



St John of Jerusalem
Eye Hospital Group

Trustees' Annual Report

2017



Chairman and CEOs' Introduction

This year has been one of transition in the senior leadership of the Hospital. We are honoured to have been asked to serve in our new roles, and to have the opportunity to use our combined experience with the Hospital (we have served more than 42 years between us) to build on what has been accomplished under our predecessors. Nicholas Woolf, our outgoing Chairman, retired in January after nearly six years of progress and achievement for the Hospital which would not have been possible without Nicholas's untiring work and outstanding leadership. His steadfast commitment has given SJEHG greater strategic focus, a clearer legal identity, and sustainable fundraising initiatives. We are deeply indebted to him. We are likewise deeply indebted to Tom Ogilvie-Graham, who left us in October after nearly five years as the Hospital's Chief Executive. During that period Tom was the driving force behind a number of projects, including the installation of new operating theatres, the opening of new hospitals in Gaza and Hebron and a walk-in clinic for the inhabitants of the Old City of Jerusalem at our premises in the Muristan, a project in which Tom's imagination and energy played a particularly important part. Nicholas and Tom leave a legacy of which they can be proud and for which we are profoundly grateful.



2017 has unfortunately been another difficult year for the people we serve, with the blockade on Gaza continuing and events throughout the year causing tensions across the region. These difficulties have strengthened our resolve to ensure that the Hospital continues to be a force for good in the area and to carry forward, with the help of our international friends, partners and supporters, its mission of combating preventable blindness.

The proportion of cases where patients needing to travel out of Gaza for medical treatment had their permission, or that of their companion, denied or delayed rose to a high of 56% in November 2017 (from 33% in 2016). Helping the Gazan population and ensuring that they are not left behind in the fight against blindness has therefore been a key focus this year. Initiatives and projects undertaken in collaboration with partners including CBM, the Fred Hollows Foundation and USAID have enabled us to introduce a number of subspecialties at our Gaza Hospital on a consistent basis. We have also introduced our first Mobile Outreach unit in Gaza, allowing us to reach the most vulnerable in the area to provide screening and education on eye health. These services are much needed, though their provision presents a continuing financial challenge, since the contribution available from the Palestinian Authority is substantially less than for activities of the Group elsewhere.

Another major focus has been on growing our research capabilities. The incidence of blindness among the population of the oPt is approximately ten times as high as that in Western countries, but little research has hitherto been done on the causes of this. Our Peace for Sight Genetic Research Programme, undertaken in partnership with the EU, the Johanniter and Hadassah Medical Center, is now well under way, and our new genetic research laboratory was launched in October.

We have also secured funding to conduct the region's second Rapid Assessment of Avoidable Blindness in partnership with the London School of Hygiene and Tropical Medicine. The first assessment, which was conducted in 2008, gave us vital help in identifying the conditions on which focus was most urgently needed, and was the major inspiration for our outstandingly successful Diabetic Retinopathy Screening Programme. We expect the second study, which will start in 2018, to prove just as beneficial.

These are just a few of the major achievements in 2017; many more are highlighted in the following report. Above all, we have been able to see over 135,000 patients and perform nearly 5,000 major operations.

There has, unfortunately, been no lessening of the financial challenges that we face. Brexit, other global political developments, regional turmoil and the competing demands of other urgent humanitarian efforts have had a substantial impact on the level of donations available to cover our costs (see page 13 for further details). As a result, we have had to manage our finances in 2017 in the context of a reduction in voluntary income of £1,354,000 (21%) compared with the previous year, resulting in an operating deficit of £1,290,000. We therefore began the new year facing major challenges; our financial recovery plans are focused on maximising the Hospital's different sources of income, improving our efficiency still further, and making the necessary savings where we can, working towards the goal of financial sustainability.

All this means that we rely more than ever on our many donors and supporters. None of the achievements of the past years would have been possible without them, and we end with our warmest thanks to everyone on whose continuing help the Hospital depends in fulfilling its mission.

Guy Morton
Acting Chairman

Dr Ahmad Ma'ali
Joint CEO

Peter Khoury
Joint CEO



A mobile outreach nurse conducts a screening session in Gaza, September 2017.
Photo credit: Fadi Thabet.



St John of Jerusalem Eye Hospital Group

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Glossary:

CBM – Christoffel-Blindenmission. EU – European Union. JCI – Joint Commission International; the gold-standard for healthcare worldwide. NGO – nongovernmental organisation. NIS – New Israeli Shekel. oPt – occupied Palestinian territories. PA – Palestinian Authority. SJEHG – St John of Jerusalem Eye Hospital Group; this refers to all of our entities. UNDP – United Nations Development Programme. UNRWA – United Nations Relief and Works Agency, the UN branch responsible for Palestinian refugees. USAID – United States Agency for International Development

Saving Sight Changing Lives

St John of Jerusalem Eye Hospital Group is the only charitable provider of expert eye care in East Jerusalem, Gaza and the West Bank.

Our aim is to end preventable blindness throughout Palestine. We have been treating patients in the region regardless of their ethnicity, religion, social class or ability to pay for over 135 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

Cover photos:

1. An elderly patient awaits his eye treatment on our mobile outreach. Photo credit: Will Ashton.

2. A child from near Hebron awaits her Retinal surgery at our Jerusalem Hospital, October 2017.

3. A baby awaiting his eye check-up on our mobile outreach in Gaza, September 2017. Photo credit: Fadi Thabet.

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



Unique Challenges

We operate at the centre of three major world religions. The ongoing conflict in the region has a severe impact on our ability to carry out our work. We strive to provide expert eye care to all - regardless of ethnicity, religion, social class or ability to pay.

Access:



Accessing medical care in Palestine is complicated by movement restrictions, including the Separation Wall and permit system.

- 56% of patients and their companions in Gaza are delayed or denied access to treatment outside of their area (20% for West Bank patients)

Poverty:



Palestine's physical and economic isolation and the frequent outbreaks of conflict have led to high levels of unemployment and poverty, meaning that many patients cannot afford to seek medical care.

- 75% of people in East Jerusalem live below the poverty line
- 29% of people living in Palestine are unable to find work
- 80% of Gazans rely on international aid to survive

Genetics & Lifestyle:



This isolation and desire to preserve cultural traditions and retain property within the family has led to a rise in intra-familial marriage. This leads to high levels of genetic eye disease. Palestinians are also more likely to suffer from diabetes caused by genetics as well as a lack of access to health care and eye health information.

- 50% of marriages in Palestine are intra-familial
- 15% of the population suffer from diabetes
- 80% of diabetes sufferers develop diabetic retinopathy

OUR WORK

Operational



ACCESSIBILITY:

Providing eye care to the most isolated and vulnerable people in the West Bank and Gaza.



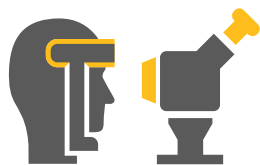
QUALITY EYE CARE:

Using state-of-the-art techniques, infrastructure, and standards to provide world-leading health care to our patients.



TRAINING:

Investing in the local population to develop eye care services.



RESEARCH:

Increasing understanding of causes and risk factors for eye issues, establishing best practice and new developments for treating the eye conditions unique to the region in which we operate.

Strategic



PARTNERSHIPS:

Creating a global network to aid in our fight against preventable blindness.



REPUTATION:

Building on our history as part of the St John Family and further our cause.



SUSTAINABILITY:

Ensuring a financially secure future, whilst maintaining our quality healthcare services for as many patients as possible.

These factors are reflected in the Trustees' Strategic Plan (see page 22)

SNAPSHOT OF 2017

We treated over 135,600 patients, performed nearly 5,000 major surgeries, and employed 260 people across our services.*

Anabta Clinic

We treated almost **20,700** outpatients at our Anabta Clinic.

17 staff members, including **12** medical, allied health, and nursing professionals.

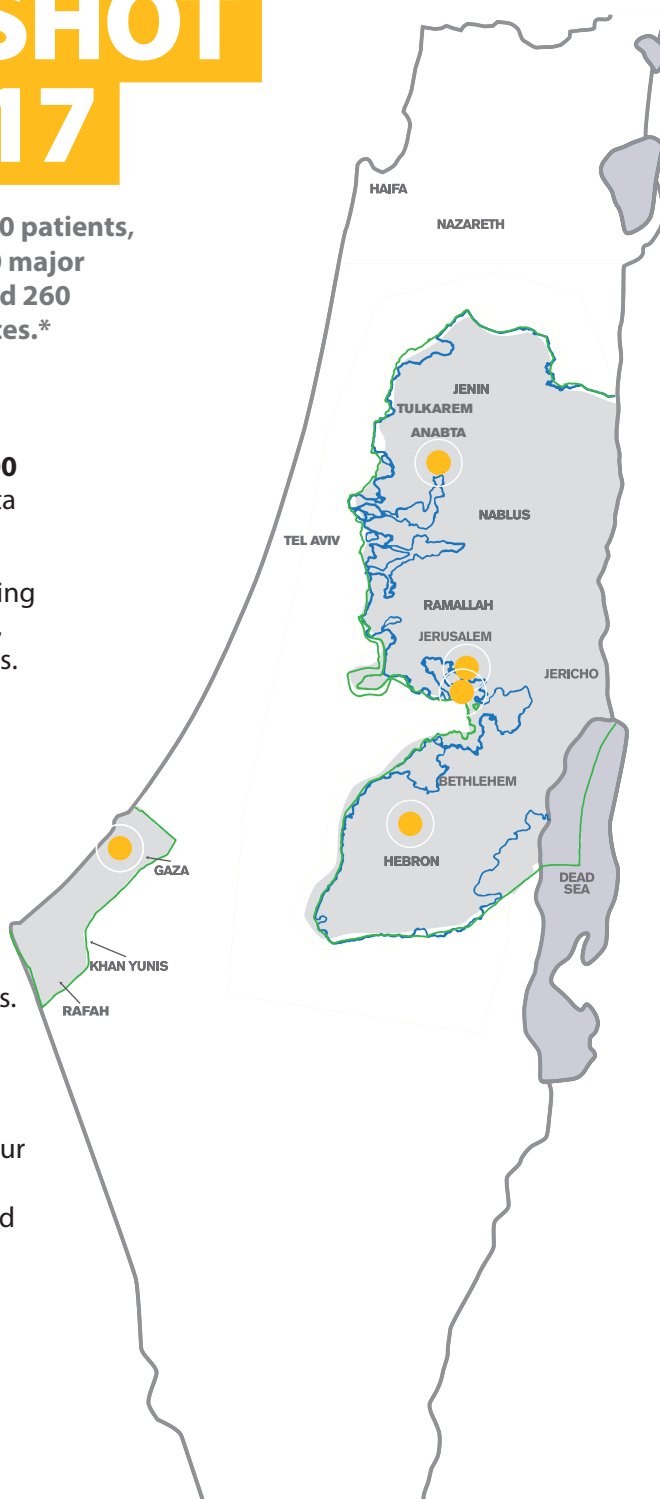
Gaza

We treated over **27,600** patients, and performed almost **900** operations.

36 staff members work in Gaza, including **28** medical, allied health and nursing professionals.

Mobile Outreach (Gaza)

2017 saw the launch of our Gaza-based Mobile Outreach Programme and Diabetic Retinopathy Screening Programme, which together reached almost **9,000** patients.



Jerusalem Hospital

We treated over **46,600** patients in our flagship East Jerusalem Hospital including performing **3,500** major operations.

192 staff members, including **119** medical, allied health, and nursing professionals (including **8** nursing students and **4** medical residents).

Muristan Clinic

The Muristan enjoyed its first full year of operation in 2017 and saw almost **1,000** patients.

In November 2017, we launched a School Screening Project in the Old City, based from the clinic, which reached almost **200** children in its first six weeks.

Hebron Hospital

Our hospital treated over **12,400** people including performing over **420** major operations.

15 staff including **11** medical, allied health and nursing professionals.

Mobile Outreach (West Bank)

Our Mobile Outreach Programme in the West Bank continued to grow in 2017, and screened over **18,400** patients.

**Staff numbers as at 31 December 2017, do not include seven London staff.*

Running Costs 2017

	£'000	% covered by patient income	% needing covered by fundraising activities
Jerusalem Hospital	7,824	47	53
Muristan Clinic	90	6	94
Anabta Clinic	451	71	29
Hebron Hospital	444	84	16
West Bank Outreach	450	0	100
Gaza Hospital	886	30	70
Gaza Outreach	89	0	100

THE SEPARATION WALL
THE GREEN LINE
(1967 BOUNDARY)

ACCESSIBILITY

ISSUE:



Easy access to primary eye care and education on eye health is key in the fight against preventable blindness. Many eye conditions are irreversible if not treated in time, which means that it is urgent we catch these early to save sight.

Unfortunately ophthalmic screening services are often underfunded. This is exacerbated in Palestine by access issues caused by the permit system, the Separation Wall and restriction of movement in both the West Bank and Gaza.


RESPONSE:

Although SJEHG has been in the region since 1882 with our flagship hospital in Jerusalem, access to treatment at the hospital has become increasingly difficult.

SJEHG works to increase accessibility to eye care in the region; we do this through strategic placement of centres for eye care, alongside mobile screening and education programmes. This has grown to include three hospitals (including Jerusalem), two clinics, a rolling Mobile Outreach Programme in the West Bank and Gaza, and a Diabetic Retinopathy Screening Programme.

HIGHLIGHTS of 2017

- Our patient reach grew by 8% compared to 2016
- Our Gaza Mobile Outreach Programme was launched
- Our Muristan Clinic enjoyed its first year of operation
- Our Education Awareness Sessions in Hebron and Anabta were launched
- An Outreach and Education Programme in Old City of Jerusalem Schools was launched



Joint CEO Dr Ahmad Ma'ali looking at a map of the many villages our Mobile Outreach team visit each year (each black dot is a village).
Photo credit: Bill Pagan





QUALITY EYE CARE

ISSUE:

Many eye conditions need regular medical treatment or surgery to ensure that they do not cause lasting damage to the eye. For example, Glaucoma is a condition which is extremely common throughout Palestine for people of all ages. This condition requires regular medical intervention in the form of drops, laser treatment, or, in many cases, surgery.

A commitment to the highest standards of quality contemporary eye care is important to ensure patient and staff safety and the greatest chance of treating each case successfully.

RESPONSE:

Our number one priority across our hospitals is patient safety and quality of care. In 2014 our Jerusalem Hospital became the first in Palestine to provide care for all 14 ophthalmic subspecialties (excluding oncology). We were also the first Palestinian hospital to achieve the Joint Commission International Accreditation (the gold standard for healthcare worldwide) and the ISO 9001:2015 Accreditation for Quality Control.

Our four satellite centres - Gaza, Hebron, Anabta and Muristan - also benefit from regular outpatient clinics run by our Jerusalem specialists. Much of the secondary care is provided from these centres. If there is a need for advanced treatment, patients will then be referred to our Jerusalem Hospital.

As part of our commitment to Gaza, and due to the ongoing blockade and permit issues, we are also investing heavily in our ability to provide subspecialty treatment in Gaza by investing in training and quality of care practices from within.

Case Study

Salma is a 10 month old baby who had two cataract surgeries in 2017. If she were your child you would want to know that her eyes were in safe hands, Salma's mother is no different, as she explains below.

"My husband and his brothers have always been treated here for their eye problems, we trust this hospital. I have confidence that Salma will be treated with the best possible care."

Our School of Nursing Class of 2017 with the Head of School of Nursing, Nasrallah Khalileh and Joint CEO, Dr Ahmad Ma'ali.



TRAINING



"For me, nursing is not only a career, it is a way of eliminating people's suffering, it is a humanitarian mission which I very much appreciate."

Raneen, School of Nursing Graduate 2017

ISSUE:

Providing world-leading eye care is impossible without staff trained to the highest standard, especially as Palestine is facing a nursing and doctor shortage. Unemployment generally is also rife throughout Palestine. Gaza has one of the highest unemployment rates in the world at 42%, whilst the West Bank sits at 18%.

Previously, SJEHG relied heavily on expatriate doctors and nurses to run our services. However this was not practical as staff would leave during times of conflict, resulting in our hospital being regularly short staffed or having to close its doors for weeks or sometimes months at a time.

RESPONSE:

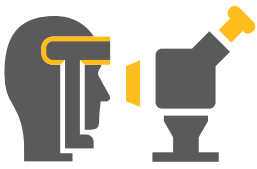
SJEHG invests heavily in training people from the local Palestinian population to ensure a sustainable and consistent provision of world-class eye care.

Our ability to offer all 14 subspecialties of eye care (excluding oncology) was achieved through our Medical Residency Programme and Joint Teaching Programme. Our Residency Programme is the only training opportunity offered to Palestinians to specialise in ophthalmology. Once qualified, our specialists will work across our services and are offered the opportunity to undertake fellowships in subspecialties in a number of our partner organisations, including Moorfields Eye Hospital (United Kingdom), Aravind Institute (India) and the Hadassah Medical Center (Israel). Our partnership with the latter organisation has seen us both receive peace awards for our commitment to medicine in spite of the political backdrop against which we operate.

We also offer up to ten places each year at our prestigious Sir Stephen Miller School of Nursing, which is accredited by the University of West London. Since its launch, we have trained over 200 nurses through this programme. Those who stay with us have opportunities for further career development, and a number of our graduates are now in upper management positions across our organisation – the most notable being our new Joint CEO, Dr Ahmad Ma'ali, who graduated from the nursing school in 1993.

HIGHLIGHTS of 2017

- Dr Al Walid returned from his Glaucoma Fellowship at the Aravind Institute, India
- Dr Al Talbishi finished his fellowship in Genetics at Hadassah Medical Center
- 2 Medical Residents joined our Medical Residency Programme
- 8 nurses graduated from the Sir Stephen Miller School of Nursing



RESEARCH

ISSUE:

The Palestinian population has a rate of blindness which is ten times as high as in the West, but insufficient research has been conducted. This means those attempting to combat preventable blindness in the region have little understanding of where to focus their efforts.

RESPONSE:

SJEHG is best placed to conduct major research into eye conditions in Palestine as the main provider of eye care in the region. In 2008, we conducted the region's first Rapid Assessment of Avoidable Blindness (RAAB) study which allowed us to focus our efforts to tackle preventable blindness on the areas which needed it most. A second RAAB study will commence in 2018.

A condition that was identified as needing serious attention in 2008 was Diabetic Retinopathy. Launched in 2012, our **Diabetic Retinopathy Screening Programme** not only screens patients but also works in partnership with the Fred Hollows Foundation to understand the prevalence and awareness of Diabetic Retinopathy across the region. The project, currently in Gaza, aims to establish best methods of tackling the condition jointly with the other national healthcare providers, and within our unique political and economic constraints.

We have also launched our **Peace for Sight Programme** in partnership with the EU Peacebuilding Initiative, Johanniter and Hadassah Medical Center. This is a three-year study into genetic conditions which affect the Palestinian population.

CASE STUDY:

Dr Al Talbishi (pictured on the bottom left of the above three pictures, with former trustee Dr Victoria Sheffield) is our lead researcher for our Peace for Sight Programme. Having specialised in ophthalmology in our Medical Residency Programme, he has recently completed a Fellowship in Genetic Retinal Diseases at Hadassah Medical Center. Under the Peace for Sight Programme he was able to travel to the American Academy of Ophthalmology Conference in November 2017 where his poster won Best in the Retinal Category.

"I'm so pleased we can finally offer some hope to those with genetic conditions in Palestine."
Dr Al Talbishi, Peace for Sight Lead Researcher.



HIGHLIGHTS of 2017

- We established a research laboratory at our Jerusalem Hospital
- Diabetic Retinopathy research was published in the Lancet Journal
- Our Peace for Sight team travelled to the US for the American Academy of Ophthalmology meeting and claimed Best Poster for their category (Retina)
- The lead doctor for Peace for Sight became the first Palestinian to speak at the Israeli Society for Vision and Eye Research
- We secured funding for a Rapid Assessment of Avoidable Blindness in 2018
- Over 180 patients were recruited to our Peace for Sight Study

PARTNERSHIPS



Integral to all of our strategic aims are the partnerships we share with many organisations. Without their support much of the work that we do would not be possible. As the major eye care provider in Palestine, SJEHG is also best placed to advise and aid other organisations in the provision of eye care to ensure that this is as widely spread as possible.

Our Joint Teaching Programme and our Peace for Sight (Genetic Research Programme) would not be possible without collaboration with other ophthalmic centres of excellence, especially the Hadassah Medical Center (Israel), Moorfields Eye Hospital (United Kingdom) and the Aravind Institute (India).

There are a number of other development organisations in Palestine who operate in partnership with SJEHG to offer our sight-saving services, most notably UNRWA, Medical Aid for Palestinians, the European Union, the Fred Hollows Foundation, USAID and the UNDP. We are also members of the World Association of Eye Hospitals (WAEH) and the International Association for the Prevention of Blindness (IAPB), which enables access to a global network of organisations combating preventable blindness.

The World Health Organization (WHO) is considered the national health technical advisor, supporting the health sector in Palestine including the services operated by SJEHG.

Our strategic relationship with the Palestinian Ministry of Health is extremely important. We have recently signed a two-year agreement with them to ensure that Gazan patients who present with eye problems at government general hospitals are referred on to SJEHG for further treatment. This is already established in the West Bank and Jerusalem. SJEHG is one of seven East Jerusalem Hospitals who work together to enhance the health and wellbeing of Palestinians by providing health education and promotion, quality clinical care, clinical research and teaching of health professionals.

We have a strong relationship with the worldwide Priorities of The Most Venerable Order of The

Hospital of St John of Jerusalem, many of which offer substantial support towards our sight-saving work. We also enjoy a strong relationship with the Sovereign Military Order of Malta, with which we operate in partnership on a number of projects, and with the Johanniterorden and Johanniter International, which offer both partnerships and funding for a variety of projects.

In 2016, the St John Ophthalmic Association (SOA) was established by SJEHG Trustee David Verity. This organisation aims to strengthen ties between SJEHG and medical, nursing and allied professional colleagues associated with St John organisations globally as well as, in particular, Moorfields Eye Hospital, London.

HIGHLIGHTS of 2017

- The first St John Ophthalmic Association symposium occurred in Jerusalem, and the first international congress is planned for September 2018: see www.soa.global for details and tickets
- SJEHG signed a Memorandum of Understanding with the Ministry of Health in Gaza
- The Fred Hollows Foundation opened their Middle Eastern Office in Dubai, our Diabetic Retinopathy expert Dr Nahed Mikki attended the occasion (pictured on the top of page 10)
- SJEHG joined the International Association for the Prevention of Blindness



Dr Islam Hashash and staff nurse Marlene Katanasho in our Muristan Clinic. Photo Credit: Joe Dealey.



REPUTATION



“The standards of care at St John Eye Hospital are just the same or even better than anything you might find in England. The generous humanitarian care they provide is inspiring.”

The Most Reverend and the Right Honourable the Lord Archbishop of Canterbury on a visit to the St John Gaza Hospital, May 2017 pictured above with a patient.

HIGHLIGHTS of 2017

● Shortlisted for the Charity Governance Awards (Improving Impact) Category 2017

SJEHG, established in 1882, enjoys a unique position as a foundation member of the Most Venerable Order of The Hospital of St John of Jerusalem, which was established by Queen Victoria. Our Sovereign Head is Her Majesty HRH Queen Elizabeth II and our Grand Prior is HRH the Duke of Gloucester. Our Royal connection has been reinforced over the years with visits to the hospital from the Duke of Edinburgh and the Duke and Duchess of Gloucester. In 2017, we were delighted to welcome the Archbishop of Canterbury to witness our work.

The Order of St John began as a hospital in Jerusalem in 1100AD, and has gone on to undertake a variety of invaluable work across the world. This places us historically at the centre of the St John story, something of which we are most proud and which was given further prominence in 2016 when we opened our Muristan Clinic and Peace Garden in the area where the original hospital was located.

Our reputation is strengthened further by our close relationship with the UK Consulate General in Jerusalem - the Consul-General has traditionally served on the Board of Trustees, and we were delighted to welcome the new Consul General, Mr Philip Hall, to our Board in September 2017. Our Board of Trustees include a diverse mix of skillsets and backgrounds in order to maintain an appropriate balance of skills and experience.

Today we operate as the leading eye care provider for Palestine, working together with national healthcare providers to implement best practice in eye care across the region; for further details of our partnerships (see page 11).

We are a registered charity in England and Wales, with the charity number 1139527 as well as being registered with the Fundraising Regulator.

SUSTAINABILITY



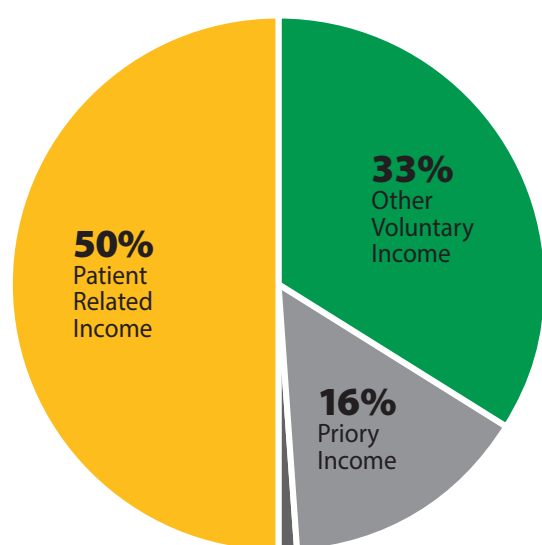
SJEHG is committed to ensuring its sustainability by securing a financially stable future.

Unfortunately, we are operating in a politically volatile time and this has severely impacted on our finances in the past few years. Brexit has caused a sharp depreciation in the Pound Sterling against all currencies, including the Israeli Shekel. The US Dollar is also depreciating against the Israeli Shekel. Since a substantial proportion of our voluntary donations are received in these currencies, the annual cost of these exchange rate movements is around £1 million. Additionally, political unrest within the region and an international focus on other humanitarian efforts such as the Syrian Refugee Crisis has affected the level of donations at the year end. We have therefore had to manage our finances in the context of a reduction in voluntary income of £1,354,000 (21%) compared to last year, resulting in an operating deficit at year end of £1,290,000.

Voluntary income continues to be a critical source of funding for our charity. During 2017, funding from our donors amounted to £4,897,000 equating to 49% of incoming

resources; while £5,003,000, constituting 50% of total incoming resources, was generated from our charitable activities. The remaining 1% of incoming resources related to income from investments.

We therefore remain dependent on our many supporters, to whom we are enormously grateful. We hope to achieve more together in 2018.

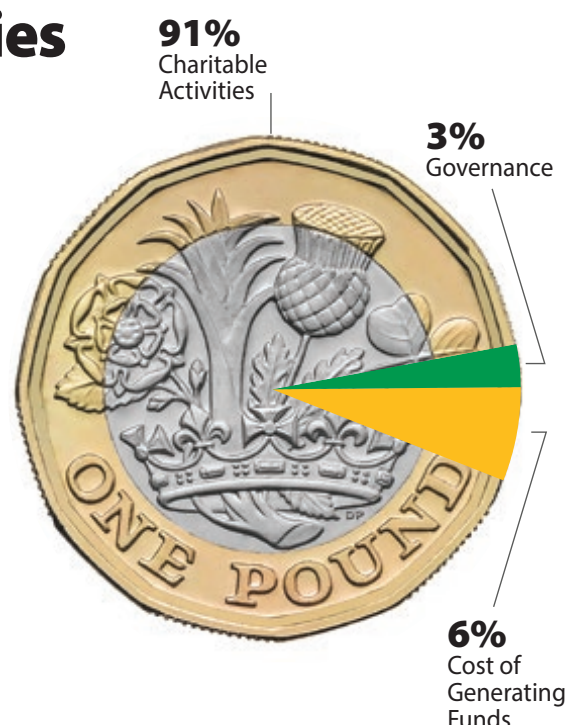


1% Investment Income

Statement of Financial Activities

Incoming Resources: £10m	£000	\$000	%
Patient Related Income	5,003	6,441	50
Priory Income	1,560	2,008	16
Other Voluntary Income	3,337	4,296	33
Investment Income	142	183	1
Total	10,042	12,928	

Resources Expended: £11.2m	£000	\$000	%
Charitable Activities	10,234	13,173	91
Cost of Generating Funds	646	832	6
Governance and Other Expenditure	342	440	3
Total	11,222	14,445	



Plans For 2018

- Launching a Diabetic Retinopathy Programme in the Old City of Jerusalem
- Establishing a low vision department in the Jerusalem Hospital to aid those whose vision cannot be saved
- Launching our provision of optional Laser Refractive Surgery for private patients, which will generate much needed income
- Organising full training for Cornea, Oculoplastic, and Paediatric subspecialties for Gazan-based ophthalmic doctors
- Organising a fellowship in Paediatrics for one of our Jerusalem-based doctors
- Opening a second operating room in our Gaza Hospital
- Training eight new ophthalmic nurses under our Sir Stephen Miller School of Nursing Programme
- Training two new medical residents and continuing to train our current four medical residents
- Publishing peer-reviewed papers on Inherited Retinal Eye Disease as part of our Peace for Sight Programme
- Conducting a Rapid Assessment of Avoidable Blindness Study in coordination with the London School of Hygiene and Tropical Medicine
- Developing an economically stable and data-informed plan to tackle Diabetic Retinopathy within Gaza
- Organising the First International St John Ophthalmology Congress in Jerusalem

Mary receives a check up for her dry eyes syndrome in our Hebron Hospital, November 2017. She explains: "I am happy to come to St John in Hebron as before we had to travel to Jerusalem and that was difficult with the permit issues, now it is much easier."



Trustees and Committee Members

The Trustees of the Charity, are also the Directors for the purposes of company law, during the year, and at the time of this report, are listed below:

Mr Guy Morton

OSTJ MA

(Acting Chairman)

Guy Morton is a solicitor and was, until his retirement, a partner in Freshfields Bruckhaus Deringer LLP, with a practice specialising in banking and financial law and the regulation of financial markets. He was Joint Senior Partner of the firm from 2006 to 2010. He has served on European Commission consultative groups relating to financial law reform and has represented the United Kingdom in relation to international law reform initiatives at the Hague Conference on Private International Law and UNIDROIT. Mr Morton was appointed as Acting Chairman from January 2018 until the appointment of a new permanent chairman, expected later in 2018. He first joined the board in June 2011.

Mr Nicholas Woolf

KStJ OBE

Nicholas Woolf is a Chartered Accountant and Chartered Tax Adviser and is a former partner with Arthur Andersen. He is a former trustee of Princess Alice Hospice, Beating Bowel Cancer, and Barts Charity and was a Non-

Executive Director of Westminster Primary Care Trust. Mr Woolf joined the board as Chairman in 2012 and retired in January 2018.

Mr Nicholas Goulding

OSTJ BSc FCA CTA (Fellow) ATT
(Treasurer)

Nicholas Goulding is SJEHG's Treasurer and Secretary. He is a Chartered Accountant and Chartered Tax Adviser and is a former partner with KPMG LLP. He is Honorary Treasurer of The HM Tower of London Chapels Royal Foundation, The Honourable Company of Air Pilots, St Lawrence with St Swithun Winchester, Blue Apple Theatre and a Governor of Lord Wandsworth College. He was first appointed to the board in August 2012.

Dr David Verity

OSTJ MD MA BM BCh FRCOphth
(Order Hospitaller)

Dr David Verity is an ophthalmic consultant at Moorfields Eye Hospital, and Service Director for the oculoplastic department. He is an active national and international teacher and surgical trainer, with a particular interest in complex lacrimal and orbital disease, in addition to thyroid eye disease.

He has contributed to over 100 manuscripts in scientific literature, is immediate past Treasurer of the British Oculoplastic Surgery Society, and in 2017 became Treasurer of the European Society of Ophthalmic Plastic and Reconstructive Surgery. Since 2010, he has been Editor-in-Chief of the journal ORBIT. He is developing the St John Ophthalmic Association globally and became The Order's Hospitaller in March 2018. David was appointed to the board in June 2016.

Dr Maged Abu-Ramadan

KStJ MD FRCSEd

Dr Maged Abu-Ramadan is a resident of Gaza, a Senior Consultant Ophthalmic Surgeon, and the Founder and President of the Palestinian Ophthalmological Society. In 2005 he was made Mayor of Gaza. He is the Treasurer of MEACO, and the Chairman of Coastal Municipalities Water Utility. Previously, he was the Palestinian Authority Director General of Hospitals General Administration and the Director General of the International Cooperation Department of the Ministry of Health. Maged became a

member of the board in April 2013.

Dr Anne Coleman

OSTJ MD PhD

Dr Anne Coleman is the Hospitaller for the St John Priory in the USA, helping to form a strong link between the Priory and SJEHG. Dr Coleman is Professor of Ophthalmology at the Stein Eye Institute of the David Geffen School of Medicine at UCLA and also a Professor of Epidemiology. She is Vice-Chair for Academic Affairs for the Department of Ophthalmology and Director of the SEI Centre for Community Outreach and Policy. She is the Director of the American Academy of Ophthalmology H. Dunbar Hoskins, Jr, MD Center for Quality of Eye Care, which is responsible for the patient care guidelines and public health outreach of ophthalmologists in the USA. Anne has been a member of the board since June 2014.

Ms Susan Dingwall

OSTJ

Susan Dingwall is a partner and corporate counsel of the international law firm, Norton Rose Fulbright LLP, specialising in insurance and risk

Top L-R: Nick Goulding, John Pelly, Maged Abu Ramadan, David Verity, Herbert Von Bose, Guy Morton
Bottom L-R: Anne Coleman, Phillip Hall, Nicholas Woolf, Jamie Ingham Clark, Nicki Shaw



issues. She leads the firm's award-winning Islamic insurance practice and is a recognised expert in her field by Chambers, Legal 500, Islamic Finance News' Leading Lawyers, Euromoney's Guide to The World's Leading Women in Business Law and Euromoney's Expert Guides – Insurance & Reinsurance. Her tenure on the board has been since August 2011.

HE Philip Hall OBE

Philip Hall has been British Consul General in Jerusalem since August 2017 and joined the Board of Trustees for SJHG in September 2017.

Before this, he led the Spending Review at the Foreign & Commonwealth Office. From 2012 to 2015, he headed the FCO's Counter Proliferation Department, leading the UK Government's work to prevent the spread of chemical, biological and nuclear weapons. He was Defence Counsellor in the UK Delegation to NATO from 2008 to 2012 and headed the FCO's Middle East Peace Process Section from 1999-2001. He is a solicitor, completed postgraduate studies in European law and integration in Germany, and has a Masters in Public Policy from the London School of Economics.

Mr Jamie Ingham Clark

CSJ FCA

Jamie Ingham Clark joined the Board in September 2017, having spent three years as a co-opted member of the finance committee. Jamie is a chartered accountant and his career developed within the London Insurance Market where he has had many years of Board experience both as Finance or Compliance Director. In 2013, he became an elected member of the City of London Corporation and is currently the Deputy for the Ward of Billingsgate. Amongst other committees, he is the Deputy

Chairman of its Finance Committee with its responsibility for the City finances. He has also been a member of the Order of St John Ceremonial Staff since 1981, where he is currently Sword Bearer and is a Liveryman of the Clothworkers' Company.

Mr John Macaskill OStJ

John Macaskill is 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 focuses his efforts on alternative investments, including private equity.

Our people – SJEHG employs 267 people across our services including 63 medical and allied health professionals and 107 nurses.*



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 serves as a Director to the Edinburgh International Festival American board, Provista Diagnostics, is treasurer of Meadowbrook Golf Club and 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.

Dr Alastair McPhail

CMG OBE

Dr Alastair McPhail left his post as British Consul-General in Jerusalem in June 2017, and retired from our Board of Trustees at the same time. Dr Alastair McPhail has worked for the Foreign and Commonwealth Office for 22 years. In January 2014 he was appointed British Consul-General in Jerusalem. He has had an illustrious career within the FCO serving in a number of European, Middle Eastern, and African Countries.

Mr John Pelly OBE OSJ

John Pelly qualified as an accountant

in 1978. He joined the NHS in 1990, becoming Finance Director of Guy's and St Thomas' Hospitals on the merger of these two world-renowned hospitals in 1993 and subsequently Chief Operating Officer, where he remained until 2004 when he became Chief Executive of Queen Elizabeth Hospital. In 2008, he was appointed Chief Executive of Moorfields Eye Hospital, a position he held until his retirement in late 2015. In 2017, he returned to Guy's and St Thomas' Hospitals as a Non-Executive Director. John has been a member of the Board since 2013 and

retired from the Board in January 2018.

Ms Nicki Shaw OSJ

Nicki Shaw is Chief Executive of Princess Alice Hospice. She previously worked at the British Heart Foundation, latterly as Programme Director for Prevention and Care. Her career has spanned the commercial, regulatory and voluntary sectors. She has participated in a number of national forums including the Palliative Care Funding Review and the DH Advisory Group on Health at Work. Nicki's appointment to the Board was in 2012.



Mr Herbert von Bose

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

*Staff numbers as at 31 December 2017.

Co-opted Committee Members Who Are Not Trustees

Mr Ken Baksh

Investment
Mr Baksh is an investment consultant with over 35 years' experience.

Mr Mark Cannon Brookes

Investment
Mr Cannon Brookes is the Chairman of CG Asset Management Limited.

Prof Mark Compton

KStJ AO Fundraising
Mr Compton is the Chancellor of the Priory of Australia and on the Board of the Order of St John.

Sir Vincent Fean

OStJ KCV0 Fundraising
Sir Vincent is the former Consul-General for Jerusalem and a former Trustee of SJEHG.

Mr Philip Hardaker

KStJ FCA Honours & Awards
Mr Hardaker is a Chartered Accountant and former partner with KPMG, and a former Chairman of SJEHG.

Maj. Gen. Mark Strudwick

KStJ CBE Nominations
Maj. Gen. Strudwick is the former General Officer Commanding Scotland and is Prior of St John Scotland.

Mr Timothy Walker

CB Audit
Mr Walker is a retired British Civil Servant,

formerly serving as Director General of the Health and Safety Executive.

Mr Douglas L Paul

KStJ Nominations
Mr Paul is a Vice Chairman of Credit Suisse and is Chancellor of the Priory of the USA.

Mr Nigel Graham Heath

CStJ Finance
Mr Heath is a businessman, investor and treasurer of the Priory of the USA.

Thomas E.K. Cerruti

Esq, MStJ Fundraising
Mr Cerruti is a lawyer, Executive Director of the Shelley Foundation and member of the Priory of the USA.

Governance Structure

Board Committees:

Steering
Strategy & Planning
Clinical Governance
Finance
Audit
Fundraising*
Investment
Honours & Awards
Nominations

The Committee Terms of Reference were updated in 2016.

*The Guild, and Friends of St John Society are subcommittees of the Fundraising Committee.

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member of the Charity and appoints the Chairman of the Board of Trustees.

The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem. The Board reviews the performance of SJEHG and in particular the performance of the hospitals in Jerusalem, Gaza, Hebron and the Anabta and Muristan Clinics, as well as the Mobile Outreach Programme. The Board also considers and approves the operational and capital budgets. The Board Committees focus in detail on their areas of responsibility

and report back to the Board. The Board is aware of the codification of directors' duties under the Companies Act 2006 and takes these duties into account in consideration of SJEHG's activities and within its Articles of Association. New Trustees are selected by the Board to maintain an appropriate balance of skills and experience. 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. An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the Charity to the Joint Chief Executives, Dr Ahmad Ma'ali and Mr Peter Khoury.



Trustee David Verity with one of our youngest patients during a visit to our Mobile Outreach Clinic in Gaza.
Photo Credit: Fadi Thabet

The Chief Executives



Dr Ahmad Ma'ali
CStJ PhD MPH BSN PGCE ENB
Joint CEO for Clinical Services. Director of Nursing and Allied Health Professions

Dr Ahmad Ma'ali joined SJEHG in 1990 as a student nurse, cementing his education at Al Quds University, Greenwich University and Moorfields Eye Hospital, as well as being awarded a PhD from De Montfort University - Leicester in 2017. He became Head of our School of Nursing in 2001 and in 2009 became our first Palestinian Nursing Director. He was appointed Joint CEO in October 2017.



Mr Peter Khoury
OSTJ BSc CPA
*Joint CEO for Financial and Administrative Affairs
Director of Finance*

Peter Khoury joined the SJEHG as Deputy Financial Controller in 2008, and became Financial Controller in 2014. He gained his financial qualifications at North Park University in Chicago where he earned the prestigious 'Who's Who Among Students in American Universities', which is one of the most highly regarded honours programs in the United States for outstanding academic achievement. Peter was an auditor for KPMG, and was Accounts Manager at The Lutheran World Federation / Augusta Victoria Hospital. Peter is also a member of the American Institute of Certified Public Accountants, The Texas Society of Certified Public Accountants, and the Arab Society of Certified Accountants. He was appointed Joint CEO in October 2017.



Brigadier Tom Ogilvie-Graham
CStJ MBE PhD
Former Chief Executive

Tom Ogilvie-Graham served in the British army for 30 years, primarily with the Army Medical Services and with the Household Cavalry. His humanitarian work spans from Kuwait to Bosnia to Rwanda, as well as developing programmes for medical and public health support in Iraq and Afghanistan. He has represented the UK on NATO medical committees. He is a Barrister and a Fulbright Scholar at Cornell University, and has a Doctorate in Psychology from Edinburgh University, a Master of Science from Reading University, and a Bachelor degree in Veterinary Medicine & Surgery from Edinburgh University. Brigadier Ogilvie-Graham left SJEHG in October 2017.

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 Trustees' 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 by ethnicity, religion, social class or ability to pay.

The Public Benefits from SJEHG's activities are:

a. the provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza and Hebron, the Anabta and Muristan Clinics and the Mobile Outreach Programme;

b. the exemption of patients' charges when the relevant authority does not finance the treatment and the patient is unable to pay all or part themselves;

c. the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region;

d. the research into endemic diseases affecting the Palestinian population; and

e. our services enhance education and employment prospects and contribute to economic growth.

Strategic Report:

Strategic Plan 2017-2020

Vision

By 2020 SJEHG will be:

- Known for providing the highest standards of patient experience, outcomes and safety across all our sites;
- Ensuring a financially secure future whilst not compromising on reaching out to as many people as possible, irrespective of ethnicity, religion, social class or ability to pay;
- Making a significant on-going contribution to national and international research with key partners, Hadassah Medical Center, Aravind Institute and Moorfields Eye Hospital;
- Maintaining its status as the leading and largest charitable eye care provider in Palestine and shaping the development and delivery of the eye health agenda nationally;
- Developing a leading role in the training and education of eye health clinicians.

Strategic Focus

Patients:

Achieve the highest standards of quality and patient safety. SJEHG will build on its JCI accreditation to continually strengthen standards and protocols on quality care and patient safety. As a leading training facility for ophthalmologists

and ophthalmic nurses and a leading provider of care, clinical quality and safety with an emphasis on a positive patient experience will continue to be at the core of SJEHG's basic principles and mission.

Capacity:

Expand clinical services and capacity. SJEHG has built its in-house capacity to offer both basic and highly sophisticated eye care services by qualified specialists using the latest technology. It will continually strengthen its capacity to care for common and unusual eye diseases in a planned, systematic process.

Research:

Initiate and develop a research capacity. SJEHG's patient population lends itself to research in the areas of epidemiology, treatment methodologies and genetics. SJEHG will look to build its statistical research capacity to better understand disease patterns whilst publishing its findings. This will result in improved outcomes for patients.

Partnerships:

Increase and develop partnership opportunities. As a tertiary eye hospital providing comprehensive subspecialty eye care, teaching and training at all levels and the opportunity for research, SJEHG will continue to seek partnership opportunities in the Middle East and globally.

Reputation:

Enhance our global reputation. SJEHG is well known in the region as a centre providing high quality, comprehensive eye care services and training. We will continue to build that reputation globally through supporter focused communications, thus increasing visibility, donor support and, over time, SJEHG's brand in geographic areas of priority.

Gaza:

Commitment to Gaza. SJEHG has served the people of Gaza for decades with a small clinic in Gaza City. The new modern eye hospital offers comprehensive subspecialist care and training within a very challenging environment. SJEHG's board and staff recognise these unique challenges and are committed to providing the best quality eye care and services for residents.

Finance:

Ensure sustainability. Ensuring a financially secure future whilst not compromising in reaching out to as many people as possible.

The seven areas of strategic focus are unchanged from the 2013 – 2017 strategic plan but the extension to 2020 reflects the progress made since 2013 and makes appropriate adjustments to reflect changed circumstances and opportunities. It is anticipated that a thorough review will be necessary after 2020.

Strategic Report:

Financial Review: Achievements and Performance in 2017

For the year ended 31 December 2017, incoming resources amounted to £10m, (2016, £10.8m) while resources expended amounted to £11.2m (2016, £9.7m). This resulted in a deficit of £1.2m (2016, surplus of £1.1m) before taking into account realised and unrealised gains on investments of £0.6m and exchange gains of £0.05m. Overall fund balances accordingly decreased by £0.5m in the year.

During the year patient-related surgical income increased as we introduced more complex surgeries to our Gaza Hospital. Within voluntary income, donations from St John Pories decreased from £2.9m in 2016 to £1.6m in 2017.

Expenditure on charitable activities amounted to £10.2m, being 91% of total resources expended. These costs include running the hospitals in Jerusalem, Hebron and Gaza, the Anabta Clinic, the Muristan Clinic and two Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running cost of our newly established genetics laboratory. The expenditure on charitable activities is primarily personnel costs which makes up 61% of the total cost (2016, 59%). Operating costs were contained through the continuation of enhanced cost

controls introduced in earlier years. It should be noted that the increase in resources expended during the year was, in part, due to exchange rate fluctuation and the decline in the value of the Pound Sterling against the Israeli Shekel, which is the primary operating currency, and to continuing increases in Israel's mandatory minimum wage.

Costs of generating funds constituted 6% (2016, 7%) of total resources expended and is the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team. Governance costs amounted to 3% (2016, 1%) of the total resources expended and reflect the international nature of the charity's activities and governance arrangements.

Total voluntary income decreased to £4.9m (2016, £6.3m) representing 49% (2016, 58%) of the incoming resources. Donations included £0.1m (2016, £1.1m) restricted for capital projects and medical equipment, in addition to £1.6m (2016, £2.9m) donated by the Pories of The Order of St John. Overall, the value of capital projects completed during the year amounted to £0.2m.

Funds generated from charitable activities (mainly patient income) amounted to £5m and constituted 50% (2016, 41%) of total incoming resources. The remaining 1%

of incoming resources related to income from investments.

The PA continues to pay for services rendered several months in arrears, reflecting its own cash flow issues despite the promises for monthly payments. Funding this level of debt impacts on SJEHG's cash flows, although the effect of this was ameliorated when the European Commission and USAID paid a substantial part of the PA outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually for capital projects.

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

Strategic Report:

Financial Review: Achievements and Performance in 2017

Reserves

At 31 December 2017, SJEHG had total funds of £17.1m (2016, £17.6m). This comprised permanent endowments of £7m (2016, £6.6m), £1.5m (2016, £1.6m) in restricted income funds, and £8.6m (2016, £9.4m) in unrestricted reserves, of which £2.4m (2016, £2.5m) is available to meet the normal operating needs of SJEHG.

Reserves Policy

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be increased, when circumstances allow, to equate to at least six months running costs (equivalent to £6.1m) 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 Brexit and the impact of the continuing reduction in value of Sterling against the Israeli Shekel, and also by changes to the statutory level of minimum wages in Israel. SJEHG relies heavily on voluntary income received mainly from donors in the Middle East, Europe, the United Kingdom and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs.

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 the apparent exchange gains shown in the financial statements do not represent realisable gains which are capable of being utilised by SJEHG, as they largely reflect the translation into Sterling of the Israeli Shekel value of the Hospital premises.

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

Going Concern

With general reserves at 31 December 2017 of £1.7m and net current assets at year-end of £4.5m, it is considered by the Board of Trustees that SJEHG has sufficient resources and liquidity to continue, for the foreseeable future, to manage its operations efficiently whilst maintaining a suitable flow of funds to be spent on fulfilling its charitable objectives. Our planning process, including financial projections, has taken into consideration

the current risks and its potential impact on future income. We believe that the uncertainties mentioned above will not call into doubt our ability to continue in operation. Accordingly, these financial statements have been prepared on a going concern basis.

Remuneration Policy

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

Management consult with the Finance Committee 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 (page 36).

Guide to SJEHG's finances

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

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

- capital donations are treated as income (in accordance with the Charities Statement of Recommended Accounting Practice),
- exchange rate variations: these have recently arisen

mainly from the depreciation of the Pound Sterling against the operating currency (Israeli Shekel) (which was particularly marked in 2016, when the Brexit vote resulted in a rapid depreciation of almost 20%, but has in fact been a continuous process over at least the last five years), and have also included a depreciation of the US Dollar against the Israeli Shekel.

- The exchange gains apparent from the annual results shown in the financial statements do not represent realisable gains which are capable of being utilised by SJEHG. They largely reflect the increase derived from the translation into Pound Sterling of the Hospital premises with an unchanged Shekel valuation.

Table of Adjustments 2017

	£'000
Net Movement in Funds per Statutory Accounts	(513)
Adjusting Items	
Donations for Capital Projects	(110)
Unrealised Gain on Investments	(617)
Exchange Gain	(50)
Adjusted Net Operating Results	(1,290)

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 (2015);

- make judgments and estimates that are reasonable and prudent;

- state whether applicable UK Accounting Standards, comprising FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements; and

- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the trustees are aware at the time of approving our Trustees' Annual Report:

- (a) there is no relevant audit information of which the company's auditors are unaware; and
- (b) the trustees have taken all the steps that he ought to have taken as a trustee in order to make himself aware of any relevant audit information and to establish that the company's auditors are aware of that information.

The Trustees' Annual Report was approved by the trustees on 14 May 2018 and signed on their behalf by:



Guy Morton, Acting Chairman,
St John of Jerusalem Eye
Hospital Group
Company no. 7355619
Charity no. 1139527
14 May 2018



Fundraising Statement

SJEHG as a charity with income or assets 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.

Independent Auditors' Report

to the members of St John of Jerusalem Eye Hospital Group

Report on the audit of the financial statements

Opinion

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

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2017 and of the group's and parent charitable company's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Trustees' Annual Report (the "Annual Report"), which comprise: the group and parent charitable company balance sheets as at 31 December 2017; the consolidated statement of financial activities, the group income and expenditure account, and the consolidated cash flow statement for the year then ended; and the notes to the financial statements.

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which ISAs (UK) require us to report to you when:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's and parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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

Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have

nothing to report based on these responsibilities.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) require us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Annual Report

In our opinion, based on the work undertaken in the course of the audit the information given in the Trustees' Annual Report, including the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and the Strategic Report and the Trustees' Annual Report have been prepared in accordance with applicable legal requirements.

In addition, in light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we are required to report if we have identified any material misstatements in the Strategic Report and the Trustees' Annual Report. We have nothing to report in this respect.

Responsibilities for the financial statements and the audit

Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities set out on page 26, the trustees are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they determine is necessary to enable the preparation of financial

statements that are free from material misstatement, whether due to fraud or error.

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

Auditors' responsibilities for the audit of the financial statements

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

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

Use of this report

This report, including the opinions, has been prepared for and only for the charity's

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

Other required reporting

Companies Act 2006 exception reporting

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

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



Andrew Lowe

(Senior Statutory Auditor)

For and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and
Statutory Auditors
London
14 May 2018

St John of Jerusalem Eye Hospital Group

Financial Statements

Consolidated Statement of Financial Activities for the year ended 31 December 2017

	Note	Unrestricted Funds 2017 £000	Restricted Funds 2017 £000	Endowment Funds 2017 £000	Total Funds 2017 £000	Total Funds 2016 £000
Income and Endowments						
Donations and legacies	3	1,399	3,498	-	4,897	6,251
Income from charitable activities	4	5,003	-	-	5,003	4,416
Income from investments	8e	47	95	-	142	144
Total Income and Endowments		6,449	3,593	-	10,042	10,811
Resources Expended						
Expenditure on generating funds		(646)	-	-	(646)	(692)
Expenditure on charitable activities		(6,665)	(3,569)	-	(10,234)	(8,947)
Other expenditure		(342)	-	-	(342)	(111)
Total Resources Expended	5	(7,653)	(3,569)	-	(11,222)	(9,750)
Net gains on investments	8, 14	208	-	409	617	1,051
Net (Expenditure) / Income		(996)	24	409	(563)	2,112
Transfers between funds	12,13	176	(176)	-	-	-
Exchange gains on overseas activities		50	-	-	50	928
Net Movement in Funds		(770)	(152)	409	(513)	3,040
Fund balances brought forward at 1 January		9,392	1,642	6,606	17,640	14,600
Fund balances carried forward at 31 December	15	8,622	1,490	7,015	17,127	17,640

All gains and losses recognised in the year are included in the statement of financial activities.

Group Income and Expenditure Account for the year ended 31 December 2017

	2017 £000	2016 £000
Income	10,042	10,811
Expenditure	(11,222)	(9,750)
Net (Expenditure) / Income	(1,180)	1,061

The income and expenditure account excludes the unrealised investment and exchange gains shown in the Statement of Financial Activities.

All of the above results are derived from continuing activities.

The accounting policies and the notes on pages 33 to 45 form part of these financial statements.

St John of Jerusalem Eye Hospital Group Financial Statements

Balance Sheets

as at 31 December 2017

	Note	Group 2017 £000	Group 2016 £000	Charity 2017 £000	Charity 2016 £000
Fixed Assets					
Tangible assets	7	6,273	6,848	3	5
Investments	8	11,905	11,110	10,503	9,929
Total Fixed Assets		18,178	17,958	10,506	9,934
Current Assets					
Stocks	9	643	464	-	-
Debtors	10	2,546	2,651	216	597
Cash at bank and in hand		2,252	2,747	604	1,651
Total Current Assets		5,441	5,862	820	2,248
Creditors: Amounts falling due within one year	11	(941)	(1,400)	(28)	(29)
Net Current Assets		4,500	4,462	792	2,219
Total Assets Less Current Liabilities		22,678	22,420	11,298	12,153
Creditors: Amounts falling due after more than one year	11	(5,551)	(4,780)	-	-
Net Assets		17,127	17,640	11,298	12,153
The Funds of the Group and Charity					
Restricted income funds	13	1,490	1,642	262	322
Endowment funds	14	7,015	6,606	7,015	6,606
Unrestricted income funds	12				
Designated reserves		6,273	6,848	3	5
Revaluation reserve		656	487	656	487
Other general reserves		1,693	2,057	3,362	4,733
Unrestricted income funds		8,622	9,392	4,021	5,225
Total Group and Charity Funds	15	17,127	17,640	11,298	12,153

The accounting policies and the notes on pages 33 to 45 form part of these financial statements.

The financial statements were approved by the Trustees on 14 May 2018 and signed on their behalf by:



Guy Morton
Acting Chairman



Nicholas Goulding
Treasurer

St John of Jerusalem Eye Hospital Group

Financial Statements

Consolidated Cash Flow Statement for the year ended 31 December 2017

	Note	2017 £000	2016 £000
Net cash inflow from operating activities	16	114	1,844
Cash flows from investing activities			
Investment income		142	144
Purchase of tangible fixed assets	7	(552)	(2,500)
Proceeds from disposal of tangible fixed assets		-	72
Purchase of fixed asset investments	8	(426)	(623)
Proceeds from sale of fixed asset investments	8	248	801
Net cash outflow from investing activities		(588)	(2,106)
Foreign exchange differences		(21)	(22)
Change in cash and cash equivalents in the financial year		(495)	(284)
Cash at bank and in hand at 1 January		2,747	3,009
(Decrease) in cash in the year		(495)	(262)
Cash at bank and in hand at 31 December		2,252	2,747

The accounting policies and the notes on pages 33 to 45 form part of these financial statements.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

1 Principal accounting policies

a Basis of preparation

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) effective 1 January 2015 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

b Foreign currencies

The Charity's functional and presentational currency is pound 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 Pound Sterling to the Israeli Shekel at 2017 year-end was 4.6819 (2016, 4.7252), while the average rate for 2017 was 4.6345 (2016, 5.2064).

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. Income from

charitable activities is accounted for when earned. 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 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 Cost of activities in furtherance of the charity's objectives

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

h Governance costs

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

i Cash flow statement exemption

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

j Pension and other end of service costs

The amount charged in the Statement of Financial Affairs in respect of pension costs is the contributions payable in the year on an accruals basis. Other end of service benefits are accrued as earned on an undiscounted basis.

k Rentals

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

St John of Jerusalem Eye Hospital Group

Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

Principal accounting policies (continued)

I 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 £200 are expensed in the year in which they are incurred. Impairment reviews are only carried out if there is an indication that the recoverable amount of an asset is below its net book value.

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

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

The holding values and estimated useful lives of assets are regularly reviewed for impairment and where deemed appropriate, are written down.

On disposal of an item of tangible assets, the difference between the disposal proceeds and its carrying amount is recognised in profit or loss within 'Other hospital income'.

n Investments

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

o Liquid resources

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

p Stocks

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

q Funds

Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include

designated funds, which are amounts that have been set aside to finance fixed assets.

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

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

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

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

r Estimates and assumptions

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods. Exchange rates are fundamental to the uncertainties. Mainly the impact of subsequent adverse movements between the exchange rates of the reporting and the operative currencies which would potentially affect, to some extent, the operating capability notwithstanding the enhanced but unrealisable balance sheet value of non UK located fixed assets.

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 in England and Wales 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 Donations and Legacies

	Unrestricted £000	Restricted £000	2017 Total £000	Unrestricted £000	Restricted £000	2016 Total £000
Donations	1,224	3,494	4,718	1,341	4,412	5,753
Legacies	83	4	87	302	56	358
Donations in kind	92	-	92	140	-	140
	1,339	3,498	4,897	1,783	4,468	6,251

Donations in kind comprise the estimated market value of medical services donated by visiting doctors to the Jerusalem Hospital £18,000 (2016: £8,000), and the value of donated tangible assets and medical supplies £74,000 (2016: £132,000). Income from related parties is set out in note 18. The charity has received notification of 1 legacy (2016: 1) with an estimated value of £15,000 (2016: £200,000) which are not included in legacy income.

St John of Jerusalem Eye Hospital Group

Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

4 Income from charitable activities

	2017 £000	2016 £000
Outpatient income	2,132	1,691
Surgical income	3,085	2,936
Less: Patient Relief	(410)	(441)
Net patient related income	4,807	4,186
Other hospital income	40	74
Rental income, board and lodging	156	156
Total other income	196	230
Total income from charitable activities	5,003	4,416

Patient Relief 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 2017 £000	Costs of Generating Funds 2016 £000	Charitable Activities 2017 £000	Charitable Activities 2016 £000	Governance Costs 2017 £000	Governance Costs 2016 £000	Total 2017 £000	Total 2016 £000
Personnel costs (note 6)	336	316	6,334	5,393	215	38	6,885	5,747
Recruitment costs	-	-	-	-	26	-	26	-
Medical costs	-	-	1,422	1,691	-	-	1,422	1,691
Establishment costs	73	75	657	568	15	15	745	658
Depreciation (note 7)	2	3	1,196	939	-	1	1,198	943
Office expenses	25	34	191	191	3	4	219	229
Travel and subsistence	129	121	42	86	-	13	171	220
Marketing and publicity	68	109	-	-	-	-	68	109
Auditors' remuneration	-	-	-	-	67	48	67	48
Other professional fees	12	34	35	21	2	21	49	76
Legal fees	1	-	102	31	16	-	119	31
Other Costs	-	-	121	-	-	-	121	-
Finance costs	-	-	134	27	(2)	(29)	132	(2)
	646	692	10,234	8,947	342	111	11,222	9,750
Support costs included above	-	-	1,266	1,105	50	18	1,316	1,123

Total resources expended in 2016 of £9,750,000 comprise £6,817,000 for unrestricted funds and £2,933,000 for restricted funds.

	2017 £000	2016 £000
Support costs comprise:		
Personnel costs	429	419
Recruitment costs	26	-
Establishment costs	339	295
Depreciation	120	94
Office expenses	193	194
Travel and subsistence	42	86
Other professional fees	35	37
Finance costs	132	(2)
	1,316	1,123

	2017 £	2016 £
Auditors' remuneration (excluding VAT):		
External audit	41,812	35,104
Other services provided by external auditors	649	8,631
Sub-total	42,461	43,735
Internal audit	15,067	1,642
	57,528	45,377

St John of Jerusalem Eye Hospital Group

Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

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:

	2017 Number	2016 Number
Medical and nursing	170	146
Support services	49	50
Fundraising	13	13
Administration	35	30
	267	239

b Staff costs

	2017 £000	2016 £000
Wages and salaries	5,978	5,103
Social security costs	456	400
Other pension costs	247	200
Other related costs	204	44
	6,885	5,747

Included in other related costs in 2017 are amounts of £164,000 paid to employees as a compensation for loss of office.

c Emoluments of employees

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

	2017 Number	2016 Number
£270,001 - £280,000 *	1	-
£130,001 - £140,000	-	1
£120,001 - £130,000	-	1
£110,001 - £120,000	1	-
£100,001 - £110,000	-	-
£90,001 - £100,000	1	-
£80,001 - £90,000	1	1
£70,001 - £80,000	4	3
£60,001 - £70,000	-	3

* Includes amount paid as compensation for loss of office.

During the year, provident benefits and pension contributions on behalf of these staff amounted to £13,000 (2016, £18,000).

d Remuneration received by key management personnel

The total remuneration received by the 14 (2016, 13) senior management personnel in managing the operations of the Group amounted to £996,000 (2016, £809,000).

e Pension costs

Pension costs comprise the contributions payable to authorised Israeli money purchase pension schemes in respect of certain employees and a UK defined contribution retirement benefit scheme in respect of certain 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 after more than one year (note 11c).

St John of Jerusalem Eye Hospital Group

Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

7 Tangible assets

a Group

	Buildings & Improvements £000	Medical Equipment £000	Motor Vehicles £000	Other Assets £000	Total £000
Cost					
1 January 2017	6,480	6,949	252	2,555	16,236
Additions	107	237	56	152	552
Exchange differences	58	62	2	18	140
Disposals	-	-	-	(3)	(3)
31 December 2017	6,645	7,248	310	2,722	16,925
Depreciation					
1 January 2017	2,938	4,844	29	1,577	9,388
Charge for the year	291	582	54	271	1,198
Exchange differences	23	38	-	8	69
Disposals	-	-	-	(3)	(3)
31 December 2017	3,252	5,464	83	1,853	10,652
Net Book Value					
31 December 2017	3,393	1,784	227	869	6,273
31 December 2016	3,542	2,105	223	978	6,848

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

b Charity

	Other Assets £000	Total £000
Cost		
1 January 2017	49	49
31 December 2017	49	49
Depreciation		
1 January 2017	44	44
Charge for the year	2	2
31 December 2017	46	46
Net Book Value		
31 December 2017	3	3
31 December 2016	5	5

St John of Jerusalem Eye Hospital Group

Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

8 Investments

a Analysis of movements (Group)

	Bank Deposits £000	Listed Investments £000	Total £000
Market value at 1 January 2017	1,155	9,955	11,110
Additions	205	221	426
Withdrawals	(53)	(194)	(247)
Disposals	-	(1)	(1)
Unrealised gains	-	617	617
Market value at 31 December 2017	1,307	10,598	11,905
Historical cost at 31 December 2017	1,307	8,648	9,955

b Analysis of movements (Charity)

	Listed Investments £000	Total £000
Market value at 1 January 2017	9,929	9,929
Additions	144	144
Withdrawals	(184)	(184)
Disposals	(1)	(1)
Unrealised gains	615	615
Market value at 31 December 2017	10,503	10,503
Historical cost at 31 December 2017	8,544	8,544

c Listed investments:

Analysis by category of underlying holding and location

		2017 Group £000	2017 Charity £000	2016 Group £000	2016 Charity £000
Equity investments	- UK	3,110	3,110	3,131	3,131
	- Overseas	3,214	3,214	2,776	2,776
Fixed interest securities	- UK	282	282	218	218
Property Unit Trusts	- UK	515	515	490	490
Property Unit Trusts (unlisted)	- Europe	5	5	46	46
Alternative Investments	- UK	1,362	1,362	1,278	1,278
Alternative Investments (unlisted)	- USA	-	-	2	2
Sterling & Cash Instruments	- UK	2,015	2,015	1,988	1,988
Others	- Overseas	95	-	26	-
Market value of listed investments		10,598	10,503	9,955	9,929

At 31 December 2017, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2017 %	2016 %
Schroders QEP Global Active Value Fund	9.9	10.0
Vanguard S&P 500 UCITS ETF	9.8	10.4
Schroder Income Fund	8.3	9.2
Artemis UK Special Situations Fund	7.4	8.3
Trojan Investment Funds - Trojan Fund	6.5	6.7
Majedie UK Equity Fund	6.3	6.5
LF Ruffer Total Return Fund	6.0	6.5
Aberdeen Foundation Growth Fund	5.8	5.7
Property Income Trust for Charities	4.9	5.0
Old Mutual UK Alpha Fund	4.7	4.5

St John of Jerusalem Eye Hospital Group

Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

8 Investments (continued)

d Bank deposits

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

e Income from investments

	2017 £000	2016 £000
Unrestricted funds	47	48
Restricted funds	95	96
	142	144

f Investment in subsidiaries

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

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

SJEH owns two £1 shares being all the issued shares in The St. John Eye Hospital (Palestine) Limited, which has not traded since incorporation.

Summary financial information for the subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA) 2017 £'000	St. John of Jerusalem Eye Hospital 2017 £'000
Total income and endowments	8,363	2,476
Total resources expended	(8,181)	(2,366)
Net incoming resources before other recognised gains	182	110
Other recognised gains	16	31
Net movements in funds	198	141
Total assets	8,771	4,237
Total liabilities	(5,057)	(2,004)
Total funds	3,714	2,233

9 Stocks

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

10 Debtors

a Amounts falling due within one year

Note	Group 2017 £000	Group 2016 £000	Charity 2017 £000	Charity 2016 £000
Trade debtors	2,065	1,549	-	1
Allowance for bad debts	(144)	(125)	-	-
Net trade debtors	1,921	1,424	-	1
Donations receivable	500	1,116	192	573
Prepayments and accrued income	125	111	24	23
Total debtors	2,546	2,651	216	597

St John of Jerusalem Eye Hospital Group

Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

10 Debtors (continued)

b Movement in allowance for bad debts

	Group 2017 £000	Group 2016 £000
1 January	125	212
Additions	378	383
Write off *	(360)	(439)
Exchange differences	1	(31)
31 December	144	125

*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.

11 Creditors

a Amounts falling due within one year

	Note	Group 2017 £000	Group 2016 £000	Charity 2017 £000	Charity 2016 £000
Trade creditors		260	476	6	6
Retirement benefits		21	393	2	-
Taxation and social security		78	83	6	9
Accruals		472	342	14	13
Deferred income	11b	57	50	-	-
Holiday pay accrual		53	56	-	1
		941	1,400	28	29

b Deferred income

	Group 2017 £000	Group 2016 £000
1 January	50	61
Deferred income recognised	146	129
Deferred income released	(139)	(151)
Exchange differences	-	11
31 December	57	50

c Amounts falling due after more than one year

	2017 Group £000	2016 Group £000	2017 Charity £000	2016 Charity £000
Retirement benefits				
1 January	4,780	3,453	-	-
Additions	899	836	-	-
Exchange differences	437	803	-	-
Payments	(565)	(312)	-	-
31 December	5,551	4,780	-	-

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.

St John of Jerusalem Eye Hospital Group

Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

12 Unrestricted Income Funds

	1 January 2017 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2017 £000
Group						
General reserves	2,057	6,076	(6,458)	-	18	1,693
Designated funds: Tangible fixed assets	6,848	373	(1,195)	176	71	6,273
Revaluation reserve	487	-	-	-	169	656
Total unrestricted funds	9,392	6,449	(7,653)	176	258	8,622
Charity						
General reserves	4,733	1,794	(3,202)	-	37	3,362
Designated funds: Tangible fixed assets	5	-	(2)	-	-	3
Revaluation reserve	487	-	-	-	169	656
Total unrestricted funds	5,225	1,794	(3,204)	-	206	4,021

	1 January 2016 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2016 £000
Group						
General reserves	2,440	5,761	(5,986)	-	(158)	2,057
Designated funds: Tangible fixed assets	4,232	486	(831)	1,853	1,108	6,848
Revaluation reserve	146	-	-	-	341	487
Total unrestricted funds	6,818	6,247	(6,817)	1,853	1,291	9,392
Charity						
General reserves	3,683	868	(524)	-	706	4,733
Designated funds: Tangible fixed assets	6	2	(3)	-	-	5
Revaluation reserve	146	-	-	-	341	487
Total unrestricted funds	3,835	870	(527)	-	1,047	5,225

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

St John of Jerusalem Eye Hospital Group

Financial Statements

Notes to the Financial Statements for the year ended 31 December 2017

13 Restricted Income Funds

	1 January 2017 £000	Incoming Resources £000	Charitable Activities £000	Purchase of Tangible Fixed Assets £000	31 December 2017 £000
Charity					
Staff sponsorship	64	745	(809)	-	-
Outreach	50	58	(66)	-	42
West Bank and Gaza Facilities	-	33	(33)	-	-
Other capital projects	-	62		(1)	61
Patient Relief	53	49	(52)	-	50
Income received from endowments	-	95	(95)	-	-
Other projects	131	97	(122)	(4)	102
Others value less in each case than £25,000	24	37	(54)	-	7
Total Charity	322	1,176	(1,231)	(5)	262
Capital projects	311	41	-	(171)	181
Other projects	984	2,326	(2,290)	-	1,020
Others value less in each case than £25,000	25	50	(48)	-	27
Total Group	1,642	3,593	(3,569)	(176)	1,490

	1 January 2016 £000	Incoming Resources £000	Charitable Activities £000	Purchase of Tangible Fixed Assets £000	31 December 2016 £000
Charity					
Staff sponsorship	185	870	(991)	-	64
Outreach	-	53	(3)	-	50
West Bank and Gaza Facilities	8	23	(31)	-	-
Hebron capital project	47	-	-	(47)	-
Other capital projects	115	270	-	(385)	-
Patient Relief	3	50	-	-	53
Income received from endowments	-	96	(96)	-	-
Other projects	57	106	(32)	-	131
Others value less in each case than £25,000	17	91	(84)	-	24
Total Charity	432	1,559	(1,237)	(432)	322
Capital projects	879	853	-	(1,421)	311
Other projects	535	2,075	(1,626)	-	984
Others value less in each case than £25,000	18	77	(70)	-	25
Total Group	1,864	4,564	(2,933)	(1,853)	1,642

Charity

- Staff sponsorship represents funds received to cover or contribute to staff costs of 42 hospital staff.
- Outreach funds cover the running costs of two outreach units.
- West Bank and Gaza facilities fund contribute to cover the operating costs of Gaza Hospital, Hebron Hospital 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 the Muristan.

Group

- Capital projects funds represent funds received from various donors to establish a genetic laboratory, purchase a vehicle for the Gaza outreach project, and medical equipment for the Gaza Hospital.
- Other projects include donations received to expand the level of operations within the Gaza Hospital through the introduction of a Diabetic Retinopathy screening and epidemiological research components. Also, it includes funds received to establish a genetic research unit and a laboratory at the main hospital in Jerusalem as well as funds received to sustain our services at the newly established Muristan Clinic in the Old City of Jerusalem.

St John of Jerusalem Eye Hospital Group

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Notes to the Financial Statements for the year ended 31 December 2017

14 Endowment Funds Group and Charity

	1 January 2017 £000	Investment Gains £000	31 December 2017 £000
American Society of St John: Walsh Bequest	476	30	506
Bed Endowment	3,872	240	4,112
Frost Charitable Trust	521	32	553
Frost Nursing School	492	31	523
Mr. Owen Smith Endowment	105	6	111
The John Swire Foundation Endowment	1,140	70	1,210
	6,606	409	7,015

	1 January 2016 £000	Investment Gains £000	31 December 2016 £000
American Society of St John: Walsh Bequest	427	49	476
Bed Endowment	3,469	403	3,872
Frost Charitable Trust	466	55	521
Frost Nursing School	441	51	492
Mr. Owen Smith Endowment	94	11	105
The John Swire Foundation Endowment	1,021	119	1,140
	5,918	688	6,606

These funds represent:

- The American Society of St John: Walsh Bequest: The Bequest was made in 2000 in honour of the Rev. Canon Edward West and Don Wesley Lundquist, for the endowment of 2 beds in the Children's Ward at the Hospital's facilities, maintained for the care of needy children.
- The Bed Endowment Fund: Donations to endow 37 beds between 1981-1995, with the use of income restricted to general patient care in the Hospital.
- The Frost Endowment Funds: These amounts were donated in 1989 by The Frost Charitable Trust (Mrs Sally Frost) to endow 4 beds at the hospital and the Nurses Training School.
- The Endowment of Mr Owen Smith was received in 2008 to fund professional medical training.
- The John Swire Foundation Endowment was received in 2013 to fund general operating costs.
- Investment income on endowment funds is applied in providing the on-going services covered by the endowment and is accounted for as unrestricted investment income in the Statement of Financial Activities.

15 Total Group and Charity Funds

	Unrestricted Funds 2017 £000	Unrestricted Funds 2016 £000	Restricted Funds 2017 £000	Restricted Funds 2016 £000	Endowment Funds 2017 £000	Endowment Funds 2016 £000	Total Funds 2017 £000	Total Funds 2016 £000
a Analysis by type of asset and liability (Group)								
Tangible assets	6,273	6,848	-	-	-	-	6,273	6,848
Investments	4,890	4,504	-	-	7,015	6,606	11,905	11,110
Net current assets	3,010	2,820	1,490	1,642	-	-	4,500	4,462
Creditors: Amounts falling due after more than one year	(5,551)	(4,780)	-	-	-	-	(5,551)	(4,780)
	8,622	9,392	1,490	1,642	7,015	6,606	17,127	17,640
b Analysis by type of asset and liability (Charity)								
Tangible assets	3	5	-	-	-	-	3	5
Investments	3,488	3,323	-	-	7,015	6,606	10,503	9,929
Net current assets	530	1,897	262	322	-	-	792	2,219
	4,021	5,225	262	322	7,015	6,606	11,298	12,153

St John of Jerusalem Eye Hospital Group

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Notes to the Financial Statements for the year ended 31 December 2017

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

	2017 £000	2016 £000
Net incoming resources	(1,180)	1,061
Investment income	(142)	(144)
(Gain) on disposal of tangible fixed assets	-	(181)
Depreciation	1,198	943
(Increase) in stocks	(179)	(100)
Decrease / (Increase) in debtors	105	(921)
Increase in creditors	312	1,208
Net cash inflow from operating activities	114	1,866

17 Financial Instruments

	2017 Group £000	2016 Group £000	2017 Charity £000	2016 Charity £000
Financial assets at fair value through statement of financial activities				
Investments	11,905	11,110	10,503	9,929
Financial assets that are debt instruments measured at amortised cost				
Stocks	643	464	-	-
Debtors	2,546	2,651	216	597
Cash at bank and in hand	2,252	2,747	604	1,651
	5,441	5,862	820	2,248
Financial liabilities that are debt instruments measured at amortised cost				
Trade creditors	260	476	6	6
Retirement benefits	21	393	2	-
Taxation and social security	78	83	6	9
Accruals	472	342	14	13
Deferred income	57	50	-	-
Holiday pay accrual	53	56	-	1
Retirement benefits	5,551	4,780	-	-
	6,492	6,180	28	29

St John of Jerusalem Eye Hospital Group

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Notes to the Financial Statements for the year ended 31 December 2017

18 Trustees' remuneration

The Trustees receive no remuneration.

Reimbursement of Trustees' expenses primarily for travel, accommodation and flights for 11 Trustees (2016, 10) during the year amounted to £28,796 (2016, £45,868).

Donations made by Trustees amounted to £26,629 (2016, £16,047).

Charity Trustee Indemnity insurance is provided at a cost of £6,841 (2016, £6,613) to cover the charity, Trustees and officers against potential claims and losses.

19 Related parties transactions

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

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

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 £48,000 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, Mr. Nicholas Woolf, was also a trustee of The Most Venerable Order of the Hospital of St John of Jerusalem. He resigned in January 2018.

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

Priory	2017 £000	2016 £000
USA	782	1,761
England and the Islands	337	407
Scotland	102	112
New Zealand	141	139
Australia	121	145
Canada	37	242
Wales	15	40
	1,535	2,846

Other Members of St. John Family	2017 £000	2016 £000
Sweden	20	19
Johanniter Orde in Nederland	2	-
Singapore	3	-
Malaysia	-	21
	25	40

Donations by the Priory of the United States:	2017 £000	2016 £000
Hospital - General Support	637	726
Hospital Restricted Gifts	71	565
USAID / ASHA Hospital Restricted Grant	74	470
	782	1,761

During the year, the Charity reimbursed the Priory of England and the Islands and the Order of St John £3,835 (2016, £5,145) in respect of certain expenses incurred.

Outstanding donations from the Priors and Establishments of the Order of St John at 31 December 2017 amounted to £336,998 (2016: £432,453).

20 Contractual & designated obligations

In 2017, the Group commenced a project that aims at expanding the level of operations within the Gaza branch through the introduction of Diabetic Retinopathy screening and epidemiological research components. The Group received £557,000 and expensed £542,000 on related activities.

In 2017, the Group established a genetic research unit and lab at the main hospital in Jerusalem, funded by the European Union's Peacebuilding Initiative and is in partnership with Johanniter and Hadassah Medical Center through training and technical capacity development.

In 2018, the Group will be establishing a corneal suite and a private clinic at the main hospital in Jerusalem funded by USAID/ASHA and The Linbury Trust. The total value of this project is £920,000.

St John of Jerusalem Eye Hospital Group

Professional Advisers & Administrative Information

London & Registered Office

4 Charterhouse Mews
London EC1M 6BB

Jerusalem Hospital

2 Mujir Eddin Street
Sheikh Jarrah
P.O. Box 19960
Jerusalem 91198

Bankers in the UK

National Westminster Bank Plc
134 Aldersgate Street
London EC1A 4JB

Barclays Bank PLC

1 Churchill Place
London E14 5HP

Bankers in the occupied

Palestinian territories

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

Investment Managers

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

Independent Auditors

PricewaterhouseCoopers LLP
1 Embankment Place
London WC2N 6RH

St John of Jerusalem Eye Hospital Group (a UK Company Limited by guarantee, Company number 7355619, Charity number 1139527) has two charitable subsidiary undertakings, providing ophthalmic services in the occupied Palestinian territories; St John of Jerusalem Eye Hospital (a UK Company Limited by guarantee, Company number 3867950; Charity number 1080185) and St John Eye Hospital in Jerusalem (RA) (an Israeli charitable society, registration number 580040368).



Heraldically the Arms of SJEHG are blazoned as follows: Gules a Cross Argent in the first quarter the Royal Crest proper on the Cross the outline of a pointed Ellipse fesswise Sable enclosing a Pellet conjoined to a Descrescent and an increscent Vert throughout and charged with a Maltese Cross Argent.



Our Joint Chief Executives with the Consul-General to Jerusalem HE Philip Hall celebrating Christmas with some of our patients and staff in the Jerusalem Hospital cloisters.

As a foundation of the Most Venerable Order of the Hospital of St John, the St John of Jerusalem Eye Hospital Group's coat of arms possesses the Order's characteristic white cross set on a red background with the Royal Crest in the top left corner. The symbol in the middle of the arms indicates the constituent entity of The Order of St John. St John of Jerusalem Eye Hospital Group's coat of arms is an emblem which is indicative of the organisation's commitment to its sight saving and life changing work. The arms are hued with the colours of the Palestinian flag, black, white, green and red, and instilled with an eye at the centre with the Amalfi Cross as its pupil. The eight points of the Amalfi Cross represent the Beatitudes from the Sermon on the Mount, and the four arms signify the Cardinal Virtues of Prudence, Justice, Temperance, and Fortitude. The iris of the eye has been created using two crescent moons, a Muslim symbol which highlights the denomination of the majority of the organisation's patients. The iris is a brilliant green, an allusion to the region being a fertile land.

Thank you

Our vital work is reliant on voluntary income from charitable donations

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 2017.

The St John Pories from around the world have once again delivered much valued assistance to SJEHG and we thank them for their continued support. We are pleased to receive the support of our Patron Lord Vestey. We are grateful to the Guild, the Friends of St John Society, the Alliance of the Orders of St John, St John Associations and the St John Fellowship for their on-going and crucial support.

Further Major Donors 2017:

Australian Representative Office in Ramallah
British Humane Association
The Estate of Vera Bavin
The Bryan Guinness Charitable Trust
The Cadogan Charity
CBM
CHK Charities Limited
The Clothworkers' Foundation
The Estate of Jacqueline Alice Cummins
The Edwina Mountbatten & Leonora Children's Foundation
The Eranda Rothschild Foundation
The Evan Cornish Foundation
The Estate of Ruth M Fisher
Fred Hollows Foundation
The Estate of Geoffrey Leslie Howe
Hugh Symons Charitable Trust
Caroline J Gavin
The German Ministry of Foreign Affairs
German Ministry for Economic Cooperation and Development (BMZ)
The Gosling Foundation Limited
Paul Gwilliam
International Medical Corps
The James Tudor Foundation
Johanniterhölpen
The John Swire 1989 Charitable Trust
Knights Templar

The Linbury Trust
Lions Club Palestine
Guy W Morton
Timothy Mattar
Mazars Charitable Trust
Palestinian Authority Ministry of Finance
The Park House Charitable Trust
The Estate of Hugh Peppiatt
The PF Charitable Trust
The Pilkington Charities' Fund
Pontifical Mission
Pro Victimis Foundation
Qatar Committee
Ian G Sims
The Sobell Foundation
The Sovereign Military Order of Malta
Stichting af Jochnick Foundation
The Tamari Foundation
The Valentine Charitable Trust
Welfare Association
United Nations Development Programme (UNDP)
The United Nations Relief and Works Agency (UNRWA)
USAID's American Schools and Hospitals Abroad (ASHA)
USAID Child Blindness Program

And other anonymous donors.

St John Funding 2017

£ Australia: £120,700 Canada: £36,600 England: £336,700 Netherlands: £2,000
New Zealand: £141,100 Scotland: £102,400 Singapore: £3,000 Sweden: £20,000
United States of America: £782,900 Wales: £15,000

\$ Australia: \$155,400 Canada: \$47,100 England: \$433,500 Netherlands: \$2,600
New Zealand: \$181,700 Scotland: \$131,800 Singapore: \$3,900 Sweden: \$25,800
United States of America: \$1,007,900 Wales: \$19,300

An elderly patient awaits
his eye check up on our
mobile outreach.
Photo credit: Will Ashton.



**St John of Jerusalem
Eye Hospital Group**

If you would like to support St John of Jerusalem
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please contact us:

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