

Annual Report 2020



St John of Jerusalem
Eye Hospital Group





**St John of Jerusalem
Eye Hospital Group**

SAVING SIGHT **CHANGING LIVES**

St John of Jerusalem Eye Hospital Group is the only charitable provider of expert eye care in East Jerusalem, Gaza and the West Bank. Our aim is to end preventable blindness throughout the oPt. We have been treating patients in the region regardless of their ethnicity, religion, social class or ability to pay for over 138 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

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

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

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

Chairman & CEO Introduction



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

Even for a region which is not shy of crisis, 2020 was one of our toughest years yet. In spite of this, SJEHG emerges from last year with a lot to be proud of and more to be thankful for.

The Covid-19 global pandemic had an influence across all areas of our operations and income. First and foremost, it unfortunately impacted upon our ability to treat our patients. Across Israel and the PA, strict lockdown measures were imposed at various times throughout the year in response to public health guidance. Our Mobile Outreach services were also suspended for the majority of the year. These measures resulted in a 20% downturn in our patients reached across 2020 (see page 6 for a full breakdown).

Patient safety and quality of care remains a top focus at SJEHG and where we believe that our team excelled throughout 2020. The pandemic brought with it new, unparalleled safety requirements which were implemented and maintained across all our services to the highest of standards. Though some of our staff did contract the virus outside of SJEHG settings (and made a full recovery), we were relieved to report no cross contamination from within any of our hospitals or clinics. We also celebrated a year of high levels of quality care in our theatre, with no major infections or other sentinel events. Our team deserves our highest praise. We cannot thank you enough for all that you have achieved this year in such difficult circumstances.

The economic impact of Covid-19 has brought with it its own challenges. Patient related income was down by almost £1.4m GBP and voluntary income was down by almost £519k GBP against our 2020 budget. Difficult decisions such as giving all staff one month's unpaid leave and freezing all recruitment and promotion enabled us to save £1.4m GBP, and other cuts across areas of every department brought our total savings to almost £2.5m GBP. We thank our staff once again for their sacrifices made here.

We were relieved to have made these savings with almost no redundancies and few cuts to our vital services, but this solution is certainly not sustainable. The economic impacts of the past five years of events out with our control such as, Brexit, political cuts to Palestinian funding and the pandemic, have left SJEHG in a challenging position. We are therefore working to diversify our income by focusing on strengthening services provided to paying customers and seeking funding from a range of new sources. You can read our full financial review on page 33.

We remain incredibly grateful to the Priors of St John who managed to continue their remarkable support despite the challenges faced in their own countries. Your support remains as over 34% of our overall voluntary income and has an enormous impact on what we are able to achieve every year. We are especially grateful to the Chair of the Guild, Georgie Brooks and Guild members for their exceptional achievements in taking their events online to support our Mobile Outreach services – and raising over £100,000 in the process.

We would like to take this opportunity to thank all of you who continue to support our vision to end preventable blindness across Jerusalem, the West Bank and Gaza. This report will demonstrate what can be achieved at St John even in the toughest times of crisis; we look forward to working with you to carry our mission even further in 2021/22.

A handwritten signature in black ink that reads "Andrew Cash".

Sir Andrew Cash OBE
Chairman

A handwritten signature in black ink that reads "Ahmad Ma'ali".

Dr Ahmad Ma'ali
CEO

Hospitaller's Report

International Partnerships and Excellence in Medicine

Despite the challenges of 2020, over the past 18 months we have continued to develop our fellowship, research, and virtual training programmes, and are grateful to the wider family of St John for their constant support for our postgraduate activities.

In particular, we continue to build our partnerships both with regional units, and with the wider international ophthalmic community. These collaborations lie at the heart of our postgraduate strategy, supporting research, teaching, and training - the three 'pillars' of postgraduate medicine.

Research at St John has made great strides since our original trachoma work in the 1960's, and the immunogenetics studies in Behçet's disease in the 1990's. We now run a modern DNA laboratory, focussing on the genetics of retinal disease, particularly retinitis pigmentosa (RP), which affects up to one in 4,000 people, and can lead to profound sight loss. You can read more on our efforts to diagnose and search for a cure for inherited retinal disease on page 14, and review St John's published scientific citations and [research projects](#) on the SOA website.

Our recent 'Rapid Assessment of Avoidable Blindness' study, completed in 2019, identified the need for glasses, cataract,

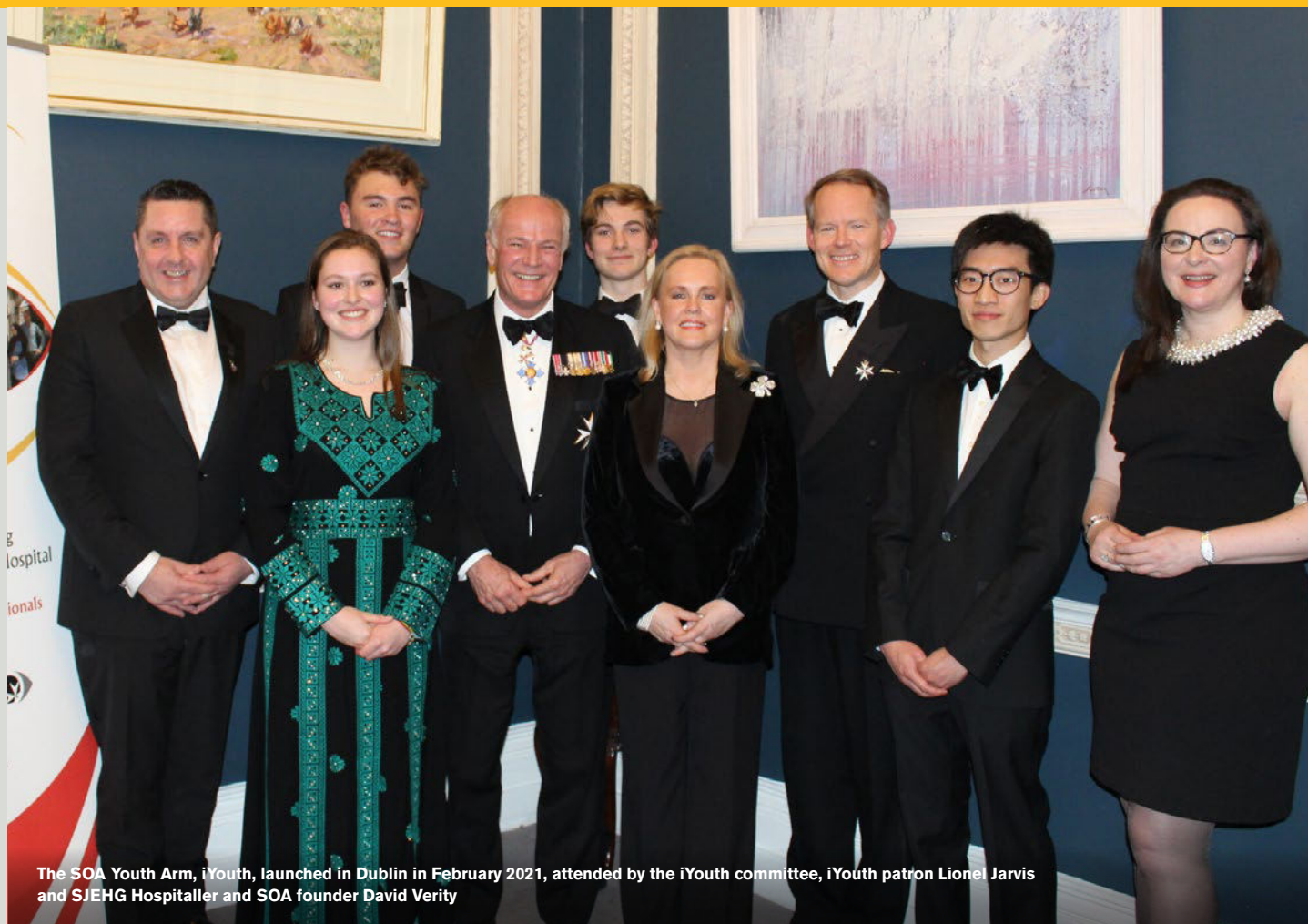


Hospitaller David Verity (left) and Professor Richard Collin (right) cross the Gaza border on a surgical visit, March 2020.

and diabetic retinopathy (DR) as leading and preventable causes of visual impairment in the Palestinian population. DR in particular is a growing epidemic in the oPt and, to this end, we are continuing our decade-long efforts to screen patients and establish best practice methods on managing the condition at a population level. You can read more on all our research on page 14.

Our regional Fellowship training programme also continues apace, and includes training in glaucoma, paediatrics, and oculoplastics. This investment has a profound long-term impact on eye care, and we are indebted to our supporters who have donated to this programme.

In 2015 the St John Ophthalmic Association (SOA) was founded, and thanks to support from the SJEHG Board is now a formal part of the Hospital Group, with its own Board of Directors and governance structure. This is a significant milestone for the Hospital Group because it brings a focus to our postgraduate work, and unites the expertise and support of clinicians across the Pories of St John for our teaching, training and research. Despite lock-down, and with the last physical SOA meeting in London in March 2020, the Association has recently launched two initiatives – the virtual [MasterClass Series](#), and the St John [Ophthalmic Case Series](#), or 'SOCS'. The latter unites clinicians, virtually,



The SOA Youth Arm, iYouth, launched in Dublin in February 2021, attended by the iYouth committee, iYouth patron Lionel Jarvis and SJEHG Hospitalier and SOA founder David Verity

across SJEHG and the Pories and has run 3 meetings to date (USA, Canada, Australia), with Europe and Sweden booked for 2021/22. As part of the SOA, iYouth, the emerging branch for [young professionals](#), was launched in Dublin shortly before lockdown. You can read more on achievements of the SOA in 2020 on page 12 and can learn more about joining the association at www.soa.global

Although 'virtual' educational activities have their advantages, they also have their limits and, as a surgeon, there is no substitute for spending time with colleagues and patients. In 2020, shortly before lockdown, I was fortunate to lead two surgical visits to Jerusalem and Gaza, accompanied by distinguished colleagues from Moorfields Hospital in London, Professors Lyndon da Cruz and Richard Collin. During these

visits we spent time with our ophthalmic and general surgical colleagues, visited a range of hospitals in Gaza, performed complex operations, engaged in local teaching programmes, and contributed to an ophthalmic conference held in Gaza City.

Since our earliest Hospitaliers, St John has enjoyed a tradition of support from distinguished international surgeons. I am glad to report that this tradition continues to thrive, and that we have a new and evolving Ophthalmic Association to engage healthcare professionals across the Pories and promote postgraduate excellence in St John. Their dedication to our work across our clinics and hospitals is greatly appreciated.

In summary, SJEHG is working tirelessly to develop our training and academic profile. As a teaching hospital, a thriving

postgraduate department is vital for our service delivery and our international reputation. We are building our training capabilities, have formed an international ophthalmic research advisory committee (ORAC), are developing our digital platforms, and engaging clinicians across the Pories.

In all this, we owe a debt of thanks to the Trustees of the Board of SJEHG, and to our staff, clinicians, and supporters across the Pories, without whom this progress would not be possible. I send a sincere message of thanks to you All.

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

Snapshot of 2020

We reached over 107,000 patients, performed over 5,700 major surgeries and employed 254 people across our services.*

Anabta Clinic

We treated almost 14,200 outpatients at our Anabta Clinic. A new school screening programme in the region also saw almost 500 children throughout 2020 and our introduction of crosslinking services allowed us to perform our first 28 major operations from the clinic.

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

Gaza Hospital

We treated almost 29,900 patients, and performed over 2,100 major operations (a 31% increase on last year's major operations).

43 staff members, including 23 medical, allied health and nursing professionals.

Mobile Services (Gaza)

Our outreach services reached over 3,800 patients via our Mobile Outreach Programme and Diabetic Retinopathy Screening Programme.

Jerusalem Hospital

We treated almost 40,200 patients in our East Jerusalem Hospital, and performed over 3,100 major operations.

176 staff members, including 108 medical, allied health and nursing professionals, and 8 nursing students.

Muristan Clinic

We saw over 400 patients in 2020 in our mobile Old City screening programme and Muristan Clinic.

Hebron Hospital

Our Hebron Hospital saw over 10,900 patients and performed over 450 major surgeries. A new school screening programme in the region also saw over 1,100 children throughout 2020.

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

Mobile Services (West Bank)

Our Mobile Outreach Programme and our new Kufer Aqab Jerusalem Outreach Clinic screened over 6,000 patients.

*Staff numbers do not include three London staff.

**Muristan and West Bank Mobile Services staff are counted in our Jerusalem Hospital figures.

*** Gazan Mobile Services staff are counted in our Gaza Hospital figures.



Running Costs 2020

	£'000	% covered by fundraising activities	% covered by patient income
Jerusalem Hospital	7,219	56%	44%
Muristan	60	99%	1%
Outreach	183	98%	2%
Hebron	604	11%	89%
Gaza	1,215	47%	53%
Anabta	468	37%	63%

About Us



Mission Statement:

St John Eye Hospital Group provides high quality ophthalmic care to the people of the Holy Land irrespective of race, creed, social class or ability to pay.

Vision:

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

Values:

Compassion: Providing eye care with empathy

Accountability: Accepting responsibility for continuous improvement and embracing change

Respect: Honouring the dignity and diversity of each person

Excellence: Providing exceptionally high quality and advanced care

Strategic Aims (2020-22)

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

Excellence, Education, and Innovation – Developing a centre of excellence for eye health education, research and innovation.

Investing in our People - Promoting supportive working environments whilst developing a sustainable, skilled workforce.

Good Governance and Partnerships – Strengthening our governance practices and partnerships to ensure best practice and maintain our heritage and reputation.

Sustainability – Diversifying and strengthening our financial sustainability to ensure our mission can continue to the future.

Patient Centred Services

Accessibility

We are committed to reaching the most isolated and marginalised communities in our remit, and ensuring that all who walk through our door receive the best care possible.



Accessibility

43%



43% patients and companions were delayed or denied access to advanced treatment outside of Gaza in December 2020, similar issues for West Bank patients

Prevention and early treatment of eye conditions are vital. This is because many eye conditions, if left untreated, cause permanent vision loss. Delivering accessible eye health services in the oPt carries with it unique problems, as the movement of people, even for medical care, is limited by checkpoints, permit systems and the Separation Wall.

We work to ensure that as many patients as possible receive eye care through mobile outreach, screening services, and hospitals and clinics strategically located across the West Bank and Gaza. We also make sure that our patients adhere to any referrals for advanced treatments at our hospitals by helping them navigate permit requirements, transport and accommodation for longer stays. You can view a detailed map of our services on page 6.

The Covid-19 global pandemic and subsequent lockdowns impacted our ability to reach our patients throughout 2020 and we have had to adapt where necessary. Though certain services, such as mobile screening, were limited, we were able to introduce a new clinic just beyond the Separation Wall for Jerusalemites seeking eye care in the town of Kufer Aqab. Although these patients are classed as Jerusalemites they cannot access our nearby flagship hospital without a medical permit, and this is a solution to screen for potential advanced cases for referral.

We also successfully harnessed our digital platforms in 2020 to educate the Palestinian population on health advice and the opening hours of our clinics during the Covid-19 pandemic, as well as specific campaigns to promote the dangers of consanguinity, and the

risk factors for diabetic retinopathy. A new digital working group has been established to innovate new ways to utilise these platforms to promote eye health to our target population.

Retinopathy of Prematurity:

We are developing our screening programme for retinopathy of prematurity (ROP), a disorder which affects as many as 60% of premature infants and, if untreated, leads to irreversible blindness in up to 10%. With state-of-the-art digital imaging and telemedicine, screening can be done by a technician, releasing clinicians to focus on remote diagnosis and treatment of identified cases. The greatest need is in Gaza, with an increasing number of neonatal units, and we are working to procure a number of mobile camera systems for the area.

Patient's Story: Ne'ema, The girl who spent Christmas alone at St John



Ne'ema pictured in front of the Jerusalem Hospital Christmas tree.

Ne'ema, an eight-year-old girl from Gaza, has had vision problems her entire life, as her father, Mohammad, explains:

'Ne'ema was only a few weeks old when we observed that our beautiful baby girl could not see the world. We took her to one of the general hospitals in Gaza who advised we wait a few more months, but we became increasingly concerned. We decided to seek specialist advice from St John Hospital in Gaza, who confirmed our fear – our daughter had been born with cataracts in both eyes and was blind.'

Her case was a complicated one. It has involved eight years of treatment with St John – first to remove her cataracts when she was 2 months, resulting in Ne'ema being without the lens of her eyes until she was old enough to have artificial ones implanted. This led

to a pressure build up which caused her to develop glaucoma in her right eye, for which she had previously had a tube implanted to remove pressure.

In December 2020, Ne'ema was due for the next stage of her treatment: two major surgeries – one with our glaucoma specialist Dr Amer Muhsein to insert her long awaited artificial lens in her right eye and ensure her glaucoma implant was still functioning, and another with our pediatric specialist, Dr Mohammad

Daraghmeh, to insert an artificial lens in her left eye.

This would be a difficult treatment for any child and their family to go through, but Ne'ema's family also had to deal with the permit system – only one person would be allowed to leave Gaza to accompany Ne'ema for surgery. Her mother stayed behind, whilst her father accompanied Ne'ema for treatment. However when Mohammad, himself fell ill on the trip with a major infection and was rushed to another hospital in Jerusalem, Ne'ema was left, unaccompanied and facing two major surgeries without the comforting arms of a parent to turn to.

Our Jerusalem Hospital staff stepped up to fill the gap as best as possible, as our Inpatient Nursing Director Ahmad Amer explains:

"Most of us have children so could understand the stress both the child and her father would have felt being separated at such a crucial time. Our team cooperated to ensure Ne'ema was mentally and physically okay by playing and walking with her to keep her busy. We also minimised her anxiety by connecting her with her family and father via video call a few times day."

Fortunately, for Ne'ema, after years of treatment and suffering, and the tough experience in December, her journey to vision is taking a positive turn. In February 2021, her stitches were removed and our staff in Gaza were delighted to report she now has better vision and she will wear glasses to improve her vision with time. Mohammad also made a full recovery and shared of the experience:

"I'm so thankful for the care that was provided for my daughter. Ne'ema was lucky to be treated at St John."

Quality Eye Care

A commitment to the highest standards of quality and comprehensive eye care is vital to ensure the greatest chance of treating or managing each patient successfully.



Our Mobile Outreach team load up a van with equipment during the Covid-19 pandemic.

We take this commitment seriously. We were the first Palestinian hospital to achieve Joint Commission International accreditation in 2013. This accreditation is the most stringent certificate awarded to hospitals throughout the world, reflecting the highest standard of excellence in medical care. We are independently reviewed on our accreditation every three years and have continuously achieved 97% or higher.

Our Jerusalem Hospital is also the only Palestinian healthcare provider to have locally trained specialists in all 14 subspecialties of ophthalmology (except

oncology), and each of our satellite centres receive regular visits from our specialists for treatment or surgical referrals. In Gaza we are working to increase local sub-specialist capacity to enable the mostly locked-in population constant access to the best possible eye care.

At our core, our values of compassion, accountability, respect and excellence drives the ethos of care across our services – ensuring each patient is not just given first-rate medical treatment, but are treated with dignity and empathy at every step of their journey with us.

The Covid-19 pandemic brought with it new challenges to patient and staff safety, which our team met with expected diligence. Several new safety protocols were introduced to ensure that we were able continue to treat patients in the safest possible manner, and we are happy to report there was no cases of internal contamination across our services. We are proud of how our team rose to the occasion, demonstrating, once again, how St John can continue to provide the highest standards of care for our patients even in the most difficult situations.

Staff Highlight:

Nasrallah Khalileh,
Head of Infection Control



Head of Infection Control, Nasrallah Khalileh(right) and staff nurse Osama Jarrara(left) with the Covid-19 vaccine

When the cases of Covid-19 began spreading across Israel and the oPt, Nasrallah Khalileh, our Infection Control Manager was charged with spearheading St John Eye Hospital's efforts to keep our patients and staff safe through the pandemic. He explains some of the experience below:

"From the beginning of the pandemic we were proactive in implementing evidence-based infection control practices to fight Covid-19. Our commitment as a team has been the key element in setting successful preventive measures that limited the spread of Covid-19 and ensured a safe environment for staff and patients.

This year has been incredibly taxing for all. Our staff are also fathers, mothers, brothers and sisters, and a big concern for all was potentially contracting the disease and bringing it home to beloved family members. However, all our team were inspired by their professional duty to provide care in one of the most difficult times we have ever witnessed, and remained steadfastly committed to their roles.

Personally, being the lead in a pandemic situation was not an easy job. I was ultimately responsible for ensuring safety, covering the legal requirements and providing policies, staff

training and monitoring. Conducting investigations on positive cases and sending staff for home quarantine was quite psychologically challenging too. Cooperation from my incredible colleagues enabled us all to effectively overcome any obstacles put in front of us.

Every cloud has a silver lining, Covid-19 has strengthened our confidence and dedication as a team to maintain high quality care in a safe environment during the most challenging of times. I'm sure this learning will carry on long after the pandemic has been suppressed."



Highlights:

No community transmission of Covid-19 in any SJEHG centre

Performed over 5,700 major surgeries

No major infection or other sentinel events

Gaza Hospital
Major Surgeries

31%

In 2020 we opened our 2nd surgical unit in our Gaza Hospital – and saw a 31% increase in major surgeries

Excellence, Education, & Innovation

For over 138 years SJEHG has led on eye health for the oPt, and as part of the wider international ophthalmic community.

Education

There is a shortage of both nursing and medical professionals across the oPt, and this shortage is even more pronounced in eye care – there are only 19 ophthalmologists per million of the population (compared to 49 per million in the UK). To combat this, and ensure that we remain ophthalmic leaders, we provide world-class education to the next generation of Palestinian eye health professionals.

Nursing and Allied Health: We offer up to ten places each year at our prestigious Sir Stephen Miller School of Nursing. This is complemented by a training programme for ophthalmic assistants in Gaza, as well as training general community health workers to identify and refer eye conditions to SJEHG centres. Since the 1980s we have trained over 200 ophthalmic nurses and nursing assistants in both Jerusalem and Gaza. Those who stay with us have opportunities for further career development. A number of our graduates go on to train as allied health specialists such as orthoptists or retinal diagnostics.

Medical: Our ability to offer all 14 subspecialties of eye care (excluding oncology) is achieved through our Medical Residency Programme and Joint Teaching Programme. Our Residency Programme is the only training opportunity offered to Palestinians to specialise in ophthalmology. Once qualified, our specialists will work across our services and are given the opportunity to undertake fellowships in subspecialties at St John or at one of our partner organisations.



St John Ophthalmic Association:

Established in 2015, the St John Ophthalmic Association promotes the coordination of postgraduate training, education and other activities across the Order of St John, with a special focus on St John Eye Hospital. Spearheaded by our Hospitalier, David Verity, it also enables fundraising and shared knowledge for St John through annual historical summits and medical conferences. In 2020 the group celebrated several highlights including:

1. The [3rd European SOA Meeting](#) was held in March 2020
2. The first on-line [St John Ophthalmic Case Series](#) meeting was held in 2020, bringing together Orders clinicians and SJEHG doctors:
3. The online [SOA MasterClass Series](#) was launched
4. SOA's iYouth [organisation](#) was established in 2020 in Ireland.
5. SOA funds enabled the sponsorship of three fellowships and one training course:

Glaucoma fellowship at Khadera Hospital in Northern Israel (finishes May 2021)

Paediatric fellowship at Tel Aviv Hospital (September 2021)

Oculoplastic Fellowship at Al Foula Hospital
VR Training at Bier Shiva Hospital (October 2021)

Lack of Specialists

19 per 1 million



Only 19 qualified ophthalmologists per 1 million population in the oPt (compared to 49 in the UK), this trend is reflected across all eye health specialists

Highlights:

8 ophthalmic nurses were trained. Unfortunately our 2020/21 cohort could not be recruited due to the pandemic.

3 medical residents completed their training.



Our nursing students undertake a lesson in eye health.



Professor Richard Collin, Dr Hisham Al Faleet, and Dr David Verity examine a child at our Gaza Hospital, March 2020



Research and Innovation

We work to deliver a service which reflects current population needs and provides state-of-the-art high quality treatment for those who require it. We do this by researching our population needs and ensuring that our specialists collaborate on developing ophthalmic best practice with their cohorts across the globe.

Diabetic Retinopathy: We completed a Rapid Assessment of Avoidable Blindness in partnership with the London School of Hygiene and Tropical Medicine and Peek Vision in 2019 which identified diabetic retinopathy as the fastest growing eye health issue in the oPt (and the number two cause of blindness in the oPt after cataracts).

In 2020, we have continued our almost decade-long screening and research into DR across the oPt. Its current iteration is a screening service in Gaza which screened over 1,500 patients in spite of the Covid-19 pandemic. Our findings from this study will help us to understand barriers to both diagnosis and management of diabetes and to develop a new comprehensive programme to combat this growing epidemic.

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

Our dedicated genetics research team continued their research in 2020, with continued focus on the genetics of retinal disease, particularly retinitis pigmentosa (RP). RP affects up to one in 4,000 people, and can lead to profound sight loss. In parallel, we are also applying to a multi-centre phase III retinal gene therapy trial, enabling SJEHG to contribute to the global search for a cure for this disease.

Overall, we have been able to screen over 470 patients with inherited retinal degenerations. In 2020, our genetics team published two papers - one was a large paper in collaboration with many European Centers led by Prof Frans Kremer and the other was in collaboration with Hadassah Medical Center.

Other Research: Research publication is the currency of postgraduate medicine. To this end, in 2020, we established an Ophthalmic Research Advisory Committee (ORAC). ORAC is led by the Asia-Pacific branch of the St John Ophthalmic Association, and will support SJEHG colleagues as required, particularly with manuscript preparation and submission. A number of our medical team are working on research focussed on their specialisms, some of which were published in 2020. We aim to increase our research output over the next three years to ensure that our team are focussing on the most innovative approaches to eye health.

Diabetes

24%



Diabetic retinopathy is now one of the leading causes of blindness in the oPt - up from 8.3% of the overall causes of blindness in 2008 to 24% in 2018.

Genetics

50%



The isolation and desire to preserve cultural traditions and retain property within the family has led to a rise in intra-familial marriage - which causes high levels of genetic eye disease. 50% of marriages in the oPt are intra-familial.

Investing in our people

Our staff are our most valuable asset. We are dedicated to creating an atmosphere which cultivates respect, development, transparency and well-being for all our employees.

Although we have always valued our people, our new 2020-22 strategy has introduced a focus to ensure that we engage and develop all staff members. In 2020 we initiated a hospital-wide pay scale and introduced policies to ensure that every department has succession planning and professional development as core priorities. As they are currently disproportionately represented at senior levels, we are also placing a distinct focus on encouraging our female and disabled staff members into management and development opportunities. Staff are encouraged to apply for any training that is relevant to their specialty and can help their development and productivity.

Staff are trained and coached to be multi skilled in their departments by working on rotational basis where possible, without affecting quality. This increases their knowledge and helps SJEHG to use its human resources efficiently. Internal training is conducted on a regular basis which is essential for staff continuous development. We have morning lectures for doctors and nurses to increase their knowledge and discuss special cases. We also hold regular mandatory training in First Aid, and other social topics such as Sexual Harassment in the Workplace.

In response to the unprecedented Covid-19 pandemic; SJEHG has been conducting specialised training in Infection Control and Health & Safety. We have also been taking great care of our staff needs and wellbeing;



Staff nurse Ahmad Odeh with Head of our Jerusalem Hospital surgical department Jamil Abu Hani

including introducing flexible working hours, working from home, where possible, and providing vaccination for staff and their relatives.

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

We continue to reward staff for their distinguished performance through the “Employee of the Month” nominations and thank you letters. Where our finances permit, the Board provides a bonus. Last year, as a thank you for efforts over the Covid-19 pandemic all staff received a Christmas Bonus of £250.

Highlights:

Staff development highlights in 2020 included:

Dr Omar Abd Al-Dayem was promoted to Deputy Medical Director to cover for the Acting Medical Director during his absence.

Nurse Nadia Abu Sbeitan was sent to Turkey to undertake specialised training in artificial eyes and is being and coached by the current Artificial Eyes nurse in the Hospital.



Good Governance & Partnerships

We rely on our reputation to enable us to deliver our services further and to a higher standard than anyone else in the region.

SJEHG continues to seek partnership opportunities in the Middle East and globally.

Technical Support and Grant Partnerships:

There are a number of other development organisations who collaborate with SJEHG on eye health projects across the oPt. We rely on their expertise or influence to deliver our services at the highest level. Several of these bodies are also donors, to see a full list of major donors in 2020 refer to page 59.



Quality and Transparency:

Through our commitment to quality eye care (see page 10) we have been accredited by the ISO 9001:2015 (Accreditation for Quality Control) and JCI International and are subject to regular external audits to ensure that we are adhering to their gold-standard for quality healthcare. We take transparency very seriously, following all UK guidelines to ensure both our accounting and fundraising practices are operating to

the correct level. As such, we are registered with official charity bodies in the UK and are independently audited each year. To see our full fundraising statement see page 37, to see our Independent Auditors' report from PwC see page 40.



St John Family: SJEHG enjoys a unique position as a foundation member of The Most Venerable Order of the Hospital of St John of Jerusalem, which was given a Royal Charter by Queen Victoria in 1888. Our Sovereign Head is HRH Queen Elizabeth II and our Grand Prior is HRH the Duke of Gloucester. Being a founding member of one of the world's biggest providers of healthcare gives St John access to partnership with Johanniter International, the Order of St John and the Alliance of the Orders. Together, and alongside several other international bodies, we collaborate on best practice for clinical governance, sustainability and more.



Local: Our strategic partnerships with local health networks are vital to ensure that an integrated approach to eye health. We have a Memorandum of Understanding in place with the Ministry of Health in both the West Bank and Gaza, to guarantee patients who present with eye conditions at general clinics are referred to us for specialist treatment. In 2020 we have been collaborating with the Ministry of Health to ensure that eye health is a key consideration in the national healthcare strategy.



Training: Both our Sir Stephen Miller School of Nursing and our Medical Residency Programme are internationally accredited, ensuring that our staff are trained to the highest possible standard. Our medical team benefit from opportunities to train in subspecialties internationally, and regularly collaborate on medical research with their cohort across the globe (see Research page 14). This collaboration has been encouraged by the introduction of the St John Ophthalmic Association (see Hospitalier's Report page 4).





"With a partnership that started in 1975, SJEHG is one of the most long-standing partners of CBM and of utmost importance for our work worldwide and, particularly, in the Middle East as we strive for our common objective to prevent blindness whenever possible and include those people with unavoidable visual impairment in all areas of society." - **Markus Baldus**
Project Portfolio Manager, CBM

preventing irreversible vision loss. Given the high level of vulnerability of refugees in the oPt, UNRWA refugees make up the majority of our beneficiaries requiring patient-relief to access treatment.

CBM and SJEHG, along with support from the Fred Hollows Foundation, have also established baseline data on the prevalence of visual impairment in the oPt through implementing the second national Rapid Assessment of Avoidable Blindness (RAAB) in the oPt, 10 years after the first ever RAAB study conducted by SJEHG. This national piece of research aimed at assessing the depth of the problem has helped us strategically steer the eye health strategy across the oPt.

Spotlight on a Partnership: **cbm** together we can do more

SJEHG's partnership with CBM is one of our longest standing and most impactful collaborations to date which can be summarised with the phrase "Inclusive Eye Health". The majority of our CBM supported projects are focused on serving our most marginalised and impoverished communities as well as to promote standards of living for those living with sight loss.

Since 2012, SJEHG and CBM have scaled up their partnership with the aim to invest more funding and efforts into preventing avoidable blindness in the oPt taking into strategic consideration the complexity of the political and socio-economic situation that has led to a fractured health system across the country.

CBM has trusted us technically and medically to improve eye health across the oPt. As SJEHG

are the single largest, and only charitable eye care provider to the Palestinian people, we have proven ourselves to be ideal partners for large-scale eye health projects in the oPt. Our well-connected and advanced eye health system across Gaza, the West Bank and East Jerusalem is especially vital given the lack of any government-led plan or specific investment in eye health.

With technical and financial support of CBM, together with its backing donors, mainly the German Federal Ministry for Economic Cooperation and Development (BMZ), we implemented the first ever Diabetic Retinopathy Screening Programme as a pilot project for integration within the United Nation Relief and Works Agency (UNRWA). This ground-breaking initiative had allowed SJEHG to screen over 40,000 known diabetic patients and treat over 30% of the screened patients

Together, we have also implemented inclusive eye health initiatives aimed to strengthen the access to eye health for refugees across the oPt. We are currently working to strengthen UNRWA's health system in Gaza and the West Bank through integration of Primary Eye Care into the general primary health care provision of UNRWA. This initiative aims to make basic preventative eye care available and affordable to all refugees in the oPt, which will ultimately reduce disability from visual impairment across the region, but will also provide rehabilitation services for those patients with unavoidable blindness.

We are incredibly grateful to CBM for their continued support and look forward to seeing the impact that our partnership will have on the eye health of the Palestinian people in years to come.

Thank you to the Guild



Not even a pandemic stopped our wonderful group of fundraising volunteers – the Fundraising Guild from raising awareness and vital funds for SJEHG throughout 2020.

It was quite the transition to take their normally in person fundraising events digital this year with little notice, but the Guild rose to the challenge and hosted a wonderful array of occasions to celebrate the eye hospital.

This year they have hosted celebrated film-makers Carlo Nero and Vanessa Redgrave, who produced an award-winning documentary on our work in 2015. This was followed by a fascinating talk from broadcaster Jon Snow,

who visited our Gaza Hospital in 2014, as well as a talk from renowned war artist Arabella Dorman.

Attendees also heard from two eye hospital stalwarts - Ahmad Ma'ali, SJEHG CEO and Denise Magauran, former Chief Medical Officer of the eye hospital. All of these talks, as well as the documentary can be viewed on the St John Eye Hospital [Youtube channel](#).

They rounded off the year with a fantastic virtual take on the Gift of Sight Fair (normally held in Chelsea Old Town Hall) as well as a charity auction which was so successful there are plans to do a joint in person/digital event in 2021.

What has been a fantastic consequence of these 'virtual' happenings is that the guestlist for Guild events, which is usually limited to the London area, has gone truly global! We would like to express of gratitude to all who have kindly adapted and joined these events online.

We would like to thank all at the Guild for going above and beyond to continue raising awareness and funds for SJEHG. We would especially like to thank Georgie Brooks who stepped down as Chairperson of the Guild in March 2021, and extend a warm welcome to incoming Chairperson Julia Corkey.

You can learn more about joining the Guild or attending a Guild event at guildstjohn.com

Sustainability

Statement of Financial Activities 2020

Incoming Resources: £10.7m	GBP £000	USD \$000	%
Patient Related Income	4,378	5,604	41
Priory Income	2,113	2,705	20
Other Voluntary Income	4,033	5,162	37
Investment & Other Income	184	236	2
Total	10,708	13,707	

Resources Expended: £10.5m	GBP £000	USD \$000	%
Charitable Activities	9,723	12,445	93
Cost of Generating Funds	586	750	6
Governance and Other Expenditure	167	214	1
Total	10,476	13,409	

Thanks to the incredible generosity of our donors, we have expanded our services over the past ten years to reach more patients.

However, this has come at some cost, and at a time when the landscape for giving is complicated by political unrest and an economic downturn caused by both Brexit and the Covid-19 pandemic.

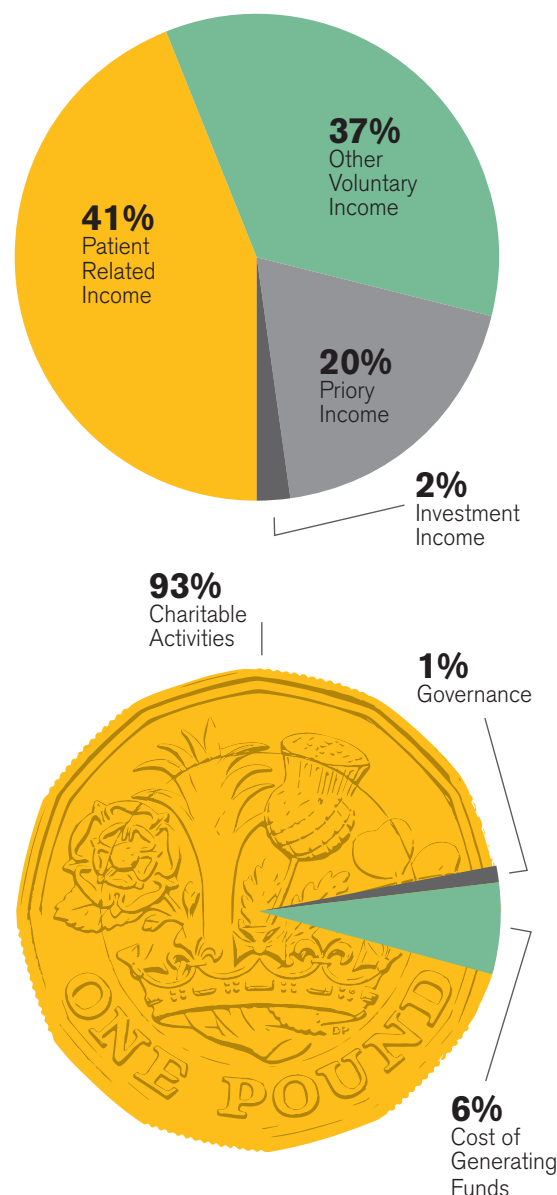
The Palestinian need for eyecare only continues to grow, and with it brings a vital requirement to source new methods of funding. As part of our 2020-22 strategy we are committing to diversifying our sources of funding by looking to increase our income from private and medically-insured patients. We will do this by remaining a competitive leader in private eye care across the oPt, and by cementing our partnerships with

both the Palestinian Ministry of Health and the Israeli Sick Fund. Through these efforts we aim to increase hospital related income from 53% to 57% by 2022.

However – there will always remain a large portion of our patients who will need eye care given at subsidised rates, or for free, to ensure that money is not a barrier in their eye health journey. Poverty rates are currently 22% across the oPt with unemployment at 27% (up to 49% in Gaza and 15% in the West Bank). Our donors remain vital for us to be able to deliver eye health to those who need it most – the most marginalised, underprivileged and at risk. They also allow us to preserve our rich

heritage, which reflects the almost 1,000 year old tradition for the Order of St John of delivering health care in the Holy Land.

Our St John Family remain a vital donor, and in 2020 gave 34% of our voluntary income – we recognise and appreciate that, even when you were responding to a major pandemic at home, you remained steadfast in your commitment to us. Eye disease did not let up during the pandemic, and neither did the need to treat it. To all our donors, and especially our major donors, we thank you for your generosity (please see a full list of major donors on page 59).



Celebrating a hero

Angus Rhodes and the Knights of the Vision Beautiful

For the past five years Angus Rhodes from the Knights Templar (KT), has been taking part in a series of challenges to raise funds for SJEHG. Spurred on by his inspiring actions, other members of the KT have joined up with Angus to form the 'Knights of the Vision Beautiful' – a dedicated fundraising group in aid of our work. In 2020 they raised an incredible £15,000 to support our surgical services. Angus shares their journey so far below.

"In 2015, I was told by doctors I had a less than 50% chance of leaving the hospital as a blood clot had almost filled both my lungs and my heart began to fail. On my third night in hospital, I almost didn't make it, but was saved by my wonderful wife (who is an NHS Pharmacist) pushing for me to receive a dose of a drug that ultimately saved my life.

Coming back from the brink of death, and physically much weaker than I had ever been, was incredibly difficult. I decided I needed a focus to help me get back into shape – and, as I've always been quite an old soul, settled on my own interpretations of the 12 Labours of Hercules – the physical and mental challenges given to the demi-god Hercules to prove his worth in Greek mythology.

I knew I had to give myself the momentum to do it by setting myself a fundraising challenge too. I've been involved with



the KT for as long as I can remember as my father was also a member and would bring me to family meetups as a young lad. The KT and the Order of St John share a rich and storied history as they both served with each other for hundreds of years. Settling on raising funds for SJEHG was therefore an easy choice, especially as I too have suffered

the terrifying experience of temporary sight loss.

Raising funds for St John Eye Hospital has been an inspiration and a privilege.

I regularly receive news of the incredible work that they do, which keeps me motivated throughout my challenges. There is one Gazan girl in particular, Lana, who had lost her sight

unnecessarily due to a missed diagnosis of glaucoma, who I think of often as a reminder that though my challenges may be difficult, it is nothing in comparison to what she will have to struggle through as a blind young woman with a painful condition living in the Gaza Strip. I hope the money that I raise can spare many more children across the Holy Land the pain of irreversible sight loss.

Sadly, this year my father who started me on this journey, Terence James Rhodes, passed away. His legacy lives on in the over £1,100 raised from his memorial fund which has been added to our overall funds. My fundraising is now dedicated in his honour.

My challenges so far have been quite the wild journey (you can read my checklist to the right). I am delighted now to be joined by so many of my friends in the Knights of the Vision Beautiful, and last year we completed an excellent 24-hour relay event through the streets of lockdown London. We are hoping in 2021 to complete another of these and more – put it this way, I am just getting started!"

We would like to thank Angus, the Knights of the Vision Beautiful and the wider Knights Templar group for their amazing support so far. You can read more of our major donors on page 59 and follow Angus' journey on his [Justgiving page](#).

Angus' Challenges

Training Challenges

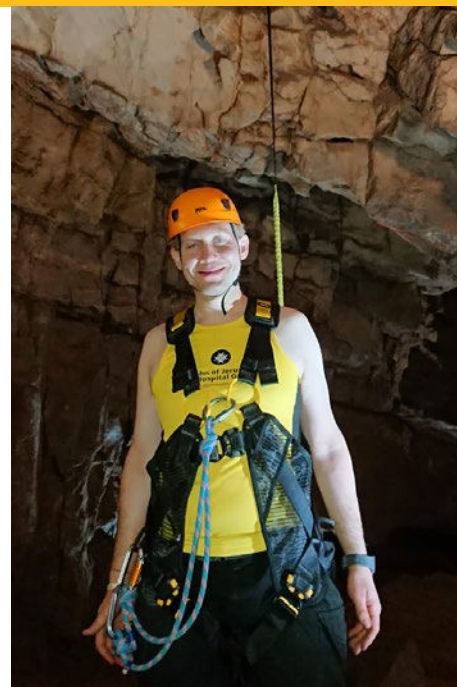
Samson and Delilah:

A monetary vote to keep or lose the beard (it went) (May 2017)

5k Race (July 2017)

10k Race (July 2017)

Half Marathon (October 2017)



Hercules Acts of Labour

1. The Nemean Lion: One Hundred Press Ups (2019)
2. The Lernean Hydra: 2019 - a Four Elements Challenge: Fire Walk in Basildon, Rock Climbing and Caving in Cheddar, Skydiving in Beccles and the Great North Swim (postponed due to Covid-19)
3. Catching the Erymathean Boar: Three Marathons in Three Weeks (April 2018 – Brighton, London, Stirling)
4. Labour: the Stymphalian Birds - tbc
5. Labour: Taming the Cretan Bull - tbc
6. Labour: Capturing the Mares of Diomedes - tbc
7. Labour: (Retrieving) the Belt of Hippolyta - tbc
8. Labour: (Obtaining) the Cattle of Geryon - tbc
9. Labour: (Stealing) the Apples of Hesperides - tbc
10. Labour: Capturing Cerberus (the three-headed Hound of Hades) - tbc



Trustees and Committee Members



Sir Andrew Cash OBE KStJ (Chairman)



Sir Andrew joined the NHS as a fast track graduate management trainee and has been a chief executive for more than 20 years. He has worked at the local, regional and national level. He has worked by invite at the Department of Health, Whitehall on a number of occasions. He is a visiting Professor in Leadership Development at the Universities of York and Sheffield. Sir Andrew was Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust from 2004 to 2018 and is currently the part time Chief Executive of the South Yorkshire and Bassetlaw Integrated Care System. He joined the SJEHG Board as Chair in September 2018.

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



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

Surgery Society, the Treasurer for the European Society (ESOPRS), and immediate past Editor in-Chief of the international journal 'ORBIT'. In 2015, with the ophthalmic Hospitaliers of the Order, he founded the St John Ophthalmic Association (SOA), a professional organisation dedicated to the postgraduate work of SJEHG. The SOA is formed of 5 world-wide hubs, engaging medical expertise across the Pories and supporting our staff with training courses and medical exchanges. As a surgeon, he also undertakes regular working visits to our hospitals in Jerusalem and Gaza.

Mr Nicholas Goulding CStJ 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, Winchester Deanery Synod and a Governor of Lord Wandsworth College. He was first appointed to

the board in August 2012.

Dr Maged Abu-Ramadan KStJ MD FRCSEd



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

Dr Anne Coleman OStJ MD PhD



Dr Anne L. Coleman is the Hospitaller for the St John Priory in the USA, helping to form a strong link between the Priory and SJEHG. Dr Coleman is Professor of Ophthalmology at the UCLA Stein Eye Institute of the David Geffen School of Medicine and

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

Our board of Trustees pictured in September 2019.



also a Professor of Epidemiology at the UCLA Fielding School of Public Health. She is Vice-Chair for Academic Affairs for the Department of Ophthalmology and Director of the SEI Center for Community Outreach and Policy. She is currently the President of American Academy of Ophthalmology and Director of the H. Dunbar Hoskins, Jr, MD Center for Quality of Eye Care, which is responsible for the patient care guidelines and public health outreach of ophthalmologists in the USA. Anne has been a member of the board since June 2014, and resigned in September 2020. She was replaced by the new US Hospitalier, David Pyott OStJ, CBE.

Ms Susan Dingwall OStJ LLM DipLP



Susan Dingwall is a partner and General Counsel of the international law firm, Norton Rose Fulbright LLP, specialising in risk and insurance issues. Prior to becoming General Counsel, she led the firm's award winning Islamic insurance practice and is a recognised expert in her field by the leading directories. She first joined the Board in August 2011.

HE Philip Hall OStJ OBE



Philip Hall has been British Consul General in Jerusalem since August 2017 and joined the Board of Trustees for SJEHG in September 2017. Before this, he led the Spending Review at the Foreign & Commonwealth Office. From 2012 to 2015, he headed the FCO's Counter Proliferation Department, leading the UK Government's work to prevent the spread of chemical, biological and nuclear weapons. He was Defence Counsellor in the UK Delegation to NATO from 2008 to 2012 and headed the FCO's Middle East Peace Process Section from 1999-2001. He is a solicitor, completed postgraduate studies in European law and integration in Germany, and has a Masters in Public Policy from the London School of Economics. Philip Hall resigned in July 2021.

Mr Jamie Ingham Clark CStJ FCA



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

Council (the local authority for the City of London) in 2013 and is now the Chairman of its Finance Committee. He sits on a number of other committees within the City. He is a Liveryman of the Clothworker's and Pattenmaker's Companies and is a member of the Knights Templar. Jamie has been involved with the Order of St John for over 40 years as a member of the Ceremonial Staff and is currently the Sword Bearer. He joined the board in 2017.

Mr Timothy Jones



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



between 1994 and 2000. Upon retirement from Freshfields he became General Counsel of England 2015, the organising committee for the Rugby World Cup. Tim joined the Board in November 2019.

Mr John Macaskill OStJ

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

Mr Guy Morton KStJ MA

Guy Morton is a solicitor and was, until his retirement, a partner in Freshfields Bruckhaus Deringer

LLP, with a practice specialising in banking and financial law and the regulation of financial markets. He was Joint Senior Partner of the firm from 2006 to 2010. He has served on European Commission consultative groups relating to financial law reform and has represented the United Kingdom in relation to international law reform initiatives at the Hague Conference on Private International Law and UNIDROIT. Mr Morton was appointed as Acting Chairman from January 2018 until the appointment of Sir Andrew Cash in September 2018. He first joined the board in June 2011.

Dr David E.I. Pyott OStJ, CBE

Dr David Pyott is the former Chairman and CEO of Allergan Inc. During his tenure, Allergan was transformed from a small eye care business with about \$1 billion in sales to a global company, with sales over \$7 billion. Dr Pyott is a member of the Board of several U.S. pharmaceutical companies, a member of the Supervisory Board of Royal Philips and Chairman of Bioniz Therapeutics. He is Deputy Chairman of the Board of Governors of London Business School, a Trustee of the California Institute of Technology, President of

the newly created Ophthalmology Foundation, successor to the International Council of Ophthalmology Foundation, President of the Advisory Board of the Foundation of the American Academy of Ophthalmology, and is also involved on the Boards of many other U.S. and international eyecare charities. Dr Pyott and his wife, Molly, are Members of the Priory of the USA and stalwart supporters of St John Eye Hospital. Dr Pyott joined the Board in October 2020.

Ms Nicki Shaw OStJ

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

Mr Herbert von Bose

Herbert von Bose is a lawyer and has worked for the European Commission in Brussels since 1983 where he rose to become



the Director for Industrial Technologies. He joined the Johanniterorden in 1984 and was chairman of the Brussels Johanniter Group from 2002 to 2012. Since 2014, he has been Governing Commander of the Balley and is responsible for international affairs. Herbert joined the board in June 2014.

Co-opted Committee members who are Not trustees

Mr Ken Baksh

● Investment

Ken is an investment consultant with over 40 years' experience

Mrs Georgie Brookes MStJ

● Guild Supervisory Committee

Georgie was Chair of SJEHG Guild and Guild Member for 20 years. Formerly at Mayfair Capital and currently Finance Manager at the Mango Tree OSP. Georgie resigned as Chair in March 2021.

Mr Mark Cannon Brookes OStJ

● Investment

Mark retired as an investment director of Smith & Williamson in 2017. Previously he was also Chairman of CG. Asset Management and Chairman or board member

of numerous other investment companies with over 56 years in the city. Mark resigned from the Investment committee in May 2020.

Mr Thomas E.K. Cerruti Esq, OStJ

● Fundraising

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

Mrs Julia Corkey MStJ

● Guild Supervisory Committee

Julia is the incoming Chairman of the SJEHG Guild (in 2021). She was a senior British public servant for over 20 years and is currently Chief Executive of ICC Belfast, Waterfront and Ulster Halls.

Mr Kevin Custis

● Investment

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

Mrs Anzo Francis

● Finance

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

Prior Nigel Graham Heath KStJ

● Finance

Nigel is the Prior of the Priory of

the USA. He is a businessman and investor. He resigned from the Committee in September 2020.

Mr Timothy Walker CB

● Audit Committee

Timothy is a retired British Civil Servant, formerly serving as Director General of the Health and Safety Executive.

*Staff figures do not include 3 London fundraising staff.

KEY:

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

Governance Structure



Board Committees:

Steering

Finance

Audit

Investment

Clinical Governance

Fundraising, Marketing

& Communication

Strategy & Planning

Payroll and Remuneration

Human Resources

Honours & Awards

SOA

Guild Supervisory

The Committee Terms of Reference were updated in 2019.

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member of the Charity and appoints the Chairman of the Board of Trustees. The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem. The Board reviews the performance of SJEHG and, in particular, the performance of the hospitals in Jerusalem, Gaza, Hebron and the Anabta and Muristan Clinics, as well as the Mobile Outreach Programme. The Board also considers and approves the operational and capital budgets. The Board Committees focus in detail on their areas of responsibility and report back to the Board. The Board is aware of the codification of directors' duties under the Companies Act 2006 and takes these duties into account in consideration of

SJEHG's activities and within its Articles of Association. New Trustees are selected by the Board to maintain an appropriate balance of skills, experience and diversity. Trustees are appointed for a term of three years and may be reappointed for two further terms of three years, but are not normally eligible for a further reappointment. In July 2021, Peter Hall resigned as a Trustee and was replaced by Diane Corner. Additionally, three current trustees are due to leave the Board of Trustees in 2021/2022 after serving a nine year term. Three new trustees have been recruited to replace them, and will be officially appointed in January 2022. An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the Charity to the Chief Executive, Dr Ahmad Ma'ali and the SJEHG senior management team.

The Chief Executive

Dr Ahmad Ma'ali

CStJ PhD MPH BSN PGCE ENB, CEO

●●●●●●●● CEO

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

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



Public Benefit

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

The Public Benefits from SJEHG's activities are:

- a. the provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza and Hebron, the Anabta and Muristan Clinics and the Mobile Outreach Programme;
- b. the exemption of patients' charges when the relevant authority does not finance the treatment and the patient is unable to pay all or part themselves;
- c. the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region;
- d. the research into endemic diseases affecting the Palestinian population; and
- e. our services enhance education and employment prospects and contribute to economic growth.

Strategic Report

Strategic Vision:
January 2020 to December 2020

Our three-year strategic plan 2020 - 2022 will enable us to attain our mission as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, creed, social class or ability to pay. This strategy will enable us to continue Saving Sight, Changing Lives and to uphold our CARE values:

Care

Compassion

Providing eye care with empathy and willingness to promote wellbeing

Accountability

Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve

Respect

Honouring the dignity and diversity of each person

Excellence

Providing exceptionally high quality and advanced care

The strategy outlines our clear vision to work with partners to

eliminate causes of avoidable blindness in the Holy Land through five distinct strategic aims:

Patient-Centered Services

Putting patients first - reaching out to the most isolated and marginalized individuals in our community and ensuring quality care and patient safety.

SJEHG will build on its JCI re-accreditation to continually strengthen standards and protocols on quality care and patient safety. We will conduct regular service audits, patient satisfaction surveys and develop pediatric services in Gaza. Our priority is to establish outreach services to overcome permit related accessibility issues and patients located in more isolated communities.

Excellence, Education, and Innovation

The country's main provider of ophthalmic training for the medical, nursing and allied health sector, leading on excellence in research, innovation and medical education.

We are the main provider of medical, nursing and allied health professionals' ophthalmic training in the country. We will seek funding for clinical research, and to achieve the American Council of Medical Graduate Education accreditation. We will capitalise on our achievements

in research, innovation and education by sharing our knowledge on genetics research and findings from the SOA annual summit to conducting a RAAB in children. By 2022, we will produce at least 10 scientific publications and have assured that our six medical residents are successful in their in national exams.

Investing in our People

Investing in our most valuable asset – our staff. Promoting local talent and supportive working environments whilst developing training opportunities towards a sustainable, talented workforce.

Our staff are our most valuable asset and we will continue to empower and support them to reach their full potential. We will create a culture of transparency, initiate a Hospital-wide pay scale and ensure employees have an annual development plan in response to appraisal processes. Female staff will be encouraged to take leadership roles and we will facilitate training and fellowship opportunities in Gaza and Jerusalem for corneal to oculoplastic specialisms.

Good Governance and Partnerships

Building international partnerships and strengthening governance structures to mitigate risks and ensure best practice.

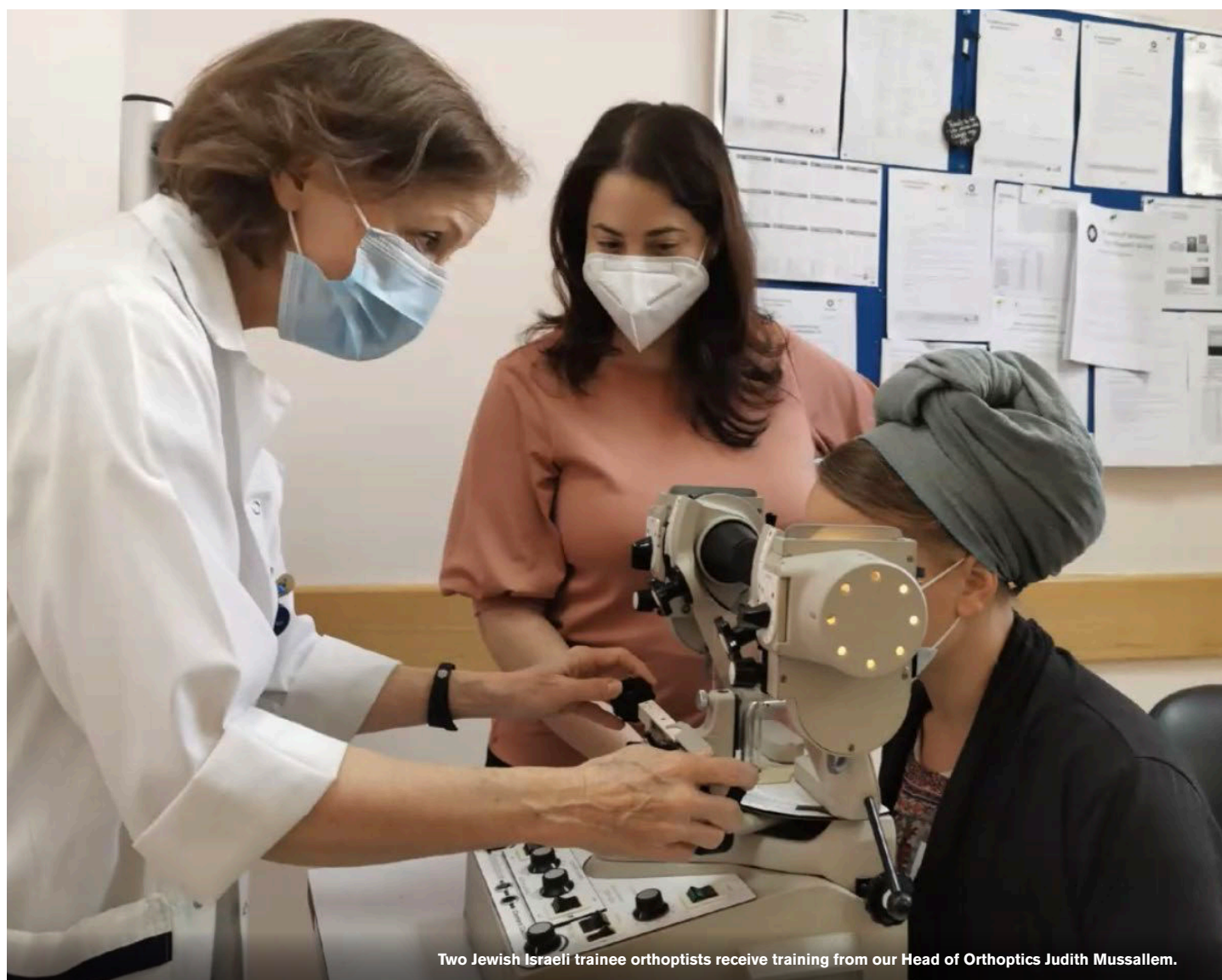
The hospital management will further strengthen its governance structure across its sites and continue to conduct audits to control risks and prevent any undesired outcomes. We also aim to strengthen partnerships with major donors and pertinent service providers and stakeholders such as Palestinian Ministry of Health, Afoula Hospital, as well as brokering agreements with hospitals in Israel and overseas.

Sustainability

Building on a decade of growth by diversifying our funding sources so that we continue to reach more patients with quality services, and ensure a financially secure future.

We have expanded our services over the past 10 years to reach more patients and we will sustain these achievements by diversifying our sources of

funding across patient, major donors and Priorities income. We will do this by reviewing contracts with all Israeli sick funds, implementing non-clinical income generating projects and competing for paying customers with services driven efficient hospital-wide processes. We aim to increase hospital related income from 53% to 57% by 2022.



Two Jewish Israeli trainee orthoptists receive training from our Head of Orthoptics Judith Mussalem.



Strategic Report

Financial Review: Achievements and Performance in 2020

For the year ended 31 December 2020, incoming resources amounted to £10.7m, (2019, £12.2m) while resources expended amounted to £10.5m (2019, £12.2m). This resulted in a surplus of £0.2m (2019, £0.04m) before taking into account realised and unrealised losses on investments of £0.2m and exchange gains of £0.2m. Overall fund balances accordingly increased by £0.2m in the year.

During the year, patient-related income decreased due to the impact of the Covid-19 pandemic which imposed movement restrictions and resulted in a decline in the number of patients seen and treated by the hospital. Within voluntary income, donations from St John Priors decreased from £2.6m in 2019 to £2.1m in 2020.

Expenditure on charitable activities amounted to £9.7m, being 93% (2019, 92%) total resources expended. These costs include running the hospitals in Jerusalem, Hebron and Gaza, the Anabta Clinic, the Muristan Clinic and two Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running costs of the genetics laboratory and the refractive suite. The expenditure on charitable activities is

primarily personnel costs which makes up 57% of the total cost (2019, 56%). Operating costs were contained through the continuation of enhanced cost controls introduced in earlier years as well as the actions taken by trustees and management to minimise the financial impact of the pandemic.

Costs of generating funds constituted 6% (2019, 6%) of total resources expended and is the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team in addition to carrying out various fundraising events. Governance costs amounted to 1% (2019, 2%) of the total resources expended and reflect the international nature of the charity's activities and governance arrangements.

Total voluntary income increased to £6.1m (2019, £5.7m) representing 57% (2019, 46%) of the incoming resources. Donations included £0.2m (2019, £0.6m) restricted for capital projects and medical equipment, in addition to £2.1m (2019, £2.6m) donated by the Priors of The Order of St John. Overall, the value of capital projects completed during the year amounted to £0.24m.

Funds generated from charitable activities (mainly patient income) amounted to £4.4m and constituted 41% (2019, 52%) of total incoming resources.

The remaining 2% (2019, 2%) incoming resources related to income from investments.

During 2020, the PA has been facing major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group. Additionally, due to the political unrest within the region, there are doubts about the ability of the PA to continue paying the hospital on a regular basis. Funding this level of debt impacts on SJEHG's cash flows and it is ameliorated to a certain extent when the European Union pays a substantial part of the PA outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually for capital projects.

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

Strategic Report

Financial Review: Achievements and Performance in 2020

Reserves

At 31 December 2020, SJEHG had total funds of £19m (2019, £18.8m). This comprised permanent endowments of £7m (2019, £7.2m), £0.5m (2019, £0.6m) in restricted income funds, and £11.5m (2019, £11m) in unrestricted reserves, of which £5.5m (2019, £4.4m) is available to meet the normal operating needs of SJEHG.

Reserves Policy

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be maintained, when circumstances allow, to equate to at least six months running costs (equivalent to £6.5m) to ensure that SJEHG can continue to run efficiently with adequate working capital. It is intended to achieve this through a continuing focus on cost-cutting, revenue generation, the introduction of new sources of revenue, and enhanced fundraising activity in order to ensure financial resilience and sustainability for the future.

Principal Risks and Uncertainties

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

A key risk which SJEHG faces continues to be financial. The position has been exacerbated by Covid-19, Brexit and the impact of the continuing reduction in value of Sterling against the Israeli Shekel, by changes to the statutory level of minimum wages in Israel, and also by the political situation in the region. SJEHG relies heavily on voluntary income received mainly from donors in the Middle East, Europe, the United Kingdom and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs.

Liquidity is a recurring issue, especially with the prolonged payment pattern of the PA for its working capital needs. SJEHG therefore sets aside a portion of the investment portfolio as a cash deposit, in order to ensure meeting the working capital needs.

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

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

the neighbouring countries, a particular current concern.

Going Concern

Since March 2020 and the on-set of Covid-19 in Israel and the occupied Palestinian Territories (oPt), the Board of Trustees and Management have been working on flexible plans, both operational and financial, to seek to secure the continued viability of the organisation.

We currently remain confident about our future, but these are very challenging and unprecedented times for SJEHG and society in general; and are likely to remain so for quite some time to come. We plan to work closely with all our global partners and supporters to seek to ensure that we continue to serve our patients in the most efficient and safe manner.

Detailed, yet adaptable, business plans have been prepared, and financial budgets and cash flow models are aligned to those plans. These plans are clearly dependent upon a variety and number of key assumptions, some of which are inter-related. For example, national and local Government decisions (such as measures taken by Governments to mitigate the impacts of the Covid-19 global pandemic on public health), travel and border restrictions, social distancing, capacity in our hospitals, the demand from our patients, our ability (and that of the PA) to obtain funding and donations, our fixed and variable cost structure; continued financial support from Group undertakings; to note just a few. Further details of the Group's principal risks and uncertainties are set out opposite.

The plans and models have been prepared for the period to December 2022, which is a period of at least 12 months from the date of approval of the financial statements. For the Board of Trustees to have a reasonable expectation of

the Group's financial viability to December 2022, the Trustees have also identified several challenging, yet reasonably plausible, downside scenarios based on information currently identified as a result of the impact of Covid-19 (sensitivity analysis). Sensitivity analyses and modelling have been performed on the key assumption alongside the financial effects thereon.

The Trustees continue to review and will implement any possible mitigations in order to seek to reduce the financial impact of these downside scenarios – maintaining a balance between supporting the activity that is crucial to delivering the objects of the charity, whilst ensuring the long-term financial sustainability of the Group.

Under these current downside scenarios, with no further mitigations which may be available to the Group, the Trustees' project to have sufficient liquidity through the period to December 2022.

Further details of the above are set out in Note 1 to the financial statements.

After consideration of the detailed, yet adaptable, business plans, financial budgets, cash flow modelling aligned to those plans and scenarios, and the overlaid sensitivity analyses, the Trustees consider that the Group has adequate resources to continue in operational existence for the foreseeable future, being a minimum period of at least 12-months from the date when the financial statements are approved.

Based on all of the above, the Board of Trustees are confident in the Group's ability to remain as a going concern and have, therefore, prepared the financial statements on a going concern basis of accounting.

Nevertheless, the Trustees fully acknowledge that there is a level of uncertainty, which is likely to persist for some time, given the

key assumptions and the financial modelling referred to above.

Remuneration Policy

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

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

Guide to SJEHG'S Finances

The aim of this note is to summarise the key points to an

understanding of the complexities and vulnerabilities of SJEHG's financial position.

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

- capital donations are treated as income (in accordance with the Charities Statement of Recommended Accounting Practice),
- exchange rate variations: these have recently arisen mainly from the depreciation of the Pound Sterling against the operating currency (Israeli Shekel) (which was particularly marked in 2016, when the Brexit vote resulted in a rapid depreciation of almost 20%, but has in fact been a continuous process over at least the last five years), and have also included a depreciation of the US Dollar against the Israeli Shekel,
- The exchange gains or losses apparent from the annual results shown in the financial statements do not represent realisable amounts which are capable of being utilised by SJEHG. They are largely derived from the translation into Pound Sterling of the Hospital premises with an unchanged Shekel valuation.

Table of Adjustments 2020

	in £'000
Net incoming Resources per Statutory Financial Statements	241
Reconciling Items	
Donations for Capital Projects	(196)
Unrealised Losses on Investments	215
Exchange Gains	(224)
Net Operating Results	36
Less: Outstanding Restricted Income	(298)
Actual Net Operating Results	(262)

Statement of Trustees' Responsibilities

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

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice). Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

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

of Recommended Practice: Accounting and Reporting by Charities (2019);

- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards, comprising FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

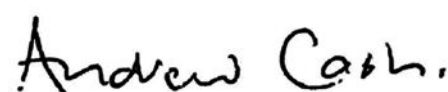
The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Trustees are responsible for the maintenance and integrity of the charitable company's website. Legislation in the United Kingdom governing the preparation

and dissemination of financial statements may differ from legislation in other jurisdictions.

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

The Trustees' Report on pages 2 to 39 was approved by the Trustees and signed on their behalf by



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

21 December 2021

Fundraising Statement



SJEHG as a charity with income over £1m is required to make a statement regarding its fundraising activities in accordance with the Charities Act 2016.

Fundraising activities are carried out on behalf of SJEHG by our own in-house fundraising staff and by volunteer fundraisers. We do not consider volunteer fundraisers to be acting as legal representatives for the charity as we have not

formally contracted them to fundraise on our behalf.

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

not use professional fundraisers or commercial participators in any of our activities and we are registered with the Fundraising Regulator.

No complaints were received by SJEHG in relation to its fundraising during the relevant period and, after due enquiry, we are not aware of any breaches of the regulations of the Fundraising Regulator committed by SJEHG

Stakeholder Engagement

For the 2020 financial year we are required to report on how the Board of Trustees has complied with its duty under section 172 of the UK Companies Act 2006. Section 172 requires the Trustees to have regard to the long term consequences of its decision-making, to the interests of key stakeholders and to the importance of maintaining high standards of conduct.

In our statement of Strategic Vision on page 30 we have set out the values and strategic aims which inform the Board's decision making, reflecting the Board's commitment to the long term sustainability of the Group and to the maintenance of high standards not only in the provision of ophthalmic care and in research, but also in governance and in the way we care for our staff. Below we report on how the Trustees engage with four key groups of stakeholders. These are:

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

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

for the Trustees' decisions. Furthermore, Trustees ensure that management operates the Hospital in a responsible manner that reflects the values of the Order of St. John.

Hospital Staff

Within the Hospital Group there are several staff committees that form the main platforms for decision making. Each of these committees has at least one Senior Management Team (SMT) representative who is in direct communication with the concerned Trustees. The Board of Trustees has 13 different specialised committees that meet regularly where SMT members are in attendance. All relevant decisions are brought to these meetings and Trustees with the staff representatives making decisions as appropriate. The Board also meets three times annually, present at Board meetings are SMT members representing the various categories of staff. Staff surveys are conducted biannually to explore staff levels of satisfaction as well as engagement in the decision-making process at the Hospital. These findings are presented at the various Board Committees for further analysis and conclusions. A good example of the Trustees' full engagement with staff was the development of the Strategic Plan 2020-2022. Several workshops were held at the Hospital operational level to conduct a SWOT analysis and proposed strategic aims and objectives for the next three

years. These strategic aims were presented to the Board of Trustees who, with the SMT, conducted extensive debate and agreed a set of five strategic objectives that will shape the Hospital activities for the next three years (see page 30).

Patients

As part of our commitment to JCI accreditation, inspectors look to see that patients are engaged with on a regular basis and their suggestions for service improvements are taken on board. Patients' views are fully appraised through a biannual survey that is conducted across the Group by our quality of care teams. Patients are asked to comment on the service that they receive as well as make recommendations for improvements and their perceived needs for additional services as appropriate. The results of these surveys are discussed at the Board of Trustees' meetings and discussions concerning patients' expressed needs are taken by the Trustees and the SMT. Trustees also engaged in patients' complaints where these are analysed and presented to the various concerned committees including the Clinical Governance Committee

Patients' Communities

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



with the Head of UNRWA in Gaza to discuss needs of their patients and strategies that the Hospital might be able to employ to respond to such needs. The SMT is in constant dialogue and communication with representatives from the Israeli Patients' Fund to discuss services provided by the Hospital to their patients.

These decisions are brought to the various Trustees committees for discussion. The Board of Trustees are fully aware of the considerations and decisions made at the Jerusalem community level. In this regard, we are part of the East Jerusalem Hospitals Network that meets regularly to discuss ways of enhancing the quality of care provided to patients in East Jerusalem.

Major Donors and Pories

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

Pories

As a foundation member of the Order of St John and benefactor from most Pories we have a distinct obligation to receive input and work in collaboration with the wider St John family. We cater our reporting and engagement to each Priory's preferences. For example, St John Scotland has sponsored both staff and the Mobile Outreach Programme, prior to which we provided a detailed report on current and future operations and the budget. The Priory in the USA sponsors staff through their Nurse Initiative and receive video messages from each staff member they support in thanks alongside a more detailed report. Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.

Other Major Donors and Stakeholders

We value the feedback from our stakeholders on what they consider is the most effective use of funds and why, and we report back demonstrating the impact of this investment. Our Trusts and Foundations programme has a reporting schedule for every grant given, dependent on each stakeholders'

specific requirements. Our Development Team in Jerusalem is in regular contact with our institutional donors and have a stringent reporting policy for each project managed.

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

Covid-19

The Board of Trustees were fully involved and in agreement with plans submitted by management in response to Covid-19 Global Crisis. These involved staff and patient safety protocols that were discussed and approved by the clinical Trustees. Other financial and efficiency plans were also discussed and approved by the Board of Trustees. Other stakeholders involvement included our liaison with the Israeli and Palestinian Ministries of Health in the form of Covid-19 infection prevention protocols that were updated regularly. Vaccinations of all Jerusalem staff were achieved through our partnership with the Israeli Ministry of Health in January 2021.

Independent Auditors' Report to the Members of St John of Jerusalem Eye Hospital Group

Report on the audit of the financial statements

Opinion

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

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2020 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report (the "Annual Report"), which comprise: the group and charity balance sheets as at 31 December 2020; the consolidated statement of financial activities, the group income and expenditure account, and the consolidated cash flow statement for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis For Opinion

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

Independence

We remained independent of the

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

Conclusions Relating To Going Concern

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

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

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

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

Reporting On Other Information

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

audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

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

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

Strategic Report and Trustees' Report

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

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

Responsibilities for the Financial Statements and the Audit

Responsibilities of the trustees for the financial statements

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

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

Auditors' responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Based on our understanding of the

group and parent charitable company and the environment in which they operate, we identified that the principal risks of non-compliance with laws and regulations related to the Companies Act 2006 and the Charities Act 2011 and relevant regulations made or having an effect thereunder, including The Charities (Accounts and Reports) Regulations 2008, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered the direct impact of these laws and regulations on the financial statements. We evaluated the incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) by the trustees and those responsible for, or involved in, the preparation of the underlying accounting records and financial statements and determined that the principal risks were related to the posting of inappropriate journal entries to conceal misappropriation of assets. Audit procedures performed included:

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

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

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

Use of this report

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

Other required reporting

Companies Act 2006 Exception Reporting

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

- we have not obtained all the information and explanations we require for our audit; or
- adequate accounting records have not been kept by the parent charitable company or returns adequate for our audit have not been received from branches not visited by us; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns.

We have no exceptions to report arising from this responsibility.



Andrew Lowe
(Senior Statutory Auditor)
For and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and Statutory
Auditors.
London.
21 December 2021

St John of Jerusalem Eye Hospital Group

Financial Statements

Consolidated Statement of Financial Activities for the year ended 31 December 2020

	Notes	Unrestricted Funds 2020 £000	Restricted Funds 2020 £000	Endowment Funds 2020 £000	Total Funds 2020 £000	Total Funds 2019 £000
Income and Endowments						
Income from donations and legacies	3	2,680	3,466	-	6,146	5,693
Income from charitable activities	4	4,378	-	-	4,378	6,296
Income from investments	8e	58	122	-	180	225
Other Income		4	-	-	4	-
Total Income and Endowments		7,120	3,588	-	10,708	12,214
Resources Expended						
Expenditure on generating funds		(586)	-	-	(586)	(728)
Expenditure on charitable activities		(6,245)	(3,478)	-	(9,723)	(11,259)
Other expenditure		(167)	-	-	(167)	(185)
Total Resources Expended	5	(6,998)	(3,478)	-	(10,476)	(12,172)
Net (losses) / gains on investments	8	(59)	-	(156)	(215)	811
Net Income		63	110	(156)	17	853
Transfers between funds	12,13	242	(242)	-	-	-
Exchange gains on overseas activities		224	-	-	224	324
Net Movement in Funds		529	(132)	(156)	241	1,177
Fund balances brought forward at 1 January		10,961	597	7,203	18,761	17,584
Fund balances carried forward at 31 December	15	11,490	465	7,047	19,002	18,761

All gains and losses recognised in the year are included in the statement of financial activities.
All of the above results are derived from continuing activities.

Group Income and Expenditure Account for the year ended 31 December 2020

	2020 £000	2019 £000
Income	10,708	12,214
Expenditure	(10,476)	(12,172)
Net Income	232	42

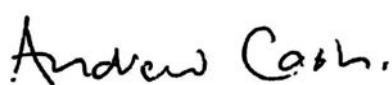
The income and expenditure account excludes the unrealised investment and exchange gains and losses shown in the Statement of Financial Activities.
The accounting policies and the notes on pages 44 to 57 form part of these financial statements.

St John of Jerusalem Eye Hospital Group Financial Statements

Balance Sheets as at 31 December 2020

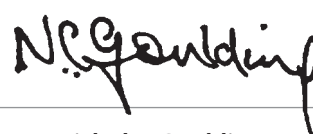
	Notes	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Fixed Assets					
Tangible assets	7	5,640	6,121	7	13
Investments	8	12,661	12,662	10,434	10,715
Total Fixed Assets		18,301	18,783	10,441	10,728
Current Assets					
Stocks	9	469	424	-	-
Debtors	10	2,281	2,878	132	110
Cash at bank and in hand		6,338	4,413	3,923	2,205
Total Current Assets		9,088	7,715	4,055	2,315
Creditors: Amounts falling due within one year	11	(2,471)	(2,258)	(95)	(57)
Net Current Assets		6,617	5,457	3,960	2,258
Total Assets Less Current Liabilities		24,918	24,240	14,401	12,986
Creditors: Amounts falling due after more than one year	11	(5,916)	(5,479)	-	-
Net Assets		19,002	18,761	14,401	12,986
The Funds of the Group and Charity					
Restricted income funds	13	465	597	364	387
Endowment funds	14	7,047	7,203	7,047	7,203
Unrestricted income funds	12				
Designated funds		5,640	6,121	7	13
Revaluation funds		375	467	375	467
Other general funds		5,475	4,373	6,608	4,916
Unrestricted income funds		11,490	10,961	6,990	5,396
Total Group and Charity Funds	15	19,002	18,761	14,401	12,986

The Charity's net income was £1,415,000 (2019, £1,652,000). The accounting policies and the notes on pages 42 to 57 form part of these financial statements. The financial statements on pages 42 to 57 were approved by the Trustees and signed on their behalf by:



Sir Andrew Cash
Chairman, Board of Trustees

21 December 2021



Nicholas Goulding
Treasurer

Company number: 7355619

St John of Jerusalem Eye Hospital Group Financial Statements

Consolidated Cash Flow Statement for the year ended 31 December 2020

	Notes	2020 £000	2019 £000
Net cash inflow from operating activities	16	2,404	1,779
Cash flows from investing activities			
Investment income	8e	180	225
Purchase of tangible fixed assets	7	(462)	(727)
Proceeds from disposal of tangible fixed assets		22	15
Purchase of fixed asset investments	8	(460)	(558)
Proceeds from sale of fixed asset investments	8	246	257
Net cash outflow from investing activities		(474)	(788)
Foreign exchange differences		(5)	(2)
Change in cash and cash equivalents in the financial year		1,925	989
Cash at bank and in hand at 1 January		4,413	3,424
Increase in cash in the year		1,925	989
Cash at bank and in hand at 31 December		6,338	4,413

The accounting policies and the notes on pages 44 to 57 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2020

1 Principal accounting policies

a Basis of preparation

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

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

on consolidation to apply the Group's accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity's balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006 and Charities SORP FRS 102.

Going Concern

BACKGROUND

In assessing the going concern position of the Charity and the Group, the Board of Trustees have considered the Group's projected activities, financial budgets, cash flows and liquidity for a period to December 2022, which is a period of at least 12 months from the date of approval of the financial statements.

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

IMPACT OF COVID-19

The first case of Covid-19 was confirmed in Israel on 22nd February 2020 and the first case was confirmed in the occupied Palestinian territories on 6th March 2020. The Palestinian Authority (PA) declared a state of emergency and imposed a lockdown on all Palestinians, including severe movement restrictions. Beginning the 11th March 2020, Israel began lockdown measures, including enforcing social distancing and other rules to limit the spread of infection.

The country was hit with a second Covid-19 wave in September 2020 and, as a result, the Israeli Authorities imposed a lockdown on the 18th September 2020 for 4 weeks. As for the PA, no lockdown was imposed, except for specific areas with a high incidence of Covid-19. The authorities keep all of these measures and restrictions under regular review.

On 18th December 2020, The Palestinian Authority announced a new set of strict nationwide measures aimed at slowing down the rapid spread of the Covid-19 pandemic across Palestine. This was followed by similar measures by the Israeli authorities.

The lockdown continued until 31st January 2021 after which both authorities started easing the restrictions on movements and allowed some businesses to reopen gradually. By May 2021, most of the restrictions were cancelled by the local authorities. From the beginning of August 2021, the country witnessed an increase in infected cases to reach a daily average of 3,500 cases. In early December 2021, the first confirmed cases of the Omicron variant were detected in Israel. The authorities are expected to restrict gatherings during the holidays in an effort to contain the renewed Covid-19 outbreak. Non-Israeli citizens are not allowed to enter Israel, unless they have a special entry permit from the Exceptions Committee.

The emergence of Covid-19 and reactions to it have had, and continue to have, a profound effect on domestic and global economies, organisations and society at large. As a result of all the restrictions imposed by the authorities in 2020, the Group experienced a reduction in clinical activities which resulted in a significant decline in patient related income. However, the Group was back to normal working levels and patients' activities since the beginning of 2021. However, the PA has been facing major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group during 2020 and 2021. It is pleasing to note, the Group has not experienced a severe decline in voluntary income receipts and income has been within the normal average rates.

TRUSTEES' ACTIONS

To seek to minimise the financial impact of the pandemic, the Group carried out the following actions during 2020 & 2021:

- Over 40 staff members took one month of unpaid leave during April 2020
- All staff took one month of unpaid leave (between May and August 2020)
- A reduction in variable operational costs of circa 70% was targeted
- Additional reduction in payroll costs due to postponement of recruitment (2020 & 2021)
- Reduction in non-critical operational spending and deferral of capital expenditure (2020 & 2021)
- Deferral of promotions and study/professional leave (2020 & 2021)
- An emergency appeal was launched in 2020
- All Pories of the Order of St John were requested and lobbied to increase their financial support.

As for additional and new sources of finance, the hospital received

US\$150k from the Israeli Government as a grant for returning employees to work. Additionally, the hospital received US\$75k from the Jerusalem Fund. Moreover, the Pories of St John have reassured the Trustees of their commitment to continue supporting the Group.

BUSINESS PLAN

In order to assess, the use of the going concern assumption, Management and the Trustee Board have produced a detailed, yet adaptable, business plan that considers projected activity, the related financial budgets, cash flows and liquidity of the Group covering the period to December 2022.

KEY ASSUMPTIONS

The business and financial plans incorporate the following key assumptions:

- National and local Government decisions, rules and advice, along with travel and border restrictions and social distancing, will be relaxed sufficiently to permit the hospitals to provide a full range of services so as to serve patients in the most efficient and safe manner
- There are no further impositions of closures or lockdowns, or the impact of any matter noted above, that would affect the Group's operations
- Demand for services from patients return to a normal level
- The capacity and supply of patient services by the Group is not impacted by Covid-related matters
- Payment by the PA (directly, or indirectly via its own funding sources) of sufficient payments to the Group for patient services provided
- The achievement of a reduction in cash outflows through the restructuring of the organisation and measures planned to reduce costs during periods when activities may be limited
- The Group is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Pories, albeit at levels reduced from prior periods.

SENSITIVITY ANALYSIS

Management and the Trustee Board have considered the impact on projected activities, budgets, and cash flows of several challenging, yet reasonably plausible, downside scenarios such that the key assumptions are not met, or able to be met, in whole or in part. These include, for example, restrictions in supply of, or demand for, patient services; and reductions in income through voluntary income and fundraising targets not being achieved, beyond those considered in the current plans.

The Board of Trustees has also sought to identify certain mitigating actions that could be implemented in order to provide additional liquidity or reduce cash outflows so as to ensure that the Group can maintain sufficient liquidity over the period to December 2022. The success of such measures, whilst being identified and achievable based on current advice, may not necessarily provide liquidity to the degree required or within the required timescales. As such, the Board of Trustees fully acknowledge that there is a level of uncertainty, which is likely to persist for some time, given the key assumptions and the financial modelling referred to above.

CONCLUSIONS

Having assessed the combination of all these various options, the Board of Trustees has a reasonable current expectation that the Charity and the Group has adequate resources to continue in operational existence for the foreseeable future, being a period of at least 12 months from the date of approval of the financial statements. For these reasons, the Board of Trustees has adopted the going concern basis of accounting in the preparation of these financial statements. Accordingly, these financial statements do not include any adjustments to the carrying amount or classification of assets and liabilities that would result if the Charity and the Group were unable to continue as a going concern.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2020

Principal accounting policies (continued)

b Foreign currencies

The Charity's functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/(losses). All other exchange differences are included as incoming resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2020 year-end was 4.3919 (2019, 4.5597), while the average rate for 2020 was 4.4131 (2019, 4.5535).

c Income recognition

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

d Medical volunteers

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

e Resources expended and basis of allocation of costs

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

f Costs of generating funds

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

g Expenditure on charitable activities

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

h Governance costs

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

i Cash flow statement exemption

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

j Pension and other end of service costs

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

k Rentals

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

l Taxation

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

m Tangible Assets and Depreciation

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

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

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

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

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

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

n Investments

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

o Liquid resources

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

p Stocks

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

q Funds

Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include designated funds, which are amounts that have been set aside to finance fixed assets. General reserves are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.

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

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

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

r Estimates and assumptions

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

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

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

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

2 Legal status

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

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2020 Total £000	Unrestricted £000	Restricted £000	2019 Total £000
Donations	2,299	3,446	5,745	2,062	3,336	5,398
Legacies	199	20	219	168	3	171
Donations in kind	182	-	182	124	-	124
	2,680	3,466	6,146	2,354	3,339	5,693

Donations in kind include the estimated market value of medical services donated by visiting doctors to the Jerusalem Hospital £nil (2019: £3,000), and the value of donated tangible assets and medical supplies £125,000 (2019: £73,000). Income from related parties is set out in note 19.

4 Income from charitable activities

	2020 £000	2019 £000
Outpatient income	1,977	2,744
Surgical income	3,380	3,706
Less: Patient Relief	(1,388)	(549)
Net patient related income	3,969	5,901
Other hospital income	64	66
Rental income, board and lodging	345	329
Total other income	409	395
Total income from charitable activities	4,378	6,296

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

5 Total resources expended

	Costs of Generating Funds 2020 £000	Costs of Generating Funds 2019 £000	Charitable Activities 2020 £000	Charitable Activities 2019 £000	Governance Costs 2020 £000	Governance Costs 2019 £000	Total 2020 £000	Total 2019 £000
Personnel costs (note 6)	315	336	5,577	6,370	29	51	5,921	6,757
Recruitment costs	2	10	-	-	-	53	2	63
Medical costs	-	-	1,988	2,426	-	-	1,988	2,426
Establishment costs	82	73	574	657	17	16	673	746
Depreciation (note 7)	6	4	1,149	1,260	-	-	1,155	1,264
Office expenses	26	36	173	177	3	4	202	217
Travel and subsistence	4	55	49	108	-	-	53	163
Marketing and publicity	115	158	-	-	-	-	115	158
Auditors' remuneration	7	22	-	-	103	54	110	76
Other professional fees	25	34	20	28	-	11	45	73
Legal fees	4	-	21	18	26	12	51	30
Finance costs	-	-	172	215	(11)	(16)	161	199
	586	728	9,723	11,259	167	185	10,476	12,172
Support costs included above	-	-	1,253	1,439	12	63	1,265	1,502

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Notes to the Financial Statements for the year ended 31 December 2020

Total resources expended in 2019 of £12,172,000 comprise £8,452,000 for unrestricted funds and £3,720,000 for restricted funds .

	2020	2019
	£000	£000
Support costs comprise:		
Personnel costs	449	472
Recruitment costs	-	53
Establishment costs	299	340
Depreciation	116	127
Office expenses	175	180
Travel and subsistence	49	108
Other professional fees	20	28
Finance costs	157	194
	1,265	1,502

	2020	2019
	£	£
Auditors' remuneration (excluding VAT):		
External audit	78,718	43,758
Other services provided by external auditors	8,359	19,732
Sub-total	87,077	63,490
Internal audit	7,313	7,935
	94,390	71,425

6 Employee information

a Number of employees

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

	2020	2019
	Number	Number
Medical and nursing	168	176
Support services	47	46
Fundraising	10	10
Administration	32	36
	257	268

b Staff costs

	2020	2019
	£000	£000
Wages and salaries	5,248	5,999
Social security costs	402	463
Other pension costs	276	287
Other related costs	(5)	8
	5,921	6,757

c Emoluments of employees

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

	2020	2019
	Number	Number
£200,001 - £210,000	-	1
£130,001 - £140,000	1	-
£110,001 - £120,000	2	-
£90,001 - £100,000	-	1
£80,001 - £90,000	1	1
£70,001 - £80,000	-	4
£60,001 - £70,000	5	1

The above amounts include End of Service Benefits allowance, including in 2019 a cumulative catch-up adjustment for one employee. During the year, provident benefits and pension contributions on behalf of these staff amounted to £17,000 (2019, £12,000).

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Notes to the Financial Statements for the year ended 31 December 2020

d Remuneration received by key management personnel

The total remuneration received by the 10 (2019, 9) senior management personnel in managing the operations of the Group amounted to £719,000 (2019, £684,000).

e Pension costs

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

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

7 Tangible assets

a Group

	Buildings & Improvements £000	Medical Equipment £000	Motor Vehicles £000	Other Assets £000	Total £000
Cost					
1 January 2020	7,110	9,127	318	2,962	19,517
Additions	176	186	36	64	462
Exchange differences	272	351	12	111	746
Disposals	-	-	(75)	-	(75)
31 December 2020	7,558	9,664	291	3,137	20,650
Accumulated Depreciation					
1 January 2020	3,978	6,839	212	2,367	13,396
Charge for the year	321	634	59	141	1,155
Exchange differences	154	265	8	90	517
Disposals	-	-	(58)	-	(58)
31 December 2020	4,453	7,738	221	2,598	15,010
Net Book Value					
31 December 2020	3,105	1,926	70	539	5,640
31 December 2019	3,132	2,288	106	595	6,121

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

b Charity

	Other Assets £000	Total £000
Cost		
1 January 2020	68	68
Additions	-	-
31 December 2020	68	68
Accumulated Depreciation		
1 January 2020	55	55
Charge for the year	6	6
31 December 2020	61	61
Net Book Value		
31 December 2020	7	7
31 December 2019	13	13

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Notes to the Financial Statements for the year ended 31 December 2020

8 Investments

a Analysis of movements (Group)

	Bank Deposits £000	Listed Investments £000	Total £000
Market value at 1 January 2020	1,609	11,053	12,662
Additions	262	198	460
Withdrawals	-	(246)	(246)
Unrealised losses	-	(215)	(215)
Market value at 31 December 2020	1,871	10,790	12,661
Historical cost at 31 December 2020	1,871	9,646	11,517

In 2019, unrealised gains of £811,000 comprise £269,000 for unrestricted funds and £542,000 for endowment funds.

b Analysis of movements (Charity)

	Listed Investments £000	Total £000
Market value at 1 January 2020	10,715	10,715
Additions	180	180
Withdrawals	(246)	(246)
Unrealised losses	(215)	(215)
Market value at 31 December 2020	10,434	10,434
Historical cost at 31 December 2020	9,279	9,279

c Listed investments:

Analysis by category of underlying holding and location

		2020 Group £000	2020 Charity £000	2019 Group £000	2019 Charity £000
Equity investments	- UK	1,863	1,863	2,982	2,982
	- Overseas	4,299	4,299	3,406	3,406
Fixed interest securities	- UK	674	674	679	679
Property Unit Trusts	- UK	1,311	1,311	1,133	1,133
Property Unit Trusts (unlisted)	- Europe	-	-	2	2
Alternative Investments	- UK	319	319	493	493
Sterling & Cash Instruments	- UK	1,968	1,968	2,020	2,020
Others	- Overseas	356	-	338	-
Market value of listed investments		10,790	10,434	11,053	10,715

At 31 December 2020, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2020 %	2019 %
Fidelity Global Dividend Fund	13.0	11.3
Trojan Income Fund	8.8	9.7
Schroder Income Fund	5.1	9.2
Aberdeen UK All Share Tracker Fund	3.1	9.0
Charities Property Fund	7.8	7.8
Vanguard S&P 500 UCITS ETF	7.0	7.8
Majedie UK Equity Fund	4.8	6.0
Property Income Trust for Charities	4.7	5.0
Schroders QEP Global Active Value Fund	-	4.9
HSBC FTSE All World Index Fund	5.6	4.9
Vontobel Fund	5.0	4.8

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Notes to the Financial Statements for the year ended 31 December 2020

8 Investments

d Bank deposits

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

e Income from investments

	2020 £000	2019 £000
Unrestricted funds	58	73
Restricted funds	122	152
	180	225

f Investment in subsidiaries

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

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

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

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

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

Summary financial information for the key subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA) 2020 £'000	St. John of Jerusalem Eye Hospital 2020 £'000
Total income and endowments	6,052	3,047
Total resources expended	(7,455)	(2,550)
Net (outgoing) resources before other recognised gains	(1,403)	497
Other recognised gains	76	147
Net movements in funds	(1,327)	644
Total assets	9,317	4,607
Total liabilities	(6,866)	(1,785)
Total funds	2,451	2,822
Restricted income funds	60	43
Designated funds	2,961	2,673
Other general funds	(570)	106
Total funds	2,451	2,822

9 Stocks

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

10 Debtors

a Amounts falling due within one year

Note	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Trade debtors	2,845	2,618	-	-
Allowance for bad debts	(1,189)	(420)	-	-
Net trade debtors	1,656	2,198	-	-
Donations receivable	488	557	83	83
Prepayments and accrued income	137	123	49	27
Total debtors	2,281	2,878	132	110

St John of Jerusalem Eye Hospital Group

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Notes to the Financial Statements for the year ended 31 December 2020

10 Debtors (continued)

b Movement in allowance for bad debts

	Group 2020 £000	Group 2019 £000
1 January	420	275
Additions	1,054	505
Write off *	(290)	(369)
Exchange differences	5	9
31 December	1,189	420

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

11 Creditors

a Amounts falling due within one year

	Note	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Trade creditors		318	388	32	27
Retirement benefits	11 c	1,404	1,154	-	-
Taxation and social security		80	94	4	12
Accruals		569	526	59	18
Deferred income	11 b	44	35	-	-
Holiday pay accrual		56	61	-	-
		2,471	2,258	95	57

b Deferred income

	Group 2020 £000	Group 2019 £000
1 January	35	54
Deferred income recognised	251	232
Deferred income released	(244)	(253)
Exchange differences	2	2
31 December	44	35

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

c Amounts falling due after more than one year

	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Retirement benefits				
1 January	5,479	4,805	-	-
Additions	564	622	-	-
Exchange differences	210	293	-	-
Transferred to amounts falling due within one year	(68)	-	-	-
Payments	(269)	(241)	-	-
31 December	5,916	5,479	-	-

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

St John of Jerusalem Eye Hospital Group

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Notes to the Financial Statements for the year ended 31 December 2020

12 Unrestricted Income Funds

	1 January 2020	Incoming Resources	Resources Expended	Transfers	Gains & Losses	31 December 2020
	£000	£000	£000	£000	£000	£000
Group						
General reserves	4,373	6,975	(5,901)	-	28	5,475
Designated funds: Tangible fixed assets	6,121	145	(1,097)	242	229	5,640
Revaluation reserve	467	-	-	-	(92)	375
Total unrestricted funds	10,961	7,120	(6,998)	242	165	11,490
Charity						
General reserves	4,916	2,138	(464)	-	18	6,608
Designated funds: Tangible fixed assets	13	-	(6)	-	-	7
Revaluation reserve	467	-	-	-	(92)	375
Total unrestricted funds	5,396	2,138	(470)	-	(74)	6,990
	1 January 2019	Incoming Resources	Resources Expended	Transfers	Gains & Losses	31 December 2019
	£000	£000	£000	£000	£000	£000
Group						
General reserves	2,842	8,600	(7,191)	-	122	4,373
Designated funds: Tangible fixed assets	6,334	123	(1,261)	599	326	6,121
Revaluation reserve	322	-	-	-	145	467
Total unrestricted funds	9,498	8,723	(8,452)	599	593	10,961
Charity						
General reserves	3,906	1,612	(605)	-	3	4,916
Designated funds: Tangible fixed assets	8	10	(5)	-	-	13
Revaluation reserve	322	-	-	-	145	467
Total unrestricted funds	4,236	1,622	(610)	-	148	5,396

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

St John of Jerusalem Eye Hospital Group

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Notes to the Financial Statements for the year ended 31 December 2020

13 Restricted Income Funds

	1 January 2020	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2020
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	797	(797)	-	-
Outreach	-	82	(82)	-	-
West Bank and Gaza Facilities	-	-	-	-	-
Other capital projects	262	26	-	(72)	216
Patient relief	1	3	(3)	-	1
Income received from endowments	-	122	(122)	-	-
Other projects	50	20	-	-	70
Others value less in each case than £25,000	74	27	(24)	-	77
Total Charity	387	1,077	(1,028)	(72)	364
Capital projects	-	170	-	(170)	-
Other projects	183	2,293	(2,429)	-	47
Others value less in each case than £25,000	27	48	(21)	-	54
Total Group	597	3,588	(3,478)	(242)	465

	1 January 2019	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2019
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	734	(734)	-	-
Outreach	-	17	(17)	-	-
West Bank and Gaza Facilities	-	10	(10)	-	-
Other capital projects	330	5	-	(73)	262
Patient relief	1	9	(9)	-	1
Income received from endowments	-	152	(152)	-	-
Other projects	172	10	(132)	-	50
Others value less in each case than £25,000	7	69	(2)	-	74
Total Charity	510	1,006	(1,056)	(73)	387
Capital projects	229	480	(183)	(526)	-
Other projects	674	1,981	(2,472)	-	183
Others value less in each case than £25,000	12	24	(9)	-	27
Total Group	1,425	3,491	(3,720)	(599)	597

Charity

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

Group

- Capital projects funds represent funds received from various donors to establish refractive suite and purchase medical equipment for the Group.
- Other projects include donations received to expand the level of operations within the Gaza hospital through the introduction of a Diabetic Retinopathy screening and epidemiological research components. Also, it includes funds received to establish a genetic research unit and a lab at the main hospital in Jerusalem as well as funds received to sustain services at the Muristan clinic in the Old City of Jerusalem.

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Notes to the Financial Statements for the year ended 31 December 2020

14 Endowment Funds Group and Charity

	1 January 2020 £000	Investment Losses £000	31 December 2020 £000
American Society of St John: Walsh Bequest	519	(11)	508
Bed Endowment	4,222	(92)	4,130
Frost Charitable Trust	568	(12)	556
Frost Nursing School	537	(12)	525
Mr. Owen Smith Endowment	114	(2)	112
The John Swire Foundation Endowment	1,243	(27)	1,216
	7,203	(156)	7,047

	1 January 2019 £000	Investment Gains £000	31 December 2019 £000
American Society of St John: Walsh Bequest	480	39	519
Bed Endowment	3,904	318	4,222
Frost Charitable Trust	525	43	568
Frost Nursing School	497	40	537
Mr. Owen Smith Endowment	106	8	114
The John Swire Foundation Endowment	1,149	94	1,243
	6,661	542	7,203

These funds represent:

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

15 Total Group and Charity Funds

	Unrestricted Funds 2020 £000	Unrestricted Funds 2019 £000	Restricted Funds 2020 £000	Restricted Funds 2019 £000	Endowment Funds 2020 £000	Endowment Funds 2019 £000	Total Funds 2020 £000	Total Funds 2019 £000
a Analysis by type of asset and liability (Group)								
Tangible assets	5,640	6,121	-	-	-	-	5,640	6,121
Investments	5,614	5,459	-	-	7,047	7,203	12,661	12,662
Net current assets	6,152	4,860	465	597	-	-	6,617	5,457
Creditors: Amounts falling due after more than one year	(5,916)	(5,479)	-	-	-	-	(5,916)	(5,479)
	11,490	10,961	465	597	7,047	7,203	19,002	18,761
b Analysis by type of asset and liability (Charity)								
Tangible assets	7	13	-	-	-	-	7	13
Investments	3,387	3,512	-	-	7,047	7,203	10,434	10,715
Net current assets	3,596	1,871	364	387	-	-	3,960	2,258
	6,990	5,396	364	387	7,047	7,203	14,401	12,986

St John of Jerusalem Eye Hospital Group

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Notes to the Financial Statements for the year ended 31 December 2020

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

	2020 £000	2019 £000
Net incoming resources	232	42
Investment income	(180)	(225)
Gain on disposal of tangible fixed assets	(5)	(13)
Depreciation	1,155	1,264
(Increase) / decrease in stocks	(45)	108
Decrease / (increase)	597	(102)
Increase in creditors	650	705
Net cash inflow from operating activities	2,404	1,779

17 Financial instruments

	Group 2020 £000	Group 2019 £000	Charity 2020 £000	Charity 2019 £000
Financial assets at fair value through statement of financial activities				
Investments	12,661	12,662	10,434	10,715
Financial assets that are debt instruments measured at amortised cost				
Stocks	469	424	-	-
Debtors	2,281	2,878	132	110
Cash at bank and in hand	6,338	4,413	3,923	2,205
	9,088	7,715	4,055	2,315
Financial liabilities that are debt instruments measured at amortised cost				
Trade creditors	318	388	32	27
Taxation and social security	80	94	4	12
Accruals	569	526	59	18
Deferred income	44	35	-	-
Holiday pay accrual	56	61	-	-
Retirement benefits	7,320	6,633	-	-
	8,387	7,737	95	57

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Notes to the Financial Statements for the year ended 31 December 2020

18 Trustees' remuneration

The trustees receive no remuneration.

Reimbursement of trustees' expenses for travel, accommodation and flights for 3 trustees (2019, 10) during the year amounted to £8,005 (2019, £42,929).

Donations made by trustees amounted to £48,039 (2019, £28,892).

Charity Trustee Indemnity insurance is provided at a cost of £7,754 (2019, £8,195) to cover the charity, trustees and officers against potential claims and losses.

19 Related parties transactions

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

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

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

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

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

	2020 £000	2019 £000
Priory		
USA	1,404	1,640
England and the Islands	231	239
Scotland	99	142
New Zealand	106	214
Australia	204	162
Canada	69	168
Wales	-	25
	2,113	2,590
Other Members of St. John Family		
Johanniter Orde in Sweden	27	20
Johanniter Orde in Nederland	9	4
Johanniter Orde in Finland	-	2
The Swiss Commandery of the Order of Saint John	98	51
St John Ambulance Hong Kong	7	-
	141	77
Donations by the Priory of the United States:		
Hospital - General Support	1,342	1,303
Hospital Restricted Gifts	62	191
USAID / ASHA Hospital Restricted Grant	-	146
	1,404	1,640

During the year, the Charity reimbursed the Priory of England and the Islands and the Order of St John £2,925 (2019, £1,822) in respect of certain expenses incurred.

Outstanding donations from the Pories and Establishments of the Order of St John at 31 December 2020 amounted to £109,427 (2019: £441,474).

20 Contractual & designated obligations

In 2020, the Group signed an agreement with Johanniter International to administrate a grant funded by The German Federal Ministry for Economic Cooperation and Development (BMZ). It is a 3 years project that aim to prevent avoidable blindness and visual impairment in the West Bank and East Jerusalem. The total value of the grant is 1,524,623 Euros, out of which 400,000 Euros were received in 2020 and utilised 375,075 Euros during the year.

St John of Jerusalem Eye Hospital Group

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Barclays Bank PLC
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London E14 5HP

Bankers in the occupied Palestinian territories

Bank of Palestine PLC
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P.O. Box 765
Bethlehem

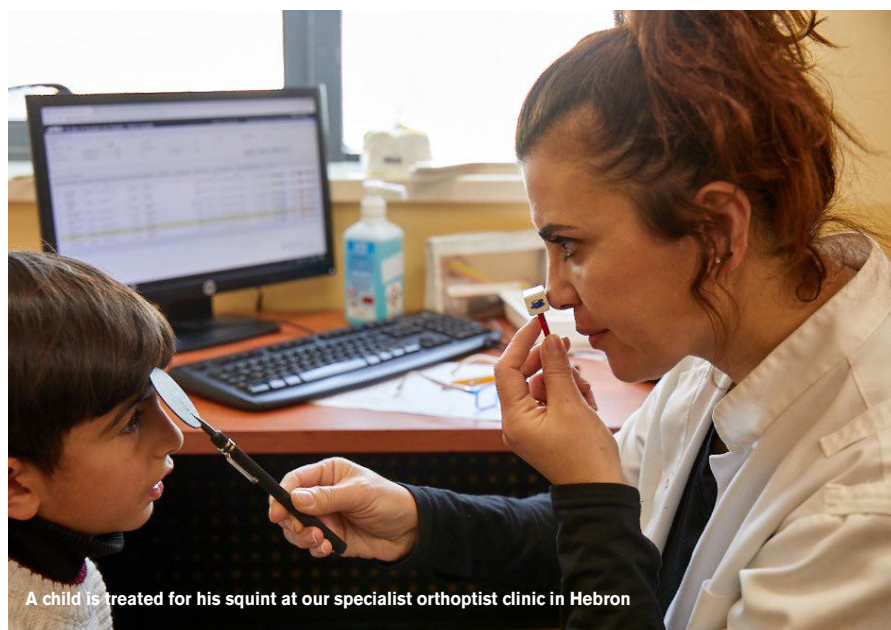
Investment Managers

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Independent Auditors

PricewaterhouseCoopers LLP
1 Embankment Place
London WC2N 6RH

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



A child is treated for his squint at our specialist orthoptist clinic in Hebron



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

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

Thank You

Our vital work is reliant on voluntary income from charitable donations

St John Priory Funding 2020

£ £204k **Australia**, £69k **Canada**, £231k **England and the Islands**, £106k **New Zealand**
£99k **Scotland**, £1.4m **USA**

\$ \$207k **Australia**, \$88k **Canada**, \$349k **England and the Islands**, \$273k **New Zealand**,
\$232k **Scotland**, \$1.8m **USA**

Without our donors, we could not continue saving sight and changing lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2020. The St John Pories from around the world have once again delivered much-valued assistance to SJEHG and we thank them for their continued support. We are pleased to receive the support of our Patron Lord Vestey.

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



Further Major Donors 2020:

The Altajir Trust

The Anthony & Elizabeth Mellows Charitable Trust

Arab Fund for Economic and Social Development

Peter Ballard

The Balcome Charitable Trust

The Bryan Guinness Charitable Trust

Johannes Bucher

The Cadogan Charity

Cezar Health

The Clothworkers' Foundation

The Edwina Mountbatten & Leonora Children's Foundation

Faisal Hussein Foundation

German Federal Ministry for Economic Cooperation and Development (BMZ)

Hema Hindocha

Islamic Development Bank (IsDB)

Waqfit Izz

The John Swire 1989 Charitable Trust

Julietta Khoury

The Knights Templar

Timothy Mattar

Guy Morton

New Zealand Embassy Fund (Cairo)

Representative Office of Japan to the Palestinian Authority – GGP grant

The R Farquar Oliver Trust

Isam Salfiti

Taawon (Welfare Association)

The Valentine Charitable Trust

And to all our anonymous donors



**St John of Jerusalem
Eye Hospital Group**

If you would like to support
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