cooperation and Development, Germany (BMZ)

Fred Hollows Foundation

The Fulmer Charitable Trust

International Medical Corps (IMC)

Johanniter International Assistance (JIA)

The John Swire 1989 Charitable Trust

The Knights Templar

Lions Club International Foundation

Lord Hanson Foundation

Mary Fagan

Qatar Fund For Development (QFFD) - State of Qatar

Representative Office of Norway in Ramallah

R & H Woods Charitable Trust

The Rhododendron Trust

United States Agency for International Development (USAID)

United Nations Office for Project Services (UNOPS)



**St John of Jerusalem
Eye Hospital Group**

If you would like to support St John of Jerusalem Eye Hospital Group or would like more information, please contact us:

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+44 (0)20 7253 2582
info@stjohnehospital.org

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Sheikh Jarrah
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Jerusalem 91 198

www.stjohnehospital.org

 @stjohnehospital

 @StJohnEyeHosp

 @StJohnEyeHospital

ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

England & Wales - Charity number 1139527

Accounts



St John of Jerusalem
Eye Hospital Group

ANNUAL REPORT 2022





**St John of Jerusalem
Eye Hospital Group**

SAVING
SIGHT
CHANGING
LIVES

St John of Jerusalem Eye Hospital Group is the only charitable provider of expert eye care in East Jerusalem, Gaza and the West Bank. Our vision is to end preventable blindness throughout the oPt. We have been treating patients in the region regardless of their ethnicity, religion, social class or ability to pay for 140 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

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GLOSSARY: JCI - Joint Commission International; the gold-standard for healthcare worldwide. NGO - nongovernmental organisation. NIS - New Israeli Shekel. oPt - occupied Palestinian territories. SJEHG - St John of Jerusalem Eye Hospital Group; this refers to all our entities. SOA - St John of Jerusalem Ophthalmic Association, UNRWA - United Nations Relief and Works Agency, the UN branch responsible for Palestinian refugees. USAID - United States Agency for International Development

All uncredited photos throughout this Annual Report have been taken by staff of SJEHG. All the images used in this report are of actual SJEHG staff and patients and they have given their consent.

St John of Jerusalem Eye Hospital Group Company no: 7355619, Charity no: 1139527
Registered Office: 4 Charterhouse Mews, London, EC1M 6BB

Chairman & CEO Introduction



Sir Andrew Cash and Dr Ahmad Ma'ali in the Jerusalem Hospital Gardens

This year we celebrated 140 years of charitable eye care in the Holy Land. What began as a small, one ward clinic has grown to become a leading ophthalmic organisation, providing care across three hospitals, three clinics and a robust outreach service. This continuity of care would not have been possible without the generosity of our loyal supporters.

As borders opened across the world, we took the opportunity to celebrate this milestone with events in London, Jerusalem and with the US Priory in Houston. A special anniversary history book was

released to mark this special occasion. 'A Beacon of Hope: 140 years of eye care in the Holy Land'. We thank Matthew Glozier, Ian Howie-Willis, and John Pearn for so expertly capturing our history.

Along with our St John Family, we mourned the loss of our Sovereign Head, Queen Elizabeth II. This included attendance by our CEO at the state funeral in London, as one of three representatives from across The Order of St John. We remain grateful for the continued support of the Royal Family for over a century.

There were changes to the governance structure of the Hospital, as we welcomed new Trustees and said goodbye to many long-standing members of the Board (see page 18). We would like to take this opportunity to thank the retiring trustees who have steered SJEHG over several years.

We continued to strive to ensure every person in the oPt receive timely and quality access to eye care. In 2022, almost 143,000 received care and a record 6,922 received major surgeries across the Group. Thanks to the hard work of our colleagues, we celebrated passing our JCI accreditation inspection with excellence for the third time. This is the gold-standard for health worldwide and reflects the high standards of care offered at SJEHG.

Our Kufor Aqab Clinic opened during the pandemic on a temporary basis, however it has quickly grown to become an important service for Palestinians residing outside the Jerusalem Separation Wall who struggle to otherwise reach care. We were delighted to therefore open this clinic on a permanent basis in September this year. We also were able to launch a second mobile outreach unit in the West Bank. Both the clinic and the second outreach unit were kindly supported by the Priory of the USA. In the same month, we also re-opened our Stephen Miller School of Nursing, which welcomed eight ophthalmic nursing students from across the oPt.

We continue to work on enhancing the sustainability of our services. Thanks to efforts to increase efficiency we have managed to reduce our expenditure by £1.2 million against the 2022 operational budget. We increased our patient-related income by 9%. Thank you to all who support our work and especially the St John Pories who continue to make 40% of voluntary income. A special thanks must be given to the US Priory who have increased their support to \$2.9m USD in 2022.

The current political and security turmoil in the region will certainly continue to challenge us, but we are confident that the Hospital will continue to respond to the needs of all who require our care. With your support, we endeavor to build on the successes of the past 140 years, and deliver high quality care to all long into the future.

Thank you.

Sir Andrew Cash OBE
Chairman

Dr Ahmad Ma'ali
CEO

About Us

Mission Statement:

St John of Jerusalem Eye Hospital Group exists as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, religion, social class or ability to pay.

Vision:

We work to eliminate avoidable blindness in the Holy Land and to be recognised as the leader in the provision of quality eye care in Jerusalem, the West Bank and Gaza.

Values:

Compassion - Providing eye care with empathy and willingness to promote wellbeing.

Accountability - Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve.

Respect - Honouring the dignity and diversity of each person.

Excellence - Providing exceptionally high quality and advanced care.

Strategic Aims

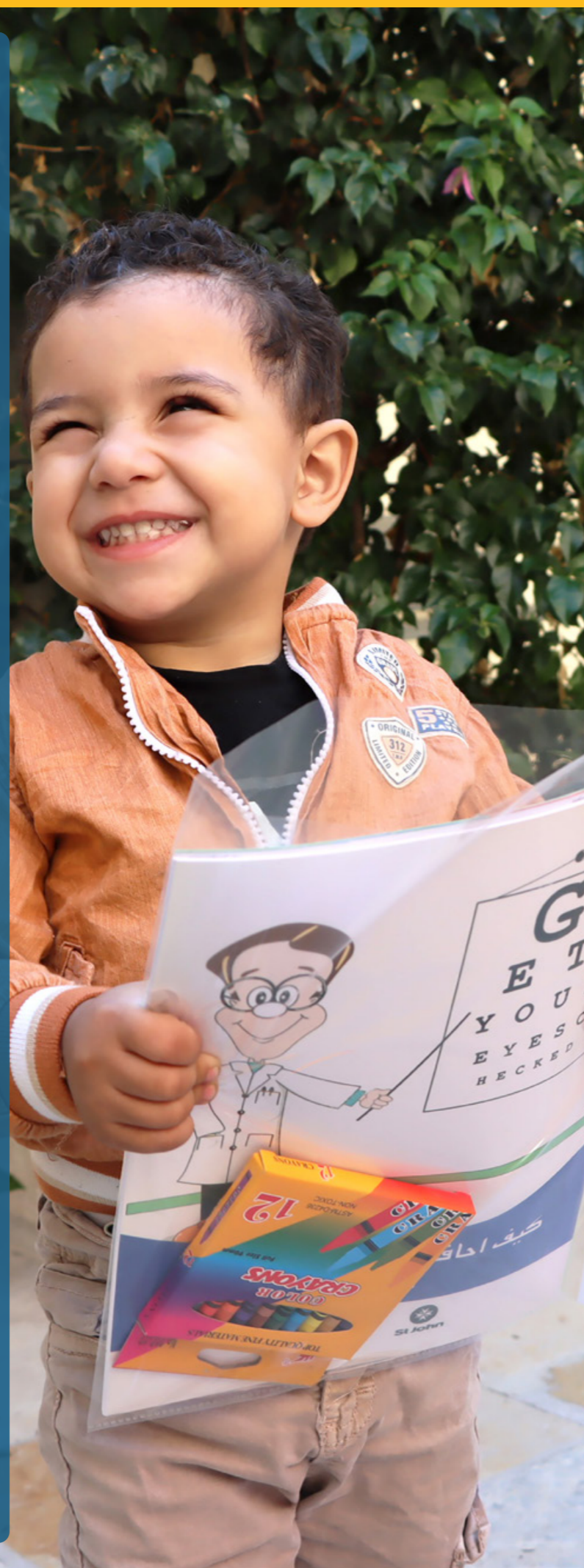
Patient-Centred Services – Commitment to accessible and quality eye care.

Excellence, Education, and Innovation – Developing a centre of excellence for eye health education, research, and innovation.

Investing in our People - Promoting supportive working environments whilst developing a sustainable, skilled workforce.

Good Governance and Partnerships – Strengthening our governance practices and partnerships to ensure best practice and maintain our heritage and reputation.

Sustainability – Diversifying and strengthening our financial sustainability to ensure our mission can continue to the future.



Hospitalier's Report

International Partnerships and Excellence in Medicine



The St John of Jerusalem Eye Hospital has been a beacon of hope for countless people in need throughout her 140-year history. With the ever-growing need for ophthalmic services in the region, the Group continues to build on its legacy of service to the people of the Holy Land.

Service delivery, given at the point of need, lies at the core of SJEHG's work. All medical treatments are evolving, and are driven both by investment in research and postgraduate education, and a commitment to providing state-of-the-art diagnostic and treatment equipment. The 2019 Rapid Assessment of Avoidable Blindness (RAAB) study identified the scale of ophthalmic pathology in this region. The overall prevalence of blindness among Palestinian men and women lies at 2.6%, being over double that of neighbouring Jordan, with rates in Gaza being the highest at 4%. Cataract remains the leading cause of blindness, accounting for 38% of cases,

with diabetic retinopathy (DR) accounting for 24%. Of interest, in Gaza diabetic retinopathy is the leading cause. Finally, the simple need for corrective glasses ('refractive error') was the leading cause in over 45% of all patients with early visual impairment.

These data and others suggest that for 80% of all Palestinian patients who lose sight, effective treatment is available if disease is detected early enough. Thus, whilst SJEHG is a tertiary teaching and training hospital, the main thrust of its work is in identifying and eliminating these preventable eye diseases. Education on eye health is provided at each of the daily outreach clinics, and in 2022 SJEHG was able to restore its second outreach van and staff thanks to the Priory of St John in the USA. Furthermore, the expansion of services with a new clinic in Kufor Aqab enables SJEHG to screen and treat a greater number of patients from north Jerusalem but who

live immediately beyond the security fence.

Finally, in 2022 SJEHG continued to strengthen its clinical and laboratory research base, hosting the first SJEHG Research Symposium in Jerusalem in February 2022, with publications on inherited retinal diseases, and ocular inflammatory disease. The Ophthalmic Association of SJEHG coordinated or contributed to no fewer than 6 international St John postgraduate meetings in Jerusalem, Gaza, Canada, and the USA. These included a number of on-line meetings, bringing in our own talented SJEHG doctors, who presented complex cases for discussion from the West Bank, Jerusalem and Gaza.

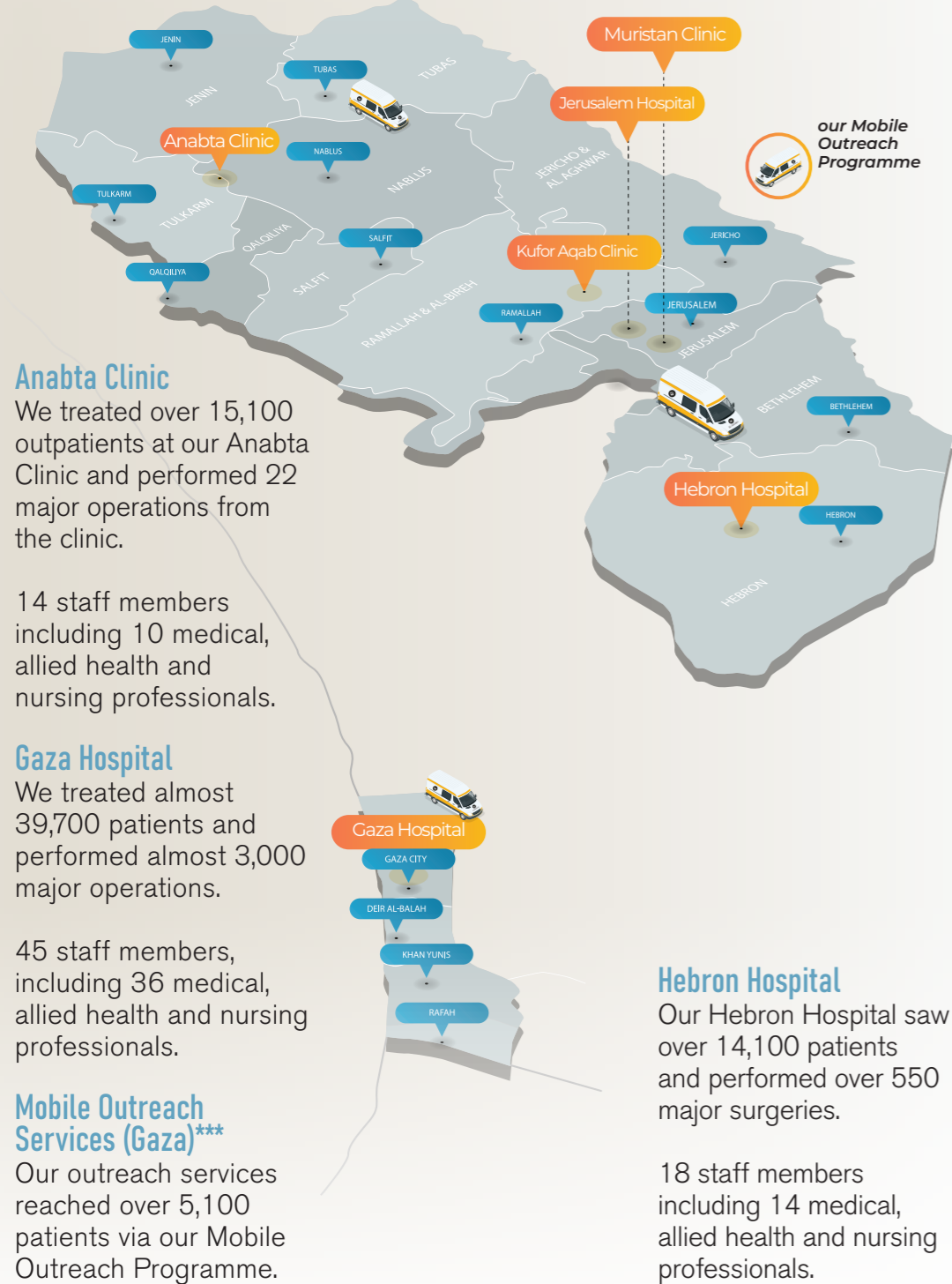
A handwritten signature in black ink, appearing to read 'David Verity'.

David H. Verity, KStJ, MD MA BM BCh FRCOphth
Order Hospitalier,
Chair, SOA



Snapshot of 2022

We reached almost 143,000 patients, performed over 6,900 major surgeries, and employed 277 people across our services.*



Jerusalem Hospital

We treated over 54,500 patients in our East Jerusalem Hospital and performed over 3,350 major operations.

194 staff members, including 128 medical, allied health and nursing professionals.

Muristan Clinic**

We saw almost 1,300 patients in our mobile Old City screening programme and Muristan Clinic.

Kufor Aqab Clinic**

Our Kufor Aqab Clinic screened almost 5,000 patients.

Mobile Outreach Services (West Bank)**

Our West Bank Mobile Outreach service screened almost over 8,000 patients.

***Staff number include six London staff. **Muristan, Kufor Aqab and West Bank Mobile Outreach staff are counted in our Jerusalem Hospital figures. *** Gazan Mobile Services staff are counted in our Gaza Hospital figures.**

Hebron Hospital

Our Hebron Hospital saw over 14,100 patients and performed over 550 major surgeries.

18 staff members including 14 medical, allied health and nursing professionals.



Running Costs 2022

Patient Income 50%

In 2022, the cost to run our services amounted to 11.4million GBP of which we need 50% from fundraising. Your support enables our vital services to continue.

Patient Centred Services

We performed **6%** more surgeries than in 2021

Accessibility

Prevention and early treatment of eye conditions are vital.

This is because many eye conditions, if left untreated, cause permanent vision loss. Delivering accessible eye health services in the oPt carries with it unique problems, as the movement of people, even for medical care, is limited by checkpoints, permit systems and the Separation Wall.

We ensure that as many patients as possible receive eye care through services strategically located across the West Bank and Gaza (see snapshot on page 6 for more details). We help patients to reach care assisting them to navigate permit requirements, transport, and accommodation for longer stays. To increase equity in our care we also target organisations representing communities who struggle to access care – such

as disability and female advocacy groups.

In 2022 we officially launched a new clinic, Kufor Aqab and introduced a second outreach service in the West Bank. Both of these initiatives has vastly helped to improve the accessibility of eye health in the region.

Quality Eye Care

A commitment to the highest standards of quality and comprehensive eye care is vital to ensure the greatest chance of treating or managing each patient successfully. We take this commitment seriously. We were the first Palestinian hospital to achieve Joint Commission International accreditation which is the most stringent certificate awarded to hospitals throughout the world, reflecting the highest standard of excellence in medical care. We are independently reviewed on our JCI accreditation every three years and have continuously achieved 97% or

higher in our accreditation report.

Our Jerusalem Hospital is also the only Palestinian healthcare provider to have locally trained specialists in all subspecialties of ophthalmology (except oncology), and each of our satellite centres receive regular visits from our specialists for treatment or surgical referrals. In Gaza we are working to increase local sub-specialist capacity to enable the mostly locked-in population constant access to the best possible eye care. We also organise for our Jerusalem-based doctors to visit Gaza to run surgical clinics throughout the year. Our Jerusalem doctors made seven visits in 2022.

At our core, our values of compassion, accountability, respect and excellence drives the ethos of care across our services – ensuring that each patient is not just given first-rate medical treatment, but are treated with dignity and empathy at every step of their journey with us.

Patient Case Study:

Three siblings have their vision restored



Rakan, Joury and Jawan, are three siblings from a small village called Hajja near Qalqilya, in the West Bank. The SJEHG outreach service visited the village in September 2022, where Dr Mohammad Daraghmeh examined the eldest, Rakan's, eyes and found he had a cataract which was badly affecting his vision.

Rakan's mother, Shafiqah, was then asked to bring her two daughters to the clinic, as Dr Daraghmeh suspected they may also be affected by the condition. And he was right. All three children were diagnosed with congenital cataracts.

Visual impairment can seriously impact a child's life, especially as 80% of learning is done visually. Congenital cataract is a condition which impacts many children across the West Bank and Gaza,

in much higher numbers than is seen, for example, in the UK. It is vital that it is caught early, as if children live for too long without sight the pathways between the brain and the eye do not develop and they are left permanently visually impaired.

The siblings were referred to our main hospital in Jerusalem. They stayed with their mother in the hospital for one week, whilst the children underwent multiple surgeries to fix their vision. The stay ended with a very special party at the Paediatric Ward to celebrate the family's newly restored healthy vision!

Shafiqah shared her joy at her children's sight being restored:

"I am glad I trusted Dr. Daraghmeh, I am very grateful for the support I received from the medical staff, they were all

very professional and very kind. I am very grateful to St John Eye Hospital, for helping my children see the light again."

SJEHG is raising awareness about cataracts and other common eye diseases in the oPt to ensure more families like Shaqifa can be found and treated.

Social media and awareness campaigns are vital to educate the Palestinian population of eye health. In 2022, we ran four campaigns to educate on cataracts, child eye safety, diabetes and World Sight Day. The campaigns reached over 3.5 million people.



Excellence, Education, & Innovation

Excellence in clinical and academic postgraduate medicine lie at the heart of all successful tertiary referral hospitals. A vibrant postgraduate culture drives innovation, inspires staff, builds trust and loyalty and attracts supporters and patients alike.

In this regard, SJEHG is no different to any other teaching hospital. With over 150 nurses, doctors and Allied Health Professionals (AHPs), it is as large as other units and, as importantly, deals with a complex demographic and pathology base. In another regard, SJEHG is entirely unlike any other hospital. It lies at the heart of one of the most respected humanitarian organisations in the world, with an ethos stretching back to the Hospitaller Knights and their predecessors in the eight century CE. One thousand years after the first hospice in Jerusalem, and 134 years after the modern Order was established, SJEHG continues to flourish.



Education

There is a shortage of both nursing and medical professionals across the oPt, and this shortage is even more pronounced in eye care – there are only 19 ophthalmologists per million of the population (compared to 49 per million in the UK). To combat this, and ensure that we remain ophthalmic leaders, we provide world-class education to the next generation of Palestinian eye health professionals.

Nursing and Allied Health: We offer up to ten places each year at our prestigious Sir Stephen Miller School of Nursing. This is complemented by a training programme for ophthalmic assistants in Gaza, as well as training general community health workers to identify and refer eye conditions to SJEHG centres. Those who stay with us have opportunities for further career development. Several of our graduates go on to train as allied health specialists such as orthoptists or retinal diagnostics. We were delighted to re-launch the School of Nursing this year (see page 11).

Medical: Our ability to offer all subspecialties of eye care (excluding oncology) is achieved through our Medical Residency Programme and Joint Teaching Programme. Our Residency Programme is the only training opportunity offered to Palestinians to specialise in ophthalmology. Once qualified, our specialists will work across our services and are given the opportunity to undertake fellowships in subspecialties at St John or at one of our partner organisations. This high-level experience is essential if our staff are to tackle the complex and advanced pathology which can occur in Palestinian patients.

Spotlight on:

Re-opening the School of Nursing

Our Sir Stephen Miller School of Nursing Specialist Ophthalmic Nursing Course accredited by the University of West London was launched in 1998; nurses who completed their general nursing university education are qualified to become Specialist Ophthalmic Nurses and awarded a high diploma in “Specialist Ophthalmic Nursing”. Since its establishment, more than 160 Specialist Ophthalmic Nurses graduated from our School of Nursing.

Unfortunately the course had a one-year hiatus due to the Covid-19 pandemic and funding restraints. We were therefore delighted to reopen this training in 2022.

This year, the School of Nursing also established a partnership with Al-Quds university to provide a 9-month diploma in ophthalmic nursing and award graduates “A Postgraduate Diploma in Ophthalmic Nursing” from Al-Quds university. This important partnership allows our graduates to be formally recognized from the Palestinian Ministry of Higher Education and therefore internationally acknowledged. Nowadays, recognition of formal education requires University Certification rather than Accreditation which, in turn, improves the graduate’s work opportunity and further pursue higher education.

Al-Quds university will contribute to a 50% discount of the usual university fees, while the hospital will continue to support students and provide accommodation, food, and stipends. This



means that the course expenses will be fully covered and further students will be financially and socially supported well throughout the whole period of their study.

One of the most recent cohorts, Hamid, shares what this course means for him:

I am 23, and I am the main provider to my parents and the rest of my family. I am very grateful that it is provided as a scholarship. My cousin is an ophthalmic nurse who encouraged me to undertake the ophthalmic nursing course and I think it was the best decision I have ever made!

St. John Eye Hospital is an excellent place for professional growth. The future of ophthalmic nursing in Jerusalem and in Palestine is expanding. I will be proud to provide ophthalmic nursing care and alleviate patients eye complaints and improve their vision. I am doing well in the course and already have so much knowledge.

So far, I have most enjoyed the Mobile Outreach service which helps the poor people and provides them with eye care that is missing in their areas. It is such a vital service.

I am eager to be a leader in ophthalmic nursing, and am excited to see where the rest of my career will take me!

Research & Innovation



We work to deliver a service which reflects current population needs and provides state-of-the-art high quality treatment for those who require it. We do this by researching our population needs and ensuring that our specialists collaborate on developing ophthalmic best practice with their cohorts across the globe.

Clinical Research: Our clinical research continued to grow in 2022. These new initiatives reflect a wider strategic aim of SJEHG to encourage high-quality clinical research at SJEHG. We published two papers in 2022 which can be found <https://www.soa.global/research/peer-reviewed-publications/>

Our work extended to collaborative work with Al-Quds University Medical School in many subspecialties. We are also working with the Augusta Victoria Hospital in the West Bank on community projects such as diabetic retinopathy screening to build a National Protocol and strategy for treating this condition (which is the fastest growing cause of blindness across Palestine).

Ongoing Clinical Research initiatives include:

- Multicentre study on Behcet vasculitis – one paper was published on this in 2022



- Study of the genetic risk of diabetic retinopathy in the oPt in collaboration with Al Quds University
- Uveitis in paediatric arthritis in collaboration with Al-Najah University
- Glaucoma Research (6 projects underway)
- Collaboration with Hadassah Academy College focusing on Keratoconus
- Autologous cornea regeneration in collaboration with Radboud University
- Retinopathy of Prematurity Screening Programme

Genetics Research: Since 2016, we have been conducting extensive research into inherited retinal disease across the oPt. This was, until 2019, 'Peace for Sight' - a joint project between SJEHG and Hadassah Medical Hospital funded by the German Johanniter Unfall Hilfe (Johanniter Aid for Accident services) and the European Union Peacebuilding Initiative. This project allowed us to train a dedicated genetics research team and establish the oPt's first ever retinal genetics laboratory.

In 2022 we recruited 80 new Palestinian families with inherited retinal degenerations, 2 papers were published in highly ranked journals. One paper focused on a novel founder mutation that was found for the first time in Palestinians. 130 DNA samples of patients with retinitis pigmentosa were sent to Radboud University in the Netherlands as part of collaboration with the European Retinal Disease Consortium.

Spotlight on:

Retinopathy of Prematurity



A pressing and increasing need in recent years has been for paediatric eye screening. Early detection of childhood visual abnormalities is vital if life-long visual deprivation is to be avoided. With modern equipment, such screening and treatment is not only possible, but cost-effective, and of immeasurable impact to the patient and their family.

In 2022, SJEHG was proud to announce the introduction of modern imaging cameras to its paediatric eye-screening programmes for retinopathy of prematurity (ROP). This affects 50% of infants born prematurely before 31 weeks of gestation. Both eyes are usually affected, and about 8% of at-risk infants need treatment to prevent sight loss or even blindness. These infants require regular and frequent retinal screening to determine appropriate management with sight-saving measures including ocular laser, intra-ocular injections (which retard the growth of abnormal blood vessels), and, in more severe cases, surgery.

Historically, screening has been performed by ophthalmic experts, but increasingly state-of-the-art digital cameras are used to detect retinal disease. The resultant digital images can be read remotely and used to advise on treatment and prognosis, and although such systems have been available for a few years, until 2022 these screening cameras



were not available in Palestinian neonatal units, despite a growing clinical need.

In 2022, there were 38 neonatal units in the Palestinian Territories: 27 in the West Bank, 3 in East Jerusalem, and 8 in the Gaza Strip. SJEHG conducts 'manual' screening programs across 6 separate units in the West Bank alone. The number of at-risk neonates at a given point of time across this population remains uncertain, although an epidemiological study published in 2019 suggests that a third of such neonates in Gaza, and 17% in the West Bank, develop ROP, yet sadly some at-risk children are not systematically screened for want of resources.

In 2022, thanks to the vision, commitment, and generosity of the RTW Charitable Foundation in New York, as well as the Priory of St John USA, and with a grant written by SJEHG's Ophthalmic Association, the Group has acquired three state-of-the-art Phoenix 'ICON' retinal imaging cameras. For the first time in this population, we now have the capability to screen premature infants in neonatal ITUs in the West Bank and Gaza, where current screening is, sadly, imperfect, with many children developing irreversible retinal complications each year. Our clinical teams are now organising the networks needed in key ITUs, in addition to a cloud-based diagnostic platform, to put this valuable new resource to work where the burden of ROP is greatest.

We gratefully acknowledge the RTW Charitable Foundation and the Priory of St John in the USA for supporting this ground-breaking initiative. For more information, please visit www.soa.global/rop/

Investing in our People



Our staff are our most valuable asset. We are dedicated to creating an atmosphere which cultivates respect, development, transparency, and well-being for all our employees.

As they are currently relatively underrepresented at senior levels, we are also placing a distinct focus on encouraging our female and disabled staff members into management and development opportunities. In 2021, Dr Salam Iriqat was promoted to junior consultant and appointed as the group research lead. Dr Raja' Al-Masri started her oculoplastic fellowship and Dr Haneen Shalalkeh was appointed as a

specialist in our Kufor Aqab clinic. All three are graduates of the St John residency programme.

Staff are trained and coached to be multi skilled in their departments by working on a rotational basis where possible, without affecting quality. Internal training is conducted on a regular basis which is essential for staff continuous development. We have morning lectures for doctors and nurses to increase their knowledge and discuss special cases and recently introduced the SOA Case Study series.

We continue to reward staff for their distinguished performance through the "Employee of the Month" nominations as well as nominations and promotions within The Order of St John.

Spotlight on:

Salam Iriqat

I began working with St John fourteen years ago as a medical resident to specialise in ophthalmology. Since then, my own career has flourished, alongside the hospital, and the many individuals that have been through SJEHG's doors in that time.

This is no better captured than in the story of one of my most memorable patients, Abrar. I met her over a decade ago when she was only seven years old. She came to my clinic with incredibly poor vision, accompanied by her blind father.

She had been previously diagnosed with an incurable retinal hereditary disease, but I noticed her symptoms were similar to a condition I had recently studied – Bechet's vasculitis (a systemic inflammatory disease). I put her on a treatment plan and have seen her every six months for ten years. She is now fully sighted, seventeen, and thriving!

Her life, education, and prospects would have certainly been challenged had she not received care through St John. It has been an incredible journey to go on with her.

It is also a reflection of the investment that St John puts into its services and career development. After my residency I was given the opportunity to specialise in uveitis, and it was this specialism that gave me the expertise to diagnose Abrar correctly. I was the first, and remain the only, ophthalmologist who has specialised in uveitis in Palestine.

Recently I have taken on a further role as the clinical research coordinator. This has enabled me to represent Palestinian eye health on the world stage. Through this role I can foster collaboration between other leaders in eye health and our clinical researchers here at the hospital.



We aim to be leaders in eye health across the Middle East and globally. Most importantly we hope this collaboration will bring new innovations in eye health to better serve more people just like Abrar.

St John has helped my dream come true. This role means more to me than I can put into words, I am serving my people in the holiest place in the world. I'm so proud of what we have achieved so far, and I cannot wait to see what the next decade will bring for eye health in Palestine.

Good Governance & Partnerships

SJEHG continues to seek partnership opportunities in the Middle East and globally.

Technical Support and Grant Partnerships:

There are a number of other development organisations who collaborate with SJEHG on eye health projects across the oPt. We rely on their expertise or influence to deliver our services at the highest level. Several of these bodies are also donors, to see a full list of major donors in 2022 refer to page 55



Quality and Transparency:

Through our commitment to quality eye care (see page 8) we have been accredited by the ISO 9001:2015 (Accreditation for Quality Control) and JCI International and are subject to regular external audits to ensure that we are adhering to their gold-standard for quality healthcare.

We take transparency very seriously, following all UK guidelines to ensure both our

accounting and fundraising practices are operating to the correct level. As such, we are registered with official charity bodies in the UK and are independently audited each year. To see our full fundraising statement, see page 33, to see our Independent Auditors' report from PwC see page 36.



St John Family: SJEHG enjoys a unique position as a foundation member of The Most Venerable Order of the Hospital of St John of Jerusalem, which was given a Royal Charter by Queen Victoria in 1888. Our Sovereign Head is His Majesty King Charles the Third and our Grand Prior is HRH Duke of Gloucester. Being a founding member of one of the world's biggest providers of healthcare gives SJEHG access to partnership with Order of St John, Johanniter International and the Alliance of the Orders of St John. Together, and alongside several other international bodies, we collaborate on best practice for clinical governance, sustainability and more.



We rely on our reputation to enable us to deliver our services further and to a higher standard than anyone else in the region.

Local: Our strategic partnerships with local health networks are vital to ensure an integrated approach to eye health. We have a Memorandum of Understanding in place with the Ministry of Health in both the West Bank and Gaza, to guarantee patients who present with eye conditions at general clinics are referred to us for specialist treatment.



Training: Both our Sir Stephen Miller School of Nursing and our Medical Residency Programme are internationally and locally accredited, ensuring that our staff are trained to the highest possible standard. Our medical team benefit from opportunities to train in subspecialties internationally, and regularly collaborate on medical research with their cohort across the globe. This collaboration has been encouraged by the introduction of the St John Ophthalmic Association.



Sustainability

Statement of Financial Activities 2022

Incoming Resources: £13.6m	GBP £000	USD \$000	%
Patient Related Income	5,756	7,137	42
Priory Income	3,113	3,860	23
Other Voluntary Income	4,598	5,702	34
Investment & Other Income	175	217	1
Total	13,642	16,916	

Resources Expended: £11.4m	GBP £000	USD \$000	%
Charitable Activities	10,673	13,234	93
Cost of Generating Funds	592	734	5
Governance and Other Expenditure	170	211	2
Total	11,435	14,179	

Thanks to the continued support of our donors, we can provide high-quality eye care to thousands of people each year.

The Palestinian need for eyecare only continues to grow, and with it brings a vital requirement to source new methods of funding.

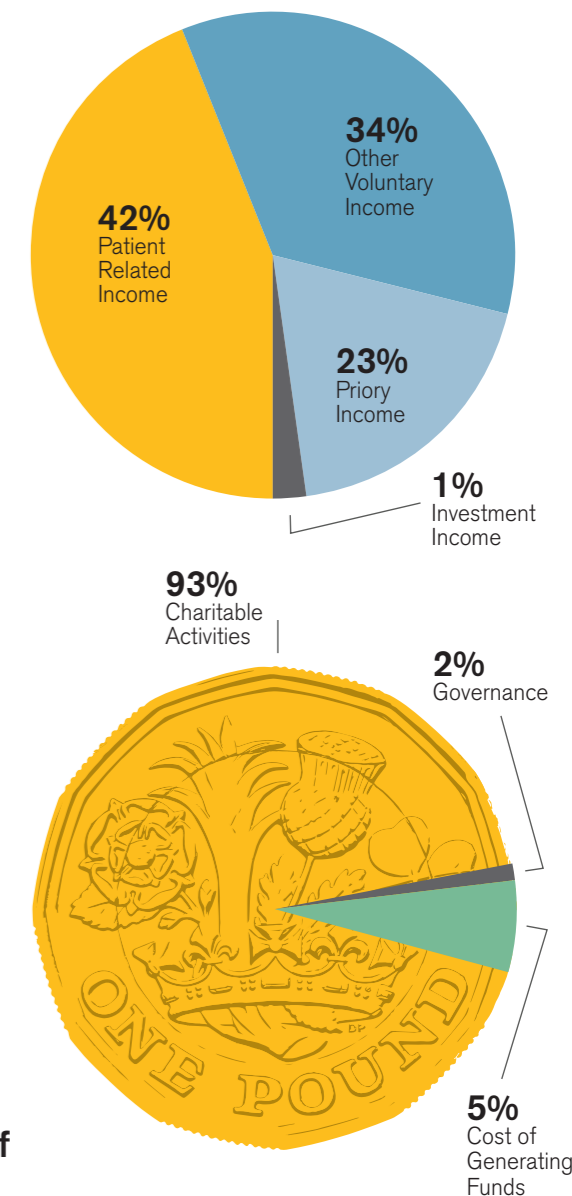
As part of our 2020-22 strategy, we are committing to diversifying our sources of funding by looking to increase our income from private and medically insured patients. We will do this by remaining an innovative and competitive leader in private eye care across the oPt.

There will always remain a large portion of our patients who will need eye care given at subsidised rates, or for free,

to ensure that money is not a barrier in their eye health journey.

Poverty rates across the oPt are currently at 27% overall, with over 53% of people in Gaza living in poverty (over 1.1 million people). Rapid inflation is hitting the poorest Palestinian households hardest, with the cost of some basic food commodities projected to rise by as much as 80 per cent*.

Our donors remain vital for us to be able to deliver eye health to those who need it most – the most marginalised, underprivileged and at risk. They



also allow us to preserve our rich heritage, which reflects the almost 1,000-year-old tradition for The Order of St John of delivering health care in the Holy Land.

Our St John Family remain a vital donor and, in 2022, gave 40% of our voluntary income. To all our donors, and especially our major donors, we thank you for your generosity (please see a full list of major donors on page 55).

**Source: UN OCHA "Occupied Palestinian Territory (oPt) Humanitarian Needs Overview January 2023*

Trustees and Committee Members

The trustees of the charity, who are also the directors for the purposes of UK company law, during the year and, at the time of this report, are listed below:



Sir Andrew Cash OBE KStJ
(Chairman)



Sir Andrew joined the NHS as a fast-track graduate management trainee and has been a chief executive for more than 20 years. He has worked at the local, regional and national level. He has worked by invite at the Department of Health, Whitehall on a number of occasions. He is a visiting Professor in Leadership Development at the Universities of York and Sheffield. Sir Andrew was Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust from 2004 to 2018 and is currently the part time Chief Executive of the South Yorkshire and Bassetlaw Integrated Care System. He joined the SJEHG Board as Chair in September 2018.

Mr David H Verity KStJ, MA (Oxon), MD (Lon), BM BCh, FRCOphth
(Order Hospitaller)



David Verity was appointed to the Board in June 2016 and became the Order's Hospitaller in September 2018. He is a surgeon at Moorfields Eye Hospital, the President of the British Oculoplastic Surgery Society, the Treasurer for the European Society (ESOPRS), and immediate past Editor in-Chief

of the international journal 'ORBIT'. In 2015, with the ophthalmic Hospitallers of the Order, he founded the St John Ophthalmic Association (SOA), a professional organisation dedicated to the postgraduate work of SJEHG. The SOA is formed of 5 world-wide hubs, engaging medical expertise across the Pories and supporting our staff with training courses and medical exchanges. As a surgeon, he also undertakes regular working visits to our hospitals in Jerusalem and Gaza.

Mr Chris Hoult OStJ FCA
(Treasurer and Company Secretary)



Chris Hoult joined the Board of Trustees in January 2022 as Treasurer bringing over 25 years of board level experience in roles that have encompassed Finance, IT, Procurement, Estates and Facilities as well as international trading which included 2 years spent living and working in Denmark.

He qualified as a Chartered Accountant in 1987 and since then he has worked in a variety of commercial and not-for-profit organisations including 4 years as the Director of Finance of Plymouth Hospitals NHS Trust and 9 years advising NHS organisations in London on major strategic reorganisation projects.

He is currently the Director of Finance of Royal Voluntary Service a UK focused charity that promotes volunteering as well as supporting the NHS and its patients.

Dr Maged Abu-Ramadan

KStJ MD FRCSEd



Dr Maged Abu-Ramadan is a resident of Gaza, a Senior Consultant Ophthalmic Surgeon, and the Founder and President of the Palestinian Ophthalmological Society. In 2005 he was made Mayor of Gaza. He is the Treasurer of the Middle East Africa Council of Ophthalmology, and the Chairman of Coastal Municipalities Water Utility. Previously, he was the Palestinian Authority Director General of Hospitals General Administration and the Director General of the International Cooperation Department of the Ministry of Health. Maged became a member of the Board in April 2013 and retired in December 2022.

Mrs Avey Bhatia OStJ RGN, MPA



Avey Bhatia is Chief Nurse at Guy's and St Thomas' Trust. Avey qualified in 1991 and her clinical experience includes theatres, general intensive care, coronary care and cardiothoracic nursing.

She held various staff nurse and sister posts at hospitals in London before becoming Chief Nurse and Director of Infection Prevention and Control at St George's University Hospitals NHS Foundation Trust in 2017. Avey holds a postgraduate diploma in health services management and a Masters in Public Administration.

She is also the Trust's Director of Patient Experience, and the executive lead for adults and children's safeguarding, and for infection, prevention and control. Beyond Guy's and St Thomas', Avey is Vice President for the Florence Nightingale Foundation and Honorary Vice President of The Nightingale Fellowship. Avey joined the Board in January 2022.

Mr Jamie Ingham Clark CStJ FCA



Jamie Ingham Clark is a Chartered Accountant and pursued a career in the Lloyd's insurance market, where he had many years board experience as either Finance or Compliance Director. He served on the Court of Common Council (the local authority for the City of London) from 2013 and was the Chairman of its Finance Committee until March 2022. He is a Liveryman of the Clothworker's and Pattenmaker's Companies and

is a member of the Knights Templar. Jamie has been involved with The Order of St John for over 40 years as a member of the Ceremonial Staff and is currently the Sword Bearer. He is the current Chair of The Guild Church Council of St. Lawrence Jewry-next-Guildhall. He joined the Board in 2017.

HE Diane Corner OStJ OBE



Diane Corner has been British Consul-General in Jerusalem since July 2021. Diane was British Ambassador to the Democratic Republic of Congo (2013-14) and prior to that British High Commissioner to Tanzania. From 2014-17 Diane was Deputy Special Representative of the UN Secretary-General (Political and Protection of Civilians) in the Central African Republic. Other diplomatic postings have included Kuala Lumpur (1985-88), New York (1989), Berlin (1994-98), Harare (2001-3) and Sierra Leone (2008-9). Diane holds a BAHons in French and Politics from the University of Bristol, and an MA in International Relations and Contemporary War from King's College London. She also has a diploma from the NATO Defence College Senior College which she attended in 2000. Diane joined the Board in July 2021.

Miss Helen Dodds (Helen Forsyth) OStJ



Helen Dodds is an international lawyer and board member with over 30 years' experience in the legal and financial services sectors. She is a solicitor, a CEDR accredited mediator and a Senior Honorary Fellow of the British Institute of International and Comparative Law. Helen is currently also a board member of the UK Human Tissue Authority, a director of LegalUK and a member of the development board of the Bingham Centre for the Rule of Law. Previously she was Global Head of Legal, Dispute Resolution at Standard Chartered Bank, and a non-executive director of the London Court of International Arbitration. She joined the Board in January 2022.

Mr Paul Hackwood



Paul Hackwood is CEO and General Secretary of Toc H, a national Community Development Charity. Paul is ordained in the Church of England and a Canon at Leicester Cathedral. He is a trustee of the Henry Smith Charity where he chairs the Clergy and Christian Projects grant making committee. He was recently appointed as a fellow of the



Edward Cadbury Centre for the Public Understanding of Religion at the University of Birmingham. Paul joined the Board in January 2022.

Mrs Ismat Levin OSTJ



Ismat Levin trained and practiced as a solicitor at City law firm Dentons following which she has spent 25 years as General Counsel for commercial, international growth and technology-led industries listed on NASDAQ or in private equity contexts. She has substantial experience of intellectual property licensing, governance, risk management and regulation. Ismat has served as a committee member for the Royal College of Radiologists (2016-2020) and since April 2015 as a Magistrate on the North West London Bench. In February 2022, Ismat joined the Board of LXi REIT plc, a real estate investment trust and FTSE 250 company, listed on the London Stock Exchange, as Non-Executive Director. Ismat joined the Board in January 2022.

Mr Timothy Jones OSTJ



Tim Jones is a retired solicitor, Chair of the trustees of homelessness charity The Connection at St Martins, a trustee of the Safer London charity and of the National Botanic Garden of Wales, a director of the Sport and Recreation Alliance and a school governor. Tim was formerly a partner in the law firm Freshfields Bruckhaus Deringer LLP working on a wide range

of corporate and commercial projects internationally. He was managing partner of the London office between 2007 and 2011 and worked in the Madrid office between 1994 and 2000. Upon retirement from Freshfields he became General Counsel of England 2015, the organising committee for the Rugby World Cup. Tim joined the Board in November 2019.

Dr Umaiye Khammash



Dr. Umaiye Khammash is a Medical Doctor and Senior Public Health Specialist. With over 40 years of experience in all aspects of primary healthcare, Dr. Khammash currently serves as the Director of Juzoor for Health and Social Development, a leading Palestinian NGO in the health and social sectors. Throughout his career, Dr. Khammash practiced medicine in different West Bank hospitals and managed several local and international health programs. Prior to his current post, he served as the Chief of Health for the United Nations Relief and Works Agency (UNRWA) in the West Bank for over 14 years. He helped to found several medical organisations including the Union of Palestinian Medical Relief Committees (UPMRC), the Center for Primary Health Care with Al- Quds University, the Palestinian Health Coalition for Adolescents, the MENA Health Policy Forum, and the Palestinian Health Policy Forum. Dr. Khammash has also worked

and influenced health services in different countries across Central Asia and Africa. Umaiye joined the Board in January 2023.

Mr John Macaskill OSTJ



John Macaskill was a Founding Partner and Managing Director of Groton Partners, a Private Equity firm based in New York. Mr Macaskill joined Groton Partners in March 2005 and focused his efforts on alternative investments, including Private Equity. Mr Macaskill is a General Partner in a number of private equity and real estate funds and has spent the last forty years in the financial services industry in New York and London. He is a member (retired) of the Institute of Chartered Accountants of Scotland, and a Chapter Member of the Priory in the United States of the Order of St John. He joined the Board in January 2018. He is also the treasurer of the Priory of the USA.

Mr Guy Morton KStJ MA



Guy Morton is a solicitor and was, until his retirement, a partner in Freshfields Bruckhaus Deringer LLP, with a practice specialising in banking and financial law and the regulation of financial markets. He was Joint Senior Partner of the firm from 2006 to 2010. He has served on European Commission consultative groups relating to financial law reform and has represented the United Kingdom in relation to international law reform initiatives at the Hague Conference on Private

International Law and UNIDROIT. Mr Morton was appointed as Acting Chairman from January 2018 until the appointment of Sir Andrew Cash in September 2018. He first joined the Board in June 2011, and left the Board in December 2022.

Dr David E.I. Pyott CBE, OSTJ



Dr David Pyott is the former Chairman and CEO of Allergan Inc. During his tenure, Allergan was transformed from a small eye care business with about \$1 billion in sales to a global company, with sales over \$7 billion. Dr Pyott is a member of the Board of several U.S. pharmaceutical companies and a member of the Supervisory Board of Royal Philips. He is Chairman of the Board of Governors of London Business School, a Trustee of the California Institute of Technology, President of the newly created Ophthalmology Foundation, successor to the International Council of Ophthalmology Foundation, President of the Advisory Board of the Foundation of the American Academy of Ophthalmology and is also involved on the Boards of many other U.S. and international eyecare charities. Dr Pyott and his wife, Molly, are Members of the Priory of the USA and stalwart supporters of SJEHG. Dr Pyott joined the Board in October 2020.

Mr Herbert von Bose



Herbert von Bose is a lawyer and has worked for the European Commission in Brussels since

1983 where he rose to become the Director for Industrial Technologies. He joined the Johanniterorden in 1984 and was chairman of the Brussels Johanniter Group from 2002 to 2012. Since 2014, he has been Governing Commander of the Balley and is responsible for international affairs. Herbert joined the Board in June 2014.

Co-opted Committee members who are not trustees

Mr Ken Baksh



Ken is an investment consultant with over 40 years' experience.

Mr Thomas E.K. Cerruti Esq, OSTJ



Thomas is a lawyer, Executive Director of the Shiley Foundation, and trustee. He is a member of the Priory of the USA.

Mr Kevin Custis



Kevin is a registered trust and estate practitioner, Legal Executive and the chair of the London Central Branch of the Society of Trust and Estate Practitioners (STEP).

Mr Paul Double CVO OSTJ



Paul is a barrister and the Remembrancer at the City of London.

Mrs Anzo Francis MStJ



Anzo is an ICAEW Chartered Accountant and Director of Finance of

Water & Sanitation for the Urban Poor.

Mrs Sarah Jane Holden



Sarah-Jane is current Chairman of the Guild. She has been a member of the Guild for over 30 years and is a former elected Conservator of Wimbledon & Putney Commons.

Mr Timothy Walker CB, MStJ



Timothy is a retired British Civil Servant, formerly serving as Director General of the Health and Safety Executive.

Ms Caroline Trehitt



Caroline is a financial services executive with over 20 years experience leading strategic change and corporate development projects in both large and small organisations.

KEY:

- Board
- Steering
- Finance
- Audit
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Strategy & Planning
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Liaison
- Digital and IT

Governance Structure



Board Committees:

- Steering
- Finance
- Audit
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Strategy & Planning
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Liaison
- Digital and IT

The Committee Terms of Reference were updated in 2021.

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member of the Charity and appoints the Chairman of the Board of Trustees. The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem. Meetings are held both in person and virtually. The Board reviews the performance of SJEHG and, in particular, the performance of the hospital in Jerusalem, Gaza, Hebron and the Anabta, Muristan and Kufor Aqab Clinics, as well as the Mobile Outreach Programme. The Board also considers and approves the operational and capital budgets. The Board Committees focus, in detail, on their areas of responsibility and report back to the Board. The Board is aware of the codification of directors' duties under the Companies Act 2006 and takes these duties into account in consideration of

SJEHG's activities and within its Articles of Association. New Trustees are selected by the Board to maintain an appropriate balance of skills, experience and diversity. Trustees are appointed for a term of three years and may be reappointed for two further terms of three years but are not normally eligible for a further reappointment.

Two Trustees left the Board of Trustees in 2022. One new Trustee has been recruited who was appointed in January 2023.

An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the Charity to the Chief Executive, Dr Ahmad Ma'ali and the SJEHG senior management team.

The Chief Executive

Dr Ahmad Ma'ali

CStJ PhD MPH BSN PGCE ENB, CEO

●●●●●●●● CEO

Dr Ahmad Ma'ali joined the SJEHG family in 1990 as a student nurse, successfully completing his secondment at Greenwich University in 1996 followed by a six-month postgraduate specialist ophthalmic nursing course at London's Moorfields Eye Hospital. In 1999, he was certified with a Nurse Tutor Diploma by the Bolton Institute. Thereafter, he returned to Jerusalem where he assumed the role as clinic Charge Nurse for one year, and in 2000 took responsibility for course leadership at the Sir Stephen Miller School of Nursing. He was also responsible for

infection control and clinical services coordinator, and gained a master's degree in Public Health Management at Al Quds University in 2003. In May 2009, Dr Ma'ali made SJEHG history as the first Palestinian Nursing Director. In 2017, he attained a PhD in advanced Nursing practice at De Montfort University and, after 10 years as Director of Nursing and Allied Health Professions building relations with staff, students and patients, he was appointed as an interim Joint CEO with Peter Khoury in September 2017. In May 2019 Dr Ma'ali became our first Palestinian CEO.



Public Benefit

The Trustees have given due regard to the Charity Commission's General Guidance on public benefit when planning the Charity's activities. Our Annual Report sets out our activities, achievements, and performance during the year, which are directly related to the objects and purposes for which SJEHG exists. SJEHG achieves its principal objectives through the delivery of services to members of the public in Jerusalem, the West

Bank and Gaza without regard to ethnicity, religion, social class, or ability to pay.

The Public Benefits from SJEHG's activities are:

- a. the provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza and Hebron, the Anabta, Muristan and Kufor Aqab Clinics and the Mobile Outreach Programme;
- b. the exemption of patients' charges when the relevant authority does not finance the treatment and the patient

is unable to pay all or part themselves;

- c. the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region;
- d. the research into endemic diseases affecting the Palestinian population; and
- e. our services enhance education and employment prospects and contribute to economic growth.

Strategic Report

Strategic Vision:
January 2020 to December 2022

Our three-year strategic plan 2020 - 2022 will enable us to attain our mission as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, creed, social class or ability to pay. This strategy will enable us to continue Saving Sight, Changing Lives and to uphold our CARE values:

Care

Compassion

Providing eye care with empathy and willingness to promote wellbeing

Accountability

Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve

Respect

Honouring the dignity and diversity of each person

Excellence

Providing exceptionally high quality and advanced care

The strategy outlines our clear

vision to work with partners to eliminate causes of avoidable blindness in the Holy Land through five distinct strategic aims:

Patient-Centered Services

Putting patients first - reaching out to the most isolated and marginalized individuals in our community and ensuring quality care and patient safety.

SJEHG will build on its JCI re-accreditation to continually strengthen standards and protocols on quality care and patient safety. Patient satisfaction surveys and audits will be conducted and we will develop our paediatric services in Gaza. Our priority is to establish outreach services to overcome permit related accessibility issues and patients located in more isolated communities.

Excellence, Education, and Innovation

The country's main provider of ophthalmic training for the medical, nursing and allied health sector, leading on excellence in research, innovation and medical education.

We are the main provider of medical, nursing and allied health professionals' ophthalmic training in the country. We will seek funding for clinical research, and to achieve the American Council of Medical Graduate Education accreditation. We will capitalise on our achievements in research,

innovation and education by sharing our knowledge on genetics research and findings from the SOA annual summit and disseminating the results from our Rapid Assessment of Avoidable Blindness. By the end of 2022, we will produce at least 10 scientific publications and have assured that our six medical residents are successful in their national exams.

Investing in our People

Investing in our most valuable asset – our staff. Promoting local talent and supportive working environments, whilst developing training opportunities towards a sustainable, talented workforce.

Our staff are our most valuable asset, and we will continue to empower and support them to reach their full potential. We will create a culture of transparency, initiate a hospital-wide pay scale and ensure employees have an annual development plan in response to appraisal processes. Female staff will be encouraged to take leadership roles and we will facilitate training and fellowship opportunities in Gaza and Jerusalem for corneal to oculoplastic specialisms.

Good Governance and Partnerships

Building international partnerships and strengthening governance structures to mitigate risks and ensure best practice. The hospital management will further



strengthen its governance structure across its sites and continue to conduct audits to control risks and prevent any undesired outcomes. We also aim to strengthen partnerships with major donors and pertinent service providers and stakeholders such as Palestinian Ministry of Health, Afoula Hospital, as well as brokering agreements with hospitals in Israel and overseas.

Sustainability

Building on a decade of overall growth by diversifying our funding sources so that we continue to reach more patients with quality services and ensure a financially secure future.

We have expanded our services over the past 10 years to reach more patients and we will sustain these achievements by diversifying our sources of funding across

patient, major donors and Priors income. We will do this by reviewing contracts with all Israeli sick funds, implementing non-clinical income generating projects and competing for paying customers with services driven efficient hospital-wide processes. We aim to increase hospital related income from 53% to 57% by 2022.

Did we achieve our Strategic Aims?

As our 2020-2022 Strategy draws to a close it is an opportunity to reflect on our achievements over the past three years.

Patient-Centered Services

- We re-established our second mobile outreach unit in the West Bank
- Increased outreach across Gaza
- Opened a new more accessible clinic in Kufor Aqab for patients struggling to access care at our Jerusalem Hospital due to the Separation Wall.
- Achieved re-accreditation in JCI in our Jerusalem Hospital
- Successfully managed a global pandemic with no breach in standards of quality or in-hospital transmission of the virus

Excellence, Education, and Innovation

- Our six medical residents continued their 4 years residency training
- 8 nursing students enrolled on the post graduate specialist ophthalmic nursing Diploma
- We co-authored or led on 16 peer-reviewed papers

Investing in Our People

- Three doctors completed fellowships in Oculoplastics, Pediatric Ophthalmology and Vitro Retina.
- One female staff member was promoted to a leadership role.
- We introduced a hospital wide pay scale and more transparent and formal development plans for all staff

Good Governance and Partnerships

- We continued to strengthen partnerships with various local, national, and international organisations, hospitals and major donors.
- The hospital continued its membership of the Order's Europe, Middle East and Africa Regions.
- A number of internal and external audits were completed at the Group to control and mitigate risks

Sustainability

- We continued to diversify our sources of patients income
- The Israeli Sick Fund share reached 18%, UNRWA 14% and the Palestinian Ministry of Health 28%.
- Patient income covered 49% of the operational budget in 2022

We are delighted to have published our Strategy for 2023-2025 which can be found on our website (URL: tinyurl.com/sjehgstrategy23).





Strategic Report

Financial Review: Achievements and Performance in 2022

For the year ended 31 December 2022, incoming resources amounted to £13.6m, (2021, £13.3m) while resources expended amounted to £11.4m (2021, £10.9m). This resulted in a surplus of £2.2m (2021, £2.4m) before taking into account realised and unrealised losses on investments of £0.8m and exchange losses of £0.2m. Overall fund balances accordingly increased by £1.2m in the year.

During the year, patient-related income increased as the hospital resumed its normal working levels post Covid-19 pandemic which imposed movement restrictions and resulted in a decline in the number of patients seen and treated by the hospital in 2020. Within voluntary income, donations from St John Priors increased from £2.5m in 2021 to £3.1m in 2022.

Expenditure on charitable activities amounted to £10.7m, being 93% (2021, 93%) total resources expended. These costs include running the hospitals in Jerusalem, Hebron and Gaza, the Anabta Clinic, the Muristan Clinic, the Kufor Aqab Clinic and two Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running costs of the genetics laboratory and the refractive suite. The expenditure on charitable activities is primarily personnel

costs which makes up 61% of the total cost (2021, 58%). Operating costs were contained through the continuation of enhanced cost controls introduced in earlier years as well as the actions taken by trustees and management to minimise the financial impact of the pandemic. Costs of generating funds constituted 5% (2021, 5%) of total resources expended and is the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team in addition to carrying out various fundraising events. Governance costs amounted to 2% (2021, 2%) of the total resources expended and reflect the international nature of the charity's activities and governance arrangements. Total voluntary income decreased to £7.7m (2021, £7.9m) representing 56% (2021, 59%) of the incoming resources. Donations included £0.5m (2021, £0.6m) restricted for capital projects and medical equipment, in addition to £3.1m (2021, £2.5m) donated by the Priors of The Order of St John. Overall, the value of capital projects completed during the year amounted to £0.6m (2021, £0.6m).

Funds generated from charitable activities (mainly patient income) amounted to £5.8m and constituted 42% (2021, 40%) of total incoming resources. The remaining 1% (2021, 1%) incoming resources related to income from investments. During 2022, the PA has

continued to face major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group. Additionally, due to the political unrest within the region, there are doubts about the ability of the PA to continue paying the hospital on a regular basis. Funding this level of debt impacts on SJEHG's cash flows and it is ameliorated to a certain extent when the European Union and USAID pay a substantial part of the PA outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually for capital projects.

The investment portfolio is held as a means of earning income to support operational activities and as reserves to ensure that SJEHG can continue to fulfil its charitable objectives, while maintaining the real value of capital over the medium to long term. The investment objectives include aiming for lower volatility than equity markets, higher diversification and only a modest exposure to illiquid assets. The Investment Committee reviews the portfolio's strategy and performance with the investment manager on a regular basis.

Strategic Report

Financial Review: Achievements and Performance in 2022

Reserves

At 31 December 2022, SJEHG had total funds of £23.8m (2021, £22.6m). This comprised permanent endowments of £7.1m (2021, £7.6m), £0.6m (2021, £0.5m) in restricted income funds, and £16.1m (2021, £14.5m) in unrestricted reserves, of which £10.1m (2021, £8.3m) is available to meet the normal operating needs of SJEHG.

Reserves Policy

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be maintained, when circumstances allow, to equate to at least six months running costs (equivalent to £7m) to ensure that SJEHG can continue to run efficiently with adequate working capital. It is intended to achieve this through a continuing focus on cost-cutting, revenue generation, the introduction of new sources of revenue, and enhanced fundraising activity in order to ensure financial resilience and sustainability for the future.

Principal Risks and Uncertainties

A comprehensive risk management policy is in place with a risk register of all clinical, operational, financial, external, political and governance risks. The risk register is regularly reviewed by the relevant committees and the Board, with particular focus on residual risks. A key risk which SJEHG faces continues to be financial. The position has been exacerbated by

Covid-19, Brexit and the impact of the continuing reduction in value of Sterling against the Israeli Shekel, by changes to the statutory level of minimum wages in Israel, and also by the political situation in the region. SJEHG relies heavily on voluntary income received mainly from donors in the Middle East, Europe, the United Kingdom and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs.

Liquidity is a recurring issue, especially with the prolonged payment pattern of the PA for its working capital needs. SJEHG therefore sets aside a portion of the investment portfolio as a cash deposit, in order to ensure meeting the working capital needs. International currency exchange movements are an additional risk. It should be recognised that exchange gains do not represent realisable income which are capable of being utilised by SJEHG, as they largely reflect the translation into Sterling of the Israeli Shekel value of the Hospital premises.

Operationally, patient and staff access to Jerusalem is crucial to the continuation of our ability to provide eye care services in the oPt. Working in a volatile region has inherent risks. Gaza has its own risks. The situation could escalate at any time as instability and strife continue to affect the neighbouring countries, a particular current concern.

Going Concern

The Trustees must satisfy themselves as to SJEHG's ability to continue as a going concern for a minimum period of 12 months from the date of approval of the financial statements.

The Trustees have produced detailed, yet adaptable, business plans that consider SJEHG's forecast and projected activity, the related financial budgets, cash flows and liquidity for the period to December 2024.

The Trustees have also considered in their assessment of going concern the impact of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) on the Group's liquidity position. Under this scenario, SJEHG projects to have sufficient liquidity through the period to December 2024, without needing to implement mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that SJEHG can maintain sufficient liquidity over the period to December 2024 – maintaining a balance between supporting the activity that is crucial to delivering the objects of the charity, whilst ensuring the long-term financial sustainability of SJEHG.

Further details of the above are set out in Note 3 to the Financial Statements.

Having assessed the combination of all these various matters, the Board of Trustees have a reasonable current expectation that SJEHG has adequate resources to continue in operational existence for the period to December 2024, being a period of at least 12 months from the date of approval of the financial statements.

For these reasons, the Board of Trustees have adopted the going concern basis of accounting in the preparation of the financial statements.

Remuneration Policy

All roles within SJEHG are evaluated in order to determine where they fit on our pay scale. The salaries within the scale are determined by the market rates for an equivalent position. In exceptional cases, where the market information supports it, salaries may be above the top of the band. Each year, the payroll budget is reviewed, based on legislative, statutory and market changes, using a range of sources and taking account of affordability, all as part of the annual budgetary process. Management consult with the Finance, the Human Resources, and the Payroll and Remuneration Committees of the Board, and a pay review proposal is submitted to the Board, which makes the decision on the proposal. Staff costs are set out in note 6 of the financial statements.

Guide to SJEHG'S Finances

The aim of this note is to summarise the key points to an understanding of the complexities and vulnerabilities of SJEHG's financial position.

More detailed information is set out below, but the key features which can obscure the financial difficulties/pressures on the operating budget are–

- capital donations are treated as income (in accordance with the Charities Statement of Recommended Accounting Practice),
- exchange rate variations: these have recently arisen mainly from the depreciation of the Pound Sterling against the operating currency (Israeli Shekel) (which was particularly marked in 2016, when the Brexit vote resulted in a rapid

depreciation of almost 20%, but has in fact been a continuous process over at least the last six years), and have also included a depreciation of the US Dollar against the Israeli Shekel,

- The exchange gains or losses apparent from the annual results

shown in the financial statements do not represent realisable amounts which are capable of being utilised by SJEHG. They are largely derived from the translation into Pound Sterling of the Hospital premises with an unchanged Shekel valuation.



Table of Adjustments 2022

	in £'000
Net incoming resources per Statutory Accounts	1,170
Reconciling Items	
Donations for Capital Projects	(535)
Unrealised loss on Investments	796
Exchange loss	241
Net Operating Results	1,672
Less: Outstanding Restricted Income	(170)
Actual Net Operating Results	1,502

Statement of Trustees' Responsibilities

The Trustees (who are also directors of St John of Jerusalem Eye Hospital Group for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and

principles in the Statement of Recommended Practice: Accounting and Reporting by Charities;

- make judgments and estimates that are reasonable and prudent;
- state whether FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" has been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group 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 charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the Trustees are aware at the time of approving the Trustees' Annual Report:

(a) there is no relevant audit information of which the charitable company's auditors are unaware; and

(b) the Trustees have taken all the steps that they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

The Trustees' Report on pages 2 to 35 was approved by the Trustees and signed on their behalf by

Andrew Cash.

Sir Andrew Cash, Chairman,
St John of Jerusalem Eye
Hospital Group
Charity no. 1139527
Company no. 7355619

17 May 2023



Fundraising Statement

SJEHG as a charity with income over £1m is required to make a statement regarding its fundraising activities in accordance with the Charities Act 2016.

Fundraising activities are carried out on behalf of SJEHG by our own in-house fundraising staff and by volunteer fundraisers. We do not consider volunteer fundraisers to be acting as legal representatives for the charity as we have not

formally contracted them to fundraise on our behalf.

Our small team of in-house fundraising staff are fully trained on fundraising regulations and have been made aware of relevant policy procedures. We ensure that we protect vulnerable persons from unreasonable intrusion into their privacy, persistent approaches or undue pressure to give by using a personal approach to fundraising.

We do not use professional fundraisers or commercial participators in any of our activities and we are registered with the Fundraising Regulator.

No complaints were received by SJEHG in relation to its fundraising during the relevant period and, after due enquiry, we are not aware of any breaches of the regulations of the Fundraising Regulator committed by SJEHG

Stakeholder Engagement

For the 2022 financial year we are required to report on how the Board of Trustees has complied with its duty under section 172 of the UK Companies Act 2006. Section 172 requires the Trustees to have regard to the long-term consequences of its decision-making, to the interests of key stakeholders and to the importance of maintaining high standards of conduct.

In our statement of Strategic Vision on page 24 we have set out the values and strategic aims which inform the Board's decision making, reflecting the Board's commitment to the long-term sustainability of the Group and to the maintenance of high standards not only in the provision of ophthalmic care and in research, but also in governance and in the way we care for our staff. Below we report on how the Trustees engage with four key groups of stakeholders. These are:

1. Staff
2. Patients
3. The Patients' Communities
4. Donors including major donors and Priors.

The following sections outline a well-established strategy that ensures decisions made by the Board of Trustees are always well informed by our stakeholders. Communications and feedback from our stakeholders are featured in Board meetings and form a fundamental basis

for the Trustees' decisions. Furthermore, Trustees ensure that management operates the Hospital in a responsible manner that reflects the values of The Order of St. John.

Hospital Staff

Within the Hospital Group there are several staff committees that form the main platforms for decision making. Each of these committees has at least one Senior Management Team (SMT) representative who is in direct communication with the concerned Trustees. The Board of Trustees has 13 different specialised committees that meet regularly where SMT members are in attendance. All relevant decisions are brought to these meetings and Trustees with the staff representatives making decisions as appropriate. The Board also meets three times annually, present at Board meetings are SMT members representing the various categories of staff. Staff surveys are conducted annually to explore staff levels of satisfaction as well as engagement in the decision-making process at the Hospital.

These findings are presented at the various Board Committees for further analysis and conclusions. A good example of the Trustees' full engagement with staff was the development of the Strategic Plan 2020-2022 as well as the new Strategic Plan 2023-2025. Several workshops were held at

the Hospital operational level to conduct a SWOT analysis and proposed strategic aims and objectives for the next three years. These strategic aims were presented to the Board of Trustees who, with the SMT, conducted extensive debate and agreed a set of five strategic objectives that will shape the Hospital activities for the next three years (see page 26).

Patients

As part of our commitment to JCI accreditation, inspectors look to see that patients are engaged with the Hospital management a regular basis and their suggestions for service improvements are taken on board. Patients' views are fully appraised through a biannual survey that is conducted across the Group by our quality-of-care teams. Patients are asked to comment on the service that they receive as well as make recommendations for improvements and their perceived needs for additional services as appropriate. The results of these surveys are discussed at the Board of Trustees' meetings and discussions concerning patients' expressed needs are taken by the Trustees and the SMT.

We are committed toward achieving equity in our services and in 2022 consulted with local disability and women's rights organisations to best understand how we can meet their needs.

Patients' Communities

The Chairman and local Trustees of the Board meet with representatives from the Palestinian Ministry of Health at the ministerial level and with the Head of UNRWA in Gaza to discuss needs of their patients and strategies that the Hospital might be able to employ to respond to such needs. The SMT is in constant dialogue and communication with representatives from the Israeli Patients' Fund to discuss services provided by the Hospital to their patients.

These decisions are brought to the various Trustees' committees for discussion. The Board of Trustees are fully aware of the considerations and decisions made at the Jerusalem community level. In this regard, we are part of the East Jerusalem Hospitals Network that meets regularly to discuss ways of enhancing the quality of care provided to patients in East Jerusalem.

Trustees

Trustees' have an involvement in the decision making and high-level monitoring of fundraising, project development, and marketing. They are all well informed through quarterly meetings focused on development in the aforementioned areas. The Board usually give input to any donor-required pre-award surveys or due diligence processes

that examine the capabilities, performance, and policies of the Hospital Group.

Priors

As a foundation member of The Order of St John and benefactor from most Priors we have a distinct obligation to receive input and work in collaboration with the wider St John family. We cater our reporting and engagement to each Priory's preferences, For example, St John Scotland has sponsored both staff and the Mobile Outreach Programme, prior to which we provided a detailed report on current and future operations and the budget. The Priory in the USA sponsors staff through their Nurse Initiative and receive video messages from each staff member they support in thanks alongside a more detailed report. The US Priory has sponsored the work of a second outreach team. Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.

Other Major Donors and Stakeholders

We value the feedback from our stakeholders on what they consider is the most effective use of funds and why, and we

report back demonstrating the impact of this investment. Our Trusts and Foundations programme has a reporting schedule for every grant given, dependent on each stakeholders' specific requirements. Our Development Team in Jerusalem is in regular contact with our institutional donors and have a stringent reporting policy for each project managed.

The fundraising Guild, made up of supporters who work voluntarily to fundraise for the Hospital, a vital channel through which we communicate and receive feedback on our work. The organisation is considered a sub-committee of the Board (Guild Liaison Committee) and its membership includes, in addition to members of the Guild, Board Trustees and Senior management team members. The Guild Chairperson participates in committee meetings which allows us to share information across Trustees, staff and volunteers, which feeds into our decision-making. Finally our wider public donors are regularly engaged with via our bi-annual Jerusalem Scene, our Annual Report and our social media channels. Any donor is welcome and encouraged to contact our Fundraising Team to discuss our work.

Independent Auditors' Report to the Members of St. John of Jerusalem Eye Hospital Group

Report on the audit of the financial statements

Opinion

In our opinion, St. John of Jerusalem Eye Hospital Group's group financial statements and company financial statements (the "financial statements"):

- give a true and fair view of the state of the group's and of the company's affairs as at 31 December 2022 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report, which comprise: the group and company balance sheets as at 31 December 2022; the consolidated statement of financial activities, the consolidated income and expenditure account, and the consolidated cash flow statement for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis For Opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions Relating To Going Concern

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 group's and the company's ability to continue as a going concern for a period of at least twelve months from the date on which the financial statements are authorised for issue.

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.

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the group's and the company's ability to continue as a going concern.

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

Reporting On Other Information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance 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 an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of 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 based on these responsibilities.

With respect to the Trustees' Report and the Strategic Report included within it, we also considered whether the disclosures required by the Companies Act 2006 and Charities Act 2011 have been included.

Based on our work undertaken in the course of the audit, the Companies Act 2006 requires us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Report

In our opinion, based on work undertaken in the course of the audit, the information given in the Strategic Report and the Trustees' Report for the year ended 31 December 2022 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements.

In light of the knowledge and understanding of the group and the company and their environment obtained in the course of the audit, we did not identify any material misstatements in the Strategic Report and the Trustees' Report.

Responsibilities for the Financial Statements and the Audit

Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they 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 group's and the company'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 group or the company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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 auditors' 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 extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Companies Act 2006 and the Charities Act 2011 and relevant regulations made or having an effect thereunder, including The Charities (Accounts and Reports) Regulations 2008, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered the direct impact of these laws and regulations on the financial statements. We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to the posting of inappropriate journal entries to conceal misappropriation of assets or manipulate financial results. Audit procedures performed by the engagement team included:

- Testing journal entries where we identified particular fraud risk criteria.
- Obtaining confirmations of investments and cash balances at the year end.
- Testing estimates and judgements made in the preparation of the financial statements for indicators of bias.
- Reviewing meeting minutes, and significant contracts and agreements.
- Holding discussions with the trustees and management to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with laws and regulations.
- Assessing financial statement disclosures, and agreeing these to supporting evidence, for compliance with applicable laws and regulations.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as

fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

Use of this report

This report, including the opinions, has been prepared for and only for the company's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Companies Act 2006 Exception Reporting

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- we have not obtained all the information and explanations we require for our audit; or
 - adequate accounting records have not been kept by the company, or returns adequate for our audit have not been received from branches not visited by us; or
 - certain disclosures of trustees' remuneration specified by law are not made; or
 - the company financial statements are not in agreement with the accounting records and returns.
- We have no exceptions to report arising from this responsibility.



Andrew Lowe (Senior Statutory Auditor)
For and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and Statutory
Auditors
London
17 May 2023

St John of Jerusalem Eye Hospital Group Financial Statements

Consolidated Statement of Financial Activities for the year ended 31 December 2022

	Notes	Unrestricted Funds 2022 £000	Restricted Funds 2022 £000	Endowment Funds 2022 £000	Total Funds 2022 £000	Total Funds 2021 £000
Income and Endowments						
Income from donations and legacies	3	2,776	4,935	-	7,711	7,867
Income from charitable activities	4	5,756	-	-	5,756	5,337
Income from investments	8e	75	100	-	175	140
Total Income and Endowments		8,607	5,035	-	13,642	13,344
Resources Expended						
Expenditure on generating funds		(592)	-	-	(592)	(533)
Expenditure on charitable activities		(6,421)	(4,252)	-	(10,673)	(10,159)
Other expenditure		(170)	-	-	(170)	(196)
Total Resources Expended	5	(7,183)	(4,252)	-	(11,435)	(10,888)
Net (losses) / gains on investments	8	(273)	-	(523)	(796)	898
Net Income		1,151	783	(523)	1,411	3,354
Transfers between funds	12,13	613	(613)	-	-	-
Exchange (losses) / gains on overseas activities		(241)	-	-	(241)	272
Net Movement in Funds		1,523	170	(523)	1,170	3,626
Fund balances brought forward at 1 January		14,526	472	7,630	22,628	19,002
Fund balances carried forward at 31 December	15	16,049	642	7,107	23,798	22,628

All gains and losses recognised in the year are included in the Statement of Financial Activities.
All of the above results are derived from continuing activities.

Consolidated Income and Expenditure Account for the year ended 31 December 2022

	2022 £000	2021 £000
Income	13,642	13,344
Expenditure	(11,435)	(10,888)
Net Income	2,207	2,456

The Income and Expenditure Account excludes the unrealised investment and exchange gains and losses shown in the Statement of Financial Activities.
The accounting policies and the notes on pages 40 to 53 form part of these financial statements.

St John of Jerusalem Eye Hospital Group Financial Statements

Balance Sheets as at 31 December 2022

	Notes	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Fixed Assets					
Tangible assets	7	5,484	5,598	2	2
Investments	8	15,801	13,861	12,500	11,289
Total Fixed Assets		21,285	19,459	12,502	11,291
Current Assets					
Stocks	9	575	758	-	-
Debtors	10	2,074	2,588	163	112
Cash at bank and in hand		9,772	9,423	4,876	5,457
Total Current Assets		12,421	12,769	5,039	5,569
Creditors: Amounts falling due within one year	11	(3,084)	(3,114)	(65)	(75)
Net Current Assets		9,337	9,655	4,974	5,494
Total Assets Less Current Liabilities		30,622	29,114	17,476	16,785
Creditors: Amounts falling due after more than one year	11	(6,824)	(6,486)	-	-
Net Assets		23,798	22,628	17,476	16,785
The Funds of the Group and Charity					
Restricted income funds	13	642	472	161	354
Endowment funds	14	7,107	7,630	7,107	7,630
Unrestricted income funds	12				
Designated funds		5,484	5,598	2	2
Revaluation funds		509	629	509	629
Other general funds		10,056	8,299	9,697	8,170
Unrestricted income funds		16,049	14,526	10,208	8,801
Total Group and Charity Funds	15	23,798	22,628	17,476	16,785

The Charity's net income was £691,000 (2021, £2,384,000). The accounting policies and the notes on pages 40 to 53 form part of these financial statements. The financial statements on pages 38 to 53 were approved by the Trustees and signed on their behalf by:

Andrew Cash

Sir Andrew Cash
Chairman, Board of Trustees

17 May 2023

Chris Hoult

Chris Hoult
Treasurer and Company Secretary

Company number: 7355619

St John of Jerusalem Eye Hospital Group Financial Statements

Consolidated Cash Flow Statement for the year ended 31 December 2022

	Notes	2022 £000	2021 £000
Net cash inflow from operating activities	16	4,144	3,919
Cash flows from investing activities			
Investment income	8e	175	140
Purchase of tangible fixed assets	7	(1,102)	(750)
Proceeds from disposal of tangible fixed assets		63	44
Purchase of fixed asset investments	8a	(2,925)	(474)
Proceeds from sale of fixed asset investments	8a	189	172
Net cash outflow from investing activities		(3,600)	(868)
Foreign exchange differences		(195)	34
Change in cash and cash equivalents in the financial year		349	3,085
Cash at bank and in hand at 1 January		9,423	6,338
Increase in cash in the year		349	3,085
Cash at bank and in hand at 31 December		9,772	9,423

The accounting policies and the notes on pages 40 to 53 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2022

1 Principal accounting policies

a Basis of preparation

The Group constitutes a public benefit group as defined by FRS102. The financial statements have been prepared on the going concern basis, under the historical cost convention, except for investments which are stated at market value, with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Companies Act 2006.

These financial statements consolidate, on a line by line basis, the results and financial position of St John of Jerusalem Eye Hospital Group (the "Charity") together with its wholly owned and controlled charitable subsidiary undertakings,

St John of Jerusalem Eye Hospital, St John Eye Hospital in Jerusalem (RA), and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, (together the "Group"). Where a subsidiary has different accounting policies to the Group, adjustments are made on consolidation to apply the Group's accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity's balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006 and Charities SORP FRS 102.

The Group's objects are the relief of sickness and the prevention and protection of health, in particular expert eye care in Jerusalem and the Occupied Palestinian Territories and the clinical, teaching and research activities connected therewith.

Going Concern

BACKGROUND

In assessing the going concern position of the Charity and the Group, the Trustees have produced detailed, yet adaptable, business plans that consider the Group's forecast and projected activities, the related financial budgets, cash flows and liquidity for the period to December 2024, which is a period of at least 12 months from the date of approval of the financial statements.

This assessment period was selected as it aligns to the Group's financial year end, is consistent with its budgeting process and timelines and is a period of at least 12 months from the date of approval of the financial statements.

Based on the Group's cash flow projections, the Trustees have adopted the going concern basis of accounting in preparing these financial statements.

KEY ASSUMPTIONS

The business and financial plans incorporate the following key assumptions:

- There are no further National and local Government decisions, rules and advice, along with travel and border restrictions and social distancing impositions such that the Group's hospitals can provide a full range of services so as to serve patients in the most efficient and safe manner.
- Demand for services from patients and the capacity and supply of patient services by the Group now return to a normal level of activity.
- Payment by the PA (directly, or indirectly via its own funding sources) of sufficient payments to the Group for patient services provided.
- The achievement of a reduction in cash outflows through the on-going restructuring of the organisation.
- The Group is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Priors.

SENSITIVITY ANALYSIS

The Trustees have considered the impact on forecast and projected activities, budgets, cash flows and liquidity of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) such that the key assumptions are not met, or able to be met, in whole or in part.

This comprises:

- Reduced patient demand and/or capacity supply of services.
- Reduced levels of voluntary and fundraising unrestricted income.
- Higher levels of inflation on payroll costs and materials and other costs; and higher energy costs.

Under this scenario, the Group projects to have sufficient liquidity through the period to December 2024, without needing to implement mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that the Group can maintain sufficient liquidity over the period to December 2024.

CONCLUSIONS

Having assessed the combination of all these various matters, the Trustee Board has a reasonable current expectation that the Charity and the Group has adequate resources to continue in operational existence for the period to December 2024, being a period of at least 12 months from the date of approval of the financial statements.

For these reasons, the Trustee Board has adopted the going concern basis of accounting in the preparation of these financial statements.

Accordingly, these financial statements do not include any adjustments to the carrying amount or classification of assets and liabilities that would result if the Charity and the Group were unable to continue as a going concern.

b Foreign currencies

The Charity's functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/(losses). All other exchange differences are included as incoming resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2022 year-end was 4.2376 (2021, 4.2031), while the average rate for 2022 was 4.15 (2021, 4.4458).

c Income recognition

Donations and other income are recognised in the financial statements on a receivable basis. Grants are recognised when the entitlement to the grant is confirmed. Legacies are recognised when the entitlement arises, being the earlier of the Group being notified of the impending distribution or the legacy being received. Donations in kind are recorded as income when the resources are received and recorded at fair value. Income from charitable activities is accounted for when earned (i.e. the service is provided to patients). Subsidies and exemptions in respect of medical services provided without charge are shown as a deduction from gross income.

d Medical volunteers

The value of services rendered by medical volunteers is not recognised in these financial statements. However, where doctors, nurses or other members of staff are employed by the Group but paid by third parties, the estimated market value of their services is recorded within both income (donations) and expenditure (salaries).

e Resources expended and basis of allocation of costs

Resources expended are accounted for on an accruals basis and have been classified under headings that aggregate all costs related to the category. Where costs

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2022

cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. The irrecoverable value added tax is included with the item of expense to which it relates.

f Costs of generating funds

These include the salaries and direct expenditure costs of the staff who primarily promote fundraising.

g Expenditure on charitable activities

These represent the costs of providing the medical and training services of the hospital and its clinics including both direct expenditure and the associated support costs.

h Governance costs

These comprise costs attributable to the overall management of the Group's affairs and compliance with constitutional and statutory requirements.

i Cash flow statement exemption

The Charity has taken advantage of the exemption in FRS 102 from preparing a statement of cash flows, on the basis that it is a qualifying entity and the Group cash flow statement included in these financial statements includes the cash flows of the Charity.

j Pension and other end of service costs

The amount charged in the Statement of Financial Activities in respect of pension costs is the contributions payable in the year on an accruals basis in respect of defined contribution and money purchase pension arrangements. Other end of service benefits are accrued as earned on an undiscounted basis.

k Rentals

The costs in respect of rentals are charged to the Statement of Financial Activities on a straight line basis over the contract period. The rental cost for the office in London occupied rent free has been computed based on an estimate of arm's length value. No charge is imputed in respect of the Hospital premises in Jerusalem, which the Group occupied rent free until 2015, after which it has paid a nominal rent.

l Taxation

The Charity and each group entity is entitled to certain tax exemptions on income and gains from investments, and surpluses on any activities carried on in furtherance of their primary charitable objectives.

m Tangible assets and depreciation

Cost of tangible assets includes the original purchase price of the asset and the costs attributable to bringing the asset to its working condition for its intended use.

Donated fixed assets are brought into account at an estimate of their market value at the time of acquisition and, thereafter, depreciated on the bases set out below. The costs of minor additions to fixed assets under £500 are expensed in the year in which they are incurred. Impairment reviews are carried out if there is an indication that the recoverable amount of an asset is below its net book value.

Depreciation on fixed assets is provided at rates estimated to write off the cost, less estimated residual value, of each asset over its expected useful life on a straight line basis, as follows:

Buildings	- 2.5% per annum
Building improvements	- 10% per annum
Medical equipment	- 15% per annum
Motor vehicles	- 20% per annum
Other equipment	- 20% per annum
Fixtures and fittings	- 6% per annum
Computer equipment	- 33% per annum
UK office fixed assets	- 25% per annum

The carrying values and estimated useful lives of assets are regularly reviewed for impairment and, where deemed appropriate, are written down. On disposal of an item of tangible assets, the difference between the disposal proceeds and its carrying amount is recognised in profit or loss within 'Other hospital income' in note 4.

n Investments

Listed investments are stated at market value. Realised gains and losses on investments are calculated as the difference between the sales proceeds and their market value at the start of the period, or subsequent cost. Unrealised gains and losses represent the difference between market values at the beginning and at the end of the period. Income from fixed assets investments is recorded on an accruals basis. Market value for unlisted investments is calculated by the fund managers using underlying financial information.

o Liquid resources

Liquid resources are cash, time deposits, and certificates of deposit, in addition to cash at bank and in hand held in current accounts with UK, Israeli and Palestinian Banks.

p Stocks

Valuation of stocks is determined using the "first in-first out" method and stocks are stated at the lower of cost and net realisable value.

q Funds

Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include designated funds, which are amounts that have been set aside to finance fixed assets.

General reserves are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.

Restricted funds are funds which are subject to specific conditions imposed by the donors.

Endowment funds are capital funds where the capital cannot be spent in the normal course of activities, although the income is added to restricted or unrestricted funds depending on the terms of the original endowment.

Transfers between funds represent tangible assets purchased with restricted donations and used for hospital operations.

r Estimates and assumptions

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

4 Income from charitable activities

	2022 £000	2021 £000
Outpatient income	2,732	2,458
Surgical income	4,176	3,647
Less: Patient Relief	(1,571)	(1,215)
Net patient related income	5,337	4,890
Other hospital income	88	132
Rental income, board and lodging	331	315
Total other income	419	447
Total income from charitable activities	5,756	5,337

Patient Relief principally represents subsidies and exemptions to cover the value of medical services rendered when payment is waived by the Group where funding is not available from the relevant authorities and where the patients are unable to pay any balance owing. All of the above income comprises unrestricted funds.

5 Total resources expended

	Costs of Generating Funds 2022 £000	Costs of Generating Funds 2021 £000	Charitable Activities 2022 £000	Charitable Activities 2021 £000	Governance Costs 2022 £000	Governance Costs 2021 £000	Total 2022 £000	Total 2021 £000
Personnel costs (note 6)	277	294	6,682	5,956	27	28	6,986	6,278
Recruitment costs	7	7	-	-	-	46	7	53
Medical costs	-	-	2,118	2,172	-	-	2,118	2,172
Establishment costs	87	85	760	579	21	19	868	683
Depreciation (note 7)	-	4	1,107	1,026	-	-	1,107	1,030
Office expenses	38	22	194	181	4	2	236	205
Travel and subsistence	30	2	123	52	-	-	153	54
Marketing and publicity	85	66	-	-	-	-	85	66
Auditors' remuneration	-	13	-	-	86	73	86	86
Other professional fees	66	39	27	23	21	6	114	68
Legal fees	2	1	21	19	11	22	34	42
Finance costs	-	-	18	18	-	-	18	18
Foreign exchange differences	-	-	(377)	133	-	-	(377)	133
	592	533	10,673	10,159	170	196	11,435	10,888
Support costs included above	-	-	1,019	1,290	46	53	1,065	1,343

Exchange rates are fundamental to the uncertainties. Mainly the impact of subsequent adverse movements between the exchange rates of the reporting and the operative currencies which would potentially affect, to some extent, the operating capability notwithstanding the enhanced but unrealisable balance sheet value of non UK assets.

The Group provides against receivables (mainly the Palestinian Authority Debt) by making judgements based on experience regarding the level of provision required to account for potentially uncollectible receivables.

2 Legal status

The Charity was incorporated in England as a company limited by guarantee in August 2010 under registration number 7355619. It is registered as a charity under number 1139527. The registered office is at 4 Charterhouse Mews, London EC1M 6BB. It has no share capital and the liability of each member in the event of winding up is limited to £10.

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2022 Total £000	Unrestricted £000	Restricted £000	2021 Total £000
Donations	2,205	4,935	7,140	2,268	5,207	7,475
Legacies	164	-	164	243	-	243
Donations in kind	407	-	407	149	-	149
	2,776	4,935	7,711	2,660	5,207	7,867

Donations in kind include the value of donated tangible assets and medical supplies to the Jerusalem Hospital of £350,000 (2021: £92,000). Income from related parties is set out in note 19.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2022

Total resources expended in 2021 of £10,888,000 comprise £6,167,000 for unrestricted funds and £4,721,000 for restricted funds.

	2022	2021
	£000	£000
Support costs comprise:		
Personnel costs	537	502
Recruitment costs	-	46
Establishment costs	396	303
Depreciation	111	103
Office expenses	197	183
Travel and subsistence	123	52
Other professional fees	44	23
Finance costs	18	18
Foreign exchange differences	(361)	113
	1,065	1,343

	2022	2021
	£	£
Auditors' remuneration (excluding VAT):		
External audit	68,866	52,348
Other services provided by external auditors	4,373	11,506
Sub-total	73,239	63,854
Internal audit	-	9,048
	73,239	72,902

6 Employee information

a Number of employees

The average monthly number of employees, including part time staff calculated on a full-time equivalent basis, analysed by function during the year was:

	2022	2021
	Number	Number
Medical and nursing	188	177
Support services	41	40
Fundraising	12	11
Administration	36	36
	277	264

b Staff costs

	2022	2021
	£000	£000
Wages and salaries	6,214	5,609
Social security costs	462	424
Other pension costs	299	252
Other related costs	11	(7)
	6,986	6,278

c Emoluments of employees

The number of employees whose emoluments (salaries and benefits in kind) fell within the following bands were:

	2022	2021
	Number	Number
£150,001 - £160,000	2	-
£140,001 - £150,000	-	1
£110,001 - £120,000	-	1
£90,001 - £100,000	1	1
£80,001 - £90,000	2	1
£70,001 - £80,000	3	1
£60,001 - £70,000	1	5

The above amounts include End of Service Benefits allowance.

During the year, provident benefits and pension contributions on behalf of these staff amounted to £18,000 (2021, £19,000).

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2022

d Remuneration received by key management personnel

The total remuneration received by the 11 (2021, 11) senior management personnel in managing the operations of the Group amounted to £873,000 (2021, £773,000).

e Pension costs

Pension costs comprise the contributions payable to authorised Israeli money purchase pension schemes in respect of non UK employees and a UK defined contribution retirement benefit scheme in respect of UK based employees.

End of service accrued retirement benefits for non UK employees included in wages and salaries costs are included in the Balance Sheet in Creditors: Amounts falling due within and after more than one year (note 11).

7 Tangible assets

a Group

	Buildings & Improvements	Medical Equipment	Motor Vehicles	Other Assets	Total
	£000	£000	£000	£000	£000
Cost					
1 January 2022	7,972	10,640	265	3,401	22,278
Additions	180	709	83	130	1,102
Exchange differences	(69)	(100)	(4)	(30)	(203)
Disposals	-	(67)	-	-	(67)
31 December 2022	8,083	11,182	344	3,501	23,110
Accumulated Depreciation					
1 January 2022	4,980	8,671	182	2,847	16,680
Charge for the year	309	629	34	135	1,107
Exchange differences	(47)	(83)	(2)	(25)	(157)
Disposals	-	(4)	-	-	(4)
31 December 2022	5,242	9,213	214	2,957	17,626
Net Book Value					
31 December 2022	2,841	1,969	130	544	5,484
31 December 2021	2,992	1,969	83	554	5,598

Other Assets comprise fixtures and fittings, computer and office equipment.

b Charity

	Other Assets	Total
	£000	£000
Cost		
1 January 2022	68	68
31 December 2022	68	68
Accumulated Depreciation		
1 January 2022	66	66
Charge for the year	-	-
31 December 2022	66	66
Net Book Value		
31 December 2022	2	2
31 December 2021	2	2

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2022

8 Investments

a Analysis of movements (Group)

	Bank Deposits £000	Listed Investments £000	Total £000
Market value at 1 January 2022	2,104	11,757	13,861
Additions	757	2,269	3,026
Withdrawals	-	(189)	(189)
Exchange differences	(101)	-	(101)
Unrealised Losses	-	(796)	(796)
Market value at 31 December 2022	2,760	13,041	15,801
Historical cost at 31 December 2022	2,760	11,926	14,686

In 2021, unrealised gains of £898,000 comprise £315,000 for unrestricted funds and £583,000 for endowment funds.

b Analysis of movements (Charity)

	Listed Investments £000	Total £000
Market value at 1 January 2022	11,289	11,289
Additions	2,175	2,175
Withdrawals	(189)	(189)
Unrealised Losses	(775)	(775)
Market value at 31 December 2022	12,500	12,500
Historical cost at 31 December 2022	11,364	11,364

c Listed investments:

Analysis by category of underlying holding and location

		2022 Group £000	2022 Charity £000	2021 Group £000	2021 Charity £000
Equity investments	- UK	1,126	1,126	1,329	1,329
	- Overseas	4,991	4,991	5,464	5,464
Fixed Interest Bond Securities	- UK	954	954	620	620
Property Unit Trusts	- UK	1,127	1,127	1,217	1,217
Alternative Investments	- UK	706	706	608	608
Sterling & Cash Instruments	- UK	3,596	3,596	2,051	2,051
Others	- Overseas	541	-	468	-
Market value of listed investments		13,041	12,500	11,757	11,289

At 31 December 2022, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2022 %	2021 %
Fidelity Global Dividend Fund	12.2	11.5
Vanguard S&P 500 UCITS ETF	6.2	8.3
Savills Charities Property Fund	7.9	7.9
Trojan Income Fund	4.1	5.0
Mayfair Property Income Trust for Charities	4.9	4.9
Schroder Income Fund	5.0	4.8
Majedie UK Equity Fund	-	4.5
HSBC FTSE All World Index Fund	3.9	3.9

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2022

d Bank deposits

Bank deposits classified as investments represent deposit funds managed by investment managers.

e Income from investments

	2022 £000	2021 £000
Unrestricted funds	75	45
Restricted funds	100	95
	175	140

f Investment in subsidiaries

The Charity is the controlling member of St. John of Jerusalem Eye Hospital (SJEH), a UK registered charitable company limited by guarantee (Company No.3867950 and Charity No. 1080185) and having no share capital. The liability of each member in the event of winding up is limited to £10. SJEH provides ophthalmic services through a branch in the occupied Palestinian territories.

The Charity is also the controlling member of St. John Eye Hospital in Jerusalem (RA) (SJEHJ), an Israeli registered charitable society (No. 580040368), limited by guarantee and having no share capital. SJEHJ provides ophthalmic services from the Jerusalem Hospital and the Mobile Outreach Programme.

SJEH owns two £1 shares being all the issued shares in The St. John of Jerusalem Eye Hospital (Palestine) Limited (Company No.6365210), which has not traded since incorporation.

The Charity owns one £1 share being all the issued shares in SJEH Trading Limited (Company No.12375269) a UK registered company, which has not traded since incorporation.

The Charity is the controlling member of St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, a UK private company limited by guarantee (Company No.12631428) and having no share capital. The liability of each member in the event of winding up is limited to £1.

The Charity is the controlling member of St John of Jerusalem Hong Kong Foundation Limited, a Hong Kong registered company (No.3045181), which has not traded since incorporation.

Summary financial information for the subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA) 2022 £'000	St. John of Jerusalem Eye Hospital 2022 £'000	St John Ophthalmic Association Limited 2022 £'000
Total income and endowments	8,476	3,646	14
Total resources expended	(8,209)	(2,755)	(14)
Net (outgoing) incoming resources before other recognised (losses) gains	267	891	-
Other recognised gains	(30)	(89)	-
Net movements in funds	237	802	-
Total assets	13,018	7,363	-
Total liabilities	(10,535)	(2,148)	-
Total funds	2,483	5,215	-
Restricted income funds	291	190	-
Designated funds	2,954	2,529	-
Other general funds	(762)	2,496	-
Total funds	2,483	5,215	-

9 Stocks

Stocks comprise hospital medical stores and supplies all owned by subsidiaries.

10 Debtors

a Amounts falling due within one year

	Note	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Trade debtors		4,078	3,977	-	-
Allowance for bad debts	10 b	(2,517)	(1,801)	-	-
Net trade debtors		1,561	2,176	-	-
Donations receivable		133	116	133	91
Prepayments and accrued income		380	296	30	21
Total debtors		2,074	2,588	163	112

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2022

b Movement in allowance for bad debts

	Group 2022 £000	Group 2021 £000
1 January	1,801	1,189
Additions	1,530	1,003
Write off *	(784)	(403)
Exchange differences	(30)	12
31 December	2,517	1,801

* The majority of the write off relates to an agreement with UNRWA whereby the actual contractual payments are lower than the normal invoiced value of services provided to those patients. The allowance also includes a provision against the receivables from the Palestinian Authority.

11 Creditors

a Amounts falling due within one year

	Note	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Trade creditors		474	598	15	10
Retirement benefits	11 c	1,724	1,703	-	-
Taxation and social security		78	70	4	4
Accruals		705	643	41	61
Deferred income	11 b	43	51	-	-
Holiday pay accrual		60	49	5	-
		3,084	3,114	65	75

b Deferred income

	Group 2022 £000	Group 2021 £000
1 January	51	44
Deferred income recognised	235	250
Deferred income released	(243)	(246)
Exchange differences	-	3
31 December	43	51

Deferred Income represents income received in advance from renting out some of the hospital's properties in Jerusalem.

c Amounts falling due after more than one year

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Retirement benefits				
1 January	6,486	5,916	-	-
Additions	596	550	-	-
Exchange differences	(59)	354	-	-
Transferred to amounts falling due within one year	(130)	(116)	-	-
Payments	(69)	(218)	-	-
31 December	6,824	6,486	-	-

Accrued retirement benefits mainly represents amounts payable under Israeli law when staff leave the Group's employment. Such amounts are accrued when earned, based on current monthly salaries and periods of service. The balance also includes provident schemes in respect of certain Jerusalem employees and other retirement benefit amounts payable in line with Palestinian law.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2022

12 Unrestricted Income Funds

Group

	1 January 2022 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2022 £000
General reserves	8,299	8,185	(6,079)	-	(349)	10,056
Designated funds: Tangible fixed assets	5,598	422	(1,104)	613	(45)	5,484
Revaluation reserve	629	-	-	-	(120)	509
Total unrestricted funds	14,526	8,607	(7,183)	613	(514)	16,049

Charity

	1 January 2021 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2021 £000
General reserves	8,170	1,983	(456)	-	-	9,697
Designated funds: Tangible fixed assets	2	-	-	-	-	2
Revaluation reserve	629	-	-	-	(120)	509
Total unrestricted funds	8,801	1,983	(456)	-	(120)	10,208

Group

	1 January 2021 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2021 £000
General reserves	5,475	7,952	(5,223)	-	95	8,299
Designated funds: Tangible fixed assets	5,640	90	(944)	574	238	5,598
Revaluation reserve	375	-	-	-	254	629
Total unrestricted funds	11,490	8,042	(6,167)	574	587	14,526

Charity

	1 January 2021 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2021 £000
General reserves	6,608	2,144	(593)	-	11	8,170
Designated funds: Tangible fixed assets	7	-	(5)	-	-	2
Revaluation reserve	375	-	-	-	254	629
Total unrestricted funds	6,990	2,144	(598)	-	265	8,801

Transfers represent amounts released from restricted funds for the purchase of tangible fixed assets.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2022

13 Restricted Income Funds

	1 January 2022	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2022
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	808	(808)	-	-
Outreach	-	116	(116)	-	-
West Bank and Gaza facilities	-	9	(9)	-	-
Other capital projects	198	-	-	(195)	3
Patient relief	2	3	(1)	-	4
Income received from endowments	-	100	(100)	-	-
Other projects	79	-	-	-	79
Others value less in each case than £25,000	75	9	(9)	-	75
Total Charity	354	1,045	(1,043)	(195)	161
Capital projects	77	535	(3)	(418)	191
Other projects	-	3,441	(3,196)	-	245
Others value less in each case than £25,000	41	14	(10)	-	45
Total Group	472	5,035	(4,252)	(613)	642

	1 January 2021	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2021
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	649	(649)	-	-
Outreach	-	98	(98)	-	-
West Bank and Gaza facilities	-	31	(31)	-	-
Other capital projects	216	238	-	(256)	198
Patient relief	1	35	(34)	-	2
Income received from endowments	-	95	(95)	-	-
Other projects	70	9	-	-	79
Others value less in each case than £25,000	77	-	(2)	-	75
Total Charity	364	1,155	(909)	(256)	354
Capital projects	-	395	-	(318)	77
Other projects	47	3,745	(3,792)	-	-
Others value less in each case than £25,000	54	7	(20)	-	41
Total Group	465	5,302	(4,721)	(574)	472

Charity

- Staff sponsorship represents funds received to cover or contribute to staff costs of 42 hospital staff.
- Outreach funds cover the running costs of three outreach units.
- West Bank and Gaza facilities fund contribute to cover the operating costs of Gaza, Hebron and Anabta Clinic.
- Capital projects funds represent funds received from various UK Trusts and Middle East donors to establish refractive suite and purchase medical equipment.
- Patient relief funds contribute towards the treatment costs of needy patients.
- Other projects include joint teaching programmes with other medical institutions, and funds that cover the School of Nursing costs and Muristan.

Group

- Capital projects funds represent funds received from various donors to establish refractive suite and purchase medical equipment for the Group.
- Other projects include donations received to expand the level of operations within the Gaza hospital through the introduction of a Diabetic Retinopathy screening and epidemiological research components. Also, it includes funds received to establish a genetic research unit and a lab at the main hospital in Jerusalem as well as funds received to sustain our services at the Muristan clinic in the Old City of Jerusalem.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2022

14 Endowment Funds Group and Charity

	1 January 2022	Investment Losses	31 December 2022
	£000	£000	£000
American Society of St John: Walsh Bequest	550	(38)	512
Bed Endowment	4,472	(307)	4,165
Frost Charitable Trust	601	(41)	560
Frost Nursing School	569	(39)	530
Mr. Owen Smith Endowment	121	(8)	113
The John Swire Foundation Endowment	1,317	(90)	1,227
	7,630	(523)	7,107

	1 January 2021	Investment Gains	31 December 2021
	£000	£000	£000
American Society of St John: Walsh Bequest	508	42	550
Bed Endowment	4,130	342	4,472
Frost Charitable Trust	556	45	601
Frost Nursing School	525	44	569
Mr. Owen Smith Endowment	112	9	121
The John Swire Foundation Endowment	1,216	101	1,317
	7,047	583	7,630

These funds represent:

- The American Society of St John: Walsh Bequest: The Bequest was made in 2000 in honour of the Rev. Canon Edward West and Don Wesley Lundquist, for the endowment of 2 beds in the Children's Ward at the Hospital's facilities, maintained for the care of needy children.
- The Bed Endowment Fund: Donations to endow 37 beds between 1981-1995, with the use of income restricted to general patient care in the Hospital.
- The Frost Endowment Funds: These amounts were donated in 1989 by The Frost Charitable Trust (Mrs Sally Frost) to endow 4 beds at the Hospital and the Nurses Training School.
- The Endowment of Mr Owen Smith was received in 2008 to fund professional medical training.
- The John Swire Foundation Endowment was received in 2013 to fund general operating costs.
- Investment income on endowment funds is applied in providing the on-going services covered by the endowment and is accounted for as unrestricted investment income in the Statement of Financial Activities.

15 Total Group and Charity Funds

	Unrestricted Funds	Unrestricted Funds	Restricted Funds	Restricted Funds	Endowment Funds	Endowment Funds	Total Funds	Total Funds
	2022	2021	2022	2021	2022	2021	2022	2021
	£000	£000	£000	£000	£000	£000	£000	£000
a Analysis by type of asset and liability (Group)								
Tangible assets	5,484	5,598	-	-	-	-	5,484	5,598
Investments	8,694	6,231	-	-	7,107	7,630	15,801	13,861
Net current assets	8,695	9,183	642	472	-	-	9,337	9,655
Creditors: Amounts falling due after more than one year	(6,824)	(6,486)	-	-	-	-	(6,824)	(6,486)
	16,049	14,526	642	472	7,107	7,630	23,798	22,628
b Analysis by type of asset and liability (Charity)								
Tangible assets	2	2	-	-	-	-	2	2
Investments	5,393	3,659	-	-	7,107	7,630	12,500	11,289
Net current assets	4,813	5,140	161	354	-	-	4,974	5,494
	10,208	8,801	161	354	7,107	7,630	17,476	16,785

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2022

16 Reconciliation of net operating income to net cash inflow from operating activities

	2022 £000	2021 £000
Net incoming resources	2,207	2,456
Investment income	(175)	(140)
Gain on disposal of tangible fixed assets	-	(44)
Depreciation	1,107	1,030
Decrease / (Increase) in stocks	183	(289)
Decrease / (Increase) in debtors	514	(307)
Increase in creditors	308	1,213
Net cash inflow from operating activities	4,144	3,919

17 Financial instruments

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Financial assets at fair value through statement of financial activities				
Investments	15,801	13,861	12,500	11,289
Financial assets that are debt instruments measured at amortised cost				
Stocks	575	758	-	-
Debtors	2,074	2,588	163	112
Cash at bank and in hand	9,772	9,423	4,876	5,457
	12,421	12,769	5,039	5,569
Financial liabilities that are debt instruments measured at amortised cost				
Trade creditors	474	598	15	10
Taxation and social security	78	70	4	4
Accruals	705	643	41	61
Deferred income	43	51	-	-
Holiday pay accrual	60	49	5	-
Retirement benefits	8,548	8,189	-	-
	9,908	9,600	65	75

18 Trustees' remuneration

The trustees receive no remuneration.

Reimbursement of trustees' expenses for travel, accommodation and flights for 13 trustees (2021, nil) during the year amounted to £33,921 (2021, nil).

Donations made by trustees amounted to £30,485 (2021, £12,739).

Charity Trustee Indemnity insurance is provided at a cost of £12,369 (2021, £9,530) to cover the charity, trustees and officers against potential claims and losses.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2022

19 Related parties transactions

The Charity is a wholly owned subsidiary of The Most Venerable Order of the Hospital of St John of Jerusalem (Charity No. 235979, Principal Office: St John House, 3 Charterhouse Mews, London, EC1M 6BB).

The Jerusalem Hospital premises occupied by the Group are owned by The Order of St John and were previously occupied rent free on a full repairing basis. During 2015, the Group signed an agreement with The Order of St John to lease the Hospital in Jerusalem and similarly the Muristan property at peppercorn rent. In the opinion of the trustees, it would be impracticable to place a value on these facilities.

The Group also occupies, on a rent free basis, offices in London owned by The Order of St John. The value of this facility has been estimated at £57,000 per annum based on the rents payable by the external tenants at the complex. This amount is included in the financial statements as a donation in kind.

During the year, the Chairman of the Charity, Sir Andrew Cash, was also a trustee of The Most Venerable Order of the Hospital of St John of Jerusalem.

Donations include amounts received from Priors and Establishments of The Order of St John, which are considered to be related party transactions:

Priory	2022 £000	2021 £000
USA	2,365	1,773
England and the Islands	186	212
Scotland	96	122
New Zealand	127	204
Australia	192	116
Canada	147	34
	3,113	2,461

Other Members of St. John Family	2022 £000	2021 £000
Johanniter Orde in Sweden	-	25
The Commandery of Ards in Northern Ireland	-	19
	-	44

Donations by the Priory of the United States:	2022 £000	2021 £000
Hospital - General Support	1,558	1,251
Hospital Restricted Gifts	807	522
	2,365	1,773

During the year, the Charity reimbursed the Priory of England and the Islands and The Order of St John £5,112 (2021, £3,172) in respect of certain expenses incurred.

Outstanding donations from the Priors and Establishments of The Order of St John at 31 December 2022 amounted to £79,000 (2021: £42,000).

20 Contractual & designated obligations

In 2020, the Group signed an agreement with Johanniter International to administrate a grant funded by The German Federal Ministry for Economic Cooperation and Development (BMZ). It is a 3 year project that aims to prevent avoidable blindness and visual impairment in the West Bank, Gaza and East Jerusalem.

The total value of the grant is 1,524,623 Euros, out of which 680,000 Euros were received in 2022 and 549,000 Euros were utilised during the year.

St John of Jerusalem Eye Hospital Group

Professional Advisers & Administrative Information

London & Registered Office

4 Charterhouse Mews
London EC1M 6BB

Jerusalem Hospital

2 Mujir Eddin Street
Sheikh Jarrah
P.O. Box 19960
Jerusalem 91198

Bankers in the UK

National Westminster Bank Plc
134 Aldersgate Street
London EC1A 4JB

Barclays Bank PLC
1 Churchill Place
London E14 5HP

Bankers in the occupied Palestinian territories

Bank of Palestine PLC
Hebron Road
P.O. Box 765
Bethlehem

Investment Managers

Schroders (C.I.) Limited
PO Box 334, Regency Court
Gategny Esplanade
St Peter Port
Guernsey GY1 3UF

Independent Auditors

PricewaterhouseCoopers LLP
1 Embankment Place
London WC2N 6RH

St John of Jerusalem Eye Hospital Group (a UK Company Limited by guarantee, Company number 7355619, Charity number 1139527) has three charitable subsidiary undertakings; St John of Jerusalem Eye Hospital (a UK Company Limited by guarantee, Company number 3867950; Charity number 1080185), St John Eye Hospital in Jerusalem (RA) (an Israeli charitable society, registration number 580040368) and St John Ophthalmic Association Limited, a UK company Limited by guarantee, Company No.12631428).

St John Priory Funding 2022

£ £192k **Australia**, £147k **Canada**, £186k **England and the Islands**,
£127k **New Zealand**, £96k **Scotland**, £2.36m **USA**

\$ \$238k **Australia**, \$183k **Canada**, \$231k **England and the Islands**,
\$158k **New Zealand**, \$120k **Scotland**, \$2.93m **USA**

Thank You **Our vital work is reliant on voluntary income from charitable donations**

Without our donors, we could not continue saving sight and changing lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2022. The St John Pories from around the world have, once again, delivered much-valued assistance to SJEHG and we thank them for their continued support.

We are pleased to receive the support of our Patron Lord Vestey. We are grateful to the Guild, the St John Ophthalmic Association, the Friends of St John Society, the Alliance of the Orders of St John, St John Associations and the St John Fellowship for their on-going and crucial support.

Further Major Donors 2022:

The Ancaster Trust
Ann Jane Green Trust
American Near East Refugee Aid (ANERA)
Arab Fund
Australian NGO Cooperation Program (ANCP)
The Bernadette Charitable Trust
The Bryan Guinness Charitable Trust
Care International
The Caroline Agnes Joan Hervey Trust
CBM International
Christian Broadcasting Network (CBN)
The Clothworkers' Foundation
The Dennis Byrne Charitable Trust
Department of Foreign Affairs and Trade (DFAT), Australia, Australian NGO Cooperation Program (ANCP)
DG Albright Charitable Trust
The Edwina Mountbatten & Leonora Children's Foundation
The Erica Leonard Trust
European Society of Cataract and Refractive Surgery (ESCRS)
Federal Ministry of Economic Cooperation and Development, Germany (BMZ)
Fred Hollows Foundation
The Fulmer Charitable Trust
International Medical Corps (IMC)
Johanniter International Assistance (JIA)
The John Swire 1989 Charitable Trust
The Knights Templar
Leonora Children's Foundation
Lions Club International Foundation
Liz Airey & Paul Murray Charitable Trust
Lord Hanson Foundation
Mary Fagan
Palestinian Children Relief Fund (PCRF)
R & H Woods Charitable Trust
Representative Office of Norway in Ramallah
Regine Sixt Children Aid Foundation
The Rhododendron Trust
United States Agency for International Development (USAID)
And to all our anonymous donors



L-R: Ahmad Ma'ali, CEO of SJEHG, Nigel Heath, Prior of the USA, Sir Andrew Cash, Chairman of SJEHG, and Professor Mark Compton, Lord Prior of The Order of St John officially open the new Kufor Aqab Clinic.



**St John of Jerusalem
Eye Hospital Group**

If you would like to support St John of Jerusalem Eye Hospital Group or would like more information, please contact us:

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www.stjohnehospital.org

 [@stjohnehospital](https://www.facebook.com/stjohnehospital)

 [@StJohnEyeHosp](https://twitter.com/StJohnEyeHosp)

 [@StJohnEyeHospital](https://www.instagram.com/StJohnEyeHospital)



ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

England & Wales - Charity number 1139527

Accounts



St John of Jerusalem
Eye Hospital Group

ANNUAL REPORT 2021





St John of Jerusalem Eye Hospital Group

SAVING SIGHT CHANGING LIVES

St John of Jerusalem Eye Hospital Group is the only charitable provider of expert eye care in East Jerusalem, Gaza and the West Bank. Our aim is to end preventable blindness throughout the oPt. We have been treating patients in the region regardless of their ethnicity, religion, social class or ability to pay for 140 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

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GLOSSARY: JCI - Joint Commission International; the gold-standard for healthcare worldwide. NGO - nongovernmental organisation. NIS - New Israeli Shekel. oPt - occupied Palestinian territories. SJEHG - St John of Jerusalem Eye Hospital Group; this refers to all our entities. SOA - St John Ophthalmic Association, UNRWA - United Nations Relief and Works Agency, the UN branch responsible for Palestinian refugees. USAID - United States Agency for International Development

All uncredited photos throughout this Annual Report have been taken by staff of SJEHG. All the images used in this report are of actual SJEHG staff and patients and they have given their consent.

St John of Jerusalem Eye Hospital Group Company no: 7355619, Charity no: 1139527
Registered Office: 4 Charterhouse Mews, London, EC1M 6BB

Chairman & CEO Introduction



Sir Andrew Cash and Dr Ahmad Ma'ali in the Jerusalem Hospital Gardens

The uncertainty and disruption of the Covid-19 global pandemic, continue to affect us all, but that hasn't stopped this year being one with lots to celebrate for the St John of Jerusalem Eye Hospital Group (SJEHG). Most importantly, our patient reach has returned to pre-pandemic levels with almost 134,600 patients seen and 6,500 major operations (a SJEHG record) delivered across the Group.

This growth is partly thanks to the excellent vaccination campaign, which has kept infection rates under control and therefore minimised movement restrictions and disruptions to normal life. Across our services we remain vigilant in our efforts to keep Covid infections at bay – and we are delighted to report another year with no cross-contamination within our clinics and hospitals.

These successes would not have been possible without the tremendous efforts from our staff. Delivering high-quality care, despite the many challenges faced daily, is not easy. We thank you all for your efforts to deliver one of SJEHG's most impactful years yet.

Of course, having a team delivering such high-calibre care, does not come without investment in training and education. Continued professional development is offered to all staff where needed. We were delighted to enable three new fellowships for our medical team at neighbouring Israeli institutions. This will ensure that we can continue to deliver all ophthalmic subspecialties using local teams, instead of what was, until relatively recently, delivered by expatriates. Ultimately this ensures a continuity of care for our population, especially during times of crisis.

We continue to work to ensure the sustainability of our services. Thanks to measured sacrifices across all departments, we were able to reduce our expenditure by almost £700,000 against the 2021 budget. We also were delighted to have an increase in both patient related income (£600,000) and voluntary income (£1.9m) as compared to our 2021 annual operational budget. This puts us in a strong position going into 2022, where we hope to build on what has been achieved this year, as well as celebrate our 140th year in operation!

Thank you to the Priors of St John who continue to make up 32% of our overall voluntary income. We would especially like to thank the US Priory for increasing their donation to \$2.4 million this year; their heartfelt passion for our cause is unwavering and truly appreciated.

Thank you also to our excellent fundraising Guild, whose countless volunteer hours enabled us to have several opportunities to celebrate our achievements together in 2021. The return of the ever-popular Gift of Sight fair was a particular highlight.

There is nothing quite like witnessing the miracle of a person regaining their sight. This is a miracle you, all our supporters, enable us to achieve for hundreds of people each day across the Holy Land. Thank you.

Sir Andrew Cash OBE
Chairman

Dr Ahmad Ma'ali
CEO

About Us

Mission Statement:

St John of Jerusalem Eye Hospital Group exists as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, religion, social class or ability to pay.'

Vision:

We work to eliminate avoidable blindness in the Holy Land and to be recognised as the leader in the provision of quality eye care in Jerusalem, the West Bank and Gaza.

Values:

Compassion - Providing eye care with empathy and willingness to promote wellbeing.

Accountability - Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve.

Respect - Honouring the dignity and diversity of each person.

Excellence - Providing exceptionally high quality and advanced care.

Strategic Aims

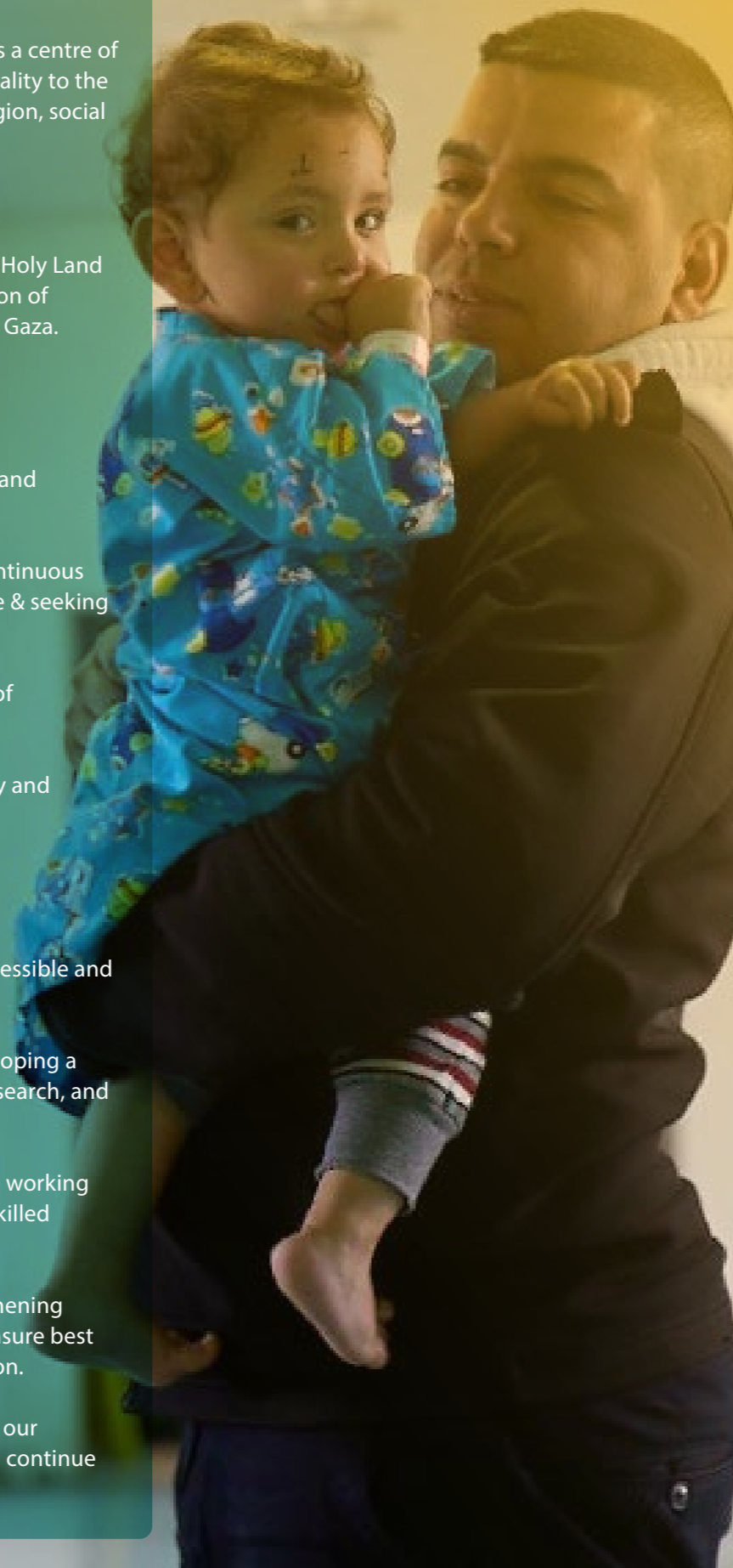
Patient-Centred Services – Commitment to accessible and quality eye care.

Excellence, Education, and Innovation – Developing a centre of excellence for eye health education, research, and innovation.

Investing in our People - Promoting supportive working environments whilst developing a sustainable, skilled workforce.

Good Governance and Partnerships – Strengthening our governance practices and partnerships to ensure best practice and maintain our heritage and reputation.

Sustainability – Diversifying and strengthening our financial sustainability to ensure our mission can continue to the future.



Hospitaller's Report

International Partnerships and Excellence in Medicine



SJEHG serves a population of over 5.2 million Palestinians across East Jerusalem, the West Bank, and the Gaza Strip, with over three quarters of patients in Gaza being refugees. The Palestinian population is a young one, with almost a third under the age of 10, and the overall prevalence of blindness is an order of magnitude higher than that of the UK.

The main causes of sight loss and 'legal blindness' among Palestinian adults aged 50 years or older are cataract and refractive error (being treatable with surgery and glasses respectively), and diabetic retinopathy (DR). These were the findings of the 2019 Rapid Assessment of Avoidable Blindness (RAAB) study, which predicted that a staggering 30% of Palestinian adults over the age of 50 have visual impairment to a Snellen acuity of 6/12 or worse – lower than legal driving standards in the UK.

Despite a challenging year, as the pandemic gradually waned in 2021, SJEHG recovered its clinical activities. All our centres all continued to provide eye care despite periodic staff shortages, lagging vaccination rates for some of our patients in the West Bank and Gaza and, of course, the violence in Gaza itself in May 2021. But by any international medical standard, the recovery of our

annual performance within 20 months of the onset of a global pandemic is indeed an incredible achievement.

One recent addition to SJEHG's services is the clinic in Kufor Aqab, one of the two largest Arab neighbourhoods in North Jerusalem, and located beyond the security fence. Considered an extension of 'Outreach', the clinic was originally established in response to unaddressed clinical needs resulting from frequent lockdowns over 2020 and 2021. This year, due to rising demand, SJEHG has increased its commitment to the Kufor Aqab clinic from one to three days each week.

In 2021, SJEHG trained six in-house ophthalmic residents and supported three regional clinical Fellowships in glaucoma, paediatrics and oculoplastics, with Israeli colleagues. These Three subspecialties are of vital importance given the large paediatric population, and the dearth of glaucoma specialists for the Palestinian population. Furthermore, our clinical and laboratory research continued apace, with 10 peer-reviewed published citations in 2021 alone. Finally, and despite the severe restrictions in international travel (and therefore postgraduate opportunities), SJEHG continued its series of on-line live webinars through the SOA, and further details on this and

other academic activities are given on page 14.

The support for our staff underpins our mission to '... exist as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, religion, social class or ability to pay.' It follows that the commitment of SJEHG and all its supporters to clinical and nursing excellence underpins our vision that 'SJEHG will work to eliminate avoidable blindness in the Holy Land and be recognised as the leader in the provision of quality eye care in Jerusalem, Gaza Strip and the West Bank.'

It is only through the unwavering commitment of our staff, Priors, supporters, and Trustees that we are able to deliver this high-quality ophthalmic care in the face of considerable odds, year on year. Thank you.

David H. Verity, MD MA BM KStJ BCh FRCOphth Order Hospitaller, Chair, SOA

Snapshot of 2021

We reached almost 134,600 patients, performed almost 6,500 major surgeries, and employed 260 people across our services.*

Anabta Clinic

We treated almost 16,500 outpatients at our Anabta Clinic and performed 27 major operations from the clinic.

16 staff members including 11 medical, allied health and nursing professionals

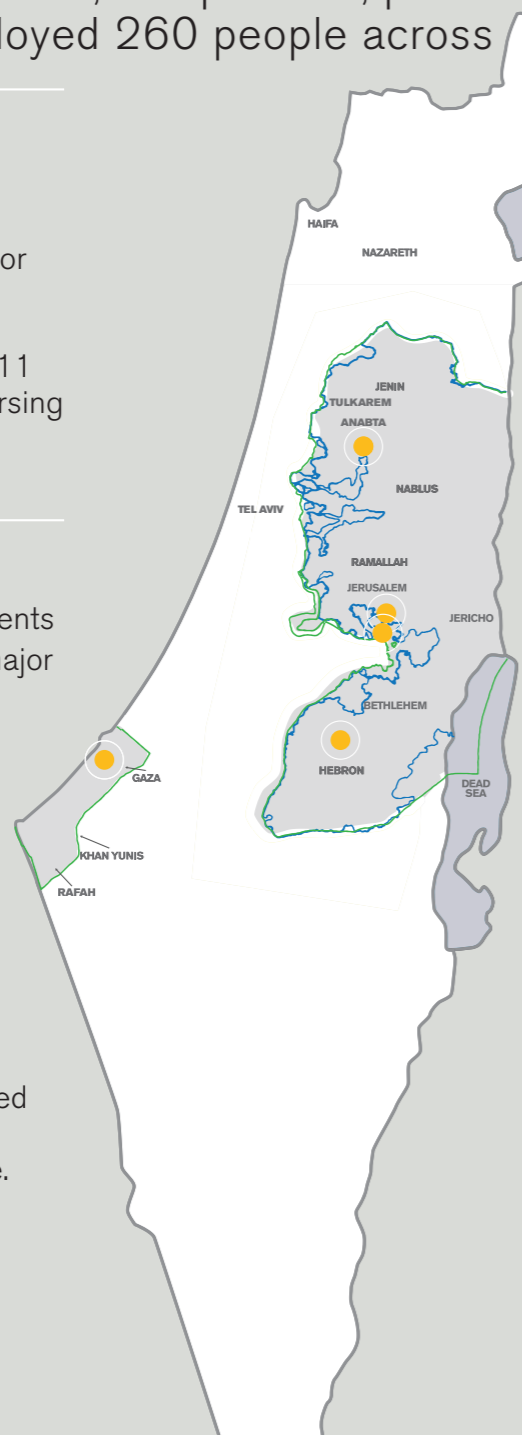
Gaza Hospital

We treated over 33,900 patients and performed over 2,100 major operations.

45 staff members, including 36 medical, allied health and nursing professionals.

Mobile Outreach Services (Gaza)**

Our outreach services reached over 5,000 patients via our Mobile Outreach Programme.



Jerusalem Hospital

We treated almost 52,300 patients in our East Jerusalem Hospital and performed over 3,600 major operations. 180 staff members, including 115 medical, allied health and nursing professionals.

Muristan Clinic**

We saw over 550 patients in 2021 in our mobile Old City screening programme and Muristan Clinic.

Hebron Hospital

Our Hebron Hospital saw over 14,500 patients and performed over 700 major surgeries. 19 staff members including 15 medical, allied health and nursing professionals.

Mobile Outreach Services (West Bank)**

Our Mobile Outreach Programme and our new Kufor Aqab Jerusalem Outreach Clinic screened almost 11,800 patients.

*Staff numbers do not include four London staff.

**Muristan and West Bank Mobile Outreach Services staff are counted in our Jerusalem Hospital figures.

*** Gazan Mobile Services staff are counted in our Gaza Hospital figures.

Running Costs 2021

	£'000	% needing covered by fundraising activities	% covered by patient income
Jerusalem Hospital	7,447	50%	50%
Muristan	58	99%	1%
Outreach (inc Kufur Aqab)	199	86%	14%
Hebron	681	26%	74%
Gaza	1,322	36%	64%
Anabta	480	34%	66%

Patient Centred Services

Surgeries
13%

We performed 13% more major surgeries than in 2020.

Accessibility

We are committed to reaching the most isolated and marginalised communities in the oPt.

Prevention and early treatment of eye conditions are vital. This is because many eye conditions, if left untreated, cause permanent vision loss. Delivering accessible eye health services in the oPt carries with it unique problems, as the movement of people, even for medical care, is limited by checkpoints, permit systems and the Separation Wall.

We work to ensure that as many patients as possible receive eye care through mobile outreach, screening services, and hospitals and clinics strategically located across the West Bank and Gaza. We also make sure that our patients adhere to any referrals for advanced treatments at our hospitals by helping them navigate permit requirements, transport, and accommodation for longer stays.

We are working to increase equity in our care by ensuring those who are often left behind get access to the care they need. With this aim, in 2021 we began using our Mobile Outreach to specifically target groups across the oPt which represent communities which often struggle to access care – such as disability and female advocacy groups. We are excited to track an increase in these demographics reaching and benefitting from our care.

Quality Eye Care

A commitment to the highest standards of quality and comprehensive eye care is vital to ensure the greatest chance of treating or managing each patient successfully.

We take this commitment seriously. We were the first Palestinian hospital to achieve Joint Commission International accreditation which is the most stringent certificate awarded to hospitals throughout the world, reflecting the highest standard of excellence in medical care. We are independently reviewed on our JCI accreditation every three years and have continuously achieved 97% or higher. Much of our teaching activities was to JCI standards and the up dated policies and procedures based on the most recent edition.

Our Jerusalem Hospital is also the only Palestinian healthcare provider to have locally trained specialists in all subspecialties of ophthalmology (except oncology), and each of our satellite centres receive regular visits from our specialists for treatment or

surgical referrals. In Gaza we are working to increase local sub-specialist capacity to enable the mostly locked-in population constant access to the best possible eye care.

The Covid-19 global pandemic was a continued concern in 2021. Vitally we ensured everybody was aware of and implemented the necessary preventive precautions. This involved communicating our protocols for dealing with the pandemic for both patients and staff via lectures, posters, leaflets and reminders. We maintained coordination and contact with Ministry of Health to ensure that we are up to date and well informed.

At our core, our values of compassion, accountability, respect and excellence drives the ethos of care across our services – ensuring that each patient is not just given first-rate medical treatment but are treated with dignity and empathy at every step of their journey with us.



Accessibility
59%

59% of patients were delayed or denied access to ophthalmic treatment outside of Gaza in 2021. Similar issues persist for West Bank patients. This is why it is vital to strengthen our local capacity.

[*WHO EMRO Monthly Support on Health access, December 2021](#)



Spotlight On:

Continuity of Care and Systems Strengthening

SJEHG has been focussed on improving the ophthalmic care of the Palestinian population since we began almost 140 years ago. However, alone we can only do so much. To truly offer the most accessible care to our population it is vital to work with the wider community to strengthen access to ophthalmic services across the oPt.

In 2021 we were therefore delighted to launch a four-year programme which will take sustainable eye health to the most marginalised communities across the West Bank and Gaza. This programme is specifically targeting refugee communities who access health through the United Nations Relief and Works Agency (UNRWA). These communities make up the most impoverished populations across the oPt and are the people most likely to fall through the cracks of the health system.

The programme aims to offer expanded and sustainable eye health by training almost 100 UNRWA doctors across the West Bank and Gaza in primary eye care. This will ensure that they can sufficiently diagnose and manage basic eye health conditions and refer on to SJEHG centres where needed. It will also utilise our existing outreach service to target specific population groups who often miss out on eye care by collaborating with local community advocacy groups for those with disabilities and other groups.

Specific screening will be introduced to target Diabetic Retinopathy (DR) in UNRWA communities through training UNRWA nurses. These nurses will be trained on using state-of-the-art handheld retinal imaging cameras to diagnose DR in the Palestinian refugee population. DR is the single fastest growing cause of blindness in the oPt, and it is vital that it is caught early to ensure that patients do not needlessly go blind.

By training UNRWA nurses and doctors, we are promoting and advancing the principle of Universal Health Coverage across the Palestinian population. Not only will this increase access to eye health across the oPt, for our most vulnerable communities, it will also take the burden off our ophthalmic doctors and nurses to focus on more advanced cases.

The programme also aims to introduce Small Incision Cataract Surgery (SICS) at SJEHG facilities through training two ophthalmologists in the West Bank and Gaza. The introduction of SICS will make cataract surgery more affordable without compromising quality and surgical outcomes. This will ensure that those who are referred from the UNRWA centres, and those accessing SJEHG services generally, receive the best possible care.

This programme is generously funded by the German Federal Ministry for Economic

Cooperation and Development via Johanniter Unfall Hilfe and CBM, the Australian NGO Cooperation Program (ANCP) via the Fred Hollows Foundation and the Lions Club International Foundation (LCIF). In 2021 we began our training activities, and we are incredibly excited to bring eye health to tens of thousands across the oPt with this programme in the coming years.

“This programme is providing innovative sustainable solutions to combat avoidable blindness in Palestine. The programme will build the capacity of local medical workforce to respond to the increasing need for preventative and curative eye care for a population that cannot afford such services. We are hopeful that this approach will prove to be effective and eventually be expanded into the national health strategy.” David Dahdal – SJEHG Director of Development and Grants

Excellence, Education, & Innovation

Excellence in clinical and academic postgraduate medicine lie at the heart of all successful tertiary referral hospitals. A vibrant postgraduate culture drives innovation, inspires staff, builds trust and loyalty and attracts supporters and patients alike.

In this regard, SJEHG is no different to any other teaching hospital. With over 150 nurses, doctors and Allied Health Professionals (AHPs), it is as large as other units and, as importantly, deals with a complex demographic and pathology base. In another regard, SJEHG is entirely unlike any other hospital. It lies at the heart of one of the most respected humanitarian organisations in the world, with an ethos stretching back to the Hospitaller Knights and their predecessors in the eight century AD. One thousand years after the first hospice in Jerusalem, and almost 140 years after the modern Order was established, SJEHG continues to flourish.

Education

There is a shortage of both nursing and medical professionals across the oPt, and this shortage is even more pronounced in eye care – there are only 19 ophthalmologists per million of the population (compared to 49 per million in the UK). To combat this, and ensure that we remain ophthalmic leaders, we provide world-class education to the next generation of Palestinian eye health professionals.

Nursing and Allied Health: We offer up to ten places each year at our prestigious Sir Stephen Miller School of Nursing. This is complemented by a training programme for ophthalmic assistants in Gaza, as well as training general community health workers to identify and refer eye conditions to SJEHG centres. Since the 1980s, we have trained over 200 ophthalmic nurses and nursing assistants in both Jerusalem and Gaza. Those who stay with us have opportunities for further career development. Several our graduates go on to train

as allied health specialists such as orthoptists or retinal diagnostics.

Medical: Our ability to offer all subspecialties of eye care (excluding oncology) is achieved through our Medical Residency Programme and Joint Teaching Programme. Our Residency Programme is the only training opportunity offered to Palestinians to specialise in ophthalmology. Once qualified, our specialists will work across our services and are given the opportunity to undertake fellowships in subspecialties at St John or at one of our partner organisations. This high-level experience is essential if our staff are to tackle the complex and advanced pathology which can occur in Palestinian patients.

Highlights

Three orthoptist assistants passed the Israeli certification exam.

Three doctors began fellowships in oculoplastic, paediatrics and glaucoma.

Medical Residency programme: one graduated, one graduates early next year, and one has completed her 3rd year. Three new residents enrolled in the programme.

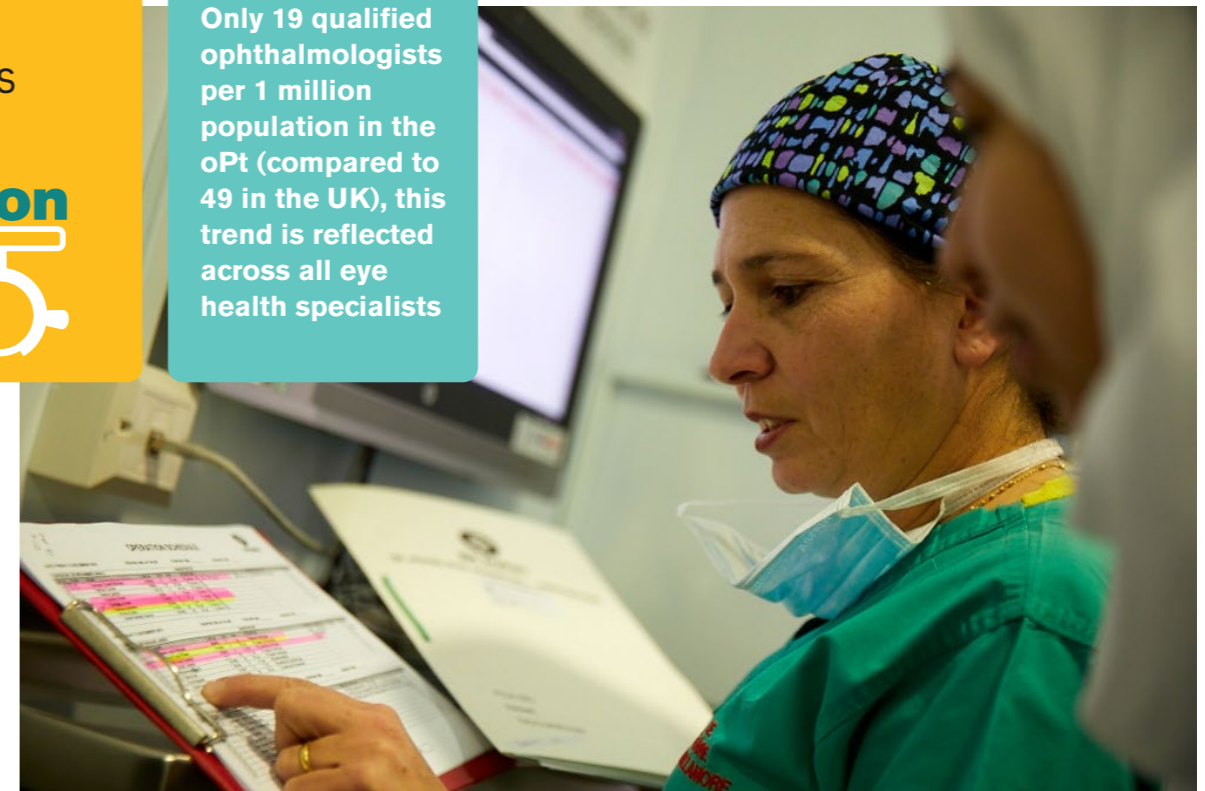
Our School of Nursing was unfortunately suspended for 2021/2022 due to the Covid pandemic but is due to reopen in late 2022.

Mandatory training was conducted on life support and cardiac life support.

Lack of Specialists
19 per 1 million



Only 19 qualified ophthalmologists per 1 million population in the oPt (compared to 49 in the UK), this trend is reflected across all eye health specialists





- Autologous cornea regeneration in collaboration with Radboud University
- Development of topical eye-drops therapeutics to replace cataract surgery in collaboration with Tel-Aviv University

Genetics Research: Since 2016, we have been conducting extensive research into inherited retinal disease across the oPt. This was, until 2019, 'Peace for Sight' - a joint project between SJEHG and Hadassah Medical Hospital funded by the German Johanniter Unfall Hilfe (Johanniter Aid for Accident services) and the European Union Peacebuilding Initiative. This project allowed us to train a dedicated genetics research team and establish the oPt's first ever retinal genetics laboratory.

In 2021, we recruited 130 new families to the research, with almost 600 families having been recruited since the project started. We also published three papers with other international centres on the research and have been chosen as one of 12 centres who will be involved in a gene therapy trial for retinitis pigmentosa.

Diabetes
24%

Diabetic retinopathy is now one of the leading causes of blindness in the oPt - up from 8.3% of the overall causes of blindness in 2008 to 24% in 2018.

Research and Innovation

We work to deliver a service which reflects current population needs and provides state-of-the-art high quality treatment for those who require it. We do this by researching our population needs and ensuring that our specialists collaborate on developing ophthalmic best practice with their cohorts across the globe.

Clinical Research: Our clinical research efforts grew in 2021 with the establishment of the St John Ophthalmic Associations' Ophthalmic Research Advisory Committee and the introduction of the role of Clinical Research Coordinator in Jerusalem. These new initiatives reflect a wider strategic aim of SJEHG to encourage high-quality clinical research at SJEHG.

All peer-reviewed citations from SJEHG doctors are now tabulated on the research section of the SOA website, with ten quality publications published in 2021 alone. Our Covid-19 case series was a novel publication - we published the first case of intermediate uveitis post Covid-19 illness worldwide.

Ongoing Clinical Research initiatives include:

- Multicentre study on Behget vasculitis
- Study of the genetic risk of diabetic retinopathy in the oPt in collaboration with Al Quds University
- Uveitis in paediatric arthritis in collaboration with Al-Najah University
- Glaucoma Research (6 projects underway)
- Collaboration with Hadassah Academy College focusing on Keratoconus
- Retinopathy of Prematurity Screening Programme (see page 15)



Genetics
50%

The isolation and desire to preserve cultural traditions and retain property within the family has led to a rise in intra-familial marriage - which causes high levels of genetic eye disease. 50% of marriages in the oPt are intra-familial.

Spotlight on:

St John Ophthalmic Association



With ophthalmology being an important strand of The Order of St John's work, an increasing number of distinguished international ophthalmologists are involved in St John. In 2015, a group of members from across the Order formed a working party to support SJEHG as well as coordinate this growing international interest and the St John Ophthalmic Association (SOA) was born. In 2020 it became an incorporated company under the aegis and governance of SJEHG, with its own board of Directors, and is now formed of 5 international hubs with 10 Chapters.

Despite the disruption of the Covid pandemic, the SOA has grown in recent years. It ran the Neuro Orbital Master Class symposium in London in early 2020, uniting over 90 experts from 10 countries to discuss a raft of complex multi-specialty sight-threatening pathologies. With the advent of lockdown, it switched to a series of virtual St John Ophthalmic Case Series meetings. These continued in 2021 with the Canadian, Australian, and English chapters of the Association, and were joined by ophthalmologists, supporters, and various national leaders from across The Order. Future such meetings include SOA-Africa, Singapore, Cyprus and India. These Masterclasses offer an incredible opportunity for doctors from SJEHG to share learnings with their colleagues across the world.

Other educational elements to the SOA's digital work include 'Cutting Edge', a series of short on-line lectures and the Lexicon project, an on-line ophthalmic dictionary. The SOA also promotes clinical and laboratory research at SJEHG. One example is the recent formation of the international Ophthalmic Research Advisory Committee based in the Australian Priory. This was established to support our SJEHG doctors with their research ideas, helping them through the planning, writing and publication phases. Another example is the purchase, through the SOA, of the tissue storage freezer required for our on-going retinal genetics research.

Advanced subspecialty Fellowship experience is now an integral part of ophthalmic training. Thanks to the generosity of its donors, the SOA has been able to promote two such posts in 2021 (see page 16) with further Fellowship opportunities planned for 2022.

The SOA, now in its seventh year, is working hard to support SJEHG's strategic goal of 'Excellence, Education and Innovation – Developing a centre of excellence for eye health education, research and innovation.' Thanks to the support and dedication of the board, our staff, and professionals around the Priors, we have made significant strides in 2021, and the SOA looks forward to playing its part in strengthening and developing this strategy in the years ahead.

Aims of the St John Ophthalmic Association:

1. to support teaching, training and research in SJEHG.
2. to promote the international academic profile and reputation of the work of SJEHG.
3. to coordinate the growing ophthalmic base across St John, to strengthen the profile and reputation of the wider Order of St John.

Celine's Story

We are developing our screening programme for retinopathy of prematurity (ROP), a disorder which affects as many as 60% of premature infants. The smaller the baby, the more likely it is to develop ROP. Infants with ROP are also considered to be at higher risk of developing certain eye problems later in life, such as near-sightedness (myopia), crossed eyes (strabismus), lazy eye (amblyopia) and glaucoma. If untreated, the condition can lead to irreversible blindness. This is why it is vital to screen as early as possible.

In 2021, SJEHG partnered with major hospitals in Jerusalem (Makassed, St Joseph, Red Crescent), and Bethlehem (Holy Family) and Hebron (Red Crescent) to conduct screening services on premature infants on a much higher level than we had done previously. Thanks to funding from the RTW Charitable Foundation, this includes state-of-the-art digital imaging and telemedicine, which means that screening can be done by a technician, releasing clinicians to focus on remote diagnosis and treatment of identified cases. The greatest need is in Gaza, with an increasing number of neonatal units, and we are working to procure further mobile camera systems for the area.

Across the year, our team screened almost 300 premature babies for the condition. One baby was Celine.

Celine's parents were desperate for children but unfortunately struggled to conceive. They eventually sought IVF and were delighted to learn they were pregnant with four children. With multiple-child pregnancy comes greater risk. Unfortunately, only six months into the pregnancy, the babies were born prematurely. Only one of the four survived – Celine.

Celine had several issues from being born prematurely and was in neonatal ICU for months. Her parents had to move from their home in Gaza to the West Bank to ensure easier access to her treatments. Part of her care involved ensuring her eyes developed properly, as she was born with ROP. Our specialist Dr Mohammad Daraghmeah was with her every step of her journey to care.



"It was so hard to lose our babies, but it made us all the more empowered to fight for Celine to have the best life possible" Wa'fa, Celine's mother explains.

"My daughter is now 2 and a half years old. She loves exploring her surroundings and is so smart. She has just started kindergarten. We are so thankful to St John and all of her care team for ensuring she had the opportunity to thrive. I can't wait to see what kind of person she will become."

Investing in our people



Our staff are our most valuable asset. We are dedicated to creating an atmosphere which cultivates respect, development, transparency, and well-being for all our employees. We will continue to conduct our salary scale study, with plans to introduce a transparent salary scale by 2023.

As they are currently relatively underrepresented at senior levels, we are also placing a distinct focus on encouraging our female and disabled staff members into management and development opportunities. In 2021, Dr Salam Iriqat was promoted to junior consultant and appointed as the group research lead. Dr Raja' Al-Masri started her oculoplastic fellowship

and Dr Haneen Shalaldeh was appointed as a specialist in our Kufor Aqab clinic. All three are graduates of the St John residency programme. Staff are trained and coached to be multi skilled in their departments by working on a rotational basis where possible, without affecting quality. Internal training is conducted on a regular basis which is essential for staff continuous development. We have morning lectures for doctors and nurses to increase their knowledge and discuss special cases and recently introduced the SOA Case Study series (see page 14). We also hold regular mandatory training in First Aid, and other social topics such as Sexual Harassment in the Workplace.

We continue to reward staff for their distinguished performance through the "Employee of the Month" nominations as well as nominations and promotions within The Order of St John.

Nursing in Gaza: Maysoun's Story

Maysoun is one of our theatre nurses in our Gaza Hospital. She received training to be an ophthalmic nurse through our training scheme and has been working at the hospital for over six years. This is her story.

"I am so proud to be a member of the St John Family. It was my dream to work here, and it continues to deliver on that dream every day.

I was born and raised in Gaza – my parents are originally from Jafa and had to move after the 1948 war. We settled here. Part of my motivation to become a nurse was the injuries I've seen occur from the conflicts I've lived through. I wanted to be part of the solution. When we are not in conflict, Gaza is the most beautiful place in the world.

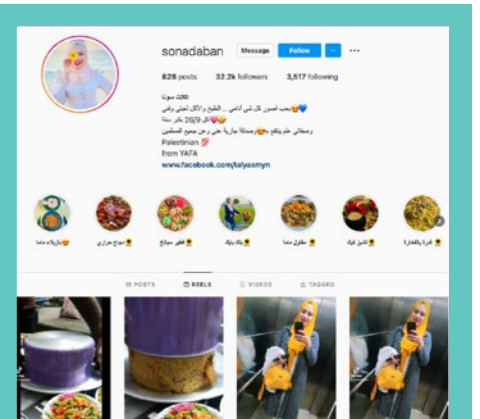
I feel incredibly well supported at St John. Especially as a woman at work. A female in Gaza can often face social issues, but this has been the opposite at St John. They are constantly encouraging me to develop my skillset and improve in my quality of care.

COVID was a particular challenge for us all. At first, I felt quite hopeless as to how to help our people when we had to be so careful. However, this grew to pride when we managed to increase on our surgeries delivered, even during such a hard time! I also made

use of my social media skills to give remote care where it was needed and possible.

There is nothing better than helping a person regain their sight, and I am lucky enough to see this every day in the theatre. One woman that sticks out to me is a lady who came in almost fully blinded with cataracts in both her eyes – she hadn't been able to see for over five years. I got to witness the moment she saw her children again for the first time, and for her to see that her boys had grown into men. There was so much happiness in the room that day.

Thank you to all the supporters of St John who enable me and my colleagues and I to continue our work – you are helping us to change lives every day."



My favourite hobby is cooking and sharing my recipes on social media. If you want a taste of Palestinian culture, and the beauty of Gaza please do give my page a follow. @sonadaban

Good Governance & Partnerships

SJEHG continues to seek partnership opportunities in the Middle East and globally.

Technical Support and Grant Partnerships:

There are a number of other development organisations who collaborate with SJEHG on eye health projects across the oPt. We rely on their expertise or influence to deliver our services at the highest level. Several of these bodies are also donors, to see a full list of major donors in 2021 refer to page 55.



Quality and Transparency:

Through our commitment to quality eye care (see page 7) we have been accredited by the ISO 9001:2015 (Accreditation for Quality Control) and JCI International and are subject to regular external audits to ensure that we are adhering to their gold-standard for quality healthcare. We take transparency very seriously, following all UK guidelines to ensure both our accounting and fundraising practices are

operating to the correct level. As such, we are registered with official charity bodies in the UK and are independently audited each year. To see our full fundraising statement, see page 33, to see our Independent Auditors' report from PwC see page 36.



St John Family: SJEHG

enjoys a unique position as a foundation member of The Most Venerable Order of the Hospital of St John of Jerusalem, which was given a Royal Charter by Queen Victoria in 1888. Our Sovereign Head is Her Majesty Queen Elizabeth II, and our Grand Prior is HRH Duke of Gloucester. Being a founding member of one of the world's biggest providers of healthcare gives SJEHG access to partnership with Order of St John, Johanniter International and the Alliance of the Orders of St John. Together, and alongside several other international bodies, we collaborate on best practice for clinical governance, sustainability and more.



We rely on our reputation to enable us to deliver our services further and to a higher standard than anyone else in the region.

Local: Our strategic partnerships with local health networks are vital to ensure an integrated approach to eye health. We have a Memorandum of Understanding in place with the Ministry of Health in both the West Bank and Gaza, to guarantee patients who present with eye conditions at general clinics are referred to us for specialist treatment.



Training: Both our Sir Stephen Miller School of Nursing and our Medical Residency Programme are internationally accredited, ensuring that our staff are trained to the highest possible standard. Our medical team benefit from opportunities to train in subspecialties internationally, and regularly collaborate on medical research with their cohort across the globe (see page 12). This collaboration has been encouraged by the introduction of the St John Ophthalmic Association (see page 14)



Sustainability

Statement of Financial Activities 2021

Incoming Resources: £13.3m	GBP £000	USD \$000	%
Patient Related Income	5,337	7,365	40
Priory Income	2,505	3,457	19
Other Voluntary Income	5,362	7,400	40
Investment & Other Income	140	193	1
Total	13,344	18,415	

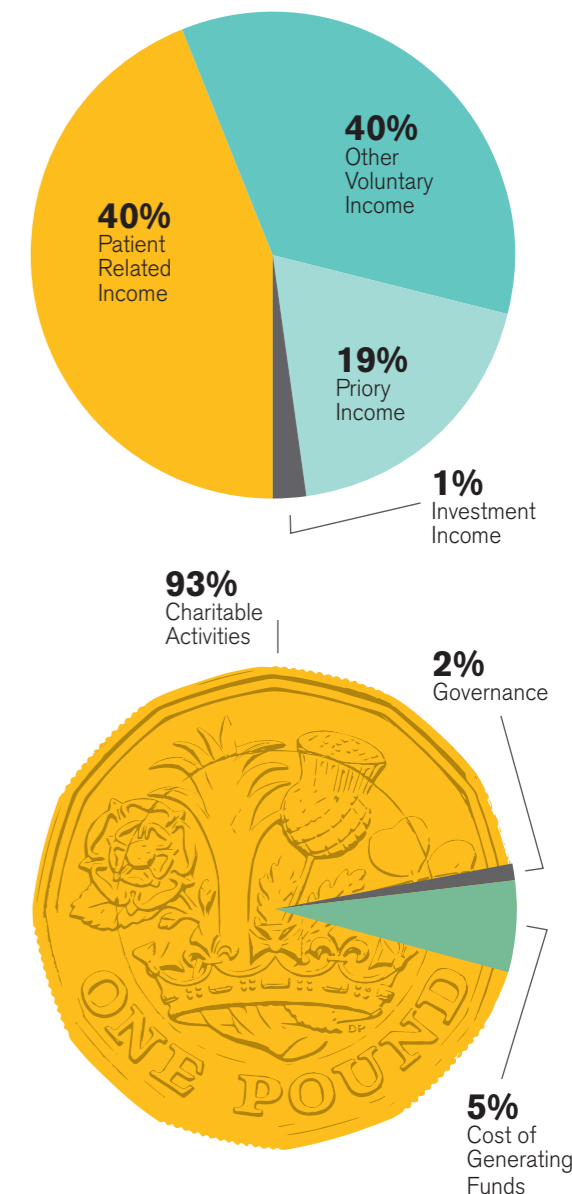
Resources Expended: £10.9m	GBP £000	USD \$000	%
Charitable Activities	10,159	14,019	93
Cost of Generating Funds	533	736	5
Governance and Other Expenditure	196	270	2
Total	10,888	15,025	

Thanks to the continued support of our donors, we can provide high-quality eye care to thousands of people each year.

The Palestinian need for eyecare only continues to grow, and with it brings a vital requirement to source new methods of funding.

As part of our 2020-22 strategy, we are committing to diversifying our sources of funding by looking to increase our income from private and medically insured patients. We will do this by remaining an innovative and competitive leader in private eye care across the oPt. There will always remain a large portion of our patients who will need eye care given

at subsidised rates, or for free, to ensure that money is not a barrier in their eye health journey. Poverty rates are currently 36% in the West Bank, including East Jerusalem, and 64% in Gaza.* Our donors remain vital for us to be able to deliver eye health to those who need it most – the most marginalised, underprivileged and at risk. They also allow us to preserve our rich heritage, which reflects the almost 1,000-year-old tradition for The Order of St John of delivering health care in the Holy Land.



Our St John Family remain a vital donor and, in 2021, gave 32% of our voluntary income. To all our donors, and especially our major donors, we thank you for your generosity (please see a full list of major donors on page 55).

**Source: UN OCHA "Occupied Palestinian Territory (oPt) Humanitarian Needs Overview 2021" Dec 2020*

Trustees and Committee Members

The trustees of the charity, who are also the directors for the purposes of company law, during the year and, at the time of this report, are listed below:



Sir Andrew Cash OBE KStJ
(Chairman)



Sir Andrew joined the NHS as a fast-track graduate management trainee and has been a chief executive for more than 20 years. He has worked at the local, regional and national level. He has worked by invite at the Department of Health, Whitehall on a number of occasions. He is a visiting Professor in Leadership Development at the Universities of York and Sheffield. Sir Andrew was Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust from 2004 to 2018 and is currently the part time Chief Executive of the South Yorkshire and Bassetlaw Integrated Care System. He joined the SJEHG Board as Chair in September 2018.

Mr David H Verity KStJ, MA (Oxon), MD (Lon), BM BCh, FRCOphth
(Order Hospitaller)



David Verity was appointed to the Board in June 2016 and became the Order's Hospitaller in September 2018. He is a surgeon at Moorfields Eye Hospital, the President of the British Oculoplastic Surgery Society, the Treasurer for the European Society (ESOPRS), and immediate past Editor in-Chief

of the international journal 'ORBIT'. In 2015, with the ophthalmic Hospitallers of the Order, he founded the St John Ophthalmic Association (SOA), a professional organisation dedicated to the postgraduate work of SJEHG. The SOA is formed of 5 world-wide hubs, engaging medical expertise across the Pories and supporting our staff with training courses and medical exchanges. As a surgeon, he also undertakes regular working visits to our hospitals in Jerusalem and Gaza.

Mr Nicholas Goulding
CStJ BSc FCA CTA (Fellow) ATT
(Treasurer and Company Secretary)



Nicholas Goulding is SJEHG's Treasurer and Secretary. He is a Chartered Accountant and Chartered Tax Adviser and is a former partner with KPMG LLP. He is Honorary Treasurer of The HM Tower of London Chapels Royal Foundation, The Honourable Company of Air Pilots, St Lawrence with St Swithun Winchester, Winchester Deanery Synod and a Governor of Lord Wandsworth College. He was first appointed to the board in August 2012 and retired in December 2021.

Mr Chris Hoult FCA
(Treasurer and Company Secretary)



Chris Hoult joined the Board of Trustees in January 2022 as Treasurer bringing over 25 years of board level experience in roles that have encompassed Finance, IT, Procurement, Estates and Facilities as well as international trading which included 2 years spent living and working in Denmark.

He qualified as a Chartered Accountant in 1987 and since then he has worked in a variety of commercial and not-for-profit organisations including 4 years as the Director of Finance of Plymouth Hospitals NHS Trust and 9 years advising NHS organisations in London on major strategic reorganisation projects.

He is currently the Director of Finance of Royal Voluntary Service a UK focused charity that promotes volunteering as well as supporting the NHS and its patients.

Dr Maged Abu-Ramadan
KStJ MD FRCSEd



Dr Maged Abu-Ramadan is a resident of Gaza, a Senior Consultant Ophthalmic Surgeon, and the Founder and President of

the Palestinian Ophthalmological Society. In 2005 he was made Mayor of Gaza. He is the Treasurer of the Middle East Africa Council of Ophthalmology, and the Chairman of Coastal Municipalities Water Utility. Previously, he was the Palestinian Authority Director General of Hospitals General Administration and the Director General of the International Cooperation Department of the Ministry of Health. Maged became a member of the board in April 2013.

Mrs Avey Bhatia RGN, MPA



Avey Bhatia is Chief Nurse at Guy's and St Thomas' Trust. Avey qualified in 1991 and her clinical experience includes theatres, general intensive care, coronary care and cardiothoracic nursing. She held various staff nurse and sister posts at hospitals in London before becoming Chief Nurse and Director of Infection Prevention and Control at St George's University Hospitals NHS Foundation Trust in 2017. Avey holds a postgraduate diploma in health services management and a Masters in Public Administration. She is also the Trust's Director of Patient Experience, and the executive lead for adults' and children's safeguarding, and for

infection, prevention and control. Beyond Guy's and St Thomas', Avey is Vice President for the Florence Nightingale Foundation and Honorary Vice President of The Nightingale Fellowship. Avey joined the Board in January 2022.

Ms Susan Dingwall OSTJ LLM
DipLP



Susan Dingwall is a partner and General Counsel of the international law firm, Norton Rose Fulbright LLP, specialising in risk and insurance issues. Prior to becoming General Counsel, she led the firm's award-winning Islamic insurance practice and is a recognised expert in her field by the leading directories. She first joined the Board in August 2011 and retired in December 2021.

Mr Jamie Ingham Clark CStJ FCA



Jamie Ingham Clark is a Chartered Accountant and pursued a career in the Lloyd's insurance market, where he had many years board experience as either Finance or Compliance Director. He was first elected to the Court of Common Council (the local authority for the City of London) in 2013 and was the Chairman of its Finance Committee until March 2022.. He sits on a number of other committees within the City. He is a

Liveryman of the Clothworker's and Pattenmaker's Companies and is a member of the Knights Templar. Jamie has been involved with the Order of St John for over 40 years as a member of the Ceremonial Staff and is currently the Sword Bearer. He joined the board in 2017.

HE Diane Corner OBE

Diane Corner has been British Consul-General in Jerusalem since July 2021. Diane was British Ambassador to the Democratic Republic of Congo (2013-14) and prior to that British High Commissioner to Tanzania. From 2014-17 Diane was Deputy Special Representative of the UN Secretary-General (Political and Protection of Civilians) in the Central African Republic. Other diplomatic postings have included Kuala Lumpur (1985-88), New York (1989), Berlin (1994-98), Harare (2001-3) and Sierra Leone (2008-9). Diane holds a BAHons in French and Politics from the University of Bristol, and an MA in International Relations and Contemporary War from King's College London. She also has a diploma from the NATO Defence College Senior College which she attended in 2000. Diane joined the Board in July 2021.

Miss Helen Dodds (Helen Forsyth)

Helen is an international lawyer and board member with over 30 years' experience in the legal and financial services sectors. She is a solicitor, a CEDR accredited mediator and a Senior Honorary Fellow of the British Institute of International and Comparative Law. Helen is currently also a board member of the UK Human Tissue Authority, a director of LegalUK and a member of the development board of the Bingham Centre for the Rule of Law. Previously she was Global Head of Legal, Dispute Resolution at Standard Chartered Bank, and a non-executive director of the London Court of International Arbitration. She joined the Board in January 2022.

HE Philip Hall OSJ OBE

Philip Hall was British Consul General in Jerusalem from 2017 to July 2021. Before this, he led the Spending Review at the Foreign & Commonwealth Office. From 2012 to 2015, he headed the FCO's Counter Proliferation Department, leading the UK Government's work to prevent the spread of chemical, biological and nuclear weapons. He was Defence Counsellor in the UK Delegation to NATO from 2008 to 2012 and headed the FCO's Middle East Peace Process Section from 1999-2001. He is a solicitor, completed postgraduate studies in European law and integration in Germany, and has a Masters in Public Policy from the London School of Economics. Philip resigned in July 2021.

Mr Paul Hackwood

Paul Hackwood is CEO and General Secretary of Toc H, a national Community Development Charity. Paul is ordained in the Church of England and a Canon at Leicester Cathedral. He is a trustee of the Henry Smith Charity

where he chairs the Clergy and Christian Projects grant making committee. He was recently appointed as a fellow of the Edward Cadbury Centre for the Public Understanding of Religion at the University of Birmingham. Paul joined the Board in January 2022 and chairs the Fundraising Committee.

Mrs Ismat Levin

Ismat Levin trained and practiced as a solicitor at City law firm Dentons following which she has spent 25 years as General Counsel for commercial, international growth and technology-led industries listed on NASDAQ or in private equity contexts. She has substantial experience of intellectual property licensing, governance, risk management and regulation. Ismat has served as a committee member for the Royal College of Radiologists (2016-2020) and since April 2015 as a Magistrate on the North West London Bench. In February 2022, Ismat joined the Board of LXi REIT plc, a real estate investment trust and FTSE 250 company, listed on the London Stock Exchange, as Non-Executive Director. Ismat joined the Board in January 2022 and Chairs the Digital and IT Committee.

Mr Timothy Jones

Tim Jones is a retired solicitor, Chair of the trustees of homelessness charity The Connection at St Martins, a trustee of the Safer London charity and of the National Botanic Garden of Wales, a director of the Sport and Recreation Alliance and a school governor. Tim was formerly a partner in the law firm Freshfields Bruckhaus Deringer LLP working on a wide range of corporate and commercial projects internationally. He was

managing partner of the London office between 2007 and 2011 and worked in the Madrid office between 1994 and 2000. Upon retirement from Freshfields he became General Counsel of England 2015, the organising committee for the Rugby World Cup. Tim joined the Board in November 2019.

Mr John Macaskill OSJ

John Macaskill was a Founding Partner and Managing Director of Groton Partners, a Private Equity firm based in New York. Mr Macaskill joined Groton Partners in March 2005 and focused his efforts on alternative investments, including Private Equity. Mr Macaskill is a General Partner in a number of private equity and real estate funds and has spent the last forty years in the financial services industry in New York and London. He is a member (retired) of the Institute of Chartered Accountants of Scotland, and a Chapter Member of the Priory in the United States of the Order of St John. He joined the board in January 2018. He has been appointed as the treasurer of the Priory of the USA.

Mr Guy Morton KStJ MA

Guy Morton is a solicitor and was, until his retirement, a partner in Freshfields Bruckhaus Deringer LLP, with a practice specialising in banking and financial law and the regulation of financial markets. He was Joint Senior Partner of the firm from 2006 to 2010. He has served on European Commission consultative groups relating to financial law reform and has represented the United Kingdom in relation to international law reform initiatives at the Hague Conference on Private International Law and UNIDROIT. Mr Morton was appointed as Acting Chairman from January

2018 until the appointment of Sir Andrew Cash in September 2018. He first joined the board in June 2011. During the pandemic the decision was taken to extend his term of office until the autumn of 2022 given the value in a period of uncertainty of his long experience with SJEHG.

Dr David E.I. Pyott CBE, OSJ

Dr David Pyott is the former Chairman and CEO of Allergan Inc. During his tenure, Allergan was transformed from a small eye care business with about \$1 billion in sales to a global company, with sales over \$7 billion. Dr Pyott is a member of the Board of several U.S. pharmaceutical companies and a member of the Supervisory Board of Royal Philips. He is Deputy Chairman of the Board of Governors of London Business School, a Trustee of the California Institute of Technology, President of the newly created Ophthalmology Foundation, successor to the International Council of Ophthalmology Foundation, President of the Advisory Board of the Foundation of the American Academy of Ophthalmology and is also involved on the Boards of many other U.S. and international eyecare charities. Dr Pyott and his wife, Molly, are Members of the Priory of the USA and stalwart supporters of SJEHG. Dr Pyott joined the Board in October 2020.

Ms Nicki Shaw OSJ

Nicki Shaw is Chief Executive of Princess Alice Hospice. She previously worked at the British Heart Foundation, latterly as Programme Director for Prevention and Care. Her career has spanned the commercial, regulatory and voluntary sectors. She has participated in a number of national forums including the Palliative Care Funding Review and the DH Advisory Group on Health at

Work. Nicki joined the board in September 2012 and retired in December 2021.

Mr Herbert von Bose

Herbert von Bose is a lawyer and has worked for the European Commission in Brussels since 1983 where he rose to become the Director for Industrial Technologies. He joined the Johanniterorden in 1984 and was chairman of the Brussels Johanniter Group from 2002 to 2012. Since 2014, he has been Governing Commander of the Balley and is responsible for international affairs. Herbert joined the board in June 2014.

Co-opted Committee members who are Not trustees

Mr Ken Baksh

Ken is an investment consultant with over 40 years' experience.

Mrs Georgie Brookes MStJ

Georgie has been a Guild Member for 20 years. Formerly at Mayfair Capital and currently Finance Manager at the Mango Tree OSP.

Mr Thomas E.K. Cerruti Esq, OSJ

Thomas is a lawyer, Executive Director of the Shiley Foundation, and trustee. He is a member of the Priory of the USA.

Mrs Julia Corkey MStJ

Julia became Chairman of the SJEHG Guild in March 2021. She was a senior British public servant for over 20 years and is currently Chief Executive of ICC Belfast, Waterfront and Ulster Halls.

Mr Kevin Custis

Kevin is a registered trust and estate practitioner, Legal Executive and the chair of the London Central Branch of the Society of Trust and Estate Practitioners (STEP).

Mr Paul Double LVO, OSJ

Paul is a barrister and the Remembrancer at the City of London.

Mrs Anzo Francis MStJ

Anzo is an ICAEW Chartered Accountant and Director of Finance of Water & Sanitation for the Urban Poor.

Mr Timothy Walker CB, MStJ

Timothy is a retired British Civil Servant, formerly serving as Director General of the Health and Safety Executive.

Ms Caroline Trehitt

Caroline is a financial services executive with over 20 years experience leading strategic change and corporate development projects in both large and small organisations

KEY:

- Board
- Steering
- Finance
- Audit
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Strategy & Planning
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Liaison
- Digital and IT

Governance Structure



Board Committees:

- Steering
- Finance
- Audit
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Strategy & Planning
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Liaison
- Digital and IT

The Committee Terms of Reference were updated in 2021.

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member of the Charity and appoints the Chairman of the Board of Trustees. The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem. For the past two years all meetings have been held virtually due to the Covid-19 pandemic. The Board reviews the performance of SJEHG and, in particular, the performance of the hospital in Jerusalem, Gaza, Hebron and the Anabta and Muristan Clinics, as well as the Mobile Outreach Programme. The Board also considers and approves the operational and capital budgets. The Board Committees focus, in detail, on their areas of responsibility and report back to the Board. The Board is aware of the codification of directors' duties under the Companies Act

2006 and takes these duties into account in consideration of SJEHG's activities and within its Articles of Association. New Trustees are selected by the Board to maintain an appropriate balance of skills, experience and diversity. Trustees are appointed for a term of three years and may be reappointed for two further terms of three years but are not normally eligible for a further reappointment.

Four current trustees left the Board of Trustees in 2021/2022 after serving a nine-year term. Six new trustees have been recruited to replace them who were appointed throughout 2021 and in January 2022.

An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the Charity to the Chief Executive, Dr Ahmad Ma'ali and the SJEHG senior management team.

The Chief Executive

Dr Ahmad Ma'ali

CStJ PhD MPH BSN PGCE ENB, CEO
 CEO

Dr Ahmad Ma'ali joined the SJEHG family in 1990 as a student nurse, successfully completing his secondment at Greenwich University in 1996 followed by a six-month postgraduate specialist ophthalmic nursing course at London's Moorfields Eye Hospital. In 1999, he was certified with a Nurse Tutor Diploma by the Bolton Institute. Thereafter, he returned to Jerusalem where he assumed the role as clinic Charge Nurse for one year, and in 2000 took responsibility for course leadership at the Sir Stephen Miller School of Nursing. He was also responsible for

infection control and clinical services coordinator, and gained a master's degree in Public Health Management at Al Quds University in 2003.

In May 2009, Dr Ma'ali made SJEHG history as the first Palestinian Nursing Director. In 2017, he attained a PhD in advanced Nursing practice at De Montfort University and, after 10 years as Director of Nursing and Allied Health Professions building relations with staff, students and patients, he was appointed as an interim Joint CEO with Peter Khoury in September 2017. In May 2019 Dr Ma'ali became our first Palestinian CEO.



Public Benefit

The Trustees have given due regard to the Charity Commission's General Guidance on public benefit when planning the Charity's activities. Our Annual Report sets out our activities, achievements, and performance during the year, which are directly related to the objects and purposes for which SJEHG exists. SJEHG achieves its principal objectives through the delivery of services to members of the public in Jerusalem, the West

Bank and Gaza without regard to ethnicity, religion, social class, or ability to pay.

The Public Benefits from SJEHG's activities are:

- a. the provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza and Hebron, the Anabta and Muristan Clinics and the Mobile Outreach Programme;
- b. the exemption of patients' charges when the relevant authority does not finance the treatment and the patient

is unable to pay all or part themselves;

- c. the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region;
- d. the research into endemic diseases affecting the Palestinian population; and
- e. our services enhance education and employment prospects and contribute to economic growth.

Strategic Report

Strategic Vision:
January 2020 to December 2022

Our three-year strategic plan 2020 - 2022 will enable us to attain our mission as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, creed, social class or ability to pay. This strategy will enable us to continue Saving Sight, Changing Lives and to uphold our CARE values:

Care

Compassion

Providing eye care with empathy and willingness to promote wellbeing

Accountability

Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve

Respect

Honouring the dignity and diversity of each person

Excellence

Providing exceptionally high quality and advanced care

The strategy outlines our clear

vision to work with partners to eliminate causes of avoidable blindness in the Holy Land through five distinct strategic aims:

Patient-Centered Services

Putting patients first - reaching out to the most isolated and marginalized individuals in our community and ensuring quality care and patient safety.

SJEHG will build on its JCI re-accreditation to continually strengthen standards and protocols on quality care and patient safety. Patient satisfaction surveys and audits will be conducted and we will develop our paediatric services in Gaza. Our priority is to establish outreach services to overcome permit related accessibility issues and patients located in more isolated communities.

Excellence, Education, and Innovation

The country's main provider of ophthalmic training for the medical, nursing and allied health sector, leading on excellence in research, innovation and medical education.

We are the main provider of medical, nursing and allied health professionals' ophthalmic training in the country. We will seek funding for clinical research, and to achieve the American Council of Medical Graduate Education accreditation. We will capitalise on our achievements in research, innovation and education by

sharing our knowledge on genetics research and findings from the SOA annual summit and disseminating the results from our Rapid Assessment of Avoidable Blindness. By the end of 2022, we will produce at least 10 scientific publications and have assured that our six medical residents are successful in their national exams.

Investing in our People

Investing in our most valuable asset – our staff. Promoting local talent and supportive working environments, whilst developing training opportunities towards a sustainable, talented workforce.

Our staff are our most valuable asset, and we will continue to empower and support them to reach their full potential. We will create a culture of transparency, initiate a hospital-wide pay scale and ensure employees have an annual development plan in response to appraisal processes. Female staff will be encouraged to take leadership roles and we will facilitate training and fellowship opportunities in Gaza and Jerusalem for corneal to oculoplastic specialisms.

Good Governance and Partnerships

Building international partnerships and strengthening governance structures to mitigate risks and ensure best practice.



The hospital management will further strengthen its governance structure across its sites and continue to conduct audits to control risks and prevent any undesired outcomes. We also aim to strengthen partnerships with major donors and pertinent service providers and stakeholders such as Palestinian Ministry of Health, Afoula Hospital, as well as brokering agreements with hospitals in Israel and overseas.

Sustainability

Building on a decade of overall growth by diversifying our funding sources so that we continue to reach more patients with quality services and ensure a financially secure future.

We have expanded our services over the past 10 years to reach more patients and we will sustain these achievements by diversifying our sources of

funding across patient, major donors and Pories income. We will do this by reviewing contracts with all Israeli sick funds, implementing non-clinical income generating projects and competing for paying customers with services driven efficient hospital-wide processes. We aim to increase hospital related income from 53% to 57% by 2022.



Strategic Report

Financial Review: Achievements and Performance in 2021

For the year ended 31 December 2021, incoming resources amounted to £13.3m, (2020, £10.7m) while resources expended amounted to £10.9m (2020, £10.5m). This resulted in a surplus of £2.4m (2020, £0.2m deficit) before taking into account realised and unrealised gains on investments of £0.9m and exchange gains of £0.3m. Overall fund balances accordingly increased by £3.6m in the year.

During the year, patient-related income increased as the hospital resumed its normal working levels post Covid-19 pandemic which imposed movement restrictions and resulted in a decline in the number of patients seen and treated by the hospital in 2020. Within voluntary income, donations from St John Pories increased from £2.1m in 2020 to £2.5m in 2021.

Expenditure on charitable activities amounted to £10.2m, being 93% (2020, 93%) of total resources expended. These costs include running the hospitals in Jerusalem, Hebron and Gaza, the Anabta Clinic, the Muristan Clinic, Kufr Aqab clinic and two Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running costs of the genetics laboratory and the refractive suite. The expenditure on charitable activities is primarily personnel

costs which makes up 58% of the total cost (2020, 56%). Operating costs were contained through the continuation of enhanced cost controls introduced in earlier years as well as the actions taken by trustees and management to minimise the financial impact of the pandemic.

Costs of generating funds constituted 5% (2020, 6%) of total resources expended and is the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team in addition to carrying out various fundraising events. Governance costs amounted to 2% (2020, 1%) of the total resources expended and reflect the international nature of the charity's activities and governance arrangements.

Total voluntary income increased to £7.9m (2020, £6.1m) representing 59% (2020, 57%) of the incoming resources. Donations included £0.6m (2020, £0.2m) restricted for capital projects and medical equipment, in addition to £2.5m (2020, £2.1m) donated by the Pories of The Order of St John. Overall, the value of capital projects completed during the year amounted to £0.6m.

Funds generated from charitable activities (mainly patient income) amounted to £5.3m and constituted 40% (2020, 41%) of total incoming resources. The remaining 1% (2020, 2%) incoming resources related to income from investments.

During 2021, the PA has continued to face major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group. Additionally, due to the political unrest within the region, there are doubts about the ability of the PA to continue paying the hospital on a regular basis. Funding this level of debt impacts on SJEHG's cash flows and it is ameliorated to a certain extent when the European Union and others pay a substantial part of the PA outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually for capital projects.

The investment portfolio is held as a means of earning income to support operational activities and as reserves to ensure that SJEHG can continue to fulfil its charitable objectives, while maintaining the real value of capital over the medium to long term. The investment objectives include aiming for lower volatility than equity markets, higher diversification and only a modest exposure to illiquid assets. The Investment Committee reviews the portfolio's strategy and performance with the investment manager on a regular basis.

Strategic Report

Financial Review: Achievements and Performance in 2021

Reserves

At 31 December 2021, SJEHG had total funds of £22.6m (2020, £19m). This comprised permanent endowments of £7.6m (2020, £7.0m), £0.5m (2020, £0.5m) in restricted income funds, and £14.5m (2020, £11.5m) in unrestricted reserves, of which £8.3m (2020, £5.5m) is available to meet the normal operating needs of SJEHG.

Reserves Policy

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be maintained, when circumstances allow, to equate to at least six months running costs (equivalent to £5.5m) to ensure that SJEHG can continue to run efficiently with adequate working capital. It is intended to achieve this through a continuing focus on cost-cutting, revenue generation, the introduction of new sources of revenue, and enhanced fundraising activity in order to ensure financial resilience and sustainability for the future.

Principal Risks and Uncertainties

A comprehensive risk management policy is in place with a risk register of all clinical, operational, financial, external, political and governance risks. The risk register is regularly reviewed by the relevant committees and the Board, with particular focus on residual risks. A key risk which SJEHG faces

continues to be financial. The position has been exacerbated by Covid-19, Brexit and the impact of the continuing reduction in value of Sterling against the Israeli Shekel, by changes to the statutory level of minimum wages in Israel, and also by the political situation in the region. SJEHG relies heavily on voluntary income received mainly from donors in the Middle East, Europe, the United Kingdom and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs.

Liquidity is a recurring issue, especially with the prolonged payment pattern of the PA for its working capital needs. SJEHG therefore sets aside a portion of the investment portfolio as a cash deposit, in order to ensure meeting the working capital needs. International currency exchange movements are an additional risk. It should be recognised that exchange gains do not represent realisable income which are capable of being utilised by SJEHG, as they largely reflect the translation into Sterling of the Israeli Shekel value of the Hospital premises.

Operationally, patient and staff access to Jerusalem is crucial to the continuation of our ability to provide eye care services in the oPt. Working in a volatile region has inherent risks. Gaza has its own risks. The situation could escalate at any time as instability and strife continue to affect the neighbouring countries, a particular current concern.

Going Concern

Since March 2020 and the on-set of Covid-19 in Israel and the occupied Palestinian Territories (oPt), the Board of Trustees and Management have been working on flexible plans, both operational and financial, to seek to secure the continued viability of the organisation.

We currently remain confident about our future, but these are very challenging and unprecedented times for SJEHG and society in general; and are likely to remain so for quite some time to come. We plan to work closely with all our global partners and supporters to seek to ensure that we continue to serve our patients in the most efficient and safe manner.

Detailed, yet adaptable, business plans have been prepared, and financial budgets and cash flow models are aligned to those plans. These plans are clearly dependent upon a variety and number of key assumptions, some of which are inter-related. For example, national and local Government decisions (such as measures taken by Governments to mitigate the impacts of the Covid-19 global pandemic on public health), travel and border restrictions, social distancing, capacity in our hospitals, the demand from our patients, our ability (and that of the PA) to obtain funding and donations, our fixed and variable cost structure; to note just a few. Further details of the Group's principal risks and uncertainties are set out opposite.

The plans and models have been prepared for the period to December 2023, which is a period of at least 12 months from the date of approval of the financial statements. For the Board of Trustees to have a reasonable expectation of the Group's financial viability to December 2023, the Trustees have also identified several challenging, yet reasonably plausible, downside scenarios based on information

currently identified as a result of the impact of Covid-19 (sensitivity analysis). Sensitivity analyses and modelling have been performed on the key assumption alongside the financial effects thereon.

The Trustees continue to review and will implement any possible mitigations in order to seek to reduce the financial impact of these downside scenarios – maintaining a balance between supporting the activity that is crucial to delivering the objects of the charity, whilst ensuring the long-term financial sustainability of the Group.

Under these current downside scenarios, with no further mitigations which may be available to the Group, the Trustees' project to have sufficient liquidity through the period to December 2023.

Further details of the above are set out in Note 1 to the financial statements.

After consideration of the detailed, yet adaptable, business plans, financial budgets, cash flow modelling aligned to those plans and scenarios, and the overlaid sensitivity analyses, the Trustees consider that the Group has adequate resources to continue in operational existence for the foreseeable future, being a minimum period of at least 12-months from the date when the financial statements are approved.

Based on all of the above, the Board of Trustees are confident in the Group's ability to remain as a going concern and have, therefore, prepared the financial statements on a going concern basis of accounting.

Nevertheless, the Trustees fully acknowledge that there is a level of uncertainty, which is likely to persist for some time, given the key assumptions and the financial modelling referred to above.

Remuneration Policy

All roles within SJEHG are evaluated in order to determine where they fit on our pay scale. The salaries within the scale are determined by the market rates for an equivalent position. In exceptional cases, where the market information supports it, salaries may be above the top of the band. Each year, the payroll budget is reviewed, based on legislative, statutory and market changes, using a range of sources and taking account of affordability, all as part of the annual budgetary process.

Management consult with the Finance, the Human Resources, and the Pay and Remuneration Committees of the Board, and a pay review proposal is submitted to the Board, which makes the decision on the proposal. Staff costs are set out in note 6 of the financial statements.

Guide to SJEHG'S Finances

The aim of this note is to summarise the key points to an understanding of the complexities and vulnerabilities of SJEHG's financial position.

More detailed information is set out below, but the key features which can obscure the financial difficulties/pressures on the operating budget are–

- capital donations are treated as income (in accordance with the Charities Statement of Recommended Accounting Practice),
- exchange rate variations: these have recently arisen mainly from the depreciation of the Pound Sterling against the operating currency (Israeli Shekel) which has been a continuous process over at least the last six years, and have also included a depreciation of the US Dollar against the Israeli Shekel,
- The exchange gains or losses apparent from the annual results shown in the financial statements do not represent realisable amounts which are capable of being utilised by SJEHG. They are largely derived from the translation into Pound Sterling of the Hospital premises with an unchanged Shekel valuation.

Table of Adjustments 2021

	in £'000
Net incoming resources per Statutory Accounts	3,626
Reconciling Items	
Donations for Capital Projects	(633)
Unrealised Gain on Investments	(898)
Exchange Gain	(272)
Net Operating Results	1,823
Less: Outstanding Restricted Income	(197)
Actual Net Operating Results	1,626

Statement of Trustees' Responsibilities

The Trustees (who are also directors of St John of Jerusalem Eye Hospital Group for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and

principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2019);

- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards, comprising FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group 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 charitable

company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the Trustees are aware at the time of approving the Trustees' Annual Report:

- there is no relevant audit information of which the charitable company's auditors are unaware; and
- the Trustees have taken all the steps that they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

The Trustees' Report on pages 2 to 35 was approved by the Trustees and signed on their behalf by

Andrew Cash.

Sir Andrew Cash, Chairman,
St John of Jerusalem Eye
Hospital Group
Charity no. 1139527
Company no. 7355619

23 June 2022



Fundraising Statement

SJEHG as a charity with income over £1m is required to make a statement regarding its fundraising activities in accordance with the Charities Act 2016.

Fundraising activities are carried out on behalf of SJEHG by our own in-house fundraising staff and by volunteer fundraisers. We do not consider volunteer fundraisers to be acting as legal representatives for the charity as we have not

formally contracted them to fundraise on our behalf.

Our small team of in-house fundraising staff are fully trained on fundraising regulations and have been made aware of relevant policy procedures. We ensure that we protect vulnerable persons from unreasonable intrusion into their privacy, persistent approaches or undue pressure to give by using a personal approach to fundraising.

We do not use professional fundraisers or commercial participators in any of our activities and we are registered with the Fundraising Regulator.

No complaints were received by SJEHG in relation to its fundraising during the relevant period and, after due enquiry, we are not aware of any breaches of the regulations of the Fundraising Regulator committed by SJEHG.

Stakeholder Engagement

For the 2021 financial year we are required to report on how the Board of Trustees has complied with its duty under section 172 of the UK Companies Act 2006. Section 172 requires the Trustees to have regard to the long-term consequences of its decision-making, to the interests of key stakeholders and to the importance of maintaining high standards of conduct.

In our statement of Strategic Vision on page 26 we have set out the values and strategic aims which inform the Board's decision making, reflecting the Board's commitment to the long-term sustainability of the Group and to the maintenance of high standards not only in the provision of ophthalmic care and in research, but also in governance and in the way we care for our staff. Below we report on how the Trustees engage with four key groups of stakeholders. These are:

1. Staff
2. Patients
3. The Patients' Communities
4. Donors including major donors and Priors.

The following sections outline a well-established strategy that ensures decisions made by the Board of Trustees are always well informed by our stakeholders. Communications and feedback from our stakeholders are featured in Board meetings and form a fundamental basis

for the Trustees' decisions. Furthermore, Trustees ensure that management operates the Hospital in a responsible manner that reflects the values of The Order of St. John.

Hospital Staff

Within the Hospital Group there are several staff committees that form the main platforms for decision making. Each of these committees has at least one Senior Management Team (SMT) representative who is in direct communication with the concerned Trustees. The Board of Trustees has 13 different specialised committees that meet regularly where SMT members are in attendance. All relevant decisions are brought to these meetings and Trustees with the staff representatives making decisions as appropriate. The Board also meets three times annually, present at Board meetings are SMT members representing the various categories of staff. Staff surveys are conducted annually to explore staff levels of satisfaction as well as engagement in the decision-making process at the Hospital. These findings are presented at the various Board Committees for further analysis and conclusions. A good example of the Trustees' full engagement with staff was the development of the Strategic Plan 2020-2022. Several workshops were held at the Hospital operational level to conduct a SWOT analysis and proposed strategic

aims and objectives for the next three years. These strategic aims were presented to the Board of Trustees who, with the SMT, conducted extensive debate and agreed a set of five strategic objectives that will shape the Hospital activities for the next three years (see page 26).

Patients

As part of our commitment to JCI accreditation, inspectors look to see that patients are engaged with on a regular basis and their suggestions for service improvements are taken on board. Patients' views are fully appraised through a biannual survey that is conducted across the Group by our quality-of-care teams. Patients are asked to comment on the service that they receive as well as make recommendations for improvements and their perceived needs for additional services as appropriate. The results of these surveys are discussed at the Board of Trustees' meetings and discussions concerning patients' expressed needs are taken by the Trustees and the SMT. We are committed toward achieving equity in our services and in 2021 consulted with local disability and women's rights organisations to best understand how we can meet their needs.

Patients' Communities

The Chairman and local Trustees of the Board meet with representatives from the

Palestinian Ministry of Health at the ministerial level and with the Head of UNRWA in Gaza to discuss needs of their patients and strategies that the Hospital might be able to employ to respond to such needs. The SMT is in constant dialogue and communication with representatives from the Israeli Patients' Fund to discuss services provided by the Hospital to their patients.

These decisions are brought to the various Trustees committees for discussion. The Board of Trustees are fully aware of the considerations and decisions made at the Jerusalem community level. In this regard, we are part of the East Jerusalem Hospitals Network that meets regularly to discuss ways of enhancing the quality of care provided to patients in East Jerusalem.

Trustees

Trustees' have an involvement in the decision making and high-level monitoring of fundraising, project development, and marketing. They are all well informed through quarterly meetings focused on development in the aforementioned areas. The Board usually give input to any donor-required pre-award surveys or due diligence processes that examine the capabilities, performance, and policies of the Hospital Group.

Priors

As a foundation member of The Order of St John and benefactor from most Priors we have a distinct obligation to receive input and work in

collaboration with the wider St John family. We cater our reporting and engagement to each Priory's preferences, For example, St John Scotland has sponsored both staff and the Mobile Outreach Programme, prior to which we provided a detailed report on current and future operations and the budget. The Priory in the USA sponsors staff through their Nurse Initiative and receive video messages from each staff member they support in thanks alongside a more detailed report. Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.

Other Major Donors and Stakeholders

We value the feedback from our stakeholders on what they consider is the most effective use of funds and why, and we report back demonstrating the impact of this investment. Our Trusts and Foundations programme has a reporting schedule for every grant given, dependent on each stakeholders' specific requirements. Our Development Team in Jerusalem is in regular contact with our institutional donors and have a stringent reporting policy for each project managed.

The fundraising Guild, made up of supporters who work voluntarily to fundraise for the Hospital, a vital channel through which we communicate and

receive feedback on our work. The organisation is considered a sub-committee of the Board (Guild Liaison Committee) and its membership includes, in addition to members of the Guild, Board Trustees and Senior management team members. The Guild Chairperson participates in committee meetings which allows us to share information across Trustees, staff and volunteers, which feeds into our decision-making. Finally our wider public donors are regularly engaged with via our bi-annual Jerusalem Scene, our Annual Report and our social media channels. Any donor is welcome and encouraged to contact our Fundraising Team to discuss our work.

Covid-19

The Board of Trustees were fully involved and in agreement with plans submitted by management in response to the Covid-19 global pandemic. These involved staff and patient safety protocols that were discussed and approved by the clinical Trustees. Other financial and efficiency plans were also discussed and approved by the Board of Trustees. Other stakeholders involvement included our liaison with the Israeli and Palestinian Ministries of Health in the form of Covid-19 infection prevention protocols that were updated regularly. Vaccinations of all Jerusalem staff were achieved through our partnership with the Israeli Ministry of Health in January 2021.

Independent Auditors' Report to the Members of St. John of Jerusalem Eye Hospital Group

Report on the audit of the financial statements

Opinion

In our opinion, St. John of Jerusalem Eye Hospital Group's group financial statements and parent charitable company financial statements (the "financial statements"):

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2021 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report (the "Annual Report"), which comprise: the group and charity balance sheets as at 31 December 2021; the consolidated statement of financial activities, the group income and expenditure account, and the consolidated cash flow statement for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis For Opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions Relating To Going Concern

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 group's and the parent charitable company's ability to continue as a going concern for a period of at least twelve months from the date on which the financial statements are authorised for issue.

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.

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the group's and parent charitable company's ability to continue as a going concern.

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

Reporting On Other Information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information

and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance 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 an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of 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 based on these responsibilities.

Based on our work undertaken in the course of the audit, the Companies Act 2006 requires us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Report

In our opinion, based on the work undertaken in the course of the audit the information given in the Trustees' Annual Report, including the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and the Strategic Report and the Trustees' Report have been prepared in accordance with applicable legal requirements.

In addition, in light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we are required to report if we have identified any material misstatements in the Strategic Report and the Trustees' Report. We have nothing to report in this respect.

Responsibilities for the Financial Statements and the Audit Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they 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 group's and parent charitable company'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 group and parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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 auditors' 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 extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Based on our understanding of the group and parent charitable company and the environment in which they operate, we identified that the principal risks of non-compliance with laws and regulations related to the Companies Act 2006 and the Charities Act 2011 and relevant regulations made or having an effect thereunder, including The Charities (Accounts and Reports) Regulations 2008, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered the direct impact of these laws and regulations on the financial statements. We evaluated the incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) by the trustees and those responsible for, or involved in, the preparation of the underlying accounting records and financial statements and determined that the principal risks were related to the posting of inappropriate journal entries to conceal misappropriation of assets. Audit procedures performed by the engagement team included:

- Testing journals entries where we identified particular fraud risk criteria.
- Obtaining independent confirmations of material investment valuations and cash balances at the year end.
- Testing estimates and judgements made in the preparation of the financial statements for indicators of bias.
- Reviewing meeting minutes, and significant contracts and agreements.
- Holding discussions with the trustees and management to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with laws and regulations.
- Assessing financial statement disclosures, and agreeing these to supporting evidence, for compliance with applicable laws and regulations.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional

misrepresentations or through collusion. A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

Use of this report

This report, including the opinions, has been prepared for and only for the charity's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Companies Act 2006 Exception Reporting

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- we have not obtained all the information and explanations we require for our audit; or
- adequate accounting records have not been kept by the parent charitable company or returns adequate for our audit have not been received from branches not visited by us; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns.

We have no exceptions to report arising from this responsibility.



Andrew Lowe (Senior Statutory Auditor)
For and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and Statutory
Auditors
London

23 June 2022

St John of Jerusalem Eye Hospital Group Financial Statements

Consolidated Statement of Financial Activities
for the year ended 31 December 2021

	Notes	Unrestricted Funds 2021 £000	Restricted Funds 2021 £000	Endowment Funds 2021 £000	Total Funds 2021 £000	Total Funds 2020 £000
Income and Endowments						
Income from donations and legacies	3	2,660	5,207	-	7,867	6,146
Income from charitable activities	4	5,337	-	-	5,337	4,378
Income from investments	8e	45	95	-	140	180
Other income		-	-	-	-	4
Total Income and Endowments		8,042	5,302	-	13,344	10,708
Resources Expended						
Expenditure on generating funds		(533)	-	-	(533)	(586)
Expenditure on charitable activities		(5,438)	(4,721)	-	(10,159)	(9,723)
Other expenditure		(196)	-	-	(196)	(178)
Total Resources Expended	5	(6,167)	(4,721)	-	(10,888)	(10,487)
Net gains / (losses) on investments	8	315	-	583	898	(215)
Net Income		2,190	581	583	3,354	6
Transfers between funds	12,13	574	(574)	-	-	-
Exchange gains on overseas activities		272	-	-	272	235
Net Movement in Funds		3,036	7	583	3,626	241
Fund balances brought forward at 1 January		11,490	465	7,047	19,002	18,761
Fund balances carried forward at 31 December	15	14,526	472	7,630	22,628	19,002

All gains and losses recognised in the year are included in the statement of financial activities.
All of the above results are derived from continuing activities.

Group Income and Expenditure Account for the year ended 31 December 2021

	2021 £000	2020 £000
Income	13,344	10,708
Expenditure	(10,888)	(10,476)
Net Income	2,456	232

The income and expenditure account excludes the unrealised investment and exchange gains and losses shown in the Statement of Financial Activities.
The accounting policies and the notes on pages 40 to 53 form part of these financial statements.

St John of Jerusalem Eye Hospital Group Financial Statements

Balance Sheets
as at 31 December 2021

	Notes	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Fixed Assets					
Tangible assets	7	5,598	5,640	2	7
Investments	8	13,861	12,661	11,289	10,434
Total Fixed Assets		19,459	18,301	11,291	10,441
Current Assets					
Stocks	9	758	469	-	-
Debtors	10	2,588	2,281	112	132
Cash at bank and in hand		9,423	6,338	5,457	3,923
Total Current Assets		12,769	9,088	5,569	4,055
Creditors: Amounts falling due within one year	11	(3,114)	(2,471)	(75)	(95)
Net Current Assets		9,655	6,617	5,494	3,960
Total Assets Less Current Liabilities		29,114	24,918	16,785	14,401
Creditors: Amounts falling due after more than one year	11	(6,486)	(5,916)	-	-
Net Assets		22,628	19,002	16,785	14,401
The Funds of the Group and Charity					
Restricted income funds	13	472	465	354	364
Endowment funds	14	7,630	7,047	7,630	7,047
Unrestricted income funds	12				
Designated funds		5,598	5,640	2	7
Revaluation funds		629	375	629	375
Other general funds		8,299	5,475	8,170	6,608
Unrestricted income funds		14,526	11,490	8,801	6,990
Total Group and Charity Funds	15	22,628	19,002	16,785	14,401

The Charity's net income was £2,384,000 (2020, £1,415,000). The accounting policies and the notes on pages 40 to 53 form part of these financial statements. The financial statements on pages 38 to 53 were approved by the Trustees and signed on their behalf by:

Andrew Cash

Sir Andrew Cash
Chairman, Board of Trustees

23 June 2022

Chris Hoult

Chris Hoult
Treasurer and Company Secretary

Company number: 7355619

St John of Jerusalem Eye Hospital Group Financial Statements

Consolidated Cash Flow Statement for the year ended 31 December 2021

	Notes	2021 £000	2020 £000
Net cash inflow from operating activities	16	3,919	2,404
Cash flows from investing activities			
Investment income	8e	140	180
Purchase of tangible fixed assets	7	(750)	(462)
Proceeds from disposal of tangible fixed assets		44	22
Purchase of fixed asset investments	8a	(474)	(460)
Proceeds from sale of fixed asset investments	8a	172	246
Net cash outflow from investing activities		(868)	(474)
Foreign exchange differences		34	(5)
Change in cash and cash equivalents in the financial year		3,085	1,925
Cash at bank and in hand at 1 January		6,338	4,413
Increase in cash in the year		3,085	1,925
Cash at bank and in hand at 31 December		9,423	6,338

The accounting policies and the notes on pages 40 to 53 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2021

1 Principal accounting policies

a Basis of preparation

The Group constitutes a public benefit group as defined by FRS102. The financial statements have been prepared on the going concern basis, under the historical cost convention, except for investments which are stated at market value, with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Companies Act 2006.

These financial statements consolidate, on a line by line basis, the results and financial position of St John of Jerusalem Eye Hospital Group (the "Charity") together with its wholly owned and controlled charitable subsidiary undertakings, St John of Jerusalem Eye Hospital, St John Eye Hospital in Jerusalem (RA), and St John Ophthalmic Association Limited (together the "Group"). Where a subsidiary has different accounting policies to

the Group, adjustments are made on consolidation to apply the Group's accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity's balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006 and Charities SORP FRS 102.

The Group's objects are the relief of sickness and the prevention and protection of health, in particular expert eye care in Jerusalem and the Occupied Palestinian Territories and the clinical, teaching and research activities connected therewith.

Going Concern

BACKGROUND

In assessing the going concern position of the Charity and the Group, the Board of Trustees have considered the Group's projected activities, financial budgets, cash flows and liquidity for a period to December 2023, which is a period of at least 12 months from the date of approval of the financial statements.

Based on the Group's cash flow projections, the Board of Trustees have adopted the going concern basis of accounting in preparing these financial statements.

IMPACT OF COVID-19

The first case of Covid-19 was confirmed in Israel on 22nd February 2020 and the first case was confirmed in the occupied Palestinian territories on 6th March 2020. The Palestinian Authority (PA) declared a state of emergency and imposed a lockdown on all Palestinians, including severe movement restrictions. Beginning the 11th March 2020, Israel began lockdown measures, including enforcing social distancing and other rules to limit the spread of infection.

The country was hit with a second Covid-19 wave in September 2020 and, as a result, the Israeli Authorities imposed a lockdown on the 18th September 2020 for 4 weeks. As for the PA, no lockdown was imposed, except for specific areas with a high incidence of Covid-19. The authorities kept all of these measures and restrictions under regular review.

On 18th December 2020, The Palestinian Authority announced a new set of strict nationwide measures aimed at slowing down the rapid spread of the Covid-19 pandemic across Palestine. This was followed by similar measures by the Israeli authorities.

The lockdown continued until 31st January 2021 after which both authorities started easing the restrictions on movements and allowed some businesses to reopen gradually. By May 2021, most of the restrictions were cancelled by the local authorities. From the beginning of August 2021, the country witnessed an increase in infected cases to reach a daily average of 3,500 cases. In early December 2021, the first confirmed cases of the Omicron variant were detected in Israel. For the first time since the skies were closed at the start of the coronavirus pandemic in March 2020, Israel's borders were reopened to foreigners beginning 1st March 2022.

The emergence of Covid-19 and reactions to it have had, and continue to have, a profound effect on domestic and global economies, organisations and society at large. As a result of all the restrictions imposed by the authorities in 2020, the Group experienced a reduction in clinical activities which resulted in a significant decline in patient related income. However, the Group was back to normal working levels and patients' activities since the beginning of 2021. However, the PA has been facing major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group during 2020 and 2021. The Group has not experienced a severe decline in voluntary income receipts and income has been within the normal average rates.

TRUSTEES' ACTIONS

To seek to minimise the financial impact of the pandemic, the Group carried out the following actions during 2020 & 2021:

- Over 40 staff members took one month of unpaid leave during April 2020
- All staff took one month of unpaid leave (between May and August 2020)
- A reduction in variable operational costs of circa 70% was targeted
- Additional reduction in payroll costs due to postponement of recruitment (2020 & 2021)
- Reduction in non-critical operational spending and deferral of capital expenditure (2020 & 2021)
- Deferral of promotions and study/professional leave (2020 & 2021)
- An emergency appeal was launched in 2020
- All Priors of The Order of St John were requested and lobbied to increase their financial support.

As for additional and new sources of finance, the hospital received US\$150k from the Israeli Government as a grant for returning employees to work. Additionally, the hospital received US\$75k from the Jerusalem Fund. Moreover, the Priors of St John have reassured the Trustees of their commitment to continue supporting the Group.

BUSINESS PLAN

In order to assess, the use of the going concern assumption, Management and the Trustee Board have produced a detailed, yet adaptable, business plan that considers projected activity, the related financial budgets, cash flows and liquidity of the Group covering the period to December 2023.

KEY ASSUMPTIONS

The business and financial plans incorporate the following key assumptions:

- National and local Government decisions, rules and advice, along with travel and border restrictions and social distancing, will be relaxed sufficiently to permit the hospitals to provide a full range of services so as to serve patients in the most efficient and safe manner
- There are no further impositions of closures or lockdowns, or the impact of any matter noted above, that would affect the Group's operations
- Demand for services from patients return to a normal level
- The capacity and supply of patient services by the Group is not impacted by Covid-related matters
- Payment by the PA (directly, or indirectly via its own funding sources) of sufficient payments to the Group for patient services provided
- The achievement of a reduction in cash outflows through the restructuring of the organisation and measures planned to reduce costs during periods when activities may be limited
- The Group is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Priors, albeit at levels reduced from prior periods.

SENSITIVITY ANALYSIS

Management and the Trustee Board have considered the impact on projected activities, budgets, and cash flows of several challenging, yet reasonably plausible, downside scenarios such that the key assumptions are not met, or able to be met, in whole or in part. These include, for example, restrictions in supply of, or demand for, patient services; and reductions in income through voluntary income and fundraising targets not being achieved, beyond those considered in the current plans.

The Board of Trustees has also sought to identify certain mitigating actions that could be implemented in order to provide additional liquidity or reduce cash outflows so as to ensure that the Group can maintain sufficient liquidity over the period to December 2023. The success of such measures, whilst being identified and achievable based on current advice, may not necessarily provide liquidity to the degree required or within the required timescales. As such, the Board of Trustees fully acknowledge that there is a level of uncertainty, which is likely to persist for some time, given the key assumptions and the financial modelling referred to above.

CONCLUSIONS

Having assessed the combination of all these various options, the Board of Trustees has a reasonable current expectation that the Charity and the Group has adequate resources to continue in operational existence for the foreseeable future, being a period of at least 12 months from the date of approval of the financial statements. For these reasons, the Board of Trustees has adopted the going concern basis of accounting in the preparation of these financial statements. Accordingly, these financial statements do not include any adjustments to the carrying amount or classification of assets and liabilities that would result if the Charity and the Group were unable to continue as a going concern.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2021

Principal accounting policies (continued)

b Foreign currencies

The Charity's functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/(losses). All other exchange differences are included as income resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2021 year-end was 4.2031 (2020, 4.3919), while the average rate for 2021 was 4.4458 (2020, 4.4131).

c Income recognition

Donations and other income are recognised in the financial statements on a receivable basis. Grants are recognised when the entitlement to the grant is confirmed. Legacies are recognised when the entitlement arises, being the earlier of the Group being notified of the impending distribution or the legacy being received. Donations in kind are recorded as income when the resources are received and recorded at fair value. Income from charitable activities is accounted for when earned (i.e. the service is provided to patients). Subsidies and exemptions in respect of medical services provided without charge are shown as a deduction from gross income.

d Medical volunteers

The value of services rendered by medical volunteers is not recognised in these financial statements. However, where doctors, nurses or other members of staff are employed by the Group but paid by third parties, the estimated market value of their services is recorded within both income (donations) and expenditure (salaries).

e Resources expended and basis of allocation of costs

Resources expended are accounted for on an accruals basis and have been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. The irrecoverable value added tax is included with the item of expense to which it relates.

f Costs of generating funds

These include the salaries and direct expenditure costs of the staff who primarily promote fundraising.

g Expenditure on charitable activities

These represent the costs of providing the medical and training services of the hospital and its clinics including both direct expenditure and the associated support costs.

h Governance costs

These comprise costs attributable to the overall management of the Group's affairs and compliance with constitutional and statutory requirements.

i Cash flow statement exemption

The Charity has taken advantage of the exemption in FRS 102 from preparing a statement of cash flows, on the basis that it is a qualifying entity and the Group statement of cash flows included in these financial statements includes the cash flows of the Charity.

j Pension and other end of service costs

The amount charged in the Statement of Financial Activities in respect of pension costs is the contributions payable in the year on an accruals basis in respect of defined contribution and money purchase pension arrangements. Other end of service benefits are accrued as earned on an undiscounted basis.

k Rentals

The costs in respect of rentals are charged to the Statement of Financial Activities on a straight line basis over the contract period. The rental cost for the office in London occupied rent free has been computed based on an estimate of arm's length value. No charge is imputed in respect of the Hospital premises in Jerusalem, which the Group occupied rent free until 2015, after which it has paid a nominal rent.

l Taxation

The Charity and each group entity is entitled to certain tax exemptions on income and gains from investments, and surpluses on any activities carried on in furtherance of their primary charitable objectives.

m Tangible assets and depreciation

Cost of tangible assets includes the original purchase price of the asset and the costs attributable to bringing the asset to its working condition for its intended use.

Donated fixed assets are brought into account at an estimate of their market value at the time of acquisition and, thereafter, depreciated on the bases set out below. The costs of minor additions to fixed assets under £500 are expensed in the year in which they are incurred. Impairment reviews are carried out if there is an indication that the recoverable amount of an asset is below its net book value.

Depreciation on fixed assets is provided at rates estimated to write off the cost, less estimated residual value, of each asset over its expected useful life on a straight line basis, as follows:

Buildings	- 2.5% per annum
Building improvements	- 10% per annum
Medical equipment	- 15% per annum
Motor vehicles	- 20% per annum
Other equipment	- 20% per annum
Fixtures and fittings	- 6% per annum
Computer equipment	- 33% per annum
UK office fixed assets	- 25% per annum

The carrying values and estimated useful lives of assets are regularly reviewed for impairment and, where deemed appropriate, are written down.

On disposal of an item of tangible assets, the difference between the disposal proceeds and its carrying amount is recognised in profit or loss within 'Other hospital income' in note 4.

n Investments

Listed investments are stated at market value. Realised gains and losses on investments are calculated as the difference between the sales proceeds and their market value at the start of the period, or subsequent cost. Unrealised gains and losses represent the difference between market values at the beginning and at the end of the period. Income from fixed assets investments is recorded on an accruals basis. Market value for unlisted investments is calculated by the fund managers using underlying financial information.

o Liquid resources

Liquid resources are cash, time deposits, and certificates of deposit, in addition to cash at bank and in hand held in current accounts with UK, Israeli and Palestinian Banks.

p Stocks

Valuation of stocks is determined using the "first in-first out" method and stocks are stated at the lower of cost and net realisable value.

q Funds

Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include designated funds, which are amounts that have been set aside to finance fixed assets.

General reserves are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.

Restricted funds are funds which are subject to specific conditions imposed by the donors.

Endowment funds are capital funds where the capital cannot be spent in the normal course of activities, although the income is added to restricted or unrestricted funds depending on the terms of the original endowment.

Transfers between funds represent tangible assets purchased with restricted donations and used for hospital operations.

r Estimates and assumptions

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions

may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Exchange rates are fundamental to the uncertainties. Mainly the impact of subsequent adverse movements between the exchange rates of the reporting and the operative currencies which would potentially affect, to some extent, the operating capability notwithstanding the enhanced but unrealisable balance sheet value of non UK assets.

The Group provides against receivables (mainly the Palestinian Authority Debt) by making judgements based on experience regarding the level of provision required to account for potentially uncollectible receivables.

2 Legal status

The Charity was incorporated in England as a company limited by guarantee in August 2010 under registration number 7355619. It is registered as a charity under number 1139527. The registered office is at 4 Charterhouse Mews, London EC1M 6BB. It has no share capital and the liability of each member in the event of winding up is limited to £10.

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2021 Total £000	Unrestricted £000	Restricted £000	2020 Total £000
Donations	2,268	5,207	7,475	2,299	3,446	5,745
Legacies	243	-	243	199	20	219
Donations in kind	149	-	149	182	-	182
	2,660	5,207	7,867	2,680	3,466	6,146

Donations in kind include the estimated market value of medical services donated by visiting doctors to the Jerusalem Hospital £nil (2020: £nil), and the value of donated tangible assets and medical supplies £92,000 (2020: £125,000). Income from related parties is set out in note 19.

4 Income from charitable activities

	2021 £000	2020 £000
Outpatient income	2,458	1,977
Surgical income	3,647	3,380
Less: Patient Relief	(1,215)	(1,388)
Net patient related income	4,890	3,969
Other hospital income	132	64
Rental income, board and lodging	315	345
Total other income	447	409
Total income from charitable activities	5,337	4,378

Patient Relief principally represents subsidies and exemptions to cover the value of medical services rendered when payment is waived by the Group where funding is not available from the relevant authorities and where the patients are unable to pay any balance owing. All of the above income comprises unrestricted funds.

5 Total resources expended

	Costs of Generating Funds 2021 £000	Costs of Generating Funds 2020 £000	Charitable Activities 2021 £000	Charitable Activities 2020 £000	Governance Costs 2021 £000	Governance Costs 2020 £000	Total 2021 £000	Total 2020 £000
Personnel costs (note 6)	294	315	5,956	5,577	28	29	6,278	5,921
Recruitment costs	7	2	-	-	46	-	53	2
Medical costs	-	-	2,172	1,988	-	-	2,172	1,988
Establishment costs	85	82	579	574	19	17	683	673
Depreciation (note 7)	4	6	1,026	1,149	-	-	1,030	1,155
Office expenses	22	26	181	173	2	3	205	202
Travel and subsistence	2	4	52	49	-	-	54	53
Marketing and publicity	66	115	-	-	-	-	66	115
Auditors' remuneration	13	7	-	-	73	103	86	110
Other professional fees	39	25	23	20	6	-	68	45
Legal fees	1	4	19	21	22	26	42	51
Finance costs	-	-	151	172	-	-	151	172
	533	586	10,159	9,723	196	178	10,888	10,487
Support costs included above	-	-	1,290	1,253	53	12	1,343	1,265

Total resources expended in 2020 of £10,476,000 comprise £6,998,000 for unrestricted funds and £3,478,000 for restricted funds.

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Notes to the Financial Statements
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	2021 £000	2020 £000
Support costs comprise:		
Personnel costs	502	449
Recruitment costs	46	-
Establishment costs	303	299
Depreciation	103	116
Office expenses	183	175
Travel and subsistence	52	49
Other professional fees	23	20
Finance costs	131	157
	1,343	1,265

	2021 £	2020 £
Auditors' remuneration (excluding VAT):		
External audit	52,348	78,718
Other services provided by external auditors	11,506	8,359
Sub-total	63,854	87,077
Internal audit	9,048	7,313
	72,902	94,390

6 Employee information

a Number of employees

The average monthly number of employees, including part time staff calculated on a full-time equivalent basis, analysed by function during the year was:

	2021 Number	2020 Number
Medical and nursing	177	168
Support services	40	47
Fundraising	11	10
Administration	36	32
	264	257

b Staff costs

	2021 £000	2020 £000
Wages and salaries	5,609	5,248
Social security costs	424	402
Other pension costs	252	276
Other related costs - net	(7)	(5)
	6,278	5,921

c Emoluments of employees

The number of employees whose emoluments (salaries and benefits in kind) fell within the following bands were:

	2021 Number	2020 Number
£140,001 - £150,000	1	-
£130,001 - £140,000	-	1
£110,001 - £120,000	1	2
£90,001 - £100,000	1	-
£80,001 - £90,000	1	1
£70,001 - £80,000	1	-
£60,001 - £70,000	5	5

The above amounts include End of Service Benefits allowance.
During the year, provident benefits and pension contributions on behalf of these staff amounted to £19,000 (2020, £17,000).

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Notes to the Financial Statements
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d Remuneration received by key management personnel

The total remuneration received by the 11 (2020, 10) senior management personnel in managing the operations of the Group amounted to £773,000 (2020, £719,000).

e Pension costs

Pension costs comprise the contributions payable to authorised Israeli money purchase pension schemes in respect of non UK employees and a UK defined contribution retirement benefit scheme in respect of UK based employees.

End of service accrued retirement benefits for non UK employees included in wages and salaries costs are included in the Balance Sheet in Creditors: Amounts falling due within and after more than one year (note 11).

7 Tangible assets

a Group

Cost	Buildings & Improvements £000	Medical Equipment £000	Motor Vehicles £000	Other Assets £000	Total £000
1 January 2021	7,558	9,664	291	3,137	20,650
Additions	70	512	49	119	750
Exchange differences	344	464	11	145	964
Disposals	-	-	(86)	-	(86)
31 December 2021	7,972	10,640	265	3,401	22,278
Accumulated Depreciation					
1 January 2021	4,453	7,738	221	2,598	15,010
Charge for the year	309	553	39	129	1,030
Exchange differences	218	380	8	120	726
Disposals	-	-	(86)	-	(86)
31 December 2021	4,980	8,671	182	2,847	16,680
Net Book Value					
31 December 2021	2,992	1,969	83	554	5,598
31 December 2020	3,105	1,926	70	539	5,640

Other Assets comprise fixtures and fittings, computer and office equipment.

b Charity

Cost	Other Assets £000	Total £000
1 January 2021	68	68
31 December 2021	68	68
Accumulated Depreciation		
1 January 2021	61	61
Charge for the year	5	5
31 December 2021	66	66
Net Book Value		
31 December 2021	2	2
31 December 2020	7	7

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8 Investments

a Analysis of movements (Group)

	Bank Deposits £000	Listed Investments £000	Total £000
Market value at 1 January 2021	1,871	10,790	12,661
Additions	233	241	474
Withdrawals	-	(172)	(172)
Unrealised Gains	-	898	898
Market value at 31 December 2021	2,104	11,757	13,861
Historical cost at 31 December 2021	2,104	9,783	11,887

In 2020, unrealised losses of £215,000 comprise £59,000 for unrestricted funds and £156,000 for endowment funds.

b Analysis of movements (Charity)

	Listed Investments £000	Total £000
Market value at 1 January 2021	10,434	10,434
Additions	140	140
Withdrawals	(172)	(172)
Unrealised Gains	887	887
Market value at 31 December 2021	11,289	11,289
Historical cost at 31 December 2021	9,313	9,313

c Listed investments:

Analysis by category of underlying holding and location

		2021 Group £000	2021 Charity £000	2020 Group £000	2020 Charity £000
Equity investments	- UK	1,329	1,329	1,863	1,863
	- Overseas	5,464	5,464	4,299	4,299
Fixed interest securities	- UK	620	620	674	674
Property Unit Trusts	- UK	1,217	1,217	1,311	1,311
Alternative Investments	- UK	608	608	319	319
Sterling & Cash Instruments	- UK	2,051	2,051	1,968	1,968
Others	- Overseas	468	-	356	-
Market value of listed investments		11,757	11,289	10,790	10,434

At 31 December 2021, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2021 %	2020 %
Fidelity Global Dividend Fund	11.5	13.0
Vanguard S&P 500 UCITS ETF	8.3	7.0
Savills Charities Property Fund	7.9	7.8
Trojan Income Fund	5.0	8.8
Mayfair Property Income Trust for Charities	4.9	4.7
Schroder Income Fund	4.8	5.1
Majedie UK Equity Fund	4.5	4.8
HSBC FTSE All World Index Fund	3.9	5.6

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d Bank deposits

Bank deposits classified as investments represent deposit funds managed by investment managers.

e Income from investments

	2021 £000	2020 £000
Unrestricted funds	45	58
Restricted funds	95	122
	140	180

f Investment in subsidiaries

The Charity is the controlling member of St. John of Jerusalem Eye Hospital (SJEH), a UK registered charitable company limited by guarantee (Company No.3867950 and Charity No. 1080185) and having no share capital. The liability of each member in the event of winding up is limited to £10. SJEH provides ophthalmic services through a branch in the occupied Palestinian territories.

The Charity is also the controlling member of St. John Eye Hospital in Jerusalem (RA) (SJEHJ), an Israeli registered charitable society (No. 580040368), limited by guarantee and having no share capital. SJEHJ provides ophthalmic services from the Jerusalem Hospital and the Mobile Outreach Programme.

SJEH owns two £1 shares being all the issued shares in The St. John of Jerusalem Eye Hospital (Palestine) Limited (Company No.6365210), a UK registered company, which has not traded since incorporation.

The Charity owns one £1 share being all the issued shares in SJEH Trading Limited (Company No.12375269) a UK registered company, which has not traded since incorporation.

The Charity is the controlling member of St John Ophthalmic Association Limited, a UK private company limited by guarantee (Company No.12631428) and having no share capital. The liability of each member in the event of winding up is limited to £1.

The Charity is the controlling member of St John of Jerusalem Hong Kong Foundation Limited, a Hong Kong registered company (No.3045181), which has not traded since incorporation.

Summary financial information for the subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA) 2021 £'000	St. John of Jerusalem Eye Hospital 2021 £'000	St John Ophthalmic Association Limited 2021 £'000
Total income and endowments	7,620	4,110	9
Total resources expended	(7,718)	(2,746)	(1)
Net (outgoing) incoming resources before other recognised (losses) gains	(98)	1,364	8
Other recognised gains	11	227	-
Net movements in funds	(87)	1,591	8
Total assets	11,404	6,541	8
Total liabilities	(9,006)	(2,128)	-
Total funds	2,398	4,413	8
Restricted income funds	115	3	8
Designated funds	2,841	2,755	-
Other general funds	(558)	1,655	-
Total funds	2,398	4,413	8

9 Stocks

Stocks comprise hospital medical stores and supplies all owned by subsidiaries.

10 Debtors

a Amounts falling due within one year

	Note	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Trade debtors		3,977	2,845	-	-
Allowance for bad debts	10 b	(1,801)	(1,189)	-	-
Net trade debtors		2,176	1,656	-	-
Donations receivable		116	488	91	83
Prepayments and accrued income		296	137	21	49
Total debtors		2,588	2,281	112	132

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Notes to the Financial Statements
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b Movement in allowance for bad debts

	Group 2021 £000	Group 2020 £000
1 January	1,189	420
Additions	1,003	1,054
Write off *	(403)	(290)
Exchange differences	12	5
31 December	1,801	1,189

* The majority of the write off relates to an agreement with UNRWA whereby the actual contractual payments are lower than the normal invoiced value of services provided to those patients. The allowance also includes a provision against the receivables from the Palestinian Authority.

11 Creditors

a Amounts falling due within one year

	Note	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Trade creditors		598	318	10	32
Retirement benefits	11 c	1,703	1,404	-	-
Taxation and social security		70	80	4	4
Accruals		643	569	61	59
Deferred income	11 b	51	44	-	-
Holiday pay accrual		49	56	-	-
		3,114	2,471	75	95

b Deferred income

	Group 2021 £000	Group 2020 £000
1 January	44	35
Deferred income recognised	250	251
Deferred income released	(246)	(244)
Exchange differences	3	2
31 December	51	44

Deferred Income represents income received in advance from renting out some of the hospital's properties in Jerusalem.

c Amounts falling due after more than one year

	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Retirement benefits				
1 January	5,916	5,479	-	-
Additions	550	564	-	-
Exchange differences	354	210	-	-
Transferred to amounts falling due within one year	(116)	(68)	-	-
Payments	(218)	(269)	-	-
31 December	6,486	5,916	-	-

Accrued retirement benefits mainly represents amounts payable under Israeli law when staff leave the Group's employment. Such amounts are accrued when earned, based on current monthly salaries and periods of service. The balance also includes provident schemes in respect of certain Jerusalem employees and other retirement benefit amounts payable in line with Palestinian law.

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12 Unrestricted Income Funds

Group

General reserves	5,475	7,952	(5,223)	-	95	8,299
Designated funds: Tangible fixed assets	5,640	90	(944)	574	238	5,598
Revaluation reserve	375	-	-	-	254	629
Total unrestricted funds	11,490	8,042	(6,167)	574	587	14,526

Charity

General reserves	6,608	2,144	(593)	-	11	8,170
Designated funds: Tangible fixed assets	7	-	(5)	-	-	2
Revaluation reserve	375	-	-	-	254	629
Total unrestricted funds	6,990	2,144	(598)	-	265	8,801

	1 January 2021 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2021 £000
Group						
General reserves	5,475	7,952	(5,223)	-	95	8,299
Designated funds: Tangible fixed assets	5,640	90	(944)	574	238	5,598
Revaluation reserve	375	-	-	-	254	629
Total unrestricted funds	11,490	8,042	(6,167)	574	587	14,526
Charity						
General reserves	6,608	2,144	(593)	-	11	8,170
Designated funds: Tangible fixed assets	7	-	(5)	-	-	2
Revaluation reserve	375	-	-	-	254	629
Total unrestricted funds	6,990	2,144	(598)	-	265	8,801
	1 January 2020 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2020 £000
Group						
General reserves	4,373	6,975	(5,901)	-	28	5,475
Designated funds: Tangible fixed assets	6,121	145	(1,097)	242	229	5,640
Revaluation reserve	467	-	-	-	(92)	375
Total unrestricted funds	10,961	7,120	(6,998)	242	165	11,490
Charity						
General reserves	4,916	2,138	(464)	-	18	6,608
Designated funds: Tangible fixed assets	13	-	(6)	-	-	7
Revaluation reserve	467	-	-	-	(92)	375
Total unrestricted funds	5,396	2,138	(470)	-	(74)	6,990

Transfers represent amounts released from restricted funds for the purchase of tangible fixed assets.

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13 Restricted Income Funds

	1 January 2021	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2021
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	649	(649)	-	-
Outreach	-	98	(98)	-	-
West Bank and Gaza Facilities	-	31	(31)	-	-
Other capital projects	216	238	-	(256)	198
Patient relief	1	35	(34)	-	2
Income received from endowments	-	95	(95)	-	-
Other projects	70	9	-	-	79
Others value less in each case than £25,000	77	-	(2)	-	75
Total Charity	364	1,155	(909)	(256)	354
Capital projects	-	395	-	(318)	77
Other projects	47	3,745	(3,792)	-	-
Others value less in each case than £25,000	54	7	(20)	-	41
Total Group	465	5,302	(4,721)	(574)	472

	1 January 2020	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2020
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	797	(797)	-	-
Outreach	-	82	(82)	-	-
West Bank and Gaza Facilities	-	-	-	-	-
Other capital projects	262	26	-	(72)	216
Patient relief	1	3	(3)	-	1
Income received from endowments	-	122	(122)	-	-
Other projects	50	20	-	-	70
Others value less in each case than £25,000	74	27	(24)	-	77
Total Charity	387	1,077	(1,028)	(72)	364
Capital projects	-	170	-	(170)	-
Other projects	183	2,293	(2,429)	-	47
Others value less in each case than £25,000	27	48	(21)	-	54
Total Group	597	3,588	(3,478)	(242)	465

- Charity**
- Staff sponsorship represents funds received to cover or contribute to staff costs of 42 hospital staff.
 - Outreach funds cover the running costs of three outreach units.
 - West Bank and Gaza facilities fund contribute to cover the operating costs of Gaza, Hebron and Anabta Clinic.
 - Capital projects funds represent funds received from various UK Trusts and Middle East donors to establish refractive suite and purchase medical equipment for the Group.
 - Patient relief funds contribute towards the treatment costs of needy patients.
 - Other projects include joint teaching programmes with other medical institutions, and funds that cover the School of Nursing costs and Muristan.

- Group**
- Capital projects funds represent funds received from various donors to establish refractive suite and purchase medical
 - Other projects include donations received to expand the level of operations within the Gaza hospital through the introduction of a Diabetic Retinopathy screening and epidemiological research components. Also, it includes funds received to establish a genetic research unit and a lab at the main hospital in Jerusalem as well as funds received to sustain services at the Muristan clinic in the Old City of Jerusalem.

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14 Endowment Funds Group and Charity

	1 January 2021	Investment Gains	31 December 2021
	£000	£000	£000
American Society of St John: Walsh Bequest	508	42	550
Bed Endowment	4,130	342	4,472
Frost Charitable Trust	556	45	601
Frost Nursing School	525	44	569
Mr. Owen Smith Endowment	112	9	121
The John Swire Foundation Endowment	1,216	101	1,317
	7,047	583	7,630

	1 January 2020	Investment Losses	31 December 2020
	£000	£000	£000
American Society of St John: Walsh Bequest	519	(11)	508
Bed Endowment	4,222	(92)	4,130
Frost Charitable Trust	568	(12)	556
Frost Nursing School	537	(12)	525
Mr. Owen Smith Endowment	114	(2)	112
The John Swire Foundation Endowment	1,243	(27)	1,216
	7,203	(156)	7,047

These funds represent:

- The American Society of St John: Walsh Bequest: The Bequest was made in 2000 in honour of the Rev. Canon Edward West and Don Wesley Lundquist, for the endowment of 2 beds in the Children's Ward at the Hospital's facilities, maintained for the care of needy children.
- The Bed Endowment Fund: Donations to endow 37 beds between 1981-1995, with the use of income restricted to general patient care in the Hospital.
- The Frost Endowment Funds: These amounts were donated in 1989 by The Frost Charitable Trust (Mrs Sally Frost) to endow 4 beds at the Hospital and the Nurses Training School.
- The Endowment of Mr Owen Smith was received in 2008 to fund professional medical training.
- The John Swire Foundation Endowment was received in 2013 to fund general operating costs.
- Investment income on endowment funds is applied in providing the on-going services covered by the endowment and is accounted for as unrestricted investment income in the Statement of Financial Activities.

15 Total Group and Charity Funds

	Unrestricted Funds 2021	Unrestricted Funds 2020	Restricted Funds 2021	Restricted Funds 2020	Endowment Funds 2021	Endowment Funds 2020	Total Funds 2021	Total Funds 2020
	£000	£000	£000	£000	£000	£000	£000	£000
a Analysis by type of asset and liability (Group)								
Tangible assets	5,598	5,640	-	-	-	-	5,598	5,640
Investments	6,231	5,614	-	-	7,630	7,047	13,861	12,661
Net current assets	9,183	6,152	472	465	-	-	9,655	6,617
Creditors: Amounts falling due after more than one year	(6,486)	(5,916)	-	-	-	-	(6,486)	(5,916)
	14,526	11,490	472	465	7,630	7,047	22,628	19,002
b Analysis by type of asset and liability (Charity)								
Tangible assets	2	7	-	-	-	-	2	7
Investments	3,659	3,387	-	-	7,630	7,047	11,289	10,434
Net current assets	5,140	3,596	354	364	-	-	5,494	3,960
	8,801	6,990	354	364	7,630	7,047	16,785	14,401

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16 Reconciliation of net operating income to net cash inflow from operating activities

	2021	2020
	£000	£000
Net incoming resources	2,456	232
Investment income	(140)	(180)
Gain on disposal of tangible fixed assets	(44)	(5)
Depreciation	1,030	1,155
Increase in stocks	(289)	(45)
(Increase) / Decrease in debtors	(307)	597
Increase in creditors	1,213	650
Net cash inflow from operating activities	3,919	2,404

17 Financial instruments

	Group	Group	Charity	Charity
	2021	2020	2021	2020
	£000	£000	£000	£000
Financial assets at fair value through statement of financial activities				
Investments	13,861	12,661	11,289	10,434
Financial assets that are debt instruments measured at amortised cost				
Stocks	758	469	-	-
Debtors	2,588	2,281	112	132
Cash at bank and in hand	9,423	6,338	5,457	3,923
	12,769	9,088	5,569	4,055
Financial liabilities that are debt instruments measured at amortised cost				
Trade creditors	598	318	10	32
Taxation and social security	70	80	4	4
Accruals	643	569	61	59
Deferred income	51	44	-	-
Holiday pay accrual	49	56	-	-
Retirement benefits	8,189	7,320	-	-
	9,600	8,387	75	95

18 Trustees' remuneration

The trustees receive no remuneration.

Reimbursement of trustees' expenses for travel, accommodation and flights for no trustees (2020, 3) during the year amounted to nil (2020, £8,005). A dinner was held for 10 trustees to welcome the incoming 5 trustees during the year at an amount of £1,643 (2020, nil). Donations made by trustees amounted to £12,739 (2020, £48,039).

Charity Trustee Indemnity insurance is provided at a cost of £9,530 (2020, £7,754) to cover the charity, trustees and officers against potential claims and losses.

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19 Related parties transactions

The Charity is a wholly owned subsidiary of The Most Venerable Order of the Hospital of St John of Jerusalem (Charity No. 235979, Principal Office: St John House, 3 Charterhouse Mews, London, EC1M 6BB).

The Jerusalem Hospital premises occupied by the Group are owned by The Order of St John and were previously occupied rent free on a full repairing basis. During 2015, the Group signed an agreement with The Order of St John to lease the Hospital in Jerusalem and similarly the Muristan property at peppercorn rent. In the opinion of the trustees, it would be impracticable to place a value on these facilities.

The Group also occupies, on a rent free basis, offices in London owned by The Order of St John. The value of this facility has been estimated at £57,000 per annum based on the rents payable by the external tenants at the complex. This amount is included in the financial statements as a donation in kind.

During the year, the Chairman of the Charity, Sir Andrew Cash, was also a trustee of The Most Venerable Order of the Hospital of St John of Jerusalem.

Donations include amounts received from Priors and Establishments of The Order of St John, which are considered to be related party transactions:

	2021	2020
	£000	£000
Priory		
USA	1,773	1,404
England and the Islands	212	231
Scotland	122	99
New Zealand	204	106
Australia	116	204
Canada	34	69
	2,461	2,113
Other Members of St. John Family		
Johanniter Orde in Sweden	25	27
Johanniter Orde in Nederland	-	9
The Commandery of Ards in Northern Ireland	19	-
The Swiss Commandery of the Order of Saint John	-	98
St John Ambulance Hong Kong	-	7
	44	141
Donations by the Priory of the United States:		
Hospital - General Support	1,251	1,342
Hospital Restricted Gifts	522	62
	1,773	1,404

During the year, the Charity reimbursed the Priory of England and the Islands and The Order of St John £3,172 (2020, £2,925) in respect of certain expenses incurred.

Outstanding donations from the Priors and Establishments of The Order of St John at 31 December 2021 amounted to £42,000 (2020: £109,427).

20 Contractual & designated obligations

In 2020, the Group signed an agreement with Johanniter International to administrate a grant funded by The German Federal Ministry for Economic Cooperation and Development (BMZ). It is a 3 year project that aims to prevent avoidable blindness and visual impairment in the West Bank, Gaza and East Jerusalem.

The total value of the grant is 1,524,623 Euros, out of which 987,000 Euros were received in 2021 and 1,027,000 Euros were utilised during the year.

St John of Jerusalem Eye Hospital Group

Professional Advisers & Administrative Information

London & Registered Office

4 Charterhouse Mews
London EC1M 6BB

Jerusalem Hospital

2 Mujir Eddin Street
Sheikh Jarrah
P.O. Box 19960
Jerusalem 91198

Bankers in the UK

National Westminster Bank Plc
134 Aldersgate Street
London EC1A 4JB

Barclays Bank PLC
1 Churchill Place
London E14 5HP

Bankers in the occupied Palestinian territories

Bank of Palestine PLC
Hebron Road
P.O. Box 765
Bethlehem

Investment Managers

Schroders (C.I.) Limited
PO Box 334, Regency Court
Gategny Esplanade
St Peter Port
Guernsey GY1 3UF

Independent Auditors

PricewaterhouseCoopers LLP
1 Embankment Place
London WC2N 6RH

St John of Jerusalem Eye Hospital Group (a UK Company Limited by guarantee, Company number 7355619, Charity number 1139527) has three charitable subsidiary undertakings; St John of Jerusalem Eye Hospital (a UK Company Limited by guarantee, Company number 3867950; Charity number 1080185), St John Eye Hospital in Jerusalem (RA) (an Israeli charitable society, registration number 580040368) and St John Ophthalmic Association Limited, a UK company Limited by guarantee, Company No.12631428)



L-R: Sir Andrew Cash, Chairman, Charlie O'Doherty, Head of Fundraising, Professor Mark Compton, Lord Prior of The Order of St John, Dr Denise Magauran, Member of the Guild and Former Medical Director at SJEHG, Dr Ahmad Ma'ali, CEO at the Gift of Sight Fair 2021.

St John Priory Funding 2021

£ £116k **Australia**, £34k **Canada**, £212k **England and the Islands**,
£204k **New Zealand**, £122k **Scotland**, £1.77m **USA**

\$ \$160k **Australia**, \$47k **Canada**, \$293k **England and the Islands**,
\$282k **New Zealand**, \$168k **Scotland**, \$2.44m **USA**

Thank You **Our vital work is reliant on voluntary income from charitable donations**

Without our donors, we could not continue saving sight and changing lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2021. The St John Pories from around the world have, delivered much-valued assistance to SJEHG and

we thank them for their continued support. We are grateful to the Guild, the St John Ophthalmic Association, the Friends of St John Society, the Alliance of the Orders of St John, St John Associations and the St John Fellowship for their on-going and crucial support.

Further Major Donors 2021:

Altajir Trust
Ancaster Trust
Ann Jane Green Trust
Anthony & Elizabeth Mellows Charitable Trust
Arab Fund for Economic and Social Development
The Australian NGO Cooperation Programme (ANCP)
Bernadette Charitable Trust
British Humane Association
Bryan Guinness Charitable Trust
CBM International
Cadogan Charity
Calpe Trust
Carmen Butler-Charteris Charitable Trust
Caroline Agnes Joan Hervey Trust
Christian Broadcasting Network (CBN)
Clothworkers' Foundation
Colles Trust
Count Zoltan Rosco Maria Von Rosenthal Charitable Trust
D G Albright Charitable Trust
Dr Michael Dan
Dr Mortimer and Theresa Sackler Foundation
Drapers' Company
Edwina Mountbatten & Leonora Children's Foundation
Erica Leonard Trust
Fulmer Charitable Trust
Fred Hollows Foundation (FHF)
German Federal Ministry for Economic Cooperation and Development (BMZ)
Greendale Foundation
Haramead Trust
International Medical Corps (IMC)
John Swire 1989 Charitable Trust
Juzoor For Health & Social Development
Lord Hanson Foundation
Lorimer Trust
Lions Club International Foundation
The Knights Templar
M Cannon-Brookes Charitable Trust
Maurice and Hilda Laing Charitable Trust
Palestinian Children Relief Fund
Qatar Fund for Development
Rest Harrow Trust
Rhododendron Trust
RTW Charitable Foundation
The Spectacle Makers' Charity
Taawon (Welfare Association)
The Representative Office of Norway to the Palestinian Authority
Thriplow Charitable Trust
UNOCHA-Country-based Pooled Funds (CBPF)
USAID
Valentine Charitable Trust
Westcroft Trust
And to all our anonymous donors



**St John of Jerusalem
Eye Hospital Group**

If you would like to support St John of Jerusalem Eye Hospital Group or would like more information, please contact us:

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 [@stjohnehospital](https://www.facebook.com/stjohnehospital)

 [@StJohnEyeHosp](https://twitter.com/StJohnEyeHosp)

 [@StJohnEyeHospital](https://www.instagram.com/StJohnEyeHospital)



ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

England & Wales - Charity number 1139527

Accounts

Annual Report 2020



St John of Jerusalem
Eye Hospital Group





**St John of Jerusalem
Eye Hospital Group**

**SAVING SIGHT
CHANGING LIVES**

St John of Jerusalem Eye Hospital Group is the only charitable provider of expert eye care in East Jerusalem, Gaza and the West Bank. Our aim is to end preventable blindness throughout the oPt. We have been treating patients in the region regardless of their ethnicity, religion, social class or ability to pay for over 138 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

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GLOSSARY: JCI - Joint Commission International; the gold-standard for healthcare worldwide. NGO - nongovernmental organisation. NIS - New Israeli Shekel. oPt - occupied Palestinian territories. PA - Palestinian Authority. SJEHG - St John of Jerusalem Eye Hospital Group; this refers to all of our entities. UNDP - United Nations Development Programme. UNRWA - United Nations Relief and Works Agency, the UN branch responsible for Palestinian refugees. USAID - United States Agency for International Development

All uncredited photos throughout this Annual Report have been taken by staff of SJEHG. All the images used in this report are of actual SJEHG staff and patients and they have given their consent.

St John of Jerusalem Eye Hospital Group Company no: 7355619 Charity no: 1139527
Registered Office: 4 Charterhouse Mews, London, EC1M 6BB

Chairman & CEO Introduction



**Sir Andrew Cash and Dr Ahmad Ma'ali
in the Jerusalem Hospital Gardens**

Even for a region which is not shy of crisis, 2020 was one of our toughest years yet. In spite of this, SJEHG emerges from last year with a lot to be proud of and more to be thankful for.

The Covid-19 global pandemic had an influence across all areas of our operations and income. First and foremost, it unfortunately impacted upon our ability to treat our patients. Across Israel and the PA, strict lockdown measures were imposed at various times throughout the year in response to public health guidance. Our Mobile Outreach services were also suspended for the majority of the year. These measures resulted in a 20% downturn in our patients reached across 2020 (see page 6 for a full breakdown).

Patient safety and quality of care remains a top focus at SJEHG and where we believe that our team excelled throughout 2020. The pandemic

brought with it new, unparalleled safety requirements which were implemented and maintained across all our services to the highest of standards. Though some of our staff did contract the virus outside of SJEHG settings (and made a full recovery), we were relieved to report no cross contamination from within any of our hospitals or clinics. We also celebrated a year of high levels of quality care in our theatre, with no major infections or other sentinel events. Our team deserves our highest praise. We cannot thank you enough for all that you have achieved this year in such difficult circumstances.

The economic impact of Covid-19 has brought with it its own challenges. Patient related income was down by almost £1.4m GBP and voluntary income was down by almost £519k GBP against our 2020 budget. Difficult decisions such as giving all staff one month's unpaid leave and freezing all recruitment and promotion enabled us to save £1.4m GBP, and other cuts across areas of every department brought our total savings to almost £2.5m GBP. We thank our staff once again for their sacrifices made here.

We were relieved to have made these savings with almost no redundancies and few cuts to our vital services, but this solution is certainly not sustainable. The economic impacts of the past five years of events out with our control such as, Brexit, political cuts to Palestinian funding and the pandemic, have left SJEHG in a challenging position. We are therefore working to diversify our income by focusing on strengthening services provided to paying customers and seeking funding from a range of new sources. You can read our full financial review on page 33.

We remain incredibly grateful to the Priors of St John who managed to continue their remarkable support despite the challenges faced in their own countries. Your support remains as over 34% of our overall voluntary income and has an enormous impact on what we are able to achieve every year. We are especially grateful to the Chair of the Guild, Georgie Brooks and Guild members for their exceptional achievements in taking their events online to support our Mobile Outreach services – and raising over £100,000 in the process.

We would like to take this opportunity to thank all of you who continue to support our vision to end preventable blindness across Jerusalem, the West Bank and Gaza. This report will demonstrate what can be achieved at St John even in the toughest times of crisis; we look forward to working with you to carry our mission even further in 2021/22.

Sir Andrew Cash OBE
Chairman

Dr Ahmad Ma'ali
CEO

Hospitaller's Report

International Partnerships and Excellence in Medicine

Despite the challenges of 2020, over the past 18 months we have continued to develop our fellowship, research, and virtual training programmes, and are grateful to the wider family of St John for their constant support for our postgraduate activities.

In particular, we continue to build our partnerships both with regional units, and with the wider international ophthalmic community. These collaborations lie at the heart of our postgraduate strategy, supporting research, teaching, and training - the three 'pillars' of postgraduate medicine.

Research at St John has made great strides since our original trachoma work in the 1960's, and the immunogenetics studies in Behçet's disease in the 1990's. We now run a modern DNA laboratory, focussing on the genetics of retinal disease, particularly retinitis pigmentosa (RP), which affects up to one in 4,000 people, and can lead to profound sight loss. You can read more on our efforts to diagnose and search for a cure for inherited retinal disease on page 14, and review St John's published scientific citations and [research projects](#) on the SOA website.

Our recent 'Rapid Assessment of Avoidable Blindness' study, completed in 2019, identified the need for glasses, cataract,

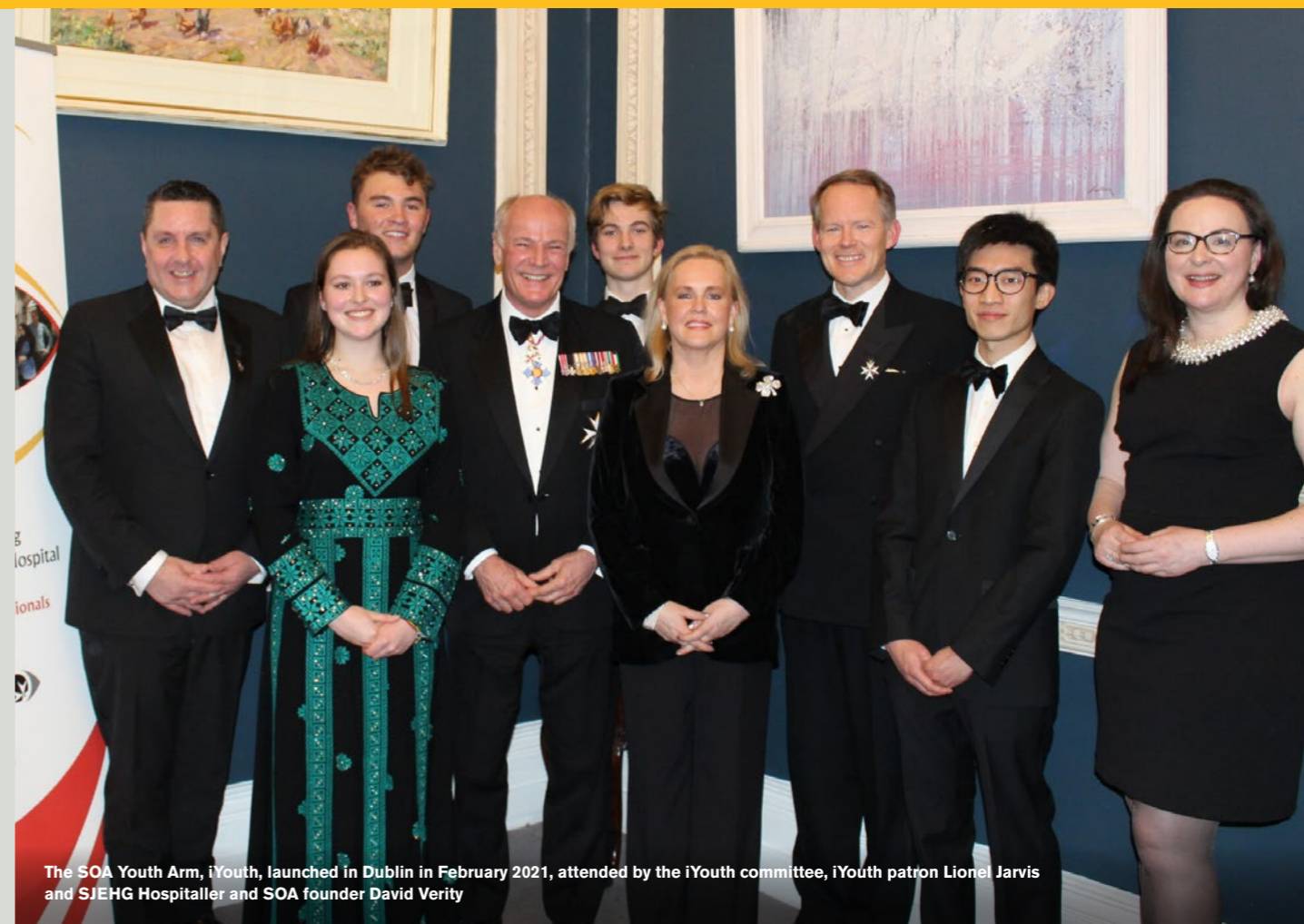


Hospitaller David Verity (left) and Professor Richard Collin (right) cross the Gaza border on a surgical visit, March 2020.

and diabetic retinopathy (DR) as leading and preventable causes of visual impairment in the Palestinian population. DR in particular is a growing epidemic in the oPt and, to this end, we are continuing our decade-long efforts to screen patients and establish best practice methods on managing the condition at a population level. You can read more on all our research on page 14.

Our regional Fellowship training programme also continues apace, and includes training in glaucoma, paediatrics, and oculoplastics. This investment has a profound long-term impact on eye care, and we are indebted to our supporters who have donated to this programme.

In 2015 the St John Ophthalmic Association (SOA) was founded, and thanks to support from the SJEHG Board is now a formal part of the Hospital Group, with its own Board of Directors and governance structure. This is a significant milestone for the Hospital Group because it brings a focus to our postgraduate work, and unites the expertise and support of clinicians across the Pories of St John for our teaching, training and research. Despite lock-down, and with the last physical SOA meeting in London in March 2020, the Association has recently launched two initiatives - the virtual [MasterClass Series](#), and the St John [Ophthalmic Case Series](#), or 'SOCS'. The latter unites clinicians, virtually,



The SOA Youth Arm, iYouth, launched in Dublin in February 2021, attended by the iYouth committee, iYouth patron Lionel Jarvis and SJEHG Hospitaller and SOA founder David Verity

across SJEHG and the Pories and has run 3 meetings to date (USA, Canada, Australia), with Europe and Sweden booked for 2021/22. As part of the SOA, iYouth, the emerging branch for [young professionals](#), was launched in Dublin shortly before lock-down. You can read more on achievements of the SOA in 2020 on page 12 and can learn more about joining the association at www.soa.global

Although 'virtual' educational activities have their advantages, they also have their limits and, as a surgeon, there is no substitute for spending time with colleagues and patients. In 2020, shortly before lock-down, I was fortunate to lead two surgical visits to Jerusalem and Gaza, accompanied by distinguished colleagues from Moorfields Hospital in London, Professors Lyndon da Cruz and Richard Collin. During these

visits we spent time with our ophthalmic and general surgical colleagues, visited a range of hospitals in Gaza, performed complex operations, engaged in local teaching programmes, and contributed to an ophthalmic conference held in Gaza City.

Since our earliest Hospitallers, St John has enjoyed a tradition of support from distinguished international surgeons. I am glad to report that this tradition continues to thrive, and that we have a new and evolving Ophthalmic Association to engage healthcare professionals across the Pories and promote postgraduate excellence in St John. Their dedication to our work across our clinics and hospitals is greatly appreciated.

In summary, SJEHG is working tirelessly to develop our training and academic profile. As a teaching hospital, a thriving

postgraduate department is vital for our service delivery and our international reputation. We are building our training capabilities, have formed an international ophthalmic research advisory committee (ORAC), are developing our digital platforms, and engaging clinicians across the Pories.

In all this, we owe a debt of thanks to the Trustees of the Board of SJEHG, and to our staff, clinicians, and supporters across the Pories, without whom this progress would not be possible. I send a sincere message of thanks to you All.



David H. Verity, MD MA BM KStJ BCh FRCOphth Order Hospitaller, Chair, SOA

Snapshot of 2020

We reached over 107,000 patients, performed over 5,700 major surgeries and employed 254 people across our services.*

Anabta Clinic

We treated almost 14,200 outpatients at our Anabta Clinic. A new school screening programme in the region also saw almost 500 children throughout 2020 and our introduction of crosslinking services allowed us to perform our first 28 major operations from the clinic.

17 staff members including 12 medical, allied health and nursing professionals

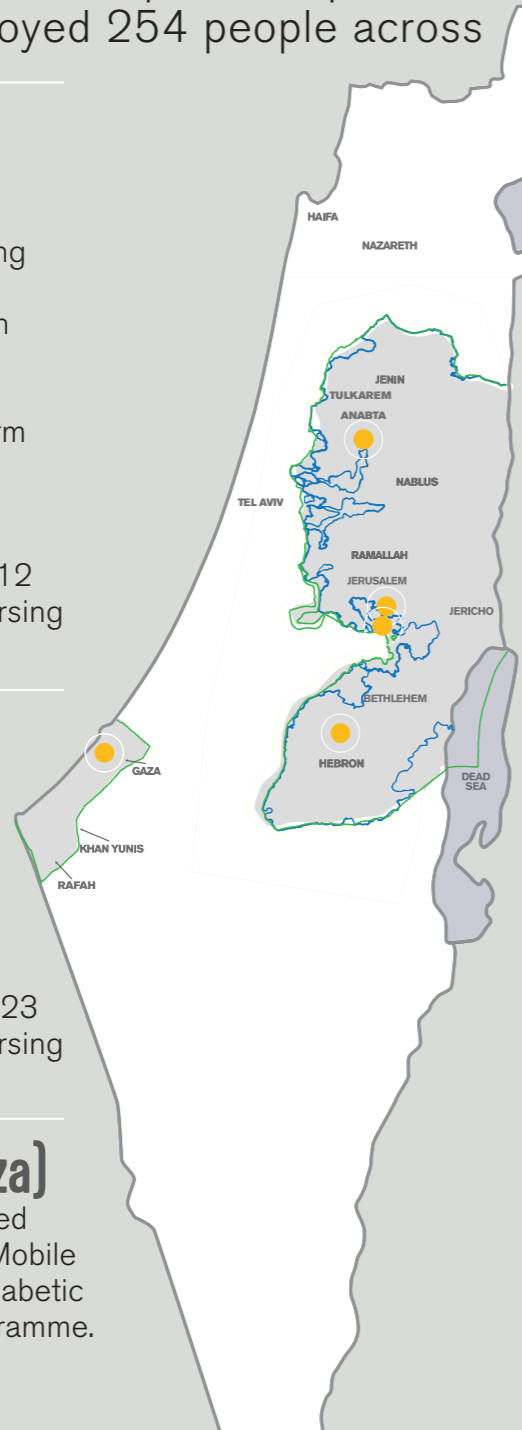
Gaza Hospital

We treated almost 29,900 patients, and performed over 2,100 major operations (a 31% increase on last year's major operations).

43 staff members, including 23 medical, allied health and nursing professionals.

Mobile Services (Gaza)

Our outreach services reached over 3,800 patients via our Mobile Outreach Programme and Diabetic Retinopathy Screening Programme.



Jerusalem Hospital

We treated almost 40,200 patients in our East Jerusalem Hospital, and performed over 3,100 major operations.

176 staff members, including 108 medical, allied health and nursing professionals, and 8 nursing students.

Muristan Clinic

We saw over 400 patients in 2020 in our mobile Old City screening programme and Muristan Clinic.

Hebron Hospital

Our Hebron Hospital saw over 10,900 patients and performed over 450 major surgeries. A new school screening programme in the region also saw over 1,100 children throughout 2020.

18 staff members including 14 medical, allied health and nursing professionals.

Mobile Services (West Bank)

Our Mobile Outreach Programme and our new Kufer Aqab Jerusalem Outreach Clinic screened over 6,000 patients.

*Staff numbers do not include three London staff.

**Muristan and West Bank Mobile Services staff are counted in our Jerusalem Hospital figures.

*** Gazan Mobile Services staff are counted in our Gaza Hospital figures.

Running Costs 2020

	£'000	% covered by fundraising activities	% covered by patient income
Jerusalem Hospital	7,219	56%	44%
Muristan	60	99%	1%
Outreach	183	98%	2%
Hebron	604	11%	89%
Gaza	1,215	47%	53%
Anabta	468	37%	63%

About Us



Mission Statement:

St John Eye Hospital Group provides high quality ophthalmic care to the people of the Holy Land irrespective of race, creed, social class or ability to pay.

Vision:

We work to eliminate avoidable blindness in the Holy Land and be recognised as the leader in the provision of quality eye care in Jerusalem, the Gaza Strip and the West Bank.

Values:

Compassion: Providing eye care with empathy

Accountability: Accepting responsibility for continuous improvement and embracing change

Respect: Honouring the dignity and diversity of each person

Excellence: Providing exceptionally high quality and advanced care

Strategic Aims (2020-22)

Patient-Centred Services – Commitment to accessible and quality eye care.

Excellence, Education, and Innovation – Developing a centre of excellence for eye health education, research and innovation.

Investing in our People - Promoting supportive working environments whilst developing a sustainable, skilled workforce.

Good Governance and Partnerships – Strengthening our governance practices and partnerships to ensure best practice and maintain our heritage and reputation.

Sustainability – Diversifying and strengthening our financial sustainability to ensure our mission can continue to the future.

Patient Centred Services

Accessibility

We are committed to reaching the most isolated and marginalised communities in our remit, and ensuring that all who walk through our door receive the best care possible.

Prevention and early treatment of eye conditions are vital. This is because many eye conditions, if left untreated, cause permanent vision loss. Delivering accessible eye health services in the oPt carries with it unique problems, as the movement of people, even for medical care, is limited by checkpoints, permit systems and the Separation Wall.

We work to ensure that as many patients as possible receive eye care through mobile outreach, screening services, and hospitals and clinics strategically located across the West Bank and Gaza. We also make sure that our patients adhere to any referrals for advanced treatments at our hospitals by helping them navigate permit requirements, transport and accommodation for longer stays. You can view a detailed map of our services on page 6.



Accessibility
43%

43% patients and companions were delayed or denied access to advanced treatment outside of Gaza in December 2020, similar issues for West Bank patients

The Covid-19 global pandemic and subsequent lockdowns impacted our ability to reach our patients throughout 2020 and we have had to adapt where necessary. Though certain services, such as mobile screening, were limited, we were able to introduce a new clinic just beyond the Separation Wall for Jerusalemites seeking eye care in the town of Kufer Aqab. Although these patients are classed as Jerusalemites they cannot access our nearby flagship hospital without a medical permit, and this is a solution to screen for potential advanced cases for referral.

We also successfully harnessed our digital platforms in 2020 to educate the Palestinian population on health advice and the opening hours of our clinics during the Covid-19 pandemic, as well as specific campaigns to promote the dangers of consanguinity, and the

risk factors for diabetic retinopathy. A new digital working group has been established to innovate new ways to utilise these platforms to promote eye health to our target population.

Retinopathy of Prematurity:

We are developing our screening programme for retinopathy of prematurity (ROP), a disorder which affects as many as 60% of premature infants and, if untreated, leads to irreversible blindness in up to 10%. With state-of-the-art digital imaging and telemedicine, screening can be done by a technician, releasing clinicians to focus on remote diagnosis and treatment of identified cases. The greatest need is in Gaza, with an increasing number of neonatal units, and we are working to procure a number of mobile camera systems for the area.

Patient's Story: Ne'ema, The girl who spent Christmas alone at St John



Ne'ema pictured in front of the Jerusalem Hospital Christmas tree.

to a pressure build up which caused her to develop glaucoma in her right eye, for which she had previously had a tube implanted to remove pressure.

In December 2020, Ne'ema was due for the next stage of her treatment: two major surgeries – one with our glaucoma specialist Dr Amer Muhsein to insert her long awaited artificial lens in her right eye and ensure her glaucoma implant was still functioning, and another with our pediatric specialist, Dr Mohammad

Daraghmeh, to insert an artificial lens in her left eye.

This would be a difficult treatment for any child and their family to go through, but Ne'ema's family also had to deal with the permit system – only one person would be allowed to leave Gaza to accompany Ne'ema for surgery. Her mother stayed behind, whilst her father accompanied Ne'ema for treatment. However when Mohammad, himself fell ill on the trip with a major infection and was rushed to another hospital in Jerusalem, Ne'ema was left, unaccompanied and facing two major surgeries without the comforting arms of a parent to turn to.

Our Jerusalem Hospital staff stepped up to fill the gap as best as possible, as our Inpatient Nursing Director Ahmad Amer explains:

Ne'ema, an eight-year-old girl from Gaza, has had vision problems her entire life, as her father, Mohammad, explains:

'Ne'ema was only a few weeks old when we observed that our beautiful baby girl could not see the world. We took her to one of the general hospitals in Gaza who advised we wait a few more months, but we became increasingly concerned. We decided to seek specialist advice from St John Hospital in Gaza, who confirmed our fear – our daughter had been born with cataracts in both eyes and was blind.'

Her case was a complicated one. It has involved eight years of treatment with St John – first to remove her cataracts when she was 2 months, resulting in Ne'ema being without the lens of her eyes until she was old enough to have artificial ones implanted. This led

“Most of us have children so could understand the stress both the child and her father would have felt being separated at such a crucial time. Our team cooperated to ensure Ne'ema was mentally and physically okay by playing and walking with her to keep her busy. We also minimised her anxiety by connecting her with her family and father via video call a few times day.”

Fortunately, for Ne'ema, after years of treatment and suffering, and the tough experience in December, her journey to vision is taking a positive turn. In February 2021, her stitches were removed and our staff in Gaza were delighted to report she now has better vision and she will wear glasses to improve her vision with time. Mohammad also made a full recovery and shared of the experience:

“I'm so thankful for the care that was provided for my daughter. Ne'ema was lucky to be treated at St John.”

Quality Eye Care

A commitment to the highest standards of quality and comprehensive eye care is vital to ensure the greatest chance of treating or managing each patient successfully.



Our Mobile Outreach team load up a van with equipment during the Covid-19 pandemic.

We take this commitment seriously. We were the first Palestinian hospital to achieve Joint Commission International accreditation in 2013. This accreditation is the most stringent certificate awarded to hospitals throughout the world, reflecting the highest standard of excellence in medical care. We are independently reviewed on our accreditation every three years and have continuously achieved 97% or higher.

Our Jerusalem Hospital is also the only Palestinian healthcare provider to have locally trained specialists in all 14 subspecialties of ophthalmology (except

oncology), and each of our satellite centres receive regular visits from our specialists for treatment or surgical referrals. In Gaza we are working to increase local sub-specialist capacity to enable the mostly locked-in population constant access to the best possible eye care.

At our core, our values of compassion, accountability, respect and excellence drives the ethos of care across our services – ensuring each patient is not just given first-rate medical treatment, but are treated with dignity and empathy at every step of their journey with us.

The Covid-19 pandemic brought with it new challenges to patient and staff safety, which our team met with expected diligence. Several new safety protocols were introduced to ensure that we were able continue to treat patients in the safest possible manner, and we are happy to report there was no cases of internal contamination across our services. We are proud of how our team rose to the occasion, demonstrating, once again, how St John can continue to provide the highest standards of care for our patients even in the most difficult situations.

Staff Highlight:

Nasrallah Khalileh,
Head of Infection Control



Head of Infection Control, Nasrallah Khalileh(right) and staff nurse Osama Jarrara(left) with the Covid-19 vaccine

When the cases of Covid-19 began spreading across Israel and the oPt, Nasrallah Khalileh, our Infection Control Manager was charged with spearheading St John Eye Hospital's efforts to keep our patients and staff safe through the pandemic. He explains some of the experience below:

“From the beginning of the pandemic we were proactive in implementing evidence-based infection control practices to fight Covid-19. Our commitment as a team has been the key element in setting successful preventive measures that limited the spread of Covid-19 and ensured a safe environment for staff and patients.

This year has been incredibly taxing for all. Our staff are also fathers, mothers, brothers and sisters, and a big concern for all was potentially contracting the disease and bringing it home to beloved family members. However, all our team were inspired by their professional duty to provide care in one of the most difficult times we have ever witnessed, and remained steadfastly committed to their roles.

Personally, being the lead in a pandemic situation was not an easy job. I was ultimately responsible for ensuring safety, covering the legal requirements and providing policies, staff

training and monitoring. Conducting investigations on positive cases and sending staff for home quarantine was quite psychologically challenging too. Cooperation from my incredible colleagues enabled us all to effectively overcome any obstacles put in front of us.

Every cloud has a silver lining, Covid-19 has strengthened our confidence and dedication as a team to maintain high quality care in a safe environment during the most challenging of times. I'm sure this learning will carry on long after the pandemic has been suppressed.”



Highlights:

No community transmission of Covid-19 in any SJEHG centre

Performed over 5,700 major surgeries

No major infection or other sentinel events

Gaza Hospital Major Surgeries

31%

In 2020 we opened our 2nd surgical unit in our Gaza Hospital – and saw a 31% increase in major surgeries

Excellence, Education, & Innovation

For over 138 years SJEHG has led on eye health for the oPt, and as part of the wider international ophthalmic community.

Education

There is a shortage of both nursing and medical professionals across the oPt, and this shortage is even more pronounced in eye care – there are only 19 ophthalmologists per million of the population (compared to 49 per million in the UK). To combat this, and ensure that we remain ophthalmic leaders, we provide world-class education to the next generation of Palestinian eye health professionals.

Nursing and Allied Health: We offer up to ten places each year at our prestigious Sir Stephen Miller School of Nursing. This is complemented by a training programme for ophthalmic assistants in Gaza, as well as training general community health workers to identify and refer eye conditions to SJEHG centres. Since the 1980s we have trained over 200 ophthalmic nurses and nursing assistants in both Jerusalem and Gaza. Those who stay with us have opportunities for further career development. A number of our graduates go on to train as allied health specialists such as orthoptists or retinal diagnostics.

Medical: Our ability to offer all 14 subspecialties of eye care (excluding oncology) is achieved through our Medical Residency Programme and Joint Teaching Programme. Our Residency Programme is the only training opportunity offered to Palestinians to specialise in ophthalmology. Once qualified, our specialists will work across our services and are given the opportunity to undertake fellowships in subspecialties at St John or at one of our partner organisations.



St John Ophthalmic Association:

Established in 2015, the St John Ophthalmic Association promotes the coordination of postgraduate training, education and other activities across the Order of St John, with a special focus on St John Eye Hospital. Spearheaded by our Hospitaller, David Verity, it also enables fundraising and shared knowledge for St John through annual historical summits and medical conferences. In 2020 the group celebrated several highlights including:

1. The [3rd European SOA Meeting](#) was held in March 2020
2. The first on-line [St John Ophthalmic Case Series](#) meeting was held in 2020, bringing together Orders clinicians and SJEHG doctors:
3. The online [SOA MasterClass Series](#) was launched
4. SOA's iYouth [organisation](#) was established in 2020 in Ireland.
5. SOA funds enabled the sponsorship of three fellowships and one training course:

- Glaucoma fellowship** at Khadera Hospital in Northern Israel (finishes May 2021)
- Paediatric fellowship** at Tel Aviv Hospital (September 2021)
- Oculoplastic Fellowship** at Al Foula Hospital
- VR Training** at Bier Shiva Hospital (October 2021)

Lack of Specialists
19 per 1 million



Only 19 qualified ophthalmologists per 1 million population in the oPt (compared to 49 in the UK), this trend is reflected across all eye health specialists

Highlights:

8 ophthalmic nurses were trained. Unfortunately our 2020/21 cohort could not be recruited due to the pandemic.

3 medical residents completed their training.



Our nursing students undertake a lesson in eye health.



Professor Richard Collin, Dr Hisham Al Faleet, and Dr David Verity examine a child at our Gaza Hospital, March 2020



Our dedicated genetics research team continued their research in 2020, with continued focus on the genetics of retinal disease, particularly retinitis pigmentosa (RP). RP affects up to one in 4,000 people, and can lead to profound sight loss. In parallel, we are also applying to a multi-centre phase III retinal gene therapy trial, enabling SJEHG to contribute to the global search for a cure for this disease.

Overall, we have been able to screen over 470 patients with inherited retinal degenerations. In 2020, our genetics team published two papers - one was a large paper in collaboration with many European Centers led by Prof Frans Kremer and the other was in collaboration with Hadassah Medical Center.

Other Research: Research publication is the currency of postgraduate medicine. To this end, in 2020, we established an Ophthalmic Research Advisory Committee (ORAC). ORAC is led by the Asia-Pacific branch of the St John Ophthalmic Association, and will support SJEHG colleagues as required, particularly with manuscript preparation and submission. A number of our medical team are working on research focussed on their specialisms, some of which were published in 2020. We aim to increase our research output over the next three years to ensure that our team are focussing on the most innovative approaches to eye health.

Research and Innovation

We work to deliver a service which reflects current population needs and provides state-of-the-art high quality treatment for those who require it. We do this by researching our population needs and ensuring that our specialists collaborate on developing ophthalmic best practice with their cohorts across the globe.

Diabetic Retinopathy: We completed a Rapid Assessment of Avoidable Blindness in partnership with the London School of Hygiene and Tropical Medicine and Peek Vision in 2019 which identified diabetic retinopathy as the fastest growing eye health issue in the oPt (and the number two cause of blindness in the oPt after cataracts).

In 2020, we have continued our almost decade-long screening and research into DR across the oPt. Its current iteration is a screening service in Gaza which screened over 1,500 patients in spite of the Covid-19 pandemic. Our findings from this study will help us to understand barriers to both diagnosis and management of diabetes and to develop a new comprehensive programme to combat this growing epidemic.

Genetics Research: Since 2016, we have been conducting extensive research into inherited retinal disease across the oPt. This was, until 2019, 'Peace for Sight' - a joint project between St John Eye Hospital and Hadassah Medical Hospital funded by the German Johanniter Unfall Hilfe (Johanniter Aid for Accident services) and the European Union Peacebuilding Initiative. This project allowed us to train a dedicated genetics research team and establish the oPt's first ever retinal genetics laboratory.

Diabetes

24%



Diabetic retinopathy is now one of the leading causes of blindness in the oPt - up from 8.3% of the overall causes of blindness in 2008 to 24% in 2018.



Genetics

50%



The isolation and desire to preserve cultural traditions and retain property within the family has led to a rise in intra-familial marriage - which causes high levels of genetic eye disease. 50% of marriages in the oPt are intra-familial.

Investing in our people

Our staff are our most valuable asset. We are dedicated to creating an atmosphere which cultivates respect, development, transparency and well-being for all our employees.

Although we have always valued our people, our new 2020-22 strategy has introduced a focus to ensure that we engage and develop all staff members. In 2020 we initiated a hospital-wide pay scale and introduced policies to ensure that every department has succession planning and professional development as core priorities. As they are currently disproportionately represented at senior levels, we are also placing a distinct focus on encouraging our female and disabled staff members into management and development opportunities. Staff are encouraged to apply for any training that is relevant to their specialty and can help their development and productivity.

Staff are trained and coached to be multi skilled in their departments by working on rotational basis where possible, without affecting quality. This increases their knowledge and helps SJEHG to use its human resources efficiently. Internal training is conducted on a regular basis which is essential for staff continuous development. We have morning lectures for doctors and nurses to increase their knowledge and discuss special cases. We also hold regular mandatory training in First Aid, and other social topics such as Sexual Harassment in the Workplace.

In response to the unprecedented Covid-19 pandemic; SJEHG has been conducting specialised training in Infection Control and Health & Safety. We have also been taking great care of our staff needs and wellbeing;



Staff nurse Ahmad Odeh with Head of our Jerusalem Hospital surgical department Jamil Abu Hani

including introducing flexible working hours, working from home, where possible, and providing vaccination for staff and their relatives.

Senior management keep in direct communication with all staff and pay regular visits to our satellite clinics to ensure that the whole of SJEHG work cohesively and effectively together. We distribute a Team Brief every three months to keep staff engaged and informed of all developments across the Group.

We continue to reward staff for their distinguished performance through the "Employee of the Month" nominations and thank you letters. Where our finances permit, the Board provides a bonus. Last year, as a thank you for efforts over the Covid-19 pandemic all staff received a Christmas Bonus of £250.

Highlights:

Staff development highlights in 2020 included:

Dr Omar Abd Al-Dayem was promoted to Deputy Medical Director to cover for the Acting Medical Director during his absence.

Nurse Nadia Abu Sbeitan was sent to Turkey to undertake specialised training in artificial eyes and is being and coached by the current Artificial Eyes nurse in the Hospital.



Some of our Jerusalem Hospital theatre staff.



Some of our Gaza Hospital theatre staff.

Good Governance & Partnerships

SJEHG continues to seek partnership opportunities in the Middle East and globally.

Technical Support and Grant Partnerships:

There are a number of other development organisations who collaborate with SJEHG on eye health projects across the oPt. We rely on their expertise or influence to deliver our services at the highest level. Several of these bodies are also donors, to see a full list of major donors in 2020 refer to page 59.



Quality and Transparency:

Through our commitment to quality eye care (see page 10) we have been accredited by the ISO 9001:2015 (Accreditation for Quality Control) and JCI International and are subject to regular external audits to ensure that we are adhering to their gold-standard for quality healthcare. We take transparency very seriously, following all UK guidelines to ensure both our accounting and fundraising practices are operating to

the correct level. As such, we are registered with official charity bodies in the UK and are independently audited each year. To see our full fundraising statement see page 37, to see our Independent Auditors' report from PwC see page 40.



St John Family: SJEHG enjoys a unique position as a foundation member of The Most Venerable Order of the Hospital of St John of Jerusalem, which was given a Royal Charter by Queen Victoria in 1888. Our Sovereign Head is HRH Queen Elizabeth II and our Grand Prior is HRH the Duke of Gloucester. Being a founding member of one of the world's biggest providers of healthcare gives St John access to partnership with Johanniter International, the Order of St John and the Alliance of the Orders. Together, and alongside several other international bodies, we collaborate on best practice for clinical governance, sustainability and more.



We rely on our reputation to enable us to deliver our services further and to a higher standard than anyone else in the region.

Local: Our strategic partnerships with local health networks are vital to ensure that an integrated approach to eye health. We have a Memorandum of Understanding in place with the Ministry of Health in both the West Bank and Gaza, to guarantee patients who present with eye conditions at general clinics are referred to us for specialist treatment. In 2020 we have been collaborating with the Ministry of Health to ensure that eye health is a key consideration in the national healthcare strategy.



Training: Both our Sir Stephen Miller School of Nursing and our Medical Residency Programme are internationally accredited, ensuring that our staff are trained to the highest possible standard. Our medical team benefit from opportunities to train in subspecialties internationally, and regularly collaborate on medical research with their cohort across the globe (see Research page 14). This collaboration has been encouraged by the introduction of the St John Ophthalmic Association (see Hospitalier's Report page 4).



Hundreds of children were given health education sessions and screening across the West Bank thanks our CBM-funded School Screening Project



“With a partnership that started in 1975, SJEHG is one of the most long-standing partners of CBM and of utmost importance for our work worldwide and, particularly, in the Middle East as we strive for our common objective to prevent blindness whenever possible and include those people with unavoidable visual impairment in all areas of society.” - Markus Baldus Project Portfolio Manager, CBM

preventing irreversible vision loss. Given the high level of vulnerability of refugees in the oPt, UNRWA refugees make up the majority of our beneficiaries requiring patient-relief to access treatment.

CBM and SJEHG, along with support from the Fred Hollows Foundation, have also established baseline data on the prevalence of visual impairment in the oPt through implementing the second national Rapid Assessment of Avoidable Blindness (RAAB) in the oPt, 10 years after the first ever RAAB study conducted by SJEHG. This national piece of research aimed at assessing the depth of the problem has helped us strategically steer the eye health strategy across the oPt.

Spotlight on a Partnership: **cbm**

together we can do more

SJEHG's partnership with CBM is one of our longest standing and most impactful collaborations to date which can be summarised with the phrase “Inclusive Eye Health”. The majority of our CBM supported projects are focused on serving our most marginalised and impoverished communities as well as to promote standards of living for those living with sight loss.

Since 2012, SJEHG and CBM have scaled up their partnership with the aim to invest more funding and efforts into preventing avoidable blindness in the oPt taking into strategic consideration the complexity of the political and socio-economic situation that has led to a fractured health system across the country.

CBM has trusted us technically and medically to improve eye health across the oPt. As SJEHG

are the single largest, and only charitable eye care provider to the Palestinian people, we have proven ourselves to be ideal partners for large-scale eye health projects in the oPt. Our well-connected and advanced eye health system across Gaza, the West Bank and East Jerusalem is especially vital given the lack of any government-led plan or specific investment in eye health.

With technical and financial support of CBM, together with its backing donors, mainly the German Federal Ministry for Economic Cooperation and Development (BMZ), we implemented the first ever Diabetic Retinopathy Screening Programme as a pilot project for integration within the United Nation Relief and Works Agency (UNRWA). This ground-breaking initiative had allowed SJEHG to screen over 40,000 known diabetic patients and treat over 30% of the screened patients

Together, we have also implemented inclusive eye health initiatives aimed to strengthen the access to eye health for refugees across the oPt. We are currently working to strengthen UNRWA's health system in Gaza and the West Bank through integration of Primary Eye Care into the general primary health care provision of UNRWA. This initiative aims to make basic preventative eye care available and affordable to all refugees in the oPt, which will ultimately reduce disability from visual impairment across the region, but will also provide rehabilitation services for those patients with unavoidable blindness.

We are incredibly grateful to CBM for their continued support and look forward to seeing the impact that our partnership will have on the eye health of the Palestinian people in years to come.

Thank you to the Guild



Not even a pandemic stopped our wonderful group of fundraising volunteers – the Fundraising Guild from raising awareness and vital funds for SJEHG throughout 2020.

It was quite the transition to take their normally in person fundraising events digital this year with little notice, but the Guild rose to the challenge and hosted a wonderful array of occasions to celebrate the eye hospital.

This year they have hosted celebrated film-makers Carlo Nero and Vanessa Redgrave, who produced an award-winning documentary on our work in 2015. This was followed by a fascinating talk from broadcaster Jon Snow,

who visited our Gaza Hospital in 2014, as well as a talk from renowned war artist Arabella Dorman.

Attendees also heard from two eye hospital stalwarts - Ahmad Ma'ali, SJEHG CEO and Denise Magauran, former Chief Medical Officer of the eye hospital. All of these talks, as well as the documentary can be viewed on the St John Eye Hospital [Youtube channel](#).

They rounded off the year with a fantastic virtual take on the Gift of Sight Fair (normally held in Chelsea Old Town Hall) as well as a charity auction which was so successful there are plans to do a joint in person/digital event in 2021.

What has been a fantastic consequence of these 'virtual' happenings is that the guestlist for Guild events, which is usually limited to the London area, has gone truly global! We would like to express of gratitude to all who have kindly adapted and joined these events online.

We would like to thank all at the Guild for going above and beyond to continue raising awareness and funds for SJEHG. We would especially like to thank Georgie Brooks who stepped down as Chairperson of the Guild in March 2021, and extend a warm welcome to incoming Chairperson Julia Corkey.

You can learn more about joining the Guild or attending a Guild event at guildstjohn.com

Sustainability

Statement of Financial Activities 2020

Incoming Resources: £10.7m	GBP £000	USD \$000	%
Patient Related Income	4,378	5,604	41
Priory Income	2,113	2,705	20
Other Voluntary Income	4,033	5,162	37
Investment & Other Income	184	236	2
Total	10,708	13,707	

Resources Expended: £10.5m	GBP £000	USD \$000	%
Charitable Activities	9,723	12,445	93
Cost of Generating Funds	586	750	6
Governance and Other Expenditure	167	214	1
Total	10,476	13,409	

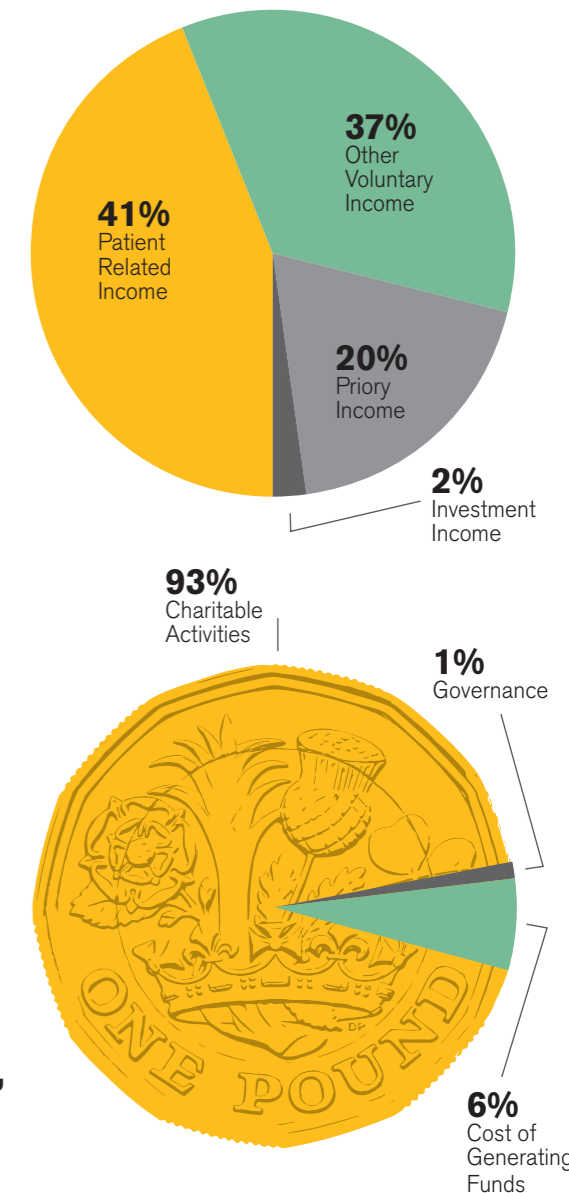
Thanks to the incredible generosity of our donors, we have expanded our services over the past ten years to reach more patients.

However, this has come at some cost, and at a time when the landscape for giving is complicated by political unrest and an economic downturn caused by both Brexit and the Covid-19 pandemic.

The Palestinian need for eyecare only continues to grow, and with it brings a vital requirement to source new methods of funding. As part of our 2020-22 strategy we are committing to diversifying our sources of funding by looking to increase our income from private and medically-insured patients. We will do this by remaining a competitive leader in private eye care across the oPt, and by cementing our partnerships with

both the Palestinian Ministry of Health and the Israeli Sick Fund. Through these efforts we aim to increase hospital related income from 53% to 57% by 2022.

However – there will always remain a large portion of our patients who will need eye care given at subsidised rates, or for free, to ensure that money is not a barrier in their eye health journey. Poverty rates are currently 22% across the oPt with unemployment at 27% (up to 49% in Gaza and 15% in the West Bank). Our donors remain vital for us to be able to deliver eye health to those who need it most – the most marginalised, underprivileged and at risk. They also allow us to preserve our rich



heritage, which reflects the almost 1,000 year old tradition for the Order of St John of delivering health care in the Holy Land.

Our St John Family remain a vital donor, and in 2020 gave 34% of our voluntary income – we recognise and appreciate that, even when you were responding to a major pandemic at home, you remained steadfast in your commitment to us. Eye disease did not let up during the pandemic, and neither did the need to treat it. To all our donors, and especially our major donors, we thank you for your generosity (please see a full list of major donors on page 59).

Celebrating a hero

Angus Rhodes and the Knights of the Vision Beautiful

For the past five years Angus Rhodes from the Knights Templar (KT), has been taking part in a series of challenges to raise funds for SJEHG. Spurred on by his inspiring actions, other members of the KT have joined up with Angus to form the 'Knights of the Vision Beautiful' – a dedicated fundraising group in aid of our work. In 2020 they raised an incredible £15,000 to support our surgical services. Angus shares their journey so far below.

"In 2015, I was told by doctors I had a less than 50% chance of leaving the hospital as a blood clot had almost filled both my lungs and my heart began to fail. On my third night in hospital, I almost didn't make it, but was saved by my wonderful wife (who is an NHS Pharmacist) pushing for me to receive a dose of a drug that ultimately saved my life.

Coming back from the brink of death, and physically much weaker than I had ever been, was incredibly difficult. I decided I needed a focus to help me get back into shape – and, as I've always been quite an old soul, settled on my own interpretations of the 12 Labours of Hercules – the physical and mental challenges given to the demi-god Hercules to prove his worth in Greek mythology.

I knew I had to give myself the momentum to do it by setting myself a fundraising challenge too. I've been involved with



the KT for as long as I can remember as my father was also a member and would bring me to family meetups as a young lad. The KT and the Order of St John share a rich and storied history as they both served with each other for hundreds of years. Settling on raising funds for SJEHG was therefore an easy choice, especially as I too have suffered

the terrifying experience of temporary sight loss.

Raising funds for St John Eye Hospital has been an inspiration and a privilege.

I regularly receive news of the incredible work that they do, which keeps me motivated throughout my challenges. There is one Gazan girl in particular, Lana, who had lost her sight

unnecessarily due to a missed diagnosis of glaucoma, who I think of often as a reminder that though my challenges may be difficult, it is nothing in comparison to what she will have to struggle through as a blind young woman with a painful condition living in the Gaza Strip. I hope the money that I raise can spare many more children across the Holy Land the pain of irreversible sight loss.

Sadly, this year my father who started me on this journey, Terence James Rhodes, passed away. His legacy lives on in the over £1,100 raised from his memorial fund which has been added to our overall funds. My fundraising is now dedicated in his honour.

My challenges so far have been quite the wild journey (you can read my checklist to the right). I am delighted now to be joined by so many of my friends in the Knights of the Vision Beautiful, and last year we completed an excellent 24-hour relay event through the streets of lockdown London. We are hoping in 2021 to complete another of these and more – put it this way, I am just getting started!"

We would like to thank Angus, the Knights of the Vision Beautiful and the wider Knights Templar group for their amazing support so far. You can read more of our major donors on page 59 and follow Angus' journey on his [Justgiving page](#).

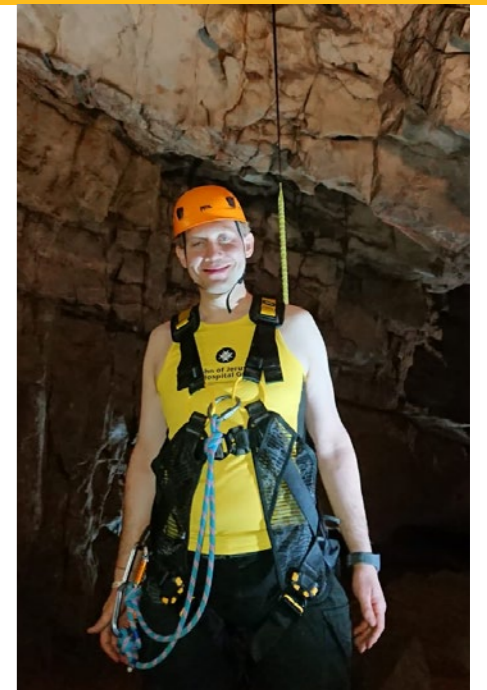
Angus' Challenges

Training Challenges

Samson and Delilah:
A monetary vote to keep or lose the beard (it went) (May 2017)
5k Race (July 2017)
10k Race (July 2017)
Half Marathon (October 2017)

Hercules Acts of Labour

1. The Nemean Lion: One Hundred Press Ups (2019)
2. The Lernean Hydra: 2019 - a Four Elements Challenge: Fire Walk in Basildon, Rock Climbing and Caving in Cheddar, Skydiving in Beccles and the Great North Swim (postponed due to Covid-19)
3. Catching the Erymathean Boar: Three Marathons in Three Weeks (April 2018 – Brighton, London, Stirling)
4. Labour: the Stymphalian Birds - tbc
5. Labour: Taming the Cretan Bull - tbc
6. Labour: Capturing the Mares of Diomedes - tbc
7. Labour: (Retrieving) the Belt of Hippolyta - tbc
8. Labour: (Obtaining) the Cattle of Geryon - tbc
9. Labour: (Stealing) the Apples of Hesperides - tbc
10. Labour: Capturing Cerberus (the three-headed Hound of Hades) - tbc



Trustees and Committee Members

The trustees of the charity, who are also the directors for the purposes of company law, during the year and, at the time of this report, are listed below:



Sir Andrew Cash OBE KStJ
(Chairman)

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Sir Andrew joined the NHS as a fast track graduate management trainee and has been a chief executive for more than 20 years. He has worked at the local, regional and national level. He has worked by invite at the Department of Health, Whitehall on a number of occasions. He is a visiting Professor in Leadership Development at the Universities of York and Sheffield. Sir Andrew was Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust from 2004 to 2018 and is currently the part time Chief Executive of the South Yorkshire and Bassetlaw Integrated Care System. He joined the SJEHG Board as Chair in September 2018.

Mr David H Verity KStJ, MA (Oxon), MD (Lon), BM BCh, FRCOphth
(Order Hospitaller)

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David Verity was appointed to the Board in June 2016, and became the Order's Hospitaller in September 2018. He is a surgeon at Moorfields Eye Hospital, the President of the British Oculoplastic

Surgery Society, the Treasurer for the European Society (ESOPRS), and immediate past Editor in-Chief of the international journal 'ORBIT'. In 2015, with the ophthalmic Hospitallers of the Order, he founded the St John Ophthalmic Association (SOA), a professional organisation dedicated to the postgraduate work of SJEHG. The SOA is formed of 5 world-wide hubs, engaging medical expertise across the Pories and supporting our staff with training courses and medical exchanges. As a surgeon, he also undertakes regular working visits to our hospitals in Jerusalem and Gaza.

Mr Nicholas Goulding
CStJ BSc FCA CTA (Fellow) ATT
(Treasurer)

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Nicholas Goulding is SJEHG's Treasurer and Secretary. He is a Chartered Accountant and Chartered Tax Adviser and is a former partner with KPMG LLP. He is Honorary Treasurer of The HM Tower of London Chapels Royal Foundation, The Honourable Company of Air Pilots, St Lawrence with St Swithun Winchester, Winchester Deanery Synod and a Governor of Lord Wandsworth College. He was first appointed to

the board in August 2012.

Dr Maged Abu-Ramadan
KStJ MD FRCSEd

●●●●
Dr Maged Abu-Ramadan is a resident of Gaza, a Senior Consultant Ophthalmic Surgeon, and the Founder and President of the Palestinian Ophthalmological Society. In 2005 he was made Mayor of Gaza. He is the Treasurer of the Middle East Africa Council of Ophthalmology, and the Chairman of Coastal Municipalities Water Utility. Previously, he was the Palestinian Authority Director General of Hospitals General Administration and the Director General of the International Cooperation Department of the Ministry of Health. Maged became a member of the board in April 2013.

Dr Anne Coleman OStJ MD PhD

●●●●
Dr Anne L. Coleman is the Hospitaller for the St John Priory in the USA, helping to form a strong link between the Priory and SJEHG. Dr Coleman is Professor of Ophthalmology at the UCLA Stein Eye Institute of the David Geffen School of Medicine and

also a Professor of Epidemiology at the UCLA Fielding School of Public Health. She is Vice-Chair for Academic Affairs for the Department of Ophthalmology and Director of the SEI Center for Community Outreach and Policy. She is currently the President of American Academy of Ophthalmology and Director of the H. Dunbar Hoskins, Jr, MD Center for Quality of Eye Care, which is responsible for the patient care guidelines and public health outreach of ophthalmologists in the USA. Anne has been a member of the board since June 2014, and resigned in September 2020. She was replaced by the new US Hospitaller, David Pyott OStJ, CBE.

Ms Susan Dingwall OStJ LLM
DipLP

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Susan Dingwall is a partner and General Counsel of the international law firm, Norton Rose Fulbright LLP, specialising in risk and insurance issues. Prior to becoming General Counsel, she led the firm's award winning Islamic insurance practice and is a recognised expert in her field by the leading directories. She first joined the Board in August 2011.

HE Philip Hall OStJ OBE

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Philip Hall has been British Consul General in Jerusalem since August 2017 and joined the Board of Trustees for SJEHG in September 2017. Before this, he led the Spending Review at the Foreign & Commonwealth Office. From 2012 to 2015, he headed the FCO's Counter Proliferation Department, leading the UK Government's work to prevent the spread of chemical, biological and nuclear weapons. He was Defence Counsellor in the UK Delegation to NATO from 2008 to 2012 and headed the FCO's Middle East Peace Process Section from 1999-2001. He is a solicitor, completed postgraduate studies in European law and integration in Germany, and has a Masters in Public Policy from the London School of Economics. Philip Hall resigned in July 2021.

Mr Jamie Ingham Clark CStJ FCA

●●●●●●●●
Jamie Ingham Clark is a Chartered Accountant and pursued a career in the Lloyd's insurance market, where he had many years board experience as either Finance or Compliance Director. He was first elected to the Court of Common

Council (the local authority for the City of London) in 2013 and is now the Chairman of its Finance Committee. He sits on a number of other committees within the City. He is a Liveryman of the Clothworker's and Pattenmaker's Companies and is a member of the Knights Templar. Jamie has been involved with the Order of St John for over 40 years as a member of the Ceremonial Staff and is currently the Sword Bearer. He joined the board in 2017.

Mr Timothy Jones

●●●●●●
Tim Jones is a retired solicitor, Chair of the trustees of homelessness charity The Connection at St Martins, a trustee of the Safer London charity and of the National Botanic Garden of Wales, a director of the Sport and Recreation Alliance and a school governor. Tim was formerly a partner in the law firm Freshfields Bruckhaus Deringer LLP working on a wide range of corporate and commercial projects internationally. He was managing partner of the London office between 2007 and 2011 and worked in the Madrid office



between 1994 and 2000. Upon retirement from Freshfields he became General Counsel of England 2015, the organising committee for the Rugby World Cup. Tim joined the Board in November 2019.

Mr John Macaskill OStJ



John Macaskill was a Founding Partner and Managing Director of Groton Partners, a Private Equity firm based in New York. Mr Macaskill joined Groton Partners in March 2005 and focused his efforts on alternative investments, including Private Equity. Mr Macaskill is a General Partner in a number of private equity and real estate funds and has spent the last forty years in the financial services industry in New York and London. He is a member (retired) of the Institute of Chartered Accountants of Scotland, and a Chapter Member of the Priory in the United States of the Order of St John. He joined the board in January 2018. He has been appointed as the treasurer of the Priory of the USA.

Mr Guy Morton KStJ MA



Guy Morton is a solicitor and was, until his retirement, a partner in Freshfields Bruckhaus Deringer

LLP, with a practice specialising in banking and financial law and the regulation of financial markets. He was Joint Senior Partner of the firm from 2006 to 2010. He has served on European Commission consultative groups relating to financial law reform and has represented the United Kingdom in relation to international law reform initiatives at the Hague Conference on Private International Law and UNIDROIT. Mr Morton was appointed as Acting Chairman from January 2018 until the appointment of Sir Andrew Cash in September 2018. He first joined the board in June 2011.

Dr David E.I. Pyott OStJ, CBE



Dr David Pyott is the former Chairman and CEO of Allergan Inc. During his tenure, Allergan was transformed from a small eye care business with about \$1 billion in sales to a global company, with sales over \$7 billion. Dr Pyott is a member of the Board of several U.S. pharmaceutical companies, a member of the Supervisory Board of Royal Philips and Chairman of Bioniz Therapeutics. He is Deputy Chairman of the Board of Governors of London Business School, a Trustee of the California Institute of Technology, President of

the newly created Ophthalmology Foundation, successor to the International Council of Ophthalmology Foundation, President of the Advisory Board of the Foundation of the American Academy of Ophthalmology, and is also involved on the Boards of many other U.S. and international eyecare charities. Dr Pyott and his wife, Molly, are Members of the Priory of the USA and stalwart supporters of St John Eye Hospital. Dr Pyott joined the Board in October 2020.

Ms Nicki Shaw OStJ



Nicki Shaw is Chief Executive of Princess Alice Hospice. She previously worked at the British Heart Foundation, latterly as Programme Director for Prevention and Care. Her career has spanned the commercial, regulatory and voluntary sectors. She has participated in a number of national forums including the Palliative Care Funding Review and the DH Advisory Group on Health at Work. Nicki's appointment to the board was in September 2012.

Mr Herbert von Bose



Herbert von Bose is a lawyer and has worked for the European Commission in Brussels since 1983 where he rose to become

the Director for Industrial Technologies. He joined the Johanniterorden in 1984 and was chairman of the Brussels Johanniter Group from 2002 to 2012. Since 2014, he has been Governing Commander of the Balley and is responsible for international affairs. Herbert joined the board in June 2014.

Co-opted Committee members who are Not trustees

Mr Ken Baksh



Ken is an investment consultant with over 40 years' experience

Mrs Georgie Brookes MStJ



Georgie was Chair of SJEHG Guild and Guild Member for 20 years. Formerly at Mayfair Capital and currently Finance Manager at the Mango Tree OSP. Georgie resigned as Chair in March 2021.

Mr Mark Cannon Brookes OStJ



Mark retired as an investment director of Smith & Williamson in 2017. Previously he was also Chairman of CG. Asset Management and Chairman or board member

of numerous other investment companies with over 56 years in the city. Mark resigned from the Investment committee in May 2020.

Mr Thomas E.K. Cerruti Esq, OStJ



Thomas is a lawyer, Executive Director of the Shiley Foundation and trustee. He is a member of the Priory of the USA.

Mrs Julia Corkey MStJ



Julia is the incoming Chairman of the SJEHG Guild (in 2021). She was a senior British public servant for over 20 years and is currently Chief Executive of ICC Belfast, Waterfront and Ulster Halls.

Mr Kevin Custis



Kevin is a registered trust and estate practitioner, Legal Executive and the chair of the London Central Branch of the Society of Trust and Estate Practitioners (STEP).

Mrs Anzo Francis



Anzo is an ICAEW Chartered Accountant and Director of Finance of Water & Sanitation for the Urban Poor.

Prior Nigel Graham Heath KStJ



Nigel is the Prior of the Priory of

the USA. He is a businessman and investor. He resigned from the Committee in September 2020.

Mr Timothy Walker CB



Timothy is a retired British Civil Servant, formerly serving as Director General of the Health and Safety Executive.

*Staff figures do not include 3 London fundraising staff.

KEY:

- Board
- Steering
- Finance
- Audit
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Strategy & Planning
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Supervisory

Governance Structure



Board Committees:

- Steering
- Finance
- Audit
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Strategy & Planning
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Supervisory

The Committee Terms of Reference were updated in 2019.

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member of the Charity and appoints the Chairman of the Board of Trustees. The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem. The Board reviews the performance of SJEHG and, in particular, the performance of the hospitals in Jerusalem, Gaza, Hebron and the Anabta and Muristan Clinics, as well as the Mobile Outreach Programme. The Board also considers and approves the operational and capital budgets. The Board Committees focus in detail on their areas of responsibility and report back to the Board. The Board is aware of the codification of directors' duties under the Companies Act 2006 and takes these duties into account in consideration of

SJEHG's activities and within its Articles of Association. New Trustees are selected by the Board to maintain an appropriate balance of skills, experience and diversity. Trustees are appointed for a term of three years and may be reappointed for two further terms of three years, but are not normally eligible for a further reappointment. In July 2021, Peter Hall resigned as a Trustee and was replaced by Diane Corner. Additionally, three current trustees are due to leave the Board of Trustees in 2021/2022 after serving a nine year term. Three new trustees have been recruited to replace them, and will be officially appointed in January 2022. An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the Charity to the Chief Executive, Dr Ahmad Ma'ali and the SJEHG senior management team.

The Chief Executive

Dr Ahmad Ma'ali

CStJ PhD MPH BSN PGCE ENB, CEO

Dr Ahmad Ma'ali joined the Hospital family in 1990 as a student nurse, successfully completing his secondment at Greenwich University in 1996 followed by a six months postgraduate specialist ophthalmic nursing course at London's Moorfields Eye Hospital. In 1999, he was certified with a Nurse Tutor Diploma by the Bolton Institute. Thereafter, he returned to Jerusalem where he assumed the role as clinic Charge Nurse for one year, and in 2000 took responsibility of course leadership at the Sir Stephen Miller School of Nursing. For nine years, he continued to act

as Nursing School Director, infection control and clinical services coordinator, also gaining a master's degree in Public Health Management at Al Quds University in 2003. In May 2009, Dr Ma'ali made Hospital history as the first Palestinian Nursing Director at the School. In 2017, he attained a PhD in advanced Nursing practice at De Montfort University and, after 10 years as Director of Nursing and Allied Health Professions building relations with staff, students and patients, he was appointed as an interim Joint CEO with Peter Khoury in September 2017. In May 2019 Dr Ma'ali became our first Palestinian CEO.



Public Benefit

The Trustees have given due regard to the Charity Commission's General Guidance on public benefit when planning the Charity's activities. Our Annual Report sets out our activities, achievements and performance during the year, which are directly related to the objects and purposes for which SJEHG exists. SJEHG achieves its principal objectives through the delivery of services to members of the public in Jerusalem, the West Bank and Gaza without regard to ethnicity, religion, social class or ability to pay.

The Public Benefits from SJEHG's activities are:

- a. the provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza and Hebron, the Anabta and Muristan Clinics and the Mobile Outreach Programme;
- b. the exemption of patients' charges when the relevant authority does not finance the treatment and the patient is unable to pay all or part themselves;

- c. the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region;
- d. the research into endemic diseases affecting the Palestinian population; and
- e. our services enhance education and employment prospects and contribute to economic growth.

Strategic Report

Strategic Vision:
January 2020 to December 2020

Our three-year strategic plan 2020 - 2022 will enable us to attain our mission as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, creed, social class or ability to pay. This strategy will enable us to continue Saving Sight, Changing Lives and to uphold our CARE values:

Care

Compassion

Providing eye care with empathy and willingness to promote wellbeing

Accountability

Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve

Respect

Honouring the dignity and diversity of each person

Excellence

Providing exceptionally high quality and advanced care

The strategy outlines our clear vision to work with partners to

eliminate causes of avoidable blindness in the Holy Land through five distinct strategic aims:

Patient-Centered Services

Putting patients first - reaching out to the most isolated and marginalized individuals in our community and ensuring quality care and patient safety.

SJEHG will build on its JCI re-accreditation to continually strengthen standards and protocols on quality care and patient safety. We will conduct regular service audits, patient satisfaction surveys and develop pediatric services in Gaza. Our priority is to establish outreach services to overcome permit related accessibility issues and patients located in more isolated communities.

Excellence, Education, and Innovation

The country's main provider of ophthalmic training for the medical, nursing and allied health sector, leading on excellence in research, innovation and medical education.

We are the main provider of medical, nursing and allied health professionals' ophthalmic training in the country. We will seek funding for clinical research, and to achieve the American Council of Medical Graduate Education accreditation. We will capitalise on our achievements

in research, innovation and education by sharing our knowledge on genetics research and findings from the SOA annual summit to conducting a RAAB in children. By 2022, we will produce at least 10 scientific publications and have assured that our six medical residents are successful in their in national exams.

Investing in our People

Investing in our most valuable asset – our staff. Promoting local talent and supportive working environments whilst developing training opportunities towards a sustainable, talented workforce.

Our staff are our most valuable asset and we will continue to empower and support them to reach their full potential. We will create a culture of transparency, initiate a Hospital-wide pay scale and ensure employees have an annual development plan in response to appraisal processes. Female staff will be encouraged to take leadership roles and we will facilitate training and fellowship opportunities in Gaza and Jerusalem for corneal to oculoplastic specialisms.

Good Governance and Partnerships

Building international partnerships and strengthening governance structures to mitigate risks and ensure best practice.

The hospital management will further strengthen its governance structure across its sites and continue to conduct audits to control risks and prevent any undesired outcomes. We also aim to strengthen partnerships with major donors and pertinent service providers and stakeholders such as Palestinian Ministry of Health, Afoula Hospital, as well as brokering agreements with hospitals in Israel and overseas.

Sustainability

Building on a decade of growth by diversifying our funding sources so that we continue to reach more patients with quality services, and ensure a financially secure future.

We have expanded our services over the past 10 years to reach more patients and we will sustain these achievements by diversifying our sources of

funding across patient, major donors and Priorities income. We will do this by reviewing contracts with all Israeli sick funds, implementing non-clinical income generating projects and competing for paying customers with services driven efficient hospital-wide processes. We aim to increase hospital related income from 53% to 57% by 2022.



Two Jewish Israeli trainee orthoptists receive training from our Head of Orthoptics Judith Mussallem.



Strategic Report

Financial Review: Achievements and Performance in 2020

For the year ended 31 December 2020, incoming resources amounted to £10.7m, (2019, £12.2m) while resources expended amounted to £10.5m (2019, £12.2m). This resulted in a surplus of £0.2m (2019, £0.04m) before taking into account realised and unrealised losses on investments of £0.2m and exchange gains of £0.2m. Overall fund balances accordingly increased by £0.2m in the year.

During the year, patient-related income decreased due to the impact of the Covid-19 pandemic which imposed movement restrictions and resulted in a decline in the number of patients seen and treated by the hospital. Within voluntary income, donations from St John Priors decreased from £2.6m in 2019 to £2.1m in 2020.

Expenditure on charitable activities amounted to £9.7m, being 93% (2019, 92%) total resources expended. These costs include running the hospitals in Jerusalem, Hebron and Gaza, the Anabta Clinic, the Muristan Clinic and two Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running costs of the genetics laboratory and the refractive suite. The expenditure on charitable activities is

primarily personnel costs which makes up 57% of the total cost (2019, 56%). Operating costs were contained through the continuation of enhanced cost controls introduced in earlier years as well as the actions taken by trustees and management to minimise the financial impact of the pandemic.

Costs of generating funds constituted 6% (2019, 6%) of total resources expended and is the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team in addition to carrying out various fundraising events. Governance costs amounted to 1% (2019, 2%) of the total resources expended and reflect the international nature of the charity's activities and governance arrangements.

Total voluntary income increased to £6.1m (2019, £5.7m) representing 57% (2019, 46%) of the incoming resources. Donations included £0.2m (2019, £0.6m) restricted for capital projects and medical equipment, in addition to £2.1m (2019, £2.6m) donated by the Priors of The Order of St John. Overall, the value of capital projects completed during the year amounted to £0.24m.

Funds generated from charitable activities (mainly patient income) amounted to £4.4m and constituted 41% (2019, 52%) of total incoming resources.

The remaining 2% (2019, 2%) incoming resources related to income from investments.

During 2020, the PA has been facing major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group. Additionally, due to the political unrest within the region, there are doubts about the ability of the PA to continue paying the hospital on a regular basis. Funding this level of debt impacts on SJEHG's cash flows and it is ameliorated to a certain extent when the European Union pays a substantial part of the PA outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually for capital projects.

The investment portfolio is held as a means of earning income to support operational activities and as reserves to ensure that SJEHG can continue to fulfil its charitable objectives, while maintaining the real value of capital over the medium to long term. The investment objectives include aiming for lower volatility than equity markets, higher diversification and only a modest exposure to illiquid assets. The Investment Committee reviews the portfolio's strategy and performance with the investment manager on a regular basis.

Strategic Report

Financial Review: Achievements and Performance in 2020

Reserves

At 31 December 2020, SJEHG had total funds of £19m (2019, £18.8m). This comprised permanent endowments of £7m (2019, £7.2m), £0.5m (2019, £0.6m) in restricted income funds, and £11.5m (2019, £11m) in unrestricted reserves, of which £5.5m (2019, £4.4m) is available to meet the normal operating needs of SJEHG.

Reserves Policy

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be maintained, when circumstances allow, to equate to at least six months running costs (equivalent to £6.5m) to ensure that SJEHG can continue to run efficiently with adequate working capital. It is intended to achieve this through a continuing focus on cost-cutting, revenue generation, the introduction of new sources of revenue, and enhanced fundraising activity in order to ensure financial resilience and sustainability for the future.

Principal Risks and Uncertainties

A comprehensive risk management policy is in place with a risk register of all clinical, operational, financial, external, political and governance risks. The risk register is regularly reviewed by the relevant committees and the Board, with particular focus on residual risks.

A key risk which SJEHG faces continues to be financial. The position has been exacerbated by Covid-19, Brexit and the impact of the continuing reduction in value of Sterling against the Israeli Shekel, by changes to the statutory level of minimum wages in Israel, and also by the political situation in the region. SJEHG relies heavily on voluntary income received mainly from donors in the Middle East, Europe, the United Kingdom and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs.

Liquidity is a recurring issue, especially with the prolonged payment pattern of the PA for its working capital needs. SJEHG therefore sets aside a portion of the investment portfolio as a cash deposit, in order to ensure meeting the working capital needs.

International currency exchange movements are an additional risk. It should be recognised that exchange gains do not represent realisable income which are capable of being utilised by SJEHG, as they largely reflect the translation into Sterling of the Israeli Shekel value of the Hospital premises.

Operationally, patient and staff access to Jerusalem is crucial to the continuation of our ability to provide eye care services in the oPt. Working in a volatile region has inherent risks. Gaza has its own risks. The situation could escalate at any time as instability and strife continue to affect

the neighbouring countries, a particular current concern.

Going Concern

Since March 2020 and the on-set of Covid-19 in Israel and the occupied Palestinian Territories (oPt), the Board of Trustees and Management have been working on flexible plans, both operational and financial, to seek to secure the continued viability of the organisation.

We currently remain confident about our future, but these are very challenging and unprecedented times for SJEHG and society in general; and are likely to remain so for quite some time to come. We plan to work closely with all our global partners and supporters to seek to ensure that we continue to serve our patients in the most efficient and safe manner.

Detailed, yet adaptable, business plans have been prepared, and financial budgets and cash flow models are aligned to those plans. These plans are clearly dependent upon a variety and number of key assumptions, some of which are inter-related. For example, national and local Government decisions (such as measures taken by Governments to mitigate the impacts of the Covid-19 global pandemic on public health), travel and border restrictions, social distancing, capacity in our hospitals, the demand from our patients, our ability (and that of the PA) to obtain funding and donations, our fixed and variable cost structure; continued financial support from Group undertakings; to note just a few. Further details of the Group's principal risks and uncertainties are set out opposite.

The plans and models have been prepared for the period to December 2022, which is a period of at least 12 months from the date of approval of the financial statements. For the Board of Trustees to have a reasonable expectation of

the Group's financial viability to December 2022, the Trustees have also identified several challenging, yet reasonably plausible, downside scenarios based on information currently identified as a result of the impact of Covid-19 (sensitivity analysis). Sensitivity analyses and modelling have been performed on the key assumption alongside the financial effects thereon.

The Trustees continue to review and will implement any possible mitigations in order to seek to reduce the financial impact of these downside scenarios – maintaining a balance between supporting the activity that is crucial to delivering the objects of the charity, whilst ensuring the long-term financial sustainability of the Group.

Under these current downside scenarios, with no further mitigations which may be available to the Group, the Trustees' project to have sufficient liquidity through the period to December 2022.

Further details of the above are set out in Note 1 to the financial statements.

After consideration of the detailed, yet adaptable, business plans, financial budgets, cash flow modelling aligned to those plans and scenarios, and the overlaid sensitivity analyses, the Trustees consider that the Group has adequate resources to continue in operational existence for the foreseeable future, being a minimum period of at least 12-months from the date when the financial statements are approved.

Based on all of the above, the Board of Trustees are confident in the Group's ability to remain as a going concern and have, therefore, prepared the financial statements on a going concern basis of accounting.

Nevertheless, the Trustees fully acknowledge that there is a level of uncertainty, which is likely to persist for some time, given the

key assumptions and the financial modelling referred to above.

Remuneration Policy

All roles within SJEHG are evaluated in order to determine where they fit on our pay scale. The salaries within the scale are determined by the market rates for an equivalent position. In exceptional cases, where the market information supports it, salaries may be above the top of the band. Each year, the payroll budget is reviewed, based on legislative, statutory and market changes, using a range of sources and taking account of affordability, all as part of the annual budgetary process.

Management consult with the Finance, the Human Resources, and the Pay and Remuneration Committees of the Board, and a pay review proposal is submitted to the Board, which makes the decision on the proposal. Staff costs are set out in note 6 of the financial statements.

Guide to SJEHG'S Finances

The aim of this note is to summarise the key points to an

understanding of the complexities and vulnerabilities of SJEHG's financial position. More detailed information is set out below, but the key features which can obscure the financial difficulties/pressures on the operating budget are–

- capital donations are treated as income (in accordance with the Charities Statement of Recommended Accounting Practice),
- exchange rate variations: these have recently arisen mainly from the depreciation of the Pound Sterling against the operating currency (Israeli Shekel) (which was particularly marked in 2016, when the Brexit vote resulted in a rapid depreciation of almost 20%, but has in fact been a continuous process over at least the last five years), and have also included a depreciation of the US Dollar against the Israeli Shekel,
- The exchange gains or losses apparent from the annual results shown in the financial statements do not represent realisable amounts which are capable of being utilised by SJEHG. They are largely derived from the translation into Pound Sterling of the Hospital premises with an unchanged Shekel valuation.

Table of Adjustments 2020

	in £'000
Net incoming Resources per Statutory Financial Statements	241
Reconciling Items	
Donations for Capital Projects	(196)
Unrealised Losses on Investments	215
Exchange Gains	(224)
Net Operating Results	36
Less: Outstanding Restricted Income	(298)
Actual Net Operating Results	(262)

Statement of Trustees' Responsibilities

The Trustees (who are also directors of St John of Jerusalem Eye Hospital Group for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice). Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Statement

of Recommended Practice: Accounting and Reporting by Charities (2019);

- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards, comprising FRS 102, 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 charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group 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 charitable company's website. Legislation in the United Kingdom governing the preparation

and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the Trustees are aware at the time of approving the Trustees' Annual Report:

(a) there is no relevant audit information of which the charitable company's auditors are unaware; and

(b) the Trustees have taken all the steps that they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

The Trustees' Report on pages 2 to 39 was approved by the Trustees and signed on their behalf by

Andrew Cash.

Sir Andrew Cash, Chairman,
St John of Jerusalem Eye
Hospital Group
Charity no. 1139527
Company no. 7355619

21 December 2021

Fundraising Statement



SJEHG as a charity with income over £1m is required to make a statement regarding its fundraising activities in accordance with the Charities Act 2016.

Fundraising activities are carried out on behalf of SJEHG by our own in-house fundraising staff and by volunteer fundraisers. We do not consider volunteer fundraisers to be acting as legal representatives for the charity as we have not

formally contracted them to fundraise on our behalf.

Our small team of in-house fundraising staff are fully trained on fundraising regulations and have been made aware of relevant policy procedures. We ensure that we protect vulnerable persons from unreasonable intrusion into their privacy, persistent approaches or undue pressure to give by using a personal approach to fundraising. We do

not use professional fundraisers or commercial participators in any of our activities and we are registered with the Fundraising Regulator.

No complaints were received by SJEHG in relation to its fundraising during the relevant period and, after due enquiry, we are not aware of any breaches of the regulations of the Fundraising Regulator committed by SJEHG

For the 2020 financial year we are required to report on how the Board of Trustees has complied with its duty under section 172 of the UK Companies Act 2006. Section 172 requires the Trustees to have regard to the long term consequences of its decision-making, to the interests of key stakeholders and to the importance of maintaining high standards of conduct.

In our statement of Strategic Vision on page 30 we have set out the values and strategic aims which inform the Board's decision making, reflecting the Board's commitment to the long term sustainability of the Group and to the maintenance of high standards not only in the provision of ophthalmic care and in research, but also in governance and in the way we care for our staff. Below we report on how the Trustees engage with four key groups of stakeholders. These are:

1. Staff
2. Patients
3. The Patients' Communities
4. Donors including major donors and Priors.

The following sections outline a well-established strategy that ensures decisions made by the Board of Trustees are always well informed by our stakeholders. Communications and feedback from our stakeholders are featured in Board meetings and form a fundamental basis

for the Trustees' decisions. Furthermore, Trustees ensure that management operates the Hospital in a responsible manner that reflects the values of the Order of St. John.

Hospital Staff

Within the Hospital Group there are several staff committees that form the main platforms for decision making. Each of these committees has at least one Senior Management Team (SMT) representative who is in direct communication with the concerned Trustees. The Board of Trustees has 13 different specialised committees that meet regularly where SMT members are in attendance. All relevant decisions are brought to these meetings and Trustees with the staff representatives making decisions as appropriate. The Board also meets three times annually, present at Board meetings are SMT members representing the various categories of staff. Staff surveys are conducted biannually to explore staff levels of satisfaction as well as engagement in the decision-making process at the Hospital. These findings are presented at the various Board Committees for further analysis and conclusions. A good example of the Trustees' full engagement with staff was the development of the Strategic Plan 2020-2022. Several workshops were held at the Hospital operational level to conduct a SWOT analysis and proposed strategic aims and objectives for the next three

years. These strategic aims were presented to the Board of Trustees who, with the SMT, conducted extensive debate and agreed a set of five strategic objectives that will shape the Hospital activities for the next three years (see page 30).

Patients

As part of our commitment to JCI accreditation, inspectors look to see that patients are engaged with on a regular basis and their suggestions for service improvements are taken on board. Patients' views are fully appraised through a biannual survey that is conducted across the Group by our quality of care teams. Patients are asked to comment on the service that they receive as well as make recommendations for improvements and their perceived needs for additional services as appropriate. The results of these surveys are discussed at the Board of Trustees' meetings and discussions concerning patients' expressed needs are taken by the Trustees and the SMT. Trustees also engaged in patients' complaints where these are analysed and presented to the various concerned committees including the Clinical Governance Committee

Patients' Communities

The Chairman and local Trustees of the Board meet with representatives from the Palestinian Ministry of Health at the ministerial level and



with the Head of UNRWA in Gaza to discuss needs of their patients and strategies that the Hospital might be able to employ to respond to such needs. The SMT is in constant dialogue and communication with representatives from the Israeli Patients' Fund to discuss services provided by the Hospital to their patients.

These decisions are brought to the various Trustees committees for discussion. The Board of Trustees are fully aware of the considerations and decisions made at the Jerusalem community level. In this regard, we are part of the East Jerusalem Hospitals Network that meets regularly to discuss ways of enhancing the quality of care provided to patients in East Jerusalem.

Major Donors and Priors

Trustees' have an involvement in the decision making and high-level monitoring of fundraising, project development, and marketing. They are all well informed through quarterly meetings focused on development in the aforementioned areas. The Board usually give input to any donor-required pre-award surveys or due diligence processes that examine the capabilities, performance, and policies of the Hospital Group.

Priors

As a foundation member of the Order of St John and benefactor from most Priors we have a distinct obligation to receive input and work in collaboration with the wider St John family. We cater our reporting and engagement to each Priory's preferences, For example, St John Scotland has sponsored both staff and the Mobile Outreach Programme, prior to which we provided a detailed report on current and future operations and the budget. The Priory in the USA sponsors staff through their Nurse Initiative and receive video messages from each staff member they support in thanks alongside a more detailed report. Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.

Other Major Donors and Stakeholders

We value the feedback from our stakeholders on what they consider is the most effective use of funds and why, and we report back demonstrating the impact of this investment. Our Trusts and Foundations programme has a reporting schedule for every grant given, dependent on each stakeholders'

specific requirements. Our Development Team in Jerusalem is in regular contact with our institutional donors and have a stringent reporting policy for each project managed.

The fundraising Guild made up of supporters who work voluntarily to fundraise for the Hospital is a vital channel through which we communicate and receive feedback on our work. The organisation is considered a sub-committee of the Fundraising Committee and the Chairperson participates in committee meetings which allows us to share information across Trustees, staff and volunteers, which feeds into our decision-making. Finally our wider public donors are regularly engaged with via our bi-annual Jerusalem Scene, our Annual Report and our social media channels. Any donor is welcome and encouraged to contact our Fundraising Team to discuss our work.

Covid-19

The Board of Trustees were fully involved and in agreement with plans submitted by management in response to Covid-19 Global Crisis. These involved staff and patient safety protocols that were discussed and approved by the clinical Trustees. Other financial and efficiency plans were also discussed and approved by the Board of Trustees. Other stakeholders involvement included our liaison with the Israeli and Palestinian Ministries of Health in the form of Covid-19 infection prevention protocols that were updated regularly. Vaccinations of all Jerusalem staff were achieved through our partnership with the Israeli Ministry of Health in January 2021.

Independent Auditors' Report to the Members of St John of Jerusalem Eye Hospital Group

Report on the audit of the financial statements

Opinion

In our opinion, St. John of Jerusalem Eye Hospital Group's group financial statements and parent charitable company financial statements (the "financial statements"):

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2020 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report (the "Annual Report"), which comprise: the group and charity balance sheets as at 31 December 2020; the consolidated statement of financial activities, the group income and expenditure account, and the consolidated cash flow statement for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis For Opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the

group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions Relating To Going Concern

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 group's and the parent charitable company's ability to continue as a going concern for a period of at least twelve months from the date on which the financial statements are authorised for issue.

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.

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the group's and parent charitable company's ability to continue as a going concern.

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

Reporting On Other Information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an

audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance 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 an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of 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 based on these responsibilities.

Based on our work undertaken in the course of the audit, the Companies Act 2006 requires us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Report

In our opinion, based on the work undertaken in the course of the audit the information given in the Trustees' Report, including the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and the Strategic Report and the Trustees' Report have been prepared in accordance with applicable legal requirements.

In addition, in light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we are required to report if we have identified any material misstatements in the Strategic Report and the Trustees' Report. We have nothing to report in this respect.

Responsibilities for the Financial Statements and the Audit Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they 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 group's and parent charitable company'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 group and parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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 auditors' 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 extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Based on our understanding of the

group and parent charitable company and the environment in which they operate, we identified that the principal risks of non-compliance with laws and regulations related to the Companies Act 2006 and the Charities Act 2011 and relevant regulations made or having an effect thereunder, including The Charities (Accounts and Reports) Regulations 2008, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered the direct impact of these laws and regulations on the financial statements. We evaluated the incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) by the trustees and those responsible for, or involved in, the preparation of the underlying accounting records and financial statements and determined that the principal risks were related to the posting of inappropriate journal entries to conceal misappropriation of assets. Audit procedures performed included:

- Testing journals entries where we identified particular fraud risk criteria.
- Obtaining independent confirmations of material investment valuations and cash balances at the year end.
- Testing estimates and judgements made in the preparation of the financial statements for indicators of bias.
- Reviewing meeting minutes, contracts and agreements.
- Holding discussions with the trustees and management to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with laws and regulations.
- Assessing financial statement disclosures, and agreeing these to supporting evidence, for compliance with applicable laws and regulations.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations or through collusion.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report

Use of this report

This report, including the opinions, has been prepared for and only for the charity's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Companies Act 2006 Exception Reporting

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- we have not obtained all the information and explanations we require for our audit; or
- adequate accounting records have not been kept by the parent charitable company or returns adequate for our audit have not been received from branches not visited by us; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns.

We have no exceptions to report arising from this responsibility.



Andrew Lowe
(Senior Statutory Auditor)
For and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and Statutory
Auditors.
London.
21 December 2021

St John of Jerusalem Eye Hospital Group Financial Statements

Consolidated Statement of Financial Activities
for the year ended 31 December 2020

	Notes	Unrestricted Funds 2020 £000	Restricted Funds 2020 £000	Endowment Funds 2020 £000	Total Funds 2020 £000	Total Funds 2019 £000
Income and Endowments						
Income from donations and legacies	3	2,680	3,466	-	6,146	5,693
Income from charitable activities	4	4,378	-	-	4,378	6,296
Income from investments	8e	58	122	-	180	225
Other Income		4	-	-	4	-
Total Income and Endowments		7,120	3,588	-	10,708	12,214
Resources Expended						
Expenditure on generating funds		(586)	-	-	(586)	(728)
Expenditure on charitable activities		(6,245)	(3,478)	-	(9,723)	(11,259)
Other expenditure		(167)	-	-	(167)	(185)
Total Resources Expended	5	(6,998)	(3,478)	-	(10,476)	(12,172)
Net (losses) / gains on investments	8	(59)	-	(156)	(215)	811
Net Income		63	110	(156)	17	853
Transfers between funds	12,13	242	(242)	-	-	-
Exchange gains on overseas activities		224	-	-	224	324
Net Movement in Funds		529	(132)	(156)	241	1,177
Fund balances brought forward at 1 January		10,961	597	7,203	18,761	17,584
Fund balances carried forward at 31 December	15	11,490	465	7,047	19,002	18,761

All gains and losses recognised in the year are included in the statement of financial activities.
All of the above results are derived from continuing activities.

Group Income and Expenditure Account for the year ended 31 December 2020

	2020 £000	2019 £000
Income	10,708	12,214
Expenditure	(10,476)	(12,172)
Net Income	232	42

The income and expenditure account excludes the unrealised investment and exchange gains and losses shown in the Statement of Financial Activities.
The accounting policies and the notes on pages 44 to 57 form part of these financial statements.

St John of Jerusalem Eye Hospital Group Financial Statements

Balance Sheets
as at 31 December 2020

	Notes	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Fixed Assets					
Tangible assets	7	5,640	6,121	7	13
Investments	8	12,661	12,662	10,434	10,715
Total Fixed Assets		18,301	18,783	10,441	10,728
Current Assets					
Stocks	9	469	424	-	-
Debtors	10	2,281	2,878	132	110
Cash at bank and in hand		6,338	4,413	3,923	2,205
Total Current Assets		9,088	7,715	4,055	2,315
Creditors: Amounts falling due within one year	11	(2,471)	(2,258)	(95)	(57)
Net Current Assets		6,617	5,457	3,960	2,258
Total Assets Less Current Liabilities		24,918	24,240	14,401	12,986
Creditors: Amounts falling due after more than one year	11	(5,916)	(5,479)	-	-
Net Assets		19,002	18,761	14,401	12,986
The Funds of the Group and Charity					
Restricted income funds	13	465	597	364	387
Endowment funds	14	7,047	7,203	7,047	7,203
Unrestricted income funds	12				
Designated funds		5,640	6,121	7	13
Revaluation funds		375	467	375	467
Other general funds		5,475	4,373	6,608	4,916
Unrestricted income funds		11,490	10,961	6,990	5,396
Total Group and Charity Funds	15	19,002	18,761	14,401	12,986

The Charity's net income was £1,415,000 (2019, £1,652,000). The accounting policies and the notes on pages 42 to 57 form part of these financial statements. The financial statements on pages 42 to 57 were approved by the Trustees and signed on their behalf by:

Andrew Cash

Sir Andrew Cash
Chairman, Board of Trustees

21 December 2021

N. Goulding

Nicholas Goulding
Treasurer

Company number: 7355619

St John of Jerusalem Eye Hospital Group Financial Statements

Consolidated Cash Flow Statement for the year ended 31 December 2020

	Notes	2020 £000	2019 £000
Net cash inflow from operating activities	16	2,404	1,779
Cash flows from investing activities			
Investment income	8e	180	225
Purchase of tangible fixed assets	7	(462)	(727)
Proceeds from disposal of tangible fixed assets		22	15
Purchase of fixed asset investments	8	(460)	(558)
Proceeds from sale of fixed asset investments	8	246	257
Net cash outflow from investing activities		(474)	(788)
Foreign exchange differences		(5)	(2)
Change in cash and cash equivalents in the financial year		1,925	989
Cash at bank and in hand at 1 January		4,413	3,424
Increase in cash in the year		1,925	989
Cash at bank and in hand at 31 December		6,338	4,413

The accounting policies and the notes on pages 44 to 57 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2020

1 Principal accounting policies

a Basis of preparation

The Group constitutes a public benefit group as defined by FRS102. The financial statements have been prepared on the going concern basis, under the historical cost convention, except for investments which are stated at market value, with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Companies Act 2006.

These financial statements consolidate, on a line by line basis, the results and financial position of St John of Jerusalem Eye Hospital Group (the "Charity") together with its wholly owned and controlled charitable subsidiary undertakings, St John of Jerusalem Eye Hospital and St John Eye Hospital in Jerusalem (RA) (together the "Group"). Where a subsidiary has different accounting policies to the Group, adjustments are made

on consolidation to apply the Group's accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity's balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006 and Charities SORP FRS 102.

Going Concern

BACKGROUND

In assessing the going concern position of the Charity and the Group, the Board of Trustees have considered the Group's projected activities, financial budgets, cash flows and liquidity for a period to December 2022, which is a period of at least 12 months from the date of approval of the financial statements.

Based on the Group's cash flow projections, the Board of Trustees have adopted the going concern basis of accounting in preparing these financial statements.

IMPACT OF COVID-19

The first case of Covid-19 was confirmed in Israel on 22nd February 2020 and the first case was confirmed in the occupied Palestinian territories on 6th March 2020. The Palestinian Authority (PA) declared a state of emergency and imposed a lockdown on all Palestinians, including severe movement restrictions. Beginning the 11th March 2020, Israel began lockdown measures, including enforcing social distancing and other rules to limit the spread of infection.

The country was hit with a second Covid-19 wave in September 2020 and, as a result, the Israeli Authorities imposed a lockdown on the 18th September 2020 for 4 weeks. As for the PA, no lockdown was imposed, except for specific areas with a high incidence of Covid-19. The authorities keep all of these measures and restrictions under regular review.

On 18th December 2020, The Palestinian Authority announced a new set of strict nationwide measures aimed at slowing down the rapid spread of the Covid-19 pandemic across Palestine. This was followed by similar measures by the Israeli authorities.

The lockdown continued until 31st January 2021 after which both authorities started easing the restrictions on movements and allowed some businesses to reopen gradually. By May 2021, most of the restrictions were cancelled by the local authorities. From the beginning of August 2021, the country witnessed an increase in infected cases to reach a daily average of 3,500 cases. In early December 2021, the first confirmed cases of the Omicron variant were detected in Israel. The authorities are expected to restrict gatherings during the holidays in an effort to contain the renewed Covid-19 outbreak. Non-Israeli citizens are not allowed to enter Israel, unless they have a special entry permit from the Exceptions Committee.

The emergence of Covid-19 and reactions to it have had, and continue to have, a profound effect on domestic and global economies, organisations and society at large. As a result of all the restrictions imposed by the authorities in 2020, the Group experienced a reduction in clinical activities which resulted in a significant decline in patient related income. However, the Group was back to normal working levels and patients' activities since the beginning of 2021. However, the PA has been facing major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group during 2020 and 2021. It is pleasing to note, the Group has not experienced a severe decline in voluntary income receipts and income has been within the normal average rates.

TRUSTEES' ACTIONS

To seek to minimise the financial impact of the pandemic, the Group carried out the following actions during 2020 & 2021:

- Over 40 staff members took one month of unpaid leave during April 2020
- All staff took one month of unpaid leave (between May and August 2020)
- A reduction in variable operational costs of circa 70% was targeted
- Additional reduction in payroll costs due to postponement of recruitment (2020 & 2021)
- Reduction in non-critical operational spending and deferral of capital expenditure (2020 & 2021)
- Deferral of promotions and study/professional leave (2020 & 2021)
- An emergency appeal was launched in 2020
- All Priors of the Order of St John were requested and lobbied to increase their financial support.

As for additional and new sources of finance, the hospital received

US\$150k from the Israeli Government as a grant for returning employees to work. Additionally, the hospital received US\$75k from the Jerusalem Fund. Moreover, the Priors of St John have reassured the Trustees of their commitment to continue supporting the Group.

BUSINESS PLAN

In order to assess, the use of the going concern assumption, Management and the Trustee Board have produced a detailed, yet adaptable, business plan that considers projected activity, the related financial budgets, cash flows and liquidity of the Group covering the period to December 2022.

KEY ASSUMPTIONS

The business and financial plans incorporate the following key assumptions:

- National and local Government decisions, rules and advice, along with travel and border restrictions and social distancing, will be relaxed sufficiently to permit the hospitals to provide a full range of services so as to serve patients in the most efficient and safe manner
- There are no further impositions of closures or lockdowns, or the impact of any matter noted above, that would affect the Group's operations
- Demand for services from patients return to a normal level
- The capacity and supply of patient services by the Group is not impacted by Covid-related matters
- Payment by the PA (directly, or indirectly via its own funding sources) of sufficient payments to the Group for patient services provided
- The achievement of a reduction in cash outflows through the restructuring of the organisation and measures planned to reduce costs during periods when activities may be limited
- The Group is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Priors, albeit at levels reduced from prior periods.

SENSITIVITY ANALYSIS

Management and the Trustee Board have considered the impact on projected activities, budgets, and cash flows of several challenging, yet reasonably plausible, downside scenarios such that the key assumptions are not met, or able to be met, in whole or in part. These include, for example, restrictions in supply of, or demand for, patient services; and reductions in income through voluntary income and fundraising targets not being achieved, beyond those considered in the current plans.

The Board of Trustees has also sought to identify certain mitigating actions that could be implemented in order to provide additional liquidity or reduce cash outflows so as to ensure that the Group can maintain sufficient liquidity over the period to December 2022. The success of such measures, whilst being identified and achievable based on current advice, may not necessarily provide liquidity to the degree required or within the required timescales. As such, the Board of Trustees fully acknowledge that there is a level of uncertainty, which is likely to persist for some time, given the key assumptions and the financial modelling referred to above.

CONCLUSIONS

Having assessed the combination of all these various options, the Board of Trustees has a reasonable current expectation that the Charity and the Group has adequate resources to continue in operational existence for the foreseeable future, being a period of at least 12 months from the date of approval of the financial statements. For these reasons, the Board of Trustees has adopted the going concern basis of accounting in the preparation of these financial statements. Accordingly, these financial statements do not include any adjustments to the carrying amount or classification of assets and liabilities that would result if the Charity and the Group were unable to continue as a going concern.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2020

Principal accounting policies (continued)

b Foreign currencies

The Charity's functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/(losses). All other exchange differences are included as incoming resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2020 year-end was 4.3919 (2019, 4.5597), while the average rate for 2020 was 4.4131 (2019, 4.5535).

c Income recognition

Donations and other income are recognised in the financial statements on a receivable basis. Grants are recognised when the entitlement to the grant is confirmed. Legacies are recognised when the entitlement arises, being the earlier of the Group being notified of the impending distribution or the legacy being received. Donations in kind are recorded as income when the resources are received and recorded at fair value. Income from charitable activities is accounted for when earned (i.e. the service is provided to patients). Subsidies and exemptions in respect of medical services provided without charge are shown as a deduction from gross income.

d Medical volunteers

The value of services rendered by medical volunteers is not recognised in these financial statements. However, where doctors, nurses or other members of staff are employed by the Group but paid by third parties, the estimated market value of their services is recorded within both income (donations) and expenditure (salaries).

e Resources expended and basis of allocation of costs

Resources expended are accounted for on an accruals basis and have been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. The irrecoverable value added tax is included with the item of expense to which it relates.

f Costs of generating funds

These include the salaries and direct expenditure costs of the staff who primarily promote fundraising.

g Expenditure on charitable activities

These represent the costs of providing the medical and training services of the hospital and its clinics including both direct expenditure and the associated support costs.

h Governance costs

These comprise costs attributable to the overall management of the Group's affairs and compliance with constitutional and statutory requirements.

i Cash flow statement exemption

The Charity has taken advantage of the exemption in FRS 102 from preparing a statement of cash flows, on the basis that it is a qualifying entity and the Group statement of cash flows included in these financial statements includes the cash flows of the Charity.

j Pension and other end of service costs

The amount charged in the Statement of Financial Activities in respect of pension costs is the contributions payable in the year on an accruals basis. Other end of service benefits are accrued as earned on an undiscounted basis.

k Rentals

The costs in respect of rentals are charged to the Statement of Financial Activities on a straight line basis over the contract period. The rental cost for the office in London occupied rent free has been computed based on an estimate of arm's length value. No charge is imputed in respect of the Hospital premises, which the Group occupied rent free until 2015, after which it has paid a nominal rent.

l Taxation

The Charity and each group entity is entitled to certain tax exemptions on income and gains from investments, and surpluses on any activities carried on in furtherance of their primary charitable objectives.

m Tangible Assets and Depreciation

Cost of tangible assets includes the original purchase price of the asset and the costs attributable to bringing the asset to its working condition for its intended use.

Donated fixed assets are brought into account at an estimate of their market value at the time of acquisition and, thereafter, depreciated on the bases set out below. The costs of minor additions to fixed assets under £500 are expensed in the year in which they are incurred. Impairment reviews are only carried out if there is an indication that the recoverable amount of an asset is below its net book value.

Depreciation on fixed assets is provided at rates estimated to write off the cost, less estimated residual value, of each asset over its expected useful life on a straight line basis, as follows:

Buildings	- 2.5% per annum
Building improvements	- 10% per annum
Medical equipment	- 15% per annum
Motor vehicles	- 20% per annum
Other equipment Fixtures and fittings	- 20% per annum
Computer	- 6% per annum
equipment UK office	- 33% per annum
fixed assets	- 25% per annum

The holding values and estimated useful lives of assets are regularly reviewed for impairment and, where deemed appropriate, are written down.

On disposal of an item of tangible assets, the difference between the disposal proceeds and its carrying amount is recognised in profit or loss within 'Other hospital income' in note 4.

n Investments

Listed investments are stated at market value. Realised gains and losses on investments are calculated as the difference between the sales proceeds and their market value at the start of the period, or subsequent cost. Unrealised gains and losses represent the difference between market values at the beginning and at the end of the period. Income from fixed assets investments is recorded on an accruals basis. Market value for unlisted investments is calculated by the fund managers using underlying financial information.

o Liquid resources

Liquid resources are cash, time deposits, and certificates of deposit, in addition to cash at bank and in hand held in current accounts with UK, Israeli and Palestinian Banks.

p Stocks

Valuation of stocks is determined using the "first in-first out" method and stocks are stated at the lower of cost and net realisable value.

q Funds

Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include designated funds, which are amounts that have been set aside to finance fixed assets. General reserves are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.

Restricted funds are funds which are subject to specific conditions imposed by the donors.

Endowment funds are capital funds where the capital cannot be spent in the normal course of activities, although the income is added to restricted or unrestricted funds depending on the terms of the original endowment.

Transfers between funds represent tangible assets purchased with restricted donations and used for hospital operations.

r Estimates and assumptions

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions

4 Income from charitable activities

	2020 £000	2019 £000
Outpatient income	1,977	2,744
Surgical income	3,380	3,706
Less: Patient Relief	(1,388)	(549)
Net patient related income	3,969	5,901
Other hospital income	64	66
Rental income, board and lodging	345	329
Total other income	409	395
Total income from charitable activities	4,378	6,296

Patient Relief principally represents subsidies and exemptions to cover the value of medical services rendered when payment is waived by the Group where funding is not available from the relevant authorities and where the patients are unable to pay any balance owing. All of the above income comprises unrestricted funds.

5 Total resources expended

	Costs of Generating Funds 2020 £000	Costs of Generating Funds 2019 £000	Charitable Activities 2020 £000	Charitable Activities 2019 £000	Governance Costs 2020 £000	Governance Costs 2019 £000	Total 2020 £000	Total 2019 £000
Personnel costs (note 6)	315	336	5,577	6,370	29	51	5,921	6,757
Recruitment costs	2	10	-	-	-	53	2	63
Medical costs	-	-	1,988	2,426	-	-	1,988	2,426
Establishment costs	82	73	574	657	17	16	673	746
Depreciation (note 7)	6	4	1,149	1,260	-	-	1,155	1,264
Office expenses	26	36	173	177	3	4	202	217
Travel and subsistence	4	55	49	108	-	-	53	163
Marketing and publicity	115	158	-	-	-	-	115	158
Auditors' remuneration	7	22	-	-	103	54	110	76
Other professional fees	25	34	20	28	-	11	45	73
Legal fees	4	-	21	18	26	12	51	30
Finance costs	-	-	172	215	(11)	(16)	161	199
	586	728	9,723	11,259	167	185	10,476	12,172
Support costs included above	-	-	1,253	1,439	12	63	1,265	1,502

may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Exchange rates are fundamental to the uncertainties. Mainly the impact of subsequent adverse movements between the exchange rates of the reporting and the operative currencies which would potentially affect, to some extent, the operating capability notwithstanding the enhanced but unrealisable balance sheet value of non UK assets.

The Group provides against receivables (mainly the Palestinian Authority Debt) by making judgements based on experience regarding the level of provision required to account for potentially uncollectible receivables.

2 Legal status

The Charity was incorporated in England as a company limited by guarantee in August 2010 under registration number 7355619. It is registered as a charity under number 1139527. The registered office is at 4 Charterhouse Mews, London EC1M 6BB. It has no share capital and the liability of each member in the event of winding up is limited to £10.

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2020 Total £000	Unrestricted £000	Restricted £000	2019 Total £000
Donations	2,299	3,446	5,745	2,062	3,336	5,398
Legacies	199	20	219	168	3	171
Donations in kind	182	-	182	124	-	124
	2,680	3,466	6,146	2,354	3,339	5,693

Donations in kind include the estimated market value of medical services donated by visiting doctors to the Jerusalem Hospital £nil (2019: £3,000), and the value of donated tangible assets and medical supplies £125,000 (2019: £73,000). Income from related parties is set out in note 19.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

Total resources expended in 2019 of £12,172,000 comprise £8,452,000 for unrestricted funds and £3,720,000 for restricted funds.

	2020	2019
	£000	£000
Support costs comprise:		
Personnel costs	449	472
Recruitment costs	-	53
Establishment costs	299	340
Depreciation	116	127
Office expenses	175	180
Travel and subsistence	49	108
Other professional fees	20	28
Finance costs	157	194
	1,265	1,502

	2020	2019
	£	£
Auditors' remuneration (excluding VAT):		
External audit	78,718	43,758
Other services provided by external auditors	8,359	19,732
Sub-total	87,077	63,490
Internal audit	7,313	7,935
	94,390	71,425

6 Employee information

a Number of employees

The average monthly number of employees, including part time staff calculated on a full-time equivalent basis, analysed by function during the year was:

	2020	2019
	Number	Number
Medical and nursing	168	176
Support services	47	46
Fundraising	10	10
Administration	32	36
	257	268

b Staff costs

	2020	2019
	£000	£000
Wages and salaries	5,248	5,999
Social security costs	402	463
Other pension costs	276	287
Other related costs	(5)	8
	5,921	6,757

c Emoluments of employees

The number of employees whose emoluments (salaries and benefits in kind) fell within the following bands were:

	2020	2019
	Number	Number
£200,001 - £210,000	-	1
£130,001 - £140,000	1	-
£110,001 - £120,000	2	-
£90,001 - £100,000	-	1
£80,001 - £90,000	1	1
£70,001 - £80,000	-	4
£60,001 - £70,000	5	1

The above amounts include End of Service Benefits allowance, including in 2019 a cumulative catch-up adjustment for one employee. During the year, provident benefits and pension contributions on behalf of these staff amounted to £17,000 (2019, £12,000).

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

d Remuneration received by key management personnel

The total remuneration received by the 10 (2019, 9) senior management personnel in managing the operations of the Group amounted to £719,000 (2019, £684,000).

e Pension costs

Pension costs comprise the contributions payable to authorised Israeli money purchase pension schemes in respect of non UK employees and a UK defined contribution retirement benefit scheme in respect of UK based employees.

End of service accrued retirement benefits for non UK employees included in wages and salaries costs are included in the Balance Sheet in Creditors: Amounts falling due within and after more than one year (note 11c).

7 Tangible assets

a Group

	Buildings & Improvements	Medical Equipment	Motor Vehicles	Other Assets	Total
	£000	£000	£000	£000	£000
Cost					
1 January 2020	7,110	9,127	318	2,962	19,517
Additions	176	186	36	64	462
Exchange differences	272	351	12	111	746
Disposals	-	-	(75)	-	(75)
31 December 2020	7,558	9,664	291	3,137	20,650
Accumulated Depreciation					
1 January 2020	3,978	6,839	212	2,367	13,396
Charge for the year	321	634	59	141	1,155
Exchange differences	154	265	8	90	517
Disposals	-	-	(58)	-	(58)
31 December 2020	4,453	7,738	221	2,598	15,010
Net Book Value					
31 December 2020	3,105	1,926	70	539	5,640
31 December 2019	3,132	2,288	106	595	6,121

Other Assets comprise fixtures and fittings, computer and office equipment.

b Charity

	Other Assets	Total
	£000	£000
Cost		
1 January 2020	68	68
Additions	-	-
31 December 2020	68	68
Accumulated Depreciation		
1 January 2020	55	55
Charge for the year	6	6
31 December 2020	61	61
Net Book Value		
31 December 2020	7	7
31 December 2019	13	13

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

8 Investments

a Analysis of movements (Group)

	Bank Deposits £000	Listed Investments £000	Total £000
Market value at 1 January 2020	1,609	11,053	12,662
Additions	262	198	460
Withdrawals	-	(246)	(246)
Unrealised losses	-	(215)	(215)
Market value at 31 December 2020	1,871	10,790	12,661
Historical cost at 31 December 2020	1,871	9,646	11,517

In 2019, unrealised gains of £811,000 comprise £269,000 for unrestricted funds and £542,000 for endowment funds.

b Analysis of movements (Charity)

	Listed Investments £000	Total £000
Market value at 1 January 2020	10,715	10,715
Additions	180	180
Withdrawals	(246)	(246)
Unrealised losses	(215)	(215)
Market value at 31 December 2020	10,434	10,434
Historical cost at 31 December 2020	9,279	9,279

c Listed investments:

Analysis by category of underlying holding and location

		2020 Group £000	2020 Charity £000	2019 Group £000	2019 Charity £000
Equity investments	- UK	1,863	1,863	2,982	2,982
	- Overseas	4,299	4,299	3,406	3,406
Fixed interest securities	- UK	674	674	679	679
Property Unit Trusts	- UK	1,311	1,311	1,133	1,133
Property Unit Trusts (unlisted)	- Europe	-	-	2	2
Alternative Investments	- UK	319	319	493	493
Sterling & Cash Instruments	- UK	1,968	1,968	2,020	2,020
Others	- Overseas	356	-	338	-
Market value of listed investments		10,790	10,434	11,053	10,715

At 31 December 2020, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2020 %	2019 %
Fidelity Global Dividend Fund	13.0	11.3
Trojan Income Fund	8.8	9.7
Schroder Income Fund	5.1	9.2
Aberdeen UK All Share Tracker Fund	3.1	9.0
Charities Property Fund	7.8	7.8
Vanguard S&P 500 UCITS ETF	7.0	7.8
Majedie UK Equity Fund	4.8	6.0
Property Income Trust for Charities	4.7	5.0
Schroders QEP Global Active Value Fund	-	4.9
HSBC FTSE All World Index Fund	5.6	4.9
Vontobel Fund	5.0	4.8

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

8 Investments

d Bank deposits

Bank deposits classified as investments represent deposit funds managed by investment managers.

e Income from investments

	2020 £000	2019 £000
Unrestricted funds	58	73
Restricted funds	122	152
	180	225

f Investment in subsidiaries

The Charity is the controlling member of St. John of Jerusalem Eye Hospital (SJEH), a UK registered charitable company limited by guarantee (Company No.3867950 and Charity No. 1080185) and having no share capital. The liability of each member in the event of winding up is limited to £10. SJEH provides ophthalmic services through a branch in the oPt.

The Charity is also the controlling member of St. John Eye Hospital in Jerusalem (RA) (SJEHJ), an Israeli registered charitable society (No. 580040368), limited by guarantee and having no share capital. SJEHJ provides ophthalmic services from the Jerusalem Hospital and the Mobile Outreach Programme.

SJEH owns two £1 shares being all the issued shares in The St. John Eye Hospital (Palestine) Limited, which has not traded since incorporation.

The Charity owns one £1 share being all the issued shares in SJEH Trading Limited (Company No.12375269), which has not traded since incorporation.

The Charity is the controlling member of St John Ophthalmic Association Limited, a UK private company limited by guarantee (Company No.12631428) and having no share capital. The liability of each member in the event of winding up is limited to £1.

Summary financial information for the key subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA) 2020 £'000	St. John of Jerusalem Eye Hospital 2020 £'000
Total income and endowments	6,052	3,047
Total resources expended	(7,455)	(2,550)
Net (outgoing) resources before other recognised gains	(1,403)	497
Other recognised gains	76	147
Net movements in funds	(1,327)	644
Total assets	9,317	4,607
Total liabilities	(6,866)	(1,785)
Total funds	2,451	2,822
Restricted income funds	60	43
Designated funds	2,961	2,673
Other general funds	(570)	106
Total funds	2,451	2,822

9 Stocks

Stocks comprise hospital medical stores and supplies all owned by subsidiaries.

10 Debtors

a Amounts falling due within one year

Note	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Trade debtors	2,845	2,618	-	-
Allowance for bad debts	10 b (1,189)	(420)	-	-
Net trade debtors	1,656	2,198	-	-
Donations receivable	488	557	83	83
Prepayments and accrued income	137	123	49	27
Total debtors	2,281	2,878	132	110

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

10 Debtors (continued)

b Movement in allowance for bad debts

	Group 2020 £000	Group 2019 £000
1 January	420	275
Additions	1,054	505
Write off *	(290)	(369)
Exchange differences	5	9
31 December	1,189	420

* The majority of the write off relates to an agreement with UNRWA whereby the actual contractual payments are lower than the normal invoiced value of services provided to those patients. Additionally, it includes an allowance against the receivables from the Palestinian Authority

11 Creditors

a Amounts falling due within one year

	Note	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Trade creditors		318	388	32	27
Retirement benefits	11 c	1,404	1,154	-	-
Taxation and social security		80	94	4	12
Accruals		569	526	59	18
Deferred income	11 b	44	35	-	-
Holiday pay accrual		56	61	-	-
		2,471	2,258	95	57

b Deferred income

	Group 2020 £000	Group 2019 £000
1 January	35	54
Deferred income recognised	251	232
Deferred income released	(244)	(253)
Exchange differences	2	2
31 December	44	35

Deferred Income represents income received in advance from renting out some of the hospital's properties in Jerusalem.

c Amounts falling due after more than one year

	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Retirement benefits				
1 January	5,479	4,805	-	-
Additions	564	622	-	-
Exchange differences	210	293	-	-
Transferred to amounts falling due within one year	(68)	-	-	-
Payments	(269)	(241)	-	-
31 December	5,916	5,479	-	-

Accrued retirement benefits mainly represents amounts payable under Israeli law when staff leave the Group's employment. Such amounts are accrued when earned, based on current monthly salaries and periods of service. The balance also includes provident schemes in respect of certain Jerusalem employees and other retirement benefit amounts payable in line with Palestinian law.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

12 Unrestricted Income Funds

Group

General reserves	4,373	6,975	(5,901)	-	28	5,475
Designated funds: Tangible fixed assets	6,121	145	(1,097)	242	229	5,640
Revaluation reserve	467	-	-	-	(92)	375
Total unrestricted funds	10,961	7,120	(6,998)	242	165	11,490

Charity

General reserves	4,916	2,138	(464)	-	18	6,608
Designated funds: Tangible fixed assets	13	-	(6)	-	-	7
Revaluation reserve	467	-	-	-	(92)	375
Total unrestricted funds	5,396	2,138	(470)	-	(74)	6,990

1 January 2020 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2020 £000
4,373	6,975	(5,901)	-	28	5,475
6,121	145	(1,097)	242	229	5,640
467	-	-	-	(92)	375
10,961	7,120	(6,998)	242	165	11,490

1 January 2019 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2019 £000
4,916	2,138	(464)	-	18	6,608
13	-	(6)	-	-	7
467	-	-	-	(92)	375
5,396	2,138	(470)	-	(74)	6,990

Group

General reserves	2,842	8,600	(7,191)	-	122	4,373
Designated funds: Tangible fixed assets	6,334	123	(1,261)	599	326	6,121
Revaluation reserve	322	-	-	-	145	467
Total unrestricted funds	9,498	8,723	(8,452)	599	593	10,961

Charity

General reserves	3,906	1,612	(605)	-	3	4,916
Designated funds: Tangible fixed assets	8	10	(5)	-	-	13
Revaluation reserve	322	-	-	-	145	467
Total unrestricted funds	4,236	1,622	(610)	-	148	5,396

1 January 2019 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2019 £000
2,842	8,600	(7,191)	-	122	4,373
6,334	123	(1,261)	599	326	6,121
322	-	-	-	145	467
9,498	8,723	(8,452)	599	593	10,961

Transfers represent amounts released from restricted funds for the purchase of tangible fixed assets.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

13 Restricted Income Funds

	1 January 2020	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2020
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	797	(797)	-	-
Outreach	-	82	(82)	-	-
West Bank and Gaza Facilities	-	-	-	-	-
Other capital projects	262	26	-	(72)	216
Patient relief	1	3	(3)	-	1
Income received from endowments	-	122	(122)	-	-
Other projects	50	20	-	-	70
Others value less in each case than £25,000	74	27	(24)	-	77
Total Charity	387	1,077	(1,028)	(72)	364
Capital projects	-	170	-	(170)	-
Other projects	183	2,293	(2,429)	-	47
Others value less in each case than £25,000	27	48	(21)	-	54
Total Group	597	3,588	(3,478)	(242)	465

	1 January 2019	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2019
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	734	(734)	-	-
Outreach	-	17	(17)	-	-
West Bank and Gaza Facilities	-	10	(10)	-	-
Other capital projects	330	5	-	(73)	262
Patient relief	1	9	(9)	-	1
Income received from endowments	-	152	(152)	-	-
Other projects	172	10	(132)	-	50
Others value less in each case than £25,000	7	69	(2)	-	74
Total Charity	510	1,006	(1,056)	(73)	387
Capital projects	229	480	(183)	(526)	-
Other projects	674	1,981	(2,472)	-	183
Others value less in each case than £25,000	12	24	(9)	-	27
Total Group	1,425	3,491	(3,720)	(599)	597

Charity

- Staff sponsorship represents funds received to cover or contribute to staff costs of 42 hospital staff.
- Outreach funds cover the running costs of three outreach units.
- West Bank and Gaza facilities fund contribute to cover the operating costs of Gaza, Hebron and Anabta Clinic.
- Capital projects funds represent funds received from various UK Trusts and Middle East donors to establish refractive suite and purchase medical equipment for the
- Patient relief funds contribute towards the treatment costs of needy patients.
- Other projects include joint teaching programmes with other medical institutions, and funds that cover the School of Nursing costs and Muristan.

Group

- Capital projects funds represent funds received from various donors to establish refractive suite and purchase medical equipment for the Group.
- Other projects include donations received to expand the level of operations within the Gaza hospital through the introduction of a Diabetic Retinopathy screening and epidemiological research components. Also, it includes funds received to establish a genetic research unit and a lab at the main hospital in Jerusalem as well as funds received to sustain services at the Muristan clinic in the Old City of Jerusalem.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

14 Endowment Funds Group and Charity

	1 January 2020	Investment Losses	31 December 2020
	£000	£000	£000
American Society of St John: Walsh Bequest	519	(11)	508
Bed Endowment	4,222	(92)	4,130
Frost Charitable Trust	568	(12)	556
Frost Nursing School	537	(12)	525
Mr. Owen Smith Endowment	114	(2)	112
The John Swire Foundation Endowment	1,243	(27)	1,216
	7,203	(156)	7,047

	1 January 2019	Investment Gains	31 December 2019
	£000	£000	£000
American Society of St John: Walsh Bequest	480	39	519
Bed Endowment	3,904	318	4,222
Frost Charitable Trust	525	43	568
Frost Nursing School	497	40	537
Mr. Owen Smith Endowment	106	8	114
The John Swire Foundation Endowment	1,149	94	1,243
	6,661	542	7,203

These funds represent:

- The American Society of St John: Walsh Bequest: The Bequest was made in 2000 in honour of the Rev. Canon Edward West and Don Wesley Lundquist, for the endowment of 2 beds in the Children's Ward at the Hospital's facilities, maintained for the care of needy children.
- The Bed Endowment Fund: Donations to endow 37 beds between 1981-1995, with the use of income restricted to general patient care in the Hospital.
- The Frost Endowment Funds: These amounts were donated in 1989 by The Frost Charitable Trust (Mrs Sally Frost) to endow 4 beds at the hospital and the Nurses Training School.
- The Endowment of Mr Owen Smith was received in 2008 to fund professional medical training.
- The John Swire Foundation Endowment was received in 2013 to fund general operating costs.
- Investment income on endowment funds is applied in providing the on-going services covered by the endowment and is accounted for as unrestricted investment income in the Statement of Financial Activities.

15 Total Group and Charity Funds

	Unrestricted	Unrestricted	Restricted	Restricted	Endowment	Endowment	Total	Total
	Funds 2020	Funds 2019	Funds 2020	Funds 2019	Funds 2020	Funds 2019	Funds 2020	Funds 2019
	£000	£000	£000	£000	£000	£000	£000	£000
a Analysis by type of asset and liability (Group)								
Tangible assets	5,640	6,121	-	-	-	-	5,640	6,121
Investments	5,614	5,459	-	-	7,047	7,203	12,661	12,662
Net current assets	6,152	4,860	465	597	-	-	6,617	5,457
Creditors: Amounts falling due after more than one year	(5,916)	(5,479)	-	-	-	-	(5,916)	(5,479)
	11,490	10,961	465	597	7,047	7,203	19,002	18,761
b Analysis by type of asset and liability (Charity)								
Tangible assets	7	13	-	-	-	-	7	13
Investments	3,387	3,512	-	-	7,047	7,203	10,434	10,715
Net current assets	3,596	1,871	364	387	-	-	3,960	2,258
	6,990	5,396	364	387	7,047	7,203	14,401	12,986

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

16 Reconciliation of net operating income to net cash inflow from operating activities

	2020 £000	2019 £000
Net incoming resources	232	42
Investment income	(180)	(225)
Gain on disposal of tangible fixed assets	(5)	(13)
Depreciation	1,155	1,264
(Increase) / decrease in stocks	(45)	108
Decrease / (increase)	597	(102)
Increase in creditors	650	705
Net cash inflow from operating activities	2,404	1,779

17 Financial instruments

	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Financial assets at fair value through statement of financial activities				
Investments	12,661	12,662	10,434	10,715
Financial assets that are debt instruments measured at amortised cost				
Stocks	469	424	-	-
Debtors	2,281	2,878	132	110
Cash at bank and in hand	6,338	4,413	3,923	2,205
	9,088	7,715	4,055	2,315
Financial liabilities that are debt instruments measured at amortised cost				
Trade creditors	318	388	32	27
Taxation and social security	80	94	4	12
Accruals	569	526	59	18
Deferred income	44	35	-	-
Holiday pay accrual	56	61	-	-
Retirement benefits	7,320	6,633	-	-
	8,387	7,737	95	57

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2020

18 Trustees' remuneration

The trustees receive no remuneration.

Reimbursement of trustees' expenses for travel, accommodation and flights for 3 trustees (2019, 10) during the year amounted to £8,005 (2019, £42,929).

Donations made by trustees amounted to £48,039 (2019, £28,892).

Charity Trustee Indemnity insurance is provided at a cost of £7,754 (2019, £8,195) to cover the charity, trustees and officers against potential claims and losses.

19 Related parties transactions

The Charity is a wholly owned subsidiary of The Most Venerable Order of the Hospital of St John of Jerusalem (Charity No. 235979, Principal Office: St John House, 3 Charterhouse Mews, London, EC1M 6BB).

The Jerusalem Hospital premises occupied by the Group are owned by the Order of St John and were previously occupied rent free on a full repairing basis. During 2015, the Group signed an agreement with the Order of St John to lease the Hospital in Jerusalem and similarly the Muristan property at peppercorn rent. In the opinion of the trustees, it would be impracticable to place a value on these facilities.

The Group also occupies on a rent free basis offices in London owned by the Order of St John. The value of this facility has been estimated at £57,000 per annum based on the rents payable by the external tenants at the complex. This amount is included in the financial statements as a donation in kind.

During the year, the Chairman of the Charity, Sir Andrew Cash, was also a trustee of The Most Venerable Order of the Hospital of St John of Jerusalem.

Donations include amounts received from Priors and Establishments of the Order of St John, which are considered to be related party transactions:

Priority	2020 £000	2019 £000
USA	1,404	1,640
England and the Islands	231	239
Scotland	99	142
New Zealand	106	214
Australia	204	162
Canada	69	168
Wales	-	25
	2,113	2,590

Other Members of St. John Family	2020 £000	2019 £000
Johanniter Orde in Sweden	27	20
Johanniter Orde in Nederland	9	4
Johanniter Orde in Finland	-	2
The Swiss Commandery of the Order of Saint John	98	51
St John Ambulance Hong Kong	7	-
	141	77

Donations by the Priory of the United States:	2020 £000	2019 £000
Hospital - General Support	1,342	1,303
Hospital Restricted Gifts	62	191
USAID / ASHA Hospital Restricted Grant	-	146
	1,404	1,640

During the year, the Charity reimbursed the Priory of England and the Islands and the Order of St John £2,925 (2019, £1,822) in respect of certain expenses incurred.

Outstanding donations from the Priors and Establishments of the Order of St John at 31 December 2020 amounted to £109,427 (2019: £441,474).

20 Contractual & designated obligations

In 2020, the Group signed an agreement with Johanniter International to administrate a grant funded by The German Federal Ministry for Economic Cooperation and Development (BMZ). It is a 3 years project that aim to prevent avoidable blindness and visual impairment in the West Bank and East Jerusalem. The total value of the grant is 1,524,623 Euros, out of which 400,000 Euros were received in 2020 and utilised 375,075 Euros during the year.

St John of Jerusalem Eye Hospital Group

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Jerusalem Hospital

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London EC1A 4JB

Barclays Bank PLC
1 Churchill Place
London E14 5HP

Bankers in the occupied Palestinian territories

Bank of Palestine PLC
Hebron Road
P.O. Box 765
Bethlehem

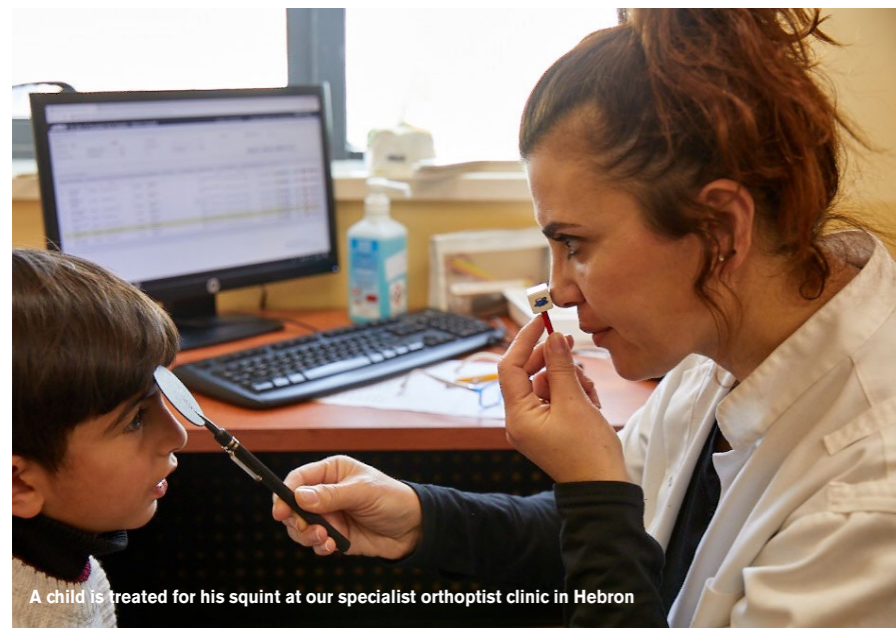
Investment Managers

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Guernsey GY1 3UF

Independent Auditors

PricewaterhouseCoopers LLP
1 Embankment Place
London WC2N 6RH

St John of Jerusalem Eye Hospital Group (a UK Company Limited by guarantee, Company number 7355619, Charity number 1139527) has two charitable subsidiary undertakings, providing ophthalmic services in the occupied Palestinian territories; St John of Jerusalem Eye Hospital (a UK Company Limited by guarantee, Company number 3867950; Charity number 1080185) and St John Eye Hospital in Jerusalem (RA) (an Israeli charitable society, registration number 580040368).



A child is treated for his squint at our specialist orthoptist clinic in Hebron



Heraldically the Arms of SJEHG are blazoned as follows: Gules a Cross Argent in the first quarter the Royal Crest proper on the Cross the outline of a pointed Ellipse fesswise Sable enclosing a Pellet conjoined to a Descrescent and an increscent Vert throughout and charged with a Maltese Cross Argent.

As a foundation of the Most Venerable Order of the Hospital of St John, the St John of Jerusalem Eye Hospital Group's coat of arms possesses the Order's characteristic white cross set on a red background with the Royal Crest in the top left corner. The symbol in the middle of the arms indicates the constituent entity of The Order of St John. St John of Jerusalem Eye Hospital Group's coat of arms is an emblem which is indicative of the organisation's commitment to its sight saving and life changing work. The arms are hued with the colours of the Palestinian flag, black, white, green and red, and instilled with an eye at the centre with the Amalfi Cross as its pupil. The eight points of the Amalfi Cross represent the Beatitudes from the Sermon on the Mount, and the four arms signify the Cardinal Virtues of Prudence, Justice, Temperance, and Fortitude. The iris of the eye has been created using two crescent moons, a Muslim symbol which highlights the denomination of the majority of the organisation's patients. The iris is a brilliant green, an allusion to the region being a fertile land.

Thank You

Our vital work is reliant on voluntary income from charitable donations

St John Priory Funding 2020

£ £204k **Australia**, £69k **Canada**, £231k **England and the Islands**, £106k **New Zealand**
£99k **Scotland**, £1.4m **USA**

\$ \$207k **Australia**, \$88k **Canada**, \$349k **England and the Islands**, \$273k **New Zealand**,
\$232k **Scotland**, \$1.8m **USA**

Without our donors, we could not continue saving sight and changing lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2020. The St John Pories from around the world have once again delivered much-valued assistance to SJEHG and we thank them for their continued support. We are pleased to receive the support of our Patron Lord Vestey.

We are grateful to the Guild, the St John Ophthalmic Association, the Friends of St John Society, the Alliance of the Orders of St John, St John Associations and the St John Fellowship for their on-going and crucial support.



Further Major Donors 2020:

The Altajir Trust
The Anthony & Elizabeth Mellows Charitable Trust
Arab Fund for Economic and Social Development
Peter Ballard
The Balcome Charitable Trust
The Bryan Guinness Charitable Trust
Johannes Bucher
The Cadogan Charity
Cezar Health
The Clothworkers' Foundation
The Edwina Mountbatten & Leonora Children's Foundation
Faisal Hussein Foundation
German Federal Ministry for Economic Cooperation and Development (BMZ)
Hema Hindocha

Islamic Development Bank (IsDB)
Waqfit Izz
The John Swire 1989 Charitable Trust
Julietta Khoury
The Knights Templar
Timothy Mattar
Guy Morton
New Zealand Embassy Fund (Cairo)
Representative Office of Japan to the Palestinian Authority – GGP grant
The R Farquar Oliver Trust
Isam Salfiti
Taawon (Welfare Association)
The Valentine Charitable Trust
The Will Charitable Trust
And to all our anonymous donors



**St John of Jerusalem
Eye Hospital Group**

If you would like to support
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