



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.

Andrew Cash

Sir Andrew Cash OBE
Chairman

Ahmad Ma'ali

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

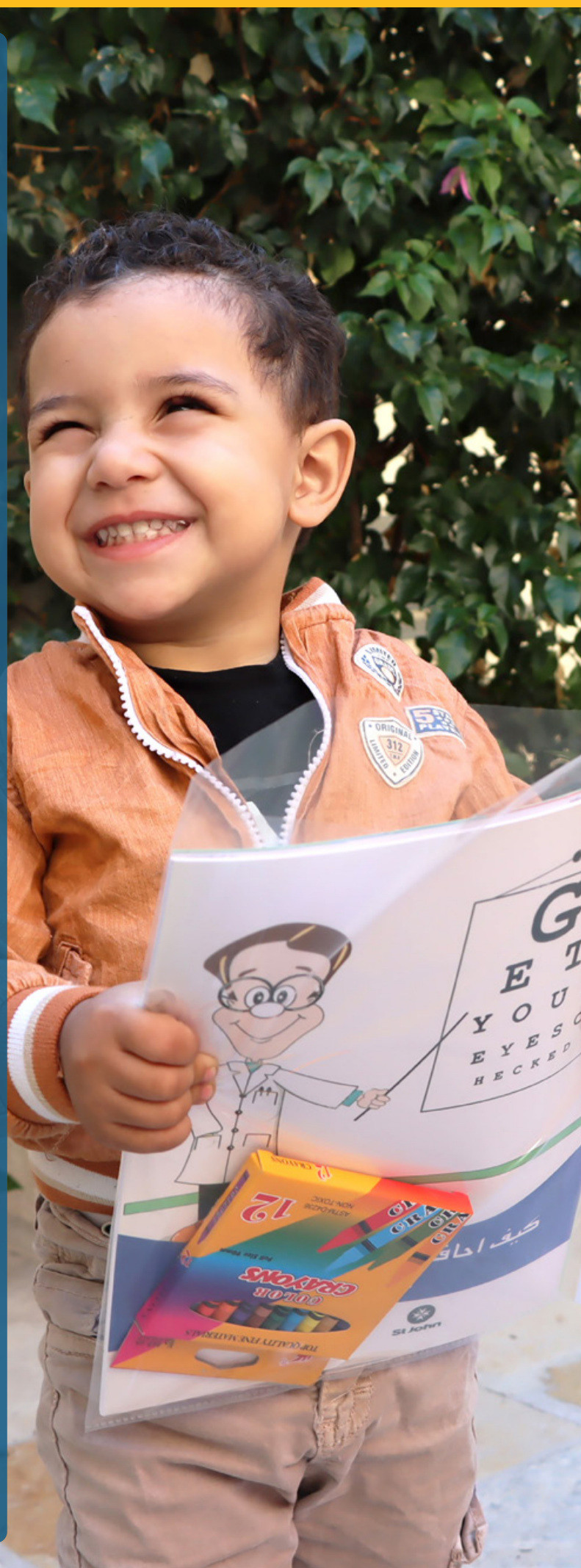
Patient-Centred Services – Commitment to accessible and quality eye care.

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



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.

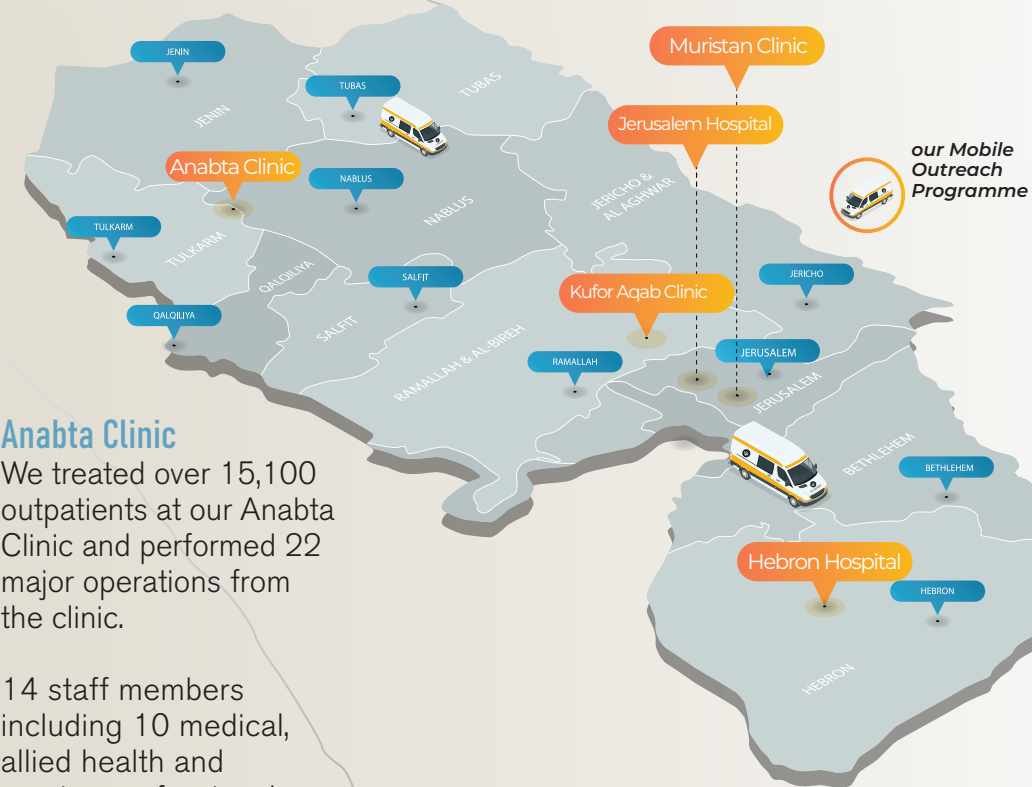
Finally, in 2022 SJEHG continued to strengthen its clinical and laboratory research base, hosting the first SJEHG Research Symposium in Jerusalem in February 2022, with publications on inherited retinal diseases, and ocular inflammatory disease. The Ophthalmic Association of SJEHG coordinated or contributed 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.

David H. Verity, KStJ, MD MA BM BCh FRCOphth
Order Hospitaller,
Chair, SOA



Snapshot of 2022

We reached almost 143,000 patients, performed over 6,900 major surgeries, and employed 277 people across our services.*



Anabta Clinic
We treated over 15,100 outpatients at our Anabta Clinic and performed 22 major operations from the clinic.

14 staff members including 10 medical, allied health and nursing professionals.

Gaza Hospital
We treated almost 39,700 patients and performed almost 3,000 major operations.

45 staff members, including 36 medical, allied health and nursing professionals.

Mobile Outreach Services (Gaza)**
Our outreach services reached over 5,100 patients via our Mobile Outreach Programme.



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.

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.**



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

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



We performed
6%
more surgeries
than in 2021

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 Shafiqah 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.

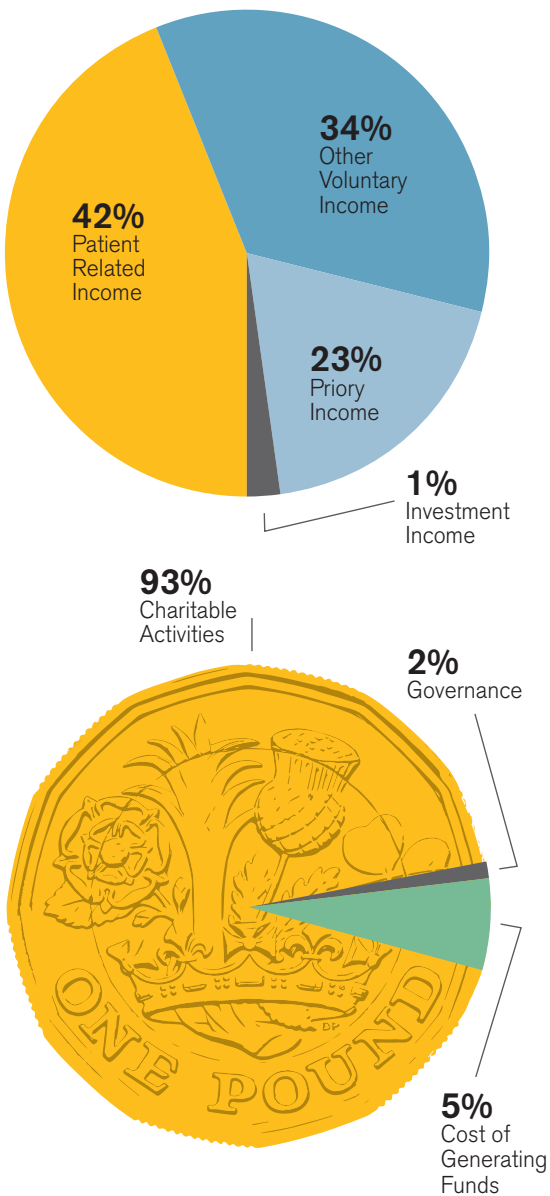
As part of our 2020-22 strategy, we are committing to diversifying our sources of funding by looking to increase our income from private and medically insured patients. We will do this by remaining an innovative and competitive leader in private eye care across the oPt.

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 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.

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



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 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 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.



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 Pories 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 Pories 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 Pories.

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.

Pories

As a foundation member of The Order of St John and benefactor from most Pories 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
Cost	£000	£000	£000	£000	£000
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
Cost	£000	£000
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	Listed	Total
	Deposits	Investments	
	£000	£000	£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	Total
	Investments	
	£000	£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	2022 Charity	2021 Group	2021 Charity
		£000	£000	£000	£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	2021
	£000	£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)	St. John of Jerusalem Eye Hospital	St John Ophthalmic Association Limited
	2022	2022	2022
	£'000	£'000	£'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

		Group	Group	Charity	Charity
	Note	2022	2021	2022	2021
		£000	£000	£000	£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

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Notes to the Financial Statements
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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

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

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
1 January 2021	Incoming Resources	Resources Expended	Transfers	Gains & Losses	31 December 2021
£000	£000	£000	£000	£000	£000
5,475	7,952	(5,223)	-	95	8,299
5,640	90	(944)	574	238	5,598
375	-	-	-	254	629
11,490	8,042	(6,167)	574	587	14,526
6,608	2,144	(593)	-	11	8,170
7	-	(5)	-	-	2
375	-	-	-	254	629
6,990	2,144	(598)	-	265	8,801

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

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Notes to the Financial Statements
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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
- 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.

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Notes to the Financial Statements
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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

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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

	2022 £000	2021 £000
Donations by the Priory of the United States:		
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
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Bethlehem

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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: 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 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**,
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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:

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- United States Agency for International Development (USAID)
- 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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