



St John of Jerusalem
Eye Hospital Group

ANNUAL REPORT 2023





St John of Jerusalem
Eye Hospital Group

SAVING
SIGHT
CHANGING
LIVES

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

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

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

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

CHAIRMAN & CEO INTRODUCTION



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

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

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

Our Gaza Hospital, located in Gaza City, has not been functional since the 8th October 2023. Although it has not been directly hit by missiles, it has sustained some considerable collateral damage and our staff have been evacuated. Our team in Gaza have made an initial assessment of the damage to the building and equipment which has been impaired in our financial statements (see page 45). See page 4 for further updates on Gaza.

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

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

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

Thank you.

Andrew Cash

Sir Andrew Cash OBE
Chairman

Ahmad Ma'ali

Dr Ahmad Ma'ali
CEO

UPDATE ON GAZA

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

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

Although the hospital building was not directly struck, it has

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

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

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

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

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



HOSPITALLER'S REPORT

International Partnerships
and Excellence in Medicine



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

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

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

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

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

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

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

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

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

SNAPSHOT OF 2023

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



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

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

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

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



MOBILE OUTREACH SERVICES (GAZA) ***
Our outreach services reached over 3,500 patients via our Mobile Outreach Programme.

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

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

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

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

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

KUFOR AQAB CLINIC**
Our Kufor Aqab Clinic screened almost 7,300 patients.

MOBILE OUTREACH SERVICES (WEST BANK)**
Our West Bank Mobile Outreach service screened almost 17,200 patients.****

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

RUNNING COSTS 2023

Patient Income 44%

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

THE EYE HEALTH CONTEXT



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

The 2019 RAAB study identified the following as main causes of

- blindness and visual impairment amongst the population we serve:
- Cataracts.
 - Diabetic retinopathy.
 - Glaucoma.
 - Lack of public awareness regarding the prevention of avoidable causes of blindness and visual impairment.

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

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

OUR STRATEGY 2023-2025

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



MISSION:

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

VISION:

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

OUR STRATEGY IS CENTRED ON OUR CARE VALUES:

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

OUR STRATEGIC AIMS:

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

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

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

SERVICES

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

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

INCREASING ACCESSIBLE QUALITY CARE FOR ALL

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

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

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

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

ADDRESSING A BACKLOG OF SURGERIES

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

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

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

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

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



CLINICAL DEVELOPMENTS

Lead ophthalmic education, research, and innovation.



TRAINING

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

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

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

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

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

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

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

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

CLINICAL RESEARCH

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

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

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

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

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

GENETICS RESEARCH

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

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

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



SPOTLIGHT ON: Child Eye Health

RESEARCH

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

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

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

SERVICES FOR CHILDREN

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

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

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

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

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

Patient Case Study

SAIF'S STORY

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

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

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

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

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



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

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



Patient Case Study

BILSAN'S STORY

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

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

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

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

Bilsan said:

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





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

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



PEOPLE & STAFF

Become the employer of choice in our community

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

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

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

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

Staff Case Study

RADWAN JUNAIDI, PAEDIATRIC SPECIALIST

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

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

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

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

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

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

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



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



Hebert Von Bose and Nader Kudsieh.



Trustee Ismat Levin with Medical Resident Dr Amjad Abu Shams.

TECHNOLOGY & DATA

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

HEALTH MANAGEMENT INFORMATION SYSTEM

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

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

ENTERPRISE RESOURCE PLANNING (ERP) SYSTEM

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

DATA GOVERNANCE

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

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

DIAGNOSTIC IMAGING SYSTEMS

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

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

WHY IS TECHNOLOGY IMPORTANT?

- 1. Efficient data management:**
It processes vast amounts of patients’ data, such as demographic information, medical history, treatment plans, billing details.
- 2. Improved Patient Care:**
Every staff member has access to reliable and up to date patient information, can track patient progress, monitor their treatment plan, and identify any potential health risks.
- 3. Collaboration of medical staff:**
Patient information can be accessed anywhere, no matter where the patient was diagnosed. This gives our staff across different facilities the ability to collaborate on treatment plans.
- 4. Making admin easy:**
Administrative tasks, such as appointment scheduling, billing, and insurance claims processing, reducing paperwork are made easier.

GOOD GOVERNANCE & PARTNERSHIPS

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

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

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

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



Local partnerships:

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



Quality and Transparency:

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

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



Digital community building:

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

Technical Support and Grant Partnerships:

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



Training:

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



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



SPOTLIGHT ON: FRED HOLLOWS FOUNDATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCES

Ensure financially sustainable services.

STATEMENT OF FINANCIAL ACTIVITIES 2023

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

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

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

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

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

increasing our digital presence and marketing for patients.

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

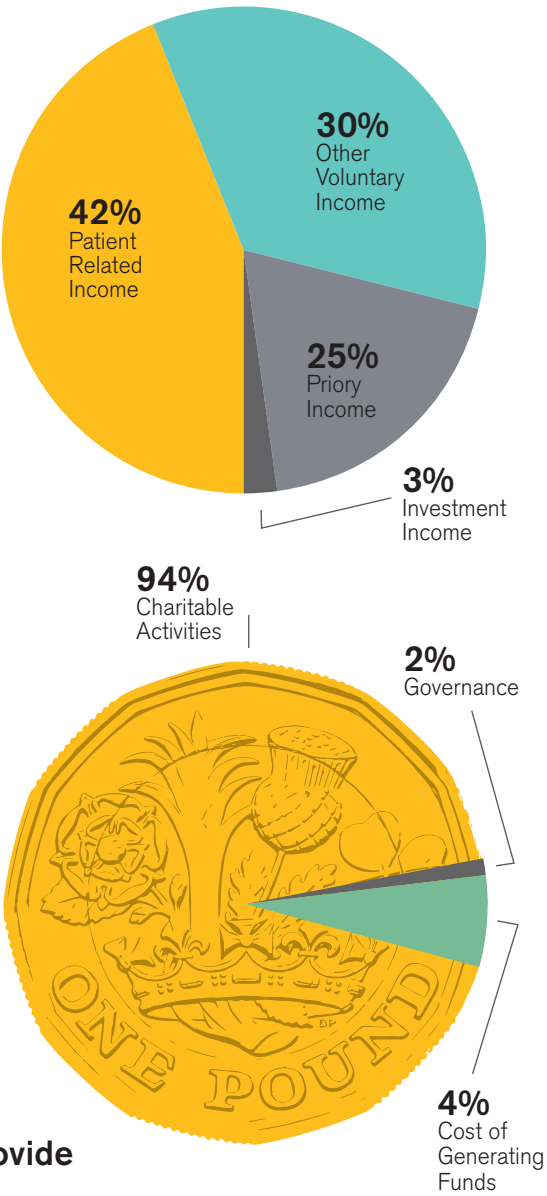
Institutional donations from a variety of sources – both international and specific to

the Middle East region are of increasing importance too.

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

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

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



FUNDRAISING STATEMENT

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

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

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

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

SPOTLIGHT ON OUR SUPPORTERS



QATAR FUND FOR DEVELOPMENT

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

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

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



ST JOHN WINS THE ANTÓNIO CHAMPALIMAUD VISION AWARD

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

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



THE KNIGHTS TEMPLAR

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

THE GUILD

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



TRUSTEES & COMMITTEE MEMBERS

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



Sir Andrew Cash OBE KStJ
(Chairman)

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

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

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

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

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

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

Mr Chris Hoult OStJ FCA
(Treasurer and Company Secretary)

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Chris Hoult joined the Board of Trustees in January 2022 as Treasurer bringing over 25 years of board level experience in roles that have encompassed Finance, IT, Procurement, Estates and Facilities as well as international trading which included 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

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

Mrs Avey Bhatia OStJ RGN, MPA

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

Mr Jamie Ingham Clark KStJ FCA

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

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

HE Diane Corner OBE OStJ

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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

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

Mr Paul Hackwood OStJ

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



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

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

Mrs Ismat Levin OSTJ JP



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

Mr Timothy Jones OSTJ



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

Dr Umaiye Khammash



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

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

Mr John Macaskill OSTJ CA



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

Dr David E.I. Pyott CBE, CSTJ



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

Mr Herbert von Bose



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

Mr Joachim von Einem



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

CO-OPTED COMMITTEE MEMBERS WHO ARE NOT TRUSTEES

Mr Ken Baksh



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

Mr Thomas E.K. Cerruti Esq, CSTJ



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

Mr Kevin Custis



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

Mr Paul Double CVO OSTJ



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

Mr Mike Driver CB



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

Mrs Anzo Francis MSTJ



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

Mrs Sarah Jane Holden CSTJ



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

Mr David Thompson ACA



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

KEY:

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

GOVERNANCE STRUCTURE

The Senior Management Team of SJEHG.



BOARD COMMITTEES:

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

The Committee Terms of Reference were updated in 2023.

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

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

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

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

THE CHIEF EXECUTIVE

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

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



PUBLIC BENEFIT

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

THE PUBLIC BENEFITS FROM SJEHG'S ACTIVITIES ARE:

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

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

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

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

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

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

Accounting and Reporting by Charities;

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

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

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

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

Andrew Cash.

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

13 August 2024

FINANCIAL REVIEW

Achievements and Performance in 2023

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

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

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

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

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

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

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

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

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

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

FINANCIAL REVIEW

Achievements and Performance in 2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- capital donations are treated as income (in accordance

with the Charities Statement of Recommended Accounting Practice),

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

TABLE OF ADJUSTMENTS 2023

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

STAKEHOLDER ENGAGEMENT

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

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

- 1. Staff
- 2. Patients
- 3. The Patients' Communities
- 4. Donors including major donors and 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 Hospitals and Clinics in a responsible manner that reflects the values of The Order of St John.

HOSPITAL STAFF

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

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

PATIENTS

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

PATIENTS' COMMUNITIES

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

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

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

TRUSTEES

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

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

PRIORIES

As a foundation member of The Order of St John and beneficiary from most 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. St John Pories in Canada, Australia, England and the Islands, New Zealand and the United States also sponsor members of staff. We endeavour to keep priories well informed and engaged regarding the developments and welfare of their sponsored staff. The Priory in the USA sponsors staff through their Nurse Initiative and receives video messages from each staff member they support in thanks alongside a more detailed report. The Priory in the USA has sponsored the work of a second outreach team. Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.

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

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

OTHER MAJOR DONORS AND STAKEHOLDERS

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

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

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

Report on the audit of the financial statements

OPINION

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

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

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

BASIS FOR OPINION

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

Independence

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

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

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

REPORTING ON OTHER INFORMATION

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

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

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

Strategic Report and Trustees' Report

In our opinion, based on the work undertaken in the course of the audit, the information given in the Strategic Report and the Trustees' Report for the year ended 31 December 2023 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements.

In light of the knowledge and understanding of the group and the company and their environment obtained in the course of the audit, we did not identify any material misstatements in the Strategic Report and the Trustees' Report.

RESPONSIBILITIES FOR THE FINANCIAL STATEMENTS AND THE AUDIT

Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditors' responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements

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

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Companies Act 2006 and the Charities Act 2011 and relevant regulations made or having an effect thereunder, including The Charities (Accounts and Reports) Regulations 2008, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered the direct impact of these laws and regulations on the financial statements. We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to the posting of inappropriate journal entries to conceal misappropriation of assets or manipulate financial results. Audit procedures performed by the engagement team included:

- Testing journal entries where we identified particular fraud risk criteria.
- Obtaining independent confirmations of investments and cash balances at the year end.
- Testing estimates and judgements made in the preparation of the financial statements for indicators of bias.
- Reviewing meeting minutes, and significant contracts and agreements.
- Holding discussions with the trustees and management to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with applicable laws and regulations.
- Assessing financial statement disclosures, and agreeing these to supporting evidence, for compliance with applicable laws and regulations.

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

not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

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

Use of this report

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

Other required reporting

COMPANIES ACT 2006 EXCEPTION REPORTING

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

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

Andrew Lowe (Senior Statutory Auditor)
For and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and Statutory
Auditors
London
13 August 2024

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Consolidated Statement of Financial Activities
for the year ended 31 December 2023

	Notes	Unrestricted Funds 2023 £000	Restricted Funds 2023 £000	Endowment Funds 2023 £000	Total Funds 2023 £000	Total Funds 2022 £000
Income and Endowments						
Income from donations and legacies	3	2,472	4,694	-	7,166	7,711
Income from charitable activities	4	5,448	-	-	5,448	5,756
Income from investments	8e	146	186	-	332	175
Total Income and Endowments		8,066	4,880	-	12,946	13,642
Resources Expended						
Expenditure on generating funds		(540)	-	-	(540)	(592)
Expenditure on charitable activities		(7,942)	(3,729)	-	(11,671)	(10,673)
Other expenditure		(181)	-	-	(181)	(170)
Total Resources Expended	5	(8,663)	(3,729)	-	(12,392)	(11,435)
Net gains / (losses) on investments	8	182	-	196	378	(796)
Net (expenditure) / income		(415)	1,151	196	932	1,411
Transfers between funds	12,13,14	4,757	(476)	(4,281)	-	-
Exchange (losses) on overseas activities		(650)	-	-	(650)	(241)
Net Movement in Funds		3,692	675	(4,085)	282	1,170
Fund balances brought forward at 1 January		16,049	642	7,107	23,798	22,628
Fund balances carried forward at 31 December	16	19,741	1,317	3,022	24,080	23,798

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

Group Income and Expenditure Account for the year ended 31 December 2023

	2023 £000	2022 £000
Income	12,946	13,642
Expenditure	(12,392)	(11,435)
Net Income	554	2,207

The income and expenditure account excludes the unrealised investment and exchange gains and losses shown in the Statement of Financial Activities.
The accounting policies and the notes on pages 42 to 56 form part of these financial statements.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Balance Sheets
as at 31 December 2023

	Notes	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Fixed Assets					
Tangible assets	7	5,217	5,484	1	2
Investments	8	16,320	15,801	13,015	12,500
Total Fixed Assets		21,537	21,285	13,016	12,502
Current Assets					
Stocks	9	639	575	-	-
Debtors	10	2,150	2,074	262	163
Cash at bank and in hand		10,867	9,772	6,110	4,876
Total Current Assets		13,656	12,421	6,372	5,039
Creditors: Amounts falling due within one year	11	(4,343)	(3,084)	(73)	(65)
Net Current Assets		9,313	9,337	6,299	4,974
Total Assets Less Current Liabilities		30,850	30,622	19,315	17,476
Creditors: Amounts falling due after more than one year	11	(6,770)	(6,824)	-	-
Net Assets		24,080	23,798	19,315	17,476
The Funds of the Group and Charity					
Restricted income funds	14	1,317	642	216	161
Endowment funds	15	3,022	7,107	3,022	7,107
Unrestricted income funds	12				
Designated funds		9,498	5,484	4,282	2
Revaluation funds		590	509	590	509
Other general funds		9,653	10,056	11,205	9,697
Unrestricted income funds		19,741	16,049	16,077	10,208
Total Group and Charity Funds	16	24,080	23,798	19,315	17,476

The Charity's net income was £1,839,000 (2022, £691,000). The accounting policies and the notes on pages 42 to 56 form part of these financial statements. The financial statements on pages 40 to 56 were approved by the Trustees and signed on their behalf by:

Andrew Cash

Sir Andrew Cash
Chairman, Board of Trustees

13 August 2024

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 2023

	Notes	2023 £000	2022 £000
Net cash inflow from operating activities	16	3,529	4,144
Cash flows from investing activities			
Investment income	8e	332	175
Purchase of tangible fixed assets	7	(2,444)	(1,102)
Proceeds from disposal of tangible fixed assets		–	63
Purchase of fixed asset investments	8a	(553)	(2,925)
Proceeds from sale of fixed asset investments	8a	165	189
Net cash outflow from investing activities		(2,500)	(3,600)
Foreign exchange differences		66	(195)
Change in cash and cash equivalents in the financial year		1,095	349
Cash at bank and in hand at 1 January		9,772	9,423
Increase in cash in the year		1,095	349
Cash at bank and in hand at 31 December		10,867	9,772

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

Notes to the Financial Statements for the year ended 31 December 2023

1 Principal accounting policies

a Basis of preparation

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

These financial statements consolidate, on a line by line basis, the results and financial position of St John of Jerusalem Eye Hospital Group (the “Charity”) together with its wholly owned and controlled charitable subsidiary undertakings,

St John of Jerusalem Eye Hospital, St John Eye Hospital in Jerusalem (RA), and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited (together the “Group”). Where a subsidiary has different accounting policies to the Group, adjustments are made on consolidation to apply the Group’s accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity’s balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006 and Charities SORP FRS 102.

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

Going Concern

BACKGROUND

In assessing the going concern position of the Charity and the Group, the Trustees have produced detailed, yet adaptable, business plans that consider the Group’s forecast and projected activities, the related financial budgets, cash flows and liquidity for the period to December 2025, which is a period of at least 12 months from the date of approval of the financial statements.

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

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

KEY ASSUMPTIONS

- The business and financial plans incorporate the following key assumptions:
- Demand for services from patients and the capacity and supply of patient services by the Group is budgeted for 60% of normal levels of activity due to the current unstable political and security situation in the region. Gaza is assumed to be out of commission during 2024.
 - Payment by the Palestinian Authority (PA) (directly, or indirectly via its own funding sources) of sufficient payments to the Group for patient services provided.
 - The achievement of a reduction in cash outflows through the on-going restructuring of the organisation.
 - The Group is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Pories.

SENSITIVITY ANALYSIS

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

This comprises:

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

Under this scenario, the Group projects to have sufficient liquidity through the period to December 2025, by implementing minimal mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that the Group can maintain sufficient liquidity over the period to December 2025. Such actions include giving the Jerusalem staff 2 weeks of unpaid leave during the year.

CONCLUSIONS

Having assessed the combination of all these various matters, the Trustee Board has a reasonable current expectation that the Charity and the Group has adequate resources to continue in operational existence for the period to December 2025, being a period of

at least 12 months from the date of approval of the financial statements.

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

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

b Foreign currencies

The Charity’s functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/ (losses). All other exchange differences are included as incoming resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2023 year-end was 4.6209 (2022, 4.2376), while the average rate for 2023 was 4.5856 (2022, 4.15).

c Income recognition

Donations and other income are recognised in the financial statements on a receivable basis. Grants are recognised when the entitlement to the grant is confirmed. Legacies are recognised when the entitlement arises, being the earlier of the Group being notified of the impending distribution or the legacy being received. Donations in kind are recorded as income when the resources are received and recorded at fair value. Income from charitable activities is accounted for when earned (i.e. the service is provided to patients). Subsidies and exemptions in respect of medical services provided without charge are shown as a deduction from gross income.

d Medical volunteers

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

e Resources expended and basis of allocation of costs

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

f Costs of generating funds

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

g Expenditure on charitable activities

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

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- h Governance costs**

These comprise costs attributable to the overall management of the Group's affairs and compliance with constitutional and statutory requirements.
- i Cash flow statement exemption**

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

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

The costs in respect of rentals are charged to the Statement of Financial Activities on a straight line basis over the contract period. The rental cost for the office in London occupied rent free has been computed based on an estimate of arm's length value. No charge is imputed in respect of the Hospital premises in Jerusalem, which the Group occupied rent free until 2015, after which it has paid a nominal rent.
- l Taxation**

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

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

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

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

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

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

- n Investments**

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

Liquid resources are cash, time deposits, and certificates of deposit, in addition to cash at bank and in hand held in current accounts with UK, Israeli and Palestinian Banks.
- p Stocks**

Valuation of stocks is determined using the "first in-first out" method and stocks are stated at the lower of cost and net realisable value. Prior to the war on Gaza, the inventory balance was £78k consisting mainly of medical supplies, disposables and medications. Management believes that a total impairment loss should be assigned to this current asset, since the storing conditions of medications as well as the medical disposables, in addition to the delicacy of those small items which are inserted in the eyes, make it risky to be reused for surgeries.

- q Funds**

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

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

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

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

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

- r Estimates and assumptions**

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects

only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Exchange rates are fundamental to the uncertainties. Mainly the impact of subsequent adverse movements between the exchange rates of the reporting and the operative currencies which would potentially affect, to some extent, the operating capability notwithstanding the enhanced but unrealisable balance sheet value of non UK assets.

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

As at 31 December 2023, the Group has accounted for an impairment loss provision of £1,362k covering the hospital building, medical and other equipment and inventory in the Gaza branch. The war in Gaza started on the 7th October 2023, when Hamas militants attacked southern parts of Israel. The Israeli military responded with massive air strikes on almost all parts of the Gaza Strip which was later followed by a land incursion on northern and southern parts of the Strip. SJEHG Gaza Hospital staff were given clear orders by the Israeli authorities to evacuate the hospital on the second day of the war and, since then, the hospital has not been functional and the war continues. Although the hospital building was not directly struck, it has sustained some considerable collateral damage as a result of the hostilities. Gaza staff have not yet been able to return to the hospital to carry out a proper assessment of the damage to the building, furniture and equipment. However, based on reports and photos received,

much of the furniture and equipment and inventory have either been damaged or removed. Accordingly, the Group has recorded a full 100% impairment loss provision against the net book value of these assets. As the building has remained to be one of the few standing buildings in the neighbourhood, the Trustees believe that the building still has an intrinsic value. However, it is clear, and after taking professional advice, based on a value in use basis assessment, that an impairment loss provision should be recorded, and this has been accounted for at 90% of the net book value of the asset.

- 2 Legal status**

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

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2023 Total £000	Unrestricted £000	Restricted £000	2022 Total £000
Donations	2,097	4,694	6,791	2,205	4,935	7,140
Legacies	105	-	105	164	-	164
Donations in kind	270	-	270	407	-	407
	2,472	4,694	7,166	2,776	4,935	7,711

Donations in kind include the value of donated tangible fixed assets and medical supplies £213,000 (2022: £350,000). Income from related parties is set out in note 19.

4 Income from charitable activities

	2023 £000	2022 £000
Outpatient income	2,290	2,732
Surgical income	3,363	4,176
Less: Patient Relief	(666)	(1,571)
Net patient related income	4,987	5,337
Other hospital income	67	88
Rental income, board and lodging	394	331
Total other income	461	419
Total income from charitable activities	5,448	5,756

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

5 Total resources expended

	Costs of Generating Funds 2023 £000	Costs of Generating Funds 2022 £000	Charitable Activities 2023 £000	Charitable Activities 2022 £000	Governance Costs 2023 £000	Governance Costs 2022 £000	Total 2023 £000	Total 2022 £000
Personnel costs (note 6)	250	277	6,590	6,682	26	27	6,866	6,986
Recruitment costs	18	7	-	-	-	-	18	7
Medical costs	-	-	1,997	2,118	-	-	1,997	2,118
Establishment costs	83	87	597	760	23	21	703	868
Depreciation (note 7)	2	-	956	1,107	-	-	958	1,107
Impairment of tangible fixed assets (note 7)	-	-	1,284	-	-	-	1,284	-
Impairment of stocks	-	-	78	-	-	-	78	-
Office expenses	27	38	198	194	3	4	228	236
Travel and subsistence	38	30	103	123	-	-	141	153
Marketing and publicity	53	85	-	-	-	-	53	85
Auditors' remuneration	8	-	-	-	90	86	98	86
Other professional fees	61	66	11	27	-	21	72	114
Legal fees	-	2	-	21	30	11	30	34
Finance costs	-	-	18	18	9	-	27	18
Foreign exchange differences	-	-	(161)	(377)	-	-	(161)	(377)
Total resources expended	540	592	11,671	10,673	181	170	12,392	11,435
Support costs included above	-	-	1,045	1,019	30	46	1,075	1,065

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Total resources expended in 2022 of £11,435,000 comprise £7,183,000 for unrestricted funds and £4,252,000 for restricted funds .

	2023	2022
	£000	£000
Support costs comprise:		
Personnel costs	492	537
Establishment costs	315	396
Depreciation	96	111
Office expenses	201	197
Travel and subsistence	103	123
Other professional fees	11	44
Finance costs	18	18
Foreign exchange differences	(161)	(361)
	1,075	1,065

	2023	2022
	£	£
Auditors' remuneration (excluding VAT):		
External audit	71,732	68,866
Other services provided by external auditors	11,669	4,373
	83,401	73,239

6 Employee information

a Number of employees

The average monthly number of employees, including part time staff calculated on a full-time equivalent basis, analysed by function during the year was:

	2023	2022
	Number	Number
Medical, nursing and allied health professionals	183	188
Support services	44	41
Fundraising	9	12
Administration	39	36
	275	277

b Staff costs

	2023	2022
	£000	£000
Wages and salaries	6,181	6,214
Social security costs	434	462
Other pension costs	293	299
Other related (income) /costs	(42)	11
	6,866	6,986

c Emoluments of employees

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

	2023	2022
	Number	Number
£180,001 - £190,000	1	-
£170,001 - £180,000	1	-
£150,001 - £160,000	-	2
£90,001 - £100,000	1	1
£80,001 - £90,000	1	2
£70,001 - £80,000	2	3
£60,001 - £70,000	2	1

The above amounts include End of Service Benefits allowance.
During the year, provident benefits and pension contributions on behalf of these staff amounted to £16,000 (2022, £18,000).

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d Remuneration received by key management personnel

The total remuneration received by the 11 (2022, 11) senior management personnel in managing the operations of the Group amounted to £905,000 (2022, £873,000).

e Pension costs

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

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

7 Tangible assets

a Group

	Buildings & Improvements	Medical Equipment	Motor Vehicles	Other Assets	Total
	£000	£000	£000	£000	£000
Cost					
1 January 2023	8,083	11,182	344	3,501	23,110
Additions	1,714	563	-	167	2,444
Exchange differences	(684)	(932)	(29)	(285)	(1,930)
31 December 2023	9,113	10,813	315	3,383	23,624
Accumulated Depreciation & Impairment					
1 January 2023	5,242	9,213	214	2,957	17,626
Charge for the year	258	559	31	110	958
Exchange differences	(438)	(767)	(18)	(238)	(1,461)
Impairment	837	371	-	76	1,284
31 December 2023	5,899	9,376	227	2,905	18,407
Net Book Value					
31 December 2023	3,214	1,437	88	478	5,217
31 December 2022	2,841	1,969	130	544	5,484

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

The impairment loss of £1,284k against tangible fixed assets includes 90% loss provision against the building and 100% loss provision against medical and other equipment in the Gaza branch (note 1r).

b Charity

	Other Assets	Total
	£000	£000
Cost		
1 January 2023	68	68
Additions	2	2
31 December 2023	70	70
Accumulated Depreciation		
1 January 2023	66	66
Charge for the year	3	3
31 December 2023	69	69
Net Book Value		
31 December 2023	1	1
31 December 2022	2	2

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8 Investments

a Analysis of movements (Group)	Bank	Listed	
	Deposits	Investments	Total
	£000	£000	£000
Market value at 1 January 2023	2,760	13,041	15,801
Additions	142	411	553
Withdrawals	-	(165)	(165)
Exchange differences	(201)	(46)	(247)
Unrealised gains	-	378	378
Market value at 31 December 2023	2,701	13,619	16,320
Historical cost at 31 December 2023	2,701	12,291	14,992

In 2022, unrealised losses of £796,000 comprise £273,000 for unrestricted funds and £523,000 for endowment funds.

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

c Listed investments:

Analysis by category of underlying holding and location		2023 Group	2023 Charity	2022 Group	2022 Charity
		£000	£000	£000	£000
Equity investments	- UK	474	474	1,126	1,126
	- Overseas	6,122	6,122	4,991	4,991
Fixed interest securities	- UK	1,016	1,016	954	954
Property Unit Trusts	- UK	1,039	1,039	1,127	1,127
Alternative Investments	- UK	592	592	706	706
Sterling & Cash Instruments	- UK	3,772	3,772	3,596	3,596
Others	- Overseas	604	-	541	-
Market value of listed investments		13,619	13,015	13,041	12,500

At 31 December 2023, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2023 %	2022 %
Fidelity Global Dividend Fund	12.5	12.5
HSBC FTSE All World Index Fund	9.4	3.9
Schroder Global Sustainable Growth Fund	8.3	-
Vanguard 500 UCITS ETF	8.1	6.2
Schroder Income Fund	5.2	5.0
Savills Charities Property Fund	-	7.9
Mayfair Property Income Trust for Charities	-	4.9
Trojan Income Fund	-	4.1

d Bank deposits

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

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e Income from investments

	2023	2022
	£000	£000
Unrestricted funds	146	75
Restricted funds	186	100
	332	175

f Investment in subsidiaries

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

The Charity is also the controlling member of St. John Eye Hospital in Jerusalem (RA) (SJEHJ), an Israeli registered charitable society (No. 580040368), limited by guarantee and having no share capital. SJEHJ provides ophthalmic services from the Jerusalem Hospital and the Mobile Outreach Programme. SJEH owns two £1 shares being all the issued shares in The St. John of Jerusalem Eye Hospital (Palestine) Limited (Company No.6365210), which has not traded since incorporation.

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

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

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

Summary financial information for the subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA)	St. John of Jerusalem Eye Hospital	St John Ophthalmic Association Limited
	2023	2023	2023
	£'000	£'000	£'000
Total income and endowments	7,458	3,731	47
Total resources expended	(8,077)	(3,926)	(47)
Net (outgoing) resources before other recognised (losses)	(619)	(195)	-
Other recognised (losses)	(119)	(501)	-
Net movement in funds	(738)	(696)	-
Total assets	11,856	7,796	-
Total liabilities	(10,123)	(3,277)	-
Total funds	1,733	4,519	-
Restricted income funds	181	920	-
Designated funds	2,624	2,592	-
Other general funds	(1,072)	1,007	-
Total funds	1,733	4,519	-

9 Stocks

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

10 Debtors

a Amounts falling due within one year

	Note	Group	Group	Charity	Charity
		2023	2022	2023	2022
		£000	£000	£000	£000
Trade debtors		4,035	4,078	-	-
Allowance for bad debts	10 b	(2,784)	(2,517)	-	-
Net trade debtors		1,251	1,561	-	-
Donations receivable		728	133	237	133
Prepayments and accrued income		171	380	25	30
Total debtors		2,150	2,074	262	163

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b Movement in allowance for bad debts

	Group 2023 £000	Group 2022 £000
1 January	2,517	1,801
Additions	538	1,530
Write off *	(238)	(784)
Exchange differences	(33)	(30)
31 December	2,784	2,517

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

11 Creditors

a Amounts falling due within one year

	Note	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Trade creditors		1,815	474	23	15
Retirement benefits	11 c	1,728	1,724	-	-
Taxation and social security		77	78	5	4
Accruals		605	705	44	41
Deferred income	11 b	100	43	-	-
Holiday pay accrual		18	60	1	5
Total creditors		4,343	3,084	73	65

b Deferred income

	Group 2023 £000	Group 2022 £000
1 January	43	51
Deferred income recognised	368	235
Deferred income released	(307)	(243)
Exchange differences	(4)	-
31 December	100	43

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

c Amounts falling due after more than one year

	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Retirement benefits				
1 January	6,824	6,486	-	-
Additions	855	596	-	-
Exchange differences	(450)	(59)	-	-
Transferred to amounts falling due within one year	(109)	(130)	-	-
Payments	(350)	(69)	-	-
31 December	6,770	6,824	-	-

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

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12 Unrestricted Income Funds

Group

General reserves	10,056	6,098	(6,421)	-	(80)	9,653
Designated funds	5,484	1,968	(2,242)	4,757	(469)	9,498
Revaluation reserve	509	-	-	-	81	590
Total unrestricted funds	16,049	8,066	(8,663)	4,757	(468)	19,741

Charity

General reserves	9,697	1,933	(425)	-	-	11,205
Designated funds:	2	2	(3)	4,281	-	4,282
Revaluation reserve	509	-	-	-	81	590
Total unrestricted funds	10,208	1,935	(428)	4,281	81	16,077

Group

General reserves	8,299	8,185	(6,079)	-	(349)	10,056
Designated funds: Tangible fixed assets	5,598	422	(1,104)	613	(45)	5,484
Revaluation reserve	629	-	-	-	(120)	509
Total unrestricted funds	14,526	8,607	(7,183)	613	(514)	16,049

Charity

General reserves	8,170	1,983	(456)	-	-	9,697
Designated funds: Tangible fixed assets	2	-	-	-	-	2
Revaluation reserve	629	-	-	-	(120)	509
Total unrestricted funds	8,801	1,983	(456)	-	(120)	10,208

Transfers include amounts released from restricted funds for the purchase of tangible fixed assets.
Designated funds are detailed in note 13.

1 January 2023	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2023
£000	£000	£000	£000	£000	£000
10,056	6,098	(6,421)	-	(80)	9,653
5,484	1,968	(2,242)	4,757	(469)	9,498
509	-	-	-	81	590
16,049	8,066	(8,663)	4,757	(468)	19,741
9,697	1,933	(425)	-	-	11,205
2	2	(3)	4,281	-	4,282
509	-	-	-	81	590
10,208	1,935	(428)	4,281	81	16,077
1 January 2022	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2022
£000	£000	£000	£000	£000	£000
8,299	8,185	(6,079)	-	(349)	10,056
5,598	422	(1,104)	613	(45)	5,484
629	-	-	-	(120)	509
14,526	8,607	(7,183)	613	(514)	16,049
8,170	1,983	(456)	-	-	9,697
2	-	-	-	-	2
629	-	-	-	(120)	509
8,801	1,983	(456)	-	(120)	10,208

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

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for the year ended 31 December 2023

13 Designated funds

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

	1 January 2022	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2022
	£000	£000	£000	£000	£000	£000
Group						
Designated funds	5,598	422	(1,104)	613	(45)	5,484
Total unrestricted funds	5,598	422	(1,104)	613	(45)	5,484
Charity						
Designated funds	2	-	-	-	-	2
Total designated funds	2	-	-	-	-	2

Designated funds represent amounts that have been set aside to finance tangible fixed assets (£5.2m) and a number of other projects.

During the year, the Trustees determined to transfer the Bed Endowment fund (£4.3m) (note 15) to an unrestricted but designated funds category. The areas of designation as set by Trustees are:

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

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2023

14 Restricted Income Funds

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

	1 January 2022	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2022
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	808	(808)	-	-
Outreach	-	116	(116)	-	-
West Bank and Gaza facilities	-	9	(9)	-	-
Other capital projects	198	-	-	(195)	3
Patient relief	2	3	(1)	-	4
Income received from endowments	-	100	(100)	-	-
Other projects	79	-	-	-	79
Others value less in each case than £25,000	75	9	(9)	-	75
Total Charity	354	1,045	(1,043)	(195)	161
Capital projects	77	535	(3)	(418)	191
Other projects	-	3,441	(3,196)	-	245
Others value less in each case than £25,000	41	14	(10)	-	45
Total Group	472	5,035	(4,252)	(613)	642

Charity

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

Group

- Capital projects funds represent funds received from various donors to establish a new hospital in Nablus and purchase medical equipment for the Group.
- Other projects include donations received to expand the level of operations within the Gaza hospital through the introduction of a Diabetic Retinopathy screening and epidemiological research components.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

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15 Endowment Funds
Group and Charity

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

	1 January 2022 £000	Investment Losses £000	31 December 2022 £000
American Society of St John: Walsh Bequest	550	(38)	512
Bed Endowment	4,472	(307)	4,165
Frost Charitable Trust	601	(41)	560
Frost Nursing School	569	(39)	530
Mr. Owen Smith Endowment	121	(8)	113
The John Swire Foundation Endowment	1,317	(90)	1,227
	7,630	(523)	7,107

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

16 Total	Group and Charity Funds	Unrestricted Funds 2023 £000	Unrestricted Funds 2022 £000	Restricted Funds 2023 £000	Restricted Funds 2022 £000	Endowment Funds 2023 £000	Endowment Funds 2022 £000	Total Funds 2023 £000	Total Funds 2022 £000
a	Analysis by type of asset and liability (Group)								
	Tangible assets	5,217	5,484	-	-	-	-	5,217	5,484
	Investments	13,298	8,694	-	-	3,022	7,107	16,320	15,801
	Net current assets	7,996	8,695	1,317	642	-	-	9,313	9,337
	Creditors: Amounts falling due after more than one year	(6,770)	(6,824)	-	-	-	-	(6,770)	(6,824)
		19,741	16,049	1,317	642	3,022	7,107	24,080	23,798
b	Analysis by type of asset and liability (Charity)								
	Tangible assets	1	2	-	-	-	-	1	2
	Investments	9,993	5,393	-	-	3,022	7,107	13,015	12,500
	Net current assets	6,083	4,813	216	161	-	-	6,299	4,974
		16,077	10,208	216	161	3,022	7,107	19,315	17,476

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

	2023 £000	2022 £000
Net incoming resources	554	2,207
Investment income	(332)	(175)
Depreciation	958	1,107
Impairment of tangible fixed assets	1,284	-
Impairment of stocks	78	-
(Increase) / decrease in stocks	(142)	183
(Increase) / decrease in debtors	(76)	514
Increase in creditors	1,205	308
Net cash inflow from operating activities	3,529	4,144

18 Financial instruments

	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Financial assets at fair value through statement of financial activities				
Investments	16,320	15,801	13,015	12,500
Financial assets that are debt instruments measured at amortised cost				
Stocks	639	575	-	-
Debtors	2,150	2,074	262	163
Cash at bank and in hand	10,867	9,772	6,110	4,876
	13,656	12,421	6,372	5,039
Financial liabilities that are debt instruments measured at amortised cost				
Trade creditors	1,815	474	23	15
Taxation and social security	77	78	5	4
Accruals	605	705	44	41
Deferred income	100	43	-	-
Holiday pay accrual	18	60	1	5
Retirement benefits	8,498	8,548	-	-
	11,113	9,908	73	65

18 Trustees' remuneration

The trustees receive no remuneration.
Reimbursement of trustees' expenses for travel, accommodation and flights for 11 trustees (2022, 13) during the year amounted to £52,713 (2022, 33,921).
Donations made by trustees amounted to £390,925 (2022, £30,485).
Charity Trustee Indemnity insurance is provided at a cost of £13,433 (2022, £12,369) to cover the charity, trustees and officers against potential claims and losses.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

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19 Related parties transactions

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

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

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

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

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

Priory	2023 £000	2022 £000
USA	2,543	2,365
England and the Islands	222	186
Scotland	101	96
New Zealand	132	127
Australia	138	192
Canada	104	147
	3,240	3,113

Other Members of St. John Family	2023 £000	2022 £000
Johanniter Orde in Sweden	37	-
Johanniter Orde in Nederland	20	-
	57	-

Donations by the Priory of the United States:	2023 £000	2022 £000
Hospital - General Support	1,563	1,558
Hospital Restricted Gifts	980	807
	2,543	2,365

During the year, the Charity reimbursed the Priory of England and the Islands and The Order of St John £3,015 (2022, £5,112) in respect of certain expenses incurred.

Outstanding donations from the Priories and Establishments of The Order of St John at 31 December 2023 amounted to £59,000 (2022: £79,000).

20 Contractual & designated obligations

In 2023, the Board approved the plan of relocating the Anabta Clinic and the establishment of a new day hospital in Nablus City. The total cost for this project is circa £3m including the cost to purchase the property. The project is funded by the Priory in the USA of The Order of St John, the David and Molly Pyott Foundation, The Australian Department of Foreign Affairs and Trade (DFAT), and the Group's general reserves estimated at £1.2m. The project is currently expected to be completed by the end of 2024.



ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

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Jerusalem 91198

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National Westminster Bank Plc
134 Aldersgate Street
London EC1A 4JB

Bankers in the occupied Palestinian territories
Bank of Palestine PLC
Hebron Road
P.O. Box 765
Bethlehem

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

Independent Auditors
PricewaterhouseCoopers LLP
1 Embankment Place
London WC2N 6RH

St John of Jerusalem Eye Hospital Group (a UK Company Limited by guarantee, Company number 7355619, Charity number 1139527) has three subsidiary undertakings; St John of Jerusalem Eye Hospital (a UK Company Limited by guarantee, Company number 3867950; Charity number 1080185), St John Eye Hospital in Jerusalem (RA) (an Israeli charitable society, registration number 580040368) and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, a UK company Limited by guarantee, Company No.12631428)

The School of Nursing graduates 2023 with Head of Nursing and Allied Health Professionals, Waleed Khateeb, CEO Dr Ahmad Maali and Head of the School of Nursing Nasrallah Khalilleh.



ST JOHN PRIORY FUNDING 2023

£ £138k **Australia**, £104k **Canada**, £222k **England and the Islands**,
£132k **New Zealand**, £101k **Scotland**, £2.54m **USA**

\$ \$171k **Australia**, \$129k **Canada**, \$275k **England and the Islands**,
\$164k **New Zealand**, \$125k **Scotland**, \$3.15m **USA**

THANK YOU

Without our donors, we could not continue saving sight and changing lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2023. The St John Pories from around the world have, once again, delivered much-valued assistance to SJEHG and we thank them for their continued support.

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



L-R: Guild Member and former Medical Director Dr Denise Magauran, Lord Prior of The Order of St John, Mark Compton, Hospitaller Dr David Verity and our Chairman Sir Andrew Cash at a Guild Event 2023.

A total of 1,373 hours was offered by volunteers in 2023 (compared to 1,301 in 2022). We thank volunteers for their time provided to support our work.

FURTHER MAJOR DONORS 2023:

Ann Jane Green Trust

The Ancaster Trust

Arab Fund for Economic and Social Development

Australian NGO Cooperation Program (ANCP)

The Bernadette Charitable Trust

The Bryan Guinness Charitable Trust

Care International

The Caroline Agnes Joan Hervey Trust

CBM International

Christian Broadcasting Network (CBN)

The Clothworkers' Foundation

The Dennis Byrne Charitable Trust

DG Albright Charitable Trust

Department of Foreign Affairs and Trade (DFAT),

Australian Representative Office, Ramallah

The Edwina Mountbatten & Leonora
Children's Foundation

The Erica Leonard Trust

European Society of Cataract and
Refractive Surgery (ESCRS)

Federal Ministry of Economic Cooperation and
Development, Germany (BMZ)

Fred Hollows Foundation

The Fulmer Charitable Trust

International Medical Corps (IMC)

Johanniter International Assistance (JIA)

The John Swire 1989 Charitable Trust

The Knights Templar

Lions Club International Foundation

Lord Hanson Foundation

Mary Fagan

Qatar Fund For Development (QFFD) - State of Qatar

Representative Office of Norway in Ramallah

R & H Woods Charitable Trust

The Rhododendron Trust

United States Agency for International Development
(USAID)

United Nations Office for Project Services (UNOPS)



**St John of Jerusalem
Eye Hospital Group**

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

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