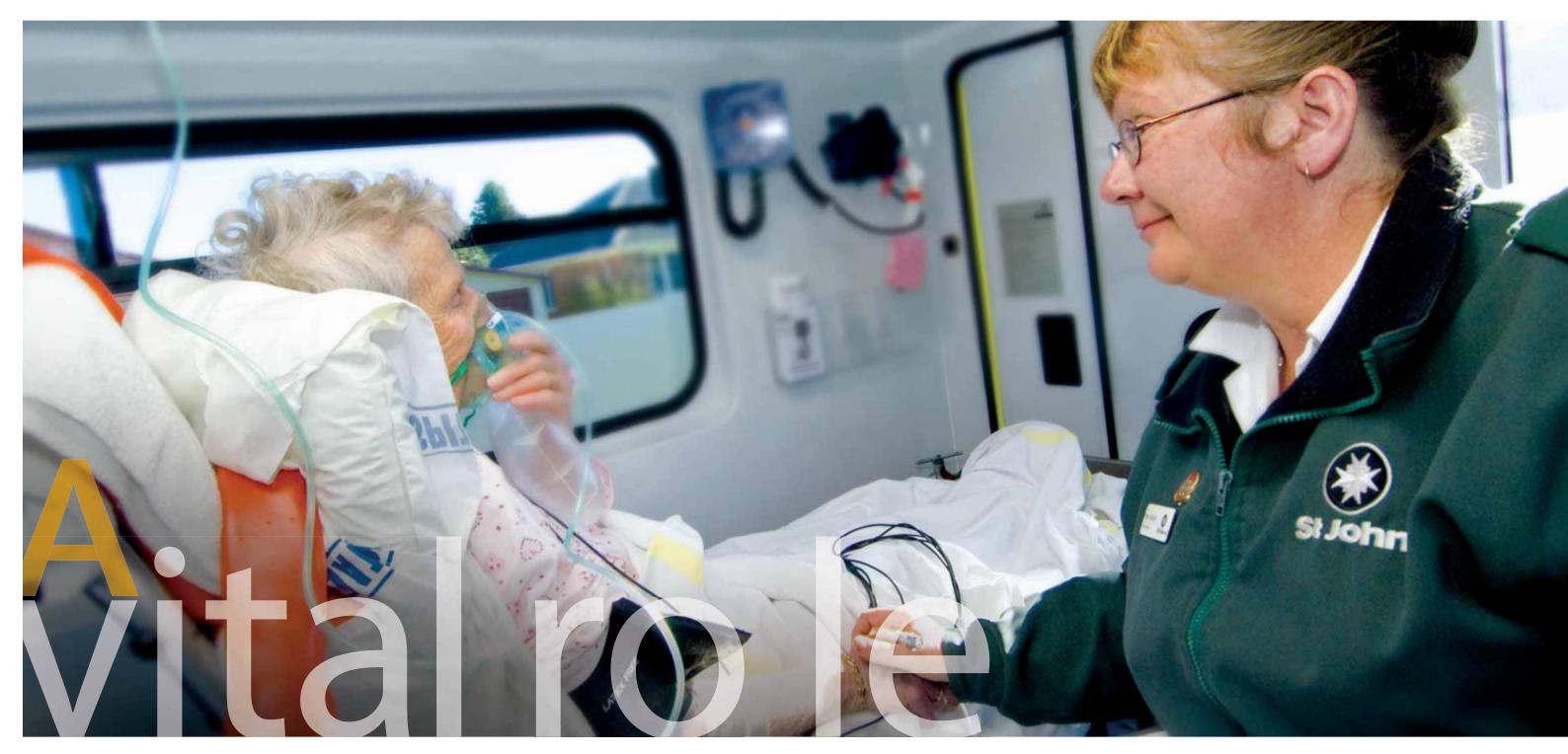


ANNUAL REPORT 2007

> A vital part of communities throughout New Zealand





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At the heart of communities throughout New Zealand, no matter how large or small, you'll find St John. Whether it's caring for you in a medical emergency, at a local event, at your school, your workplace or your home, we're there in so many ways when you need us. > A New Zealand Reader's Digest Survey this year revealed **Ambulance Officers once** again rate among the top two most trusted professions in the country.

This result aligns with an earlier public survey which confirmed St John is among the best known and trusted brands in the land. These reflections from New Zealanders everywhere underscore the value of our work and the dedication of our people in our guest to be "first to care".

Such trust and confidence is difficult to achieve in modern society. It is to the credit of St John and a tribute to the ethics of our members – both volunteer and paid staff – that the community holds our people and our organisation in

A major challenge for governments in New Zealand is to provide an all-encompassing health service to the community with limited resources. This has motivated non-government organisations to step up and provide many essential services. None is better placed to do this than St John.

We are fortunate indeed to have a large team of committed people with high levels of clinical skill and professionalism in service delivery represented across an increasingly strengthened national network.

New Zealanders see the St John symbol in many places – on the sides of ambulances, in hospitals where St John Friends of the Emergency Department volunteers offer caring patient assistance, or on football fields or netball courts where we provide first aid services. The public have grown to trust our professionalism and compassion.

At the same time, St John is becoming more visible as a nationwide organisation. We have deepening relationships with communities at every level where St John offers

its service generously and in the spirit which epitomises

At the same time we acknowledge the generosity of New Zealand communities to support and sustain us. New Zealanders need us, but equally we need New Zealanders.

The most telling indicator for me has been the success of our philanthropic fundraising within the community in the past year, and the very generous support from individuals and organisations, a direct result of the fundraising work of our Area Committees and regional teams.

Our Crown funding partners, the Ministry of Health and Accident Compensation Corporation (ACC), continue to support us with increased funding and I thank these agencies and their respective Ministers, Hon Pete Hodgson and

A new collaborative working agreement with the New Zealand Fire Service is a very welcome development which underpins our commitment to enduring partnerships with national organisations that serve the community.

With several new and enhanced services, new partnerships and with a huge step forward in national organisational design the year in review has been very satisfying for St John.

A key priority for St John has been the continuing work by the national Trust Board to unite our organisation as a focused, unified, national organisation. We have also strengthened our network of 142 Area Committees which are so vital to New Zealand communities from large cities to rural townships.

The Trust Board has also driven changes to achieve consistency of standards and delivery essential to a major national organisation, such as the ongoing roll-out of our Project Twenty10 restructuring programme bringing a number of our operational responsibilities under a single national management structure.

This is producing enhanced service delivery and performance accountability for our end users.

Much of this success is due to the support of our Regional Trust Boards, which have allowed the smooth integration of the Project Twenty10 change programme.

Undoubtedly, Project Twenty10 has been the most important change in this organisation's management structure for many years and its successful implementation is a major achievement.

Clinical Standards

The Trust Board has been aware of the higher expectations of clinical delivery, both from a compliance point of view and from our end users the New Zealand public. We have given close consideration to the need for stronger leadership in clinical performance and consistency across the organisation.

We resolved to introduce new clinical governance structures with medical professionals better represented on the Board, and with direct-line accountability on clinical matters into senior management teams.

Clinical excellence was a key theme of the outstanding St John Convention in Wellington in May 2007.

The quality of the Convention and the enthusiastic participation of so many St John people was quite exceptional, and I have received much positive feedback from members and our external stakeholders.

Emergency Ambulance Communications Centres

The Ambulance Communications Project (ACP) has seen nine Communications Centres reorganised into three state-of-the-art complexes covering the nation, located in Auckland, Wellington and Christchurch. It is a significant, capital-intensive project and a major focus for the Trust Board

St John wholly owns and operates the upgraded Communications Centres in Auckland and Christchurch and we have a 50/50 joint venture partnership with Wellington Free Ambulance in Central Region. This new relationship with Wellington Free opens opportunities for more collaboration to deliver greater value to the public of New Zealand.

Ambulance Crewing

The matter of ambulance crewing levels has attracted media and political commentary during the year.

It goes without saying the Trust Board would welcome an increase in resources to enable St John to increase the crewing levels in ambulances to international best practice standard. The dialogue with our funding partners on this matter is continuing.

We have deepening relationships with communities at every level where St John offers its service generously and in the spirit which epitomises our mission.

Governance

This year a new independent appointee, John Harman, joined the Trust Board. John is a former board member – and it's great to have him back. We also welcomed Dr Richard Worth to the Board, following his appointment as the Chairman of Northern Regional Trust Board.

Trustees, Sue Wood and Ed Sullivan, have been reappointed for further terms as members of the Board.

This year the Board operated two subcommittees – the Risk and Audit Committee chaired by Ed Sullivan, with Ross Pettitt, John Harman and myself; and the Remuneration Committee, comprising Simon Caughey, John Gallagher, Geoff Ridley and myself. The national board has experienced a very intense year of progress and hard work on many fronts and has been splendidly served by our Chief Executive Jaimes Wood and his management team. My thanks and admiration go to them all.

During the year the Board met in several regional locations where we received a warm welcome from Regional Trust Boards and many stakeholders.

I would like to thank all board members for their excellent support and service during the year.

The Priory of New Zealand

The Board welcomed the appointment of our new Prior. His Excellency The Hon Anand Satyanand, in June 2006. I would like to thank Their Excellencies the Honourable Anand and Mrs Susan Satyanand for their generous engagement with St John, the close interest they have shown and the time they have given to many of our activities.

The ultimate governance body of The Priory of St John in New Zealand is Chapter which is chaired by The Prior. It met on three occasions this year, including an event to welcome the new Prior at Government House in Auckland, the first time a Chapter meeting had been held at this venue.

As Chancellor, I wish to thank members of Chapter for the service and wisdom they bring to the affairs of the Order of St John in New Zealand. A Yearbook dedicated to the affairs of the Order will be published this year.

The Priory in New Zealand is a member of the worldwide Venerable Order of the Hospital of St John of Jerusalem, which traces its 900-year-old heritage back to the Crusades in the Holy Land. New Zealand's financial support of the famous St John Eye Hospital in Jerusalem is exceptional.

St John relies on a vast family of stakeholders – too many to mention here individually. I wish to express the Board's thanks and gratitude for the tremendous support of all of them to our organisation and to the communities of New Zealand.

I will complete my term as Chancellor and Chairman of the Trust Board in June 2008. At the time of writing, the process of assisting the Prior in the selection of my successor is underway.

In my remaining period as Chairman and Chancellor, I look forward to leading our efforts to serve the communities of New Zealand and to unify the governance of St John.

Francik



MANAGEMENT REPORT

ST JOHN ANNUAL REPORT 2007

We hold a special place in the collective heart of this nation – and provide a unique range of services that impact positively on the health and wellbeing of New Zealanders.

Wherever you go in this country you will find passionate, highly trained members of St John serving New Zealanders. Their motivation and commitment is outstanding.

Our members are skilled professionals – both paid and volunteer – delivering a wide range of services, including ambulance services, first aid and community care services.

Our members share a vision – enhanced health and wellbeing for all New Zealanders. We have made further progress towards achieving this vision over the past financial year; working collaboratively with our key Crown partners – the Ministry of Health and Accident Compensation Corporation (ACC).

As New Zealand's largest provider of Ambulance Services, we are committed to providing high quality, clinically prioritised and appropriate responses to medical emergencies and accidents.

We delivered Events Services to high, consistent standards across the country, at more than 8,000 public events in the past year alone. The care we provide at public events means patients receive prompt treatment on the scene, often meaning they don't require hospitalisation.

The number of New Zealanders taking St John First Aid training courses is significant. We are committed to training many more New Zealanders in first aid to ensure ever more people are equipped to help their family, friends, neighbours and workmates in an emergency – increasing the country's resilience.

We are providing greater comfort to the sick and injured through our expanding Community Care programmes, in many cases enabling people to remain in their own homes and out of hospital, which is better for the patients and a lower cost to the community.

St John governors and management appreciate the responsibility of stewardship of an organisation in effect owned by all New Zealanders; a responsibility we are both committed to and take extremely seriously.

In the coming year we will spend \$165 million of the community's money. We have a responsibility to the people of New Zealand to discharge this in the most competent and forward-looking way.

Our contribution to New Zealand communities continues to grow. Trust and confidence in the services of St John remains high. My key objective as Chief Executive is to ensure that both the public we serve and the Crown agencies' confidence and trust in us continues to develop positively. This will only be achieved by high quality delivery in a collaborative and transparent manner.

In the past financial year we have implemented a fundamental range of changes to further improve and grow the value St John delivers.

Restructuring

This year saw the implementation of Project Twenty10, a significant change programme. The principal purpose of these changes is to improve efficiency and drive the provision of consistent and better co-ordinated services to those we serve.

Project Twenty10 is also a continuation of the unification programme that began in 2001. This has focused on ensuring St John operates as one organisation, moving together in one direction; recognising that our unity is our strength.

Key changes have included the consolidation of our administration and internal support activities, the integration of Ambulance and Events into Operations – plus the initial steps in ensuring that our focus on clinical excellence is structured for best effect and maintained at appropriate levels.

Increasingly we focus externally in the belief that if our customers – the people of New Zealand – are satisfied, our organisation will continue to be successful and grow. We also believe customer satisfaction will drive both public and Crown confidence in St John.

Ambulance Communications Project

This year we have reached the final phase of the Ambulance Communications Project (ACP), our single biggest undertaking to date. This project began in 2000 as a St John venture but was rapidly elevated by us to a national project involving all Ambulance Services.

This project has consolidated the nine Communications Centres which previously served New Zealand with different standards and protocols, into one virtual Communications Centre with standardised processes and technology. The three remaining Centres, in Auckland, Wellington and Christchurch, are all equipped with sophisticated new technology; bringing benefits for patients and the health sector.

The new technology is providing consistent, nationwide data for the first time. This is particularly important given demand on Ambulance Services increases year by year; driven primarily by New Zealand's ageing population, and significant growth in chronic conditions such as diabetes and obesity.

The project is in its final stages with just a few functions continuing into the next financial year. Completion is due by Christmas 2007.

St John led, St John managed and St John funded in partnership with the Ministry of Health, ACC, and Wellington Free Ambulance, this has been a huge achievement. I congratulate all involved in this project. It is also an outstanding example of collaboration between organisations, leading to positive outcomes for the health and wellbeing of New Zealanders. That is what our organisation is all about.

Clinical Training

This year we have increased the pace, investment and implementation of a broad range of initiatives in further pursuit of clinical excellence. We have an absolute commitment to ensuring our Ambulance and Events Officers, volunteer and paid, are clinically trained to the highest practical standard.

The reputation of St John is built on clinical competence, and in a world where expectations are rising in every sphere of life, it is vital we continue to lift the performance of St John and at least meet, if not exceed, that rise in expectations on all fronts – but none more importantly than in clinical competence.

As part of the overall change programme we have completed a restructure of internal clinical training arrangements. This has been supplemented by the deployment of more clinical support personnel in every region to ensure increased clinical support for Ambulance and Events Officers.

Our latest initiatives will ensure our Operations personnel are involved in continual education programmes, and that their clinical competency is validated against the correct benchmarks.

In the coming year we will begin to introduce a new Clinical Competency Framework, after a thorough review this past year. Clinical governance arrangements have also been reviewed and will be altered to ensure they are both contemporary and effective.

This all provides for a future with the appropriate training pathway and clinical support structure for our members.

Ambulance Services

Our Ambulance Service remains the cornerstone activity of St John. Our primary contracting relationships are with the Ministry of Health and ACC.

The amalgamation of our Ambulance and Events activities into Operations will bring many benefits, including a consistent and seamless service. Most of these major changes have been completed in the second half of the year in review, with virtually all in place as we go into the new financial year.

We have a range of programmes in place to ensure our Ambulance-related services contribute to longer-term, strategic health imperatives. We are working with ACC on an injury prevention programme. We are also providing and developing a range of telecare services to help the chronically ill or disabled remain independent in their own homes for longer. This complements the government's Positive Ageing Strategy.





Executive Management Group

From left to right: Judith Hoban, Judy Smith, Brian Scott, Tom Dodd, Michael Brooke, Eddie Jackson, Tony Blaber, Peter Wood, Jaimes Wood, Gerry Fitzgerald, Keven Tate, Gary Williams, Stephen Franklin. In the coming year we will spend \$165 million of the community's money. We have a responsibility to the people of New Zealand to discharge this in the most competent and forward-looking way.

We train rural doctors and nurses in emergency medicine under the Ministry of Health and ACC-funded Primary Response in Medical Emergencies programme (PRIME), to complement the Ambulance Service.

We continue to advocate with Crown agencies for a more strategic approach to the use of Ambulance resources as both a primary care resource, and provider of out-of-hospital treatment in addition to existing roles.

At the beginning of the year, funding was again obtained for additional Ambulance resources, continuing the upward trajectory of the past three years – albeit at a lower level than we had made the case for. We continue to advocate strongly for such support to continue and preferably accelerate as we seek to provide Ambulance and other services to meet both rising expectations and increasing demands of a population that is both ageing and challenged by rising chronic illness levels.

New Zealand as a heart safe country

When we launched a unique adult CPR training resource in 2006, this placed New Zealand at the forefront of CPR training globally.

This initiative, we believe, places our St John First Aid Training courses unequivocally as the best available in New Zealand.

Eighty percent of cardiac arrests in New Zealand take place in the home, with men aged 60 to 65 statistically at greatest risk. A powerful, effective and underestimated way to respond is for the public to be trained and confident in providing immediate CPR.

The resources developed by Laerdal and the American Heart Association include a training DVD and a personal manikin with chest depression sensor, enabling people to become proficient in CPR techniques in their own homes.

St John is currently training 55,000 people a year in CPR techniques. Research strongly suggests that trained people take their resource kits home and teach the CPR techniques to family, friends, colleagues and others. This is building community resilience in a unique and innovative manner.

During the coming financial year St John will launch an infant version of the CPR training manikin to train parents, expectant mothers and members of their families in infant CPR techniques, and how to deal with other emergencies such as choking.

People across New Zealand regularly save the lives of members of their families or the public using first aid skills learned with St John. Treatment on the scene while an ambulance is on its way is sometimes literally the difference between life and death. This is part of St John's vision of facilitating widespread community support and participation in both the prevention and treatment of illness and injury.

Our forward-looking External Education programme is designed to continue building on these successes.

Volunteering

We currently have more than 7,000 volunteers working in Ambulance, Events and across our Community Care and Youth programmes. Their contribution is enormous and, in some activities, growing.

This coming year St John plans to carry out a comprehensive quantification of the economic benefits of volunteers to our sector.

The dedication and professionalism of our volunteers contributes to the caring ethos that we are known for. To preserve and promote our volunteers, we will continue to ensure we provide meaningful activities that add value to the community and to volunteers' lives.

It is also important that we acknowledge the huge commitment of our volunteers' families - for every person who gives their time to St John, there is usually a partner or other family member providing support.

The incredible motivation of our volunteers is illustrated by the words of someone recently thanked for the work they do for St John. Their response speaks volumes: "Don't thank me. The thanks of the people we serve is more than enough".

Community programmes

Our Community Care programmes continue to develop, providing an increasingly valuable service to communities across New Zealand.

Activities such as our Caring Caller, Health Shuttle, and Outreach Therapy Pets programmes present the strongest possible evidence against the argument that volunteering has had its day in New Zealand.

Our Friends of the Emergency Department programme, for example, is growing and delivering to the community in a truly meaningful way. These volunteer teams are currently in 12 hospitals nationwide, providing care and support to patients and their families.

The reception of Friends of the Emergency Department by District Health Boards is outstanding. Emergency doctors speak highly of the difference our people make - enabling hospital staff to concentrate on treating patients. Hospital managers report that complaint levels in Emergency Departments reduce significantly as our programme is introduced.

We are on schedule to achieve our target of introducing the programme to all 24 hospitals with significant Emergency Departments by 2010.

St John Youth

We continue to grow our highly successful St John Youth programme, one of the fastest growing youth programmes in New Zealand. We currently have more than 4,000 members countrywide, with the Division and Leader numbers also increasing.

St John Youth is a citizen development programme, giving children and young people life skills. The fact that many of our Youth members go on to become St John members long-term - whilst not the primary aim - is a great benefit.

A further development this year has been the launch of a new curriculum for our Cadets, aged 8 to 18. This was developed after extensive consultation with our leaders and those of other community organisations, including the New Zealand Fire Service and the Ministry of Civil Defence.

The emphasis of our programme is on citizenship development. Young people working towards our highest award, the Grand Prior's Award, now learn more about practical life skills, from cooking and information technology, to budgeting. This ensures our programme is relevant, engaging and valuable to those taking part.

The importance of relationships

We place exceptional value on relationships with everyone we serve and work with.

We perceive significant benefit to our communities from well-developed and practically functioning relationships with a significant range of organisations and individuals.

We maintain focus on developing our network of relationships, and intend to increase this emphasis. From small community groups to large organisations, from individual patients to patient groups, from government agencies to MPs and Ministers – all are important to us.

We also enjoy a growing relationship with our emergency services colleagues – the New Zealand Police and the New Zealand Fire Service. We are all community owned, and it makes sense for us to collaborate and share our resources and facilities – a sentiment reflected by both the Police and the Fire Service.

We intend to continue to work with all organisations to ensure that the way we operate is open and inclusive, and that we are delivering the best outcomes to the people of New Zealand.

Given the economic, demographic and health sector dynamics both nationally and internationally, a collaborative approach with other agencies and charities is crucial. This is a core commitment we will progress further in the future; continuing to deliver our vision of enhanced health and wellbeing for all New Zealanders.

In concluding I take this opportunity to thank every St John member for their contribution to this great organisation. You are an awesome team – and I thank you for making us what we are – and encourage you to continue your exceptional efforts.















ST JOHN CONVENTION 2007

Convention encourages members to also care for each other

Clinical excellence, international best practice, and our own members' health and fitness were key themes of the St John Convention 2007 held in Wellington in May.

The Convention was our biggest ever, attracting 650 delegates from all over New Zealand – 300 more than our last Convention in 2004.

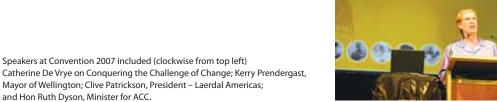
The Convention's theme was 360°– All Round Care, and encompassed a wide range of high-calibre speakers and workshops. Topics included the latest in emergency medicine, cardiac arrest research, paediatric emergency care, social marketing and clinical education.

Lighter sessions at the Convention had a serious message – encouraging our members to remember to look after themselves and each other. Sessions included specialist talks on health, fitness and nutrition. Motivators included John Tickell, an Australian-based internationally renowned speaker on health and wellbeing.

"There was lots of encouragement to eat well and exercise, which we want the delegates to take back and share with their fellow members," Organising Committee Chair Michael Brooke says. "We believe that people who care for themselves are better placed to care for others."

The capital's famous terrain inspired a 'Walk like a Wellingtonian' challenge to delegates, who were issued with pedometers to track their progress. Delegates were also encouraged to take part in walking, swimming or running sessions.

Fourteen St John teams pitted their skills against each other in the heart of the city in our annual National Emergency Care Competitions during Convention. Southern Region triumphed as the Champion Team, and went on to win the Trans-Tasman Cup at the Australian National Emergency Care Competition in June. The team represents New Zealand in South Africa's competition in October.

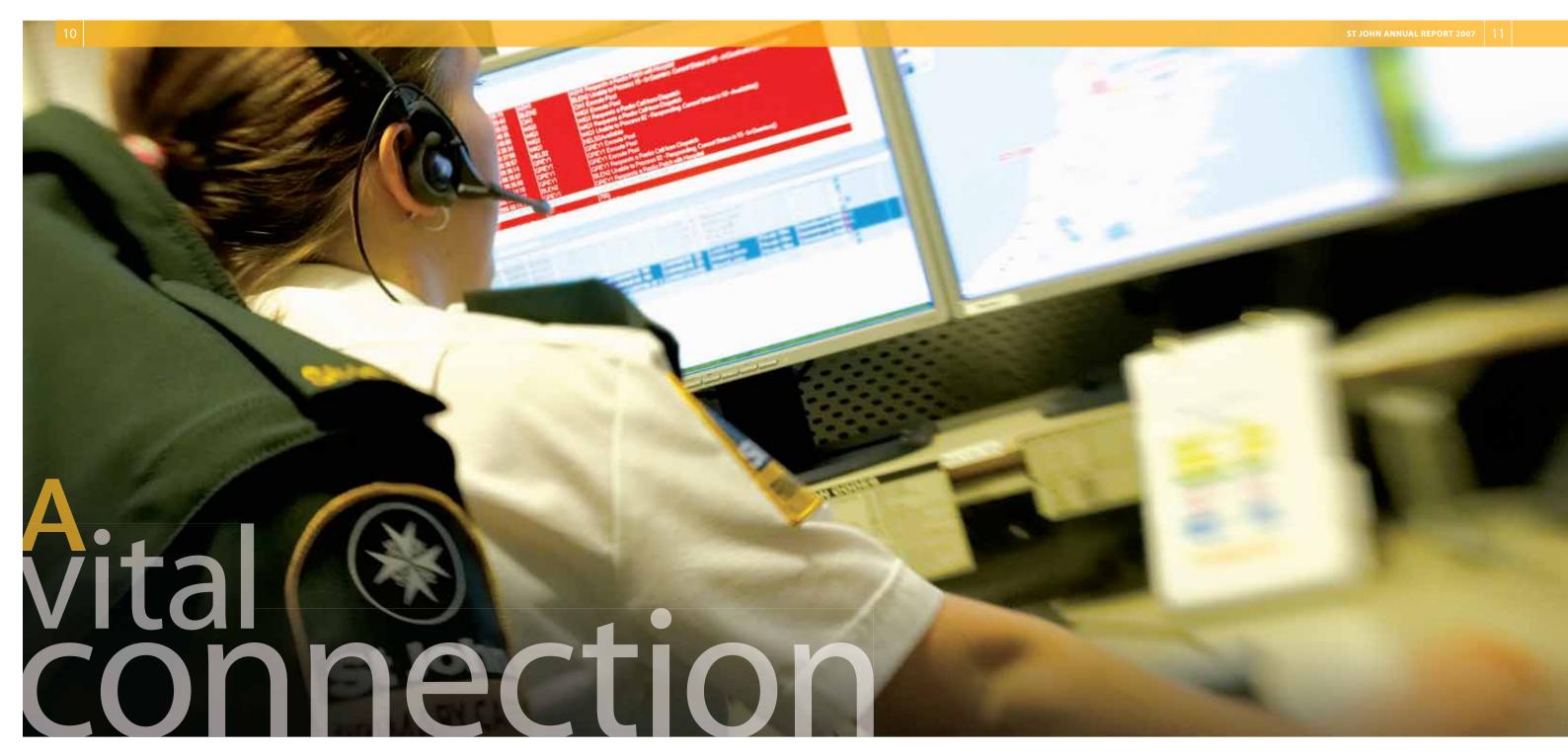




Ruth Dyson







AMBULANCE COMMUNICATIONS PROJECT

A giant leap forward in Emergency Ambulance Communications

The national project to transform the country's Emergency Ambulance Communications Centres into best practice, high-performing centres of excellence has achieved significant milestones this year.

The nine Communications Centres, previously located all over New Zealand, have been replaced by three modern, substantially upgraded Centres.

The three upgraded Centres, in Auckland, Wellington and Christchurch, now operate as one virtual Emergency Ambulance Communications Centre. For the first time ever, the three Centres are operating with standardised procedures

and equipment nationwide. All processes, systems and new technology have been designed to meet international best practice.

The \$16 million Ambulance Communications Project is now entering the final phase, with completion targeted for the end of 2007. This major project would not have been possible without the collaboration of the whole Ambulance Sector, significant investment by St John and Wellington Free Ambulance, (our joint venture partner in the Wellington Centre), and the support of our funders – the Ministry of Health and ACC.

The overall objective of this project is to provide New Zealanders with an efficient and effective emergency call handling and dispatching service, co-ordinating clinically effective and appropriate responses to all patient emergencies. The benefits to patients from fast and appropriate emergency responses are well documented.

New technology brings brighter Ambulance Communications future

Additional new technologies have been introduced into the Centres' environment, all linked together and operating within a disaster resilient network. These technologies include:

- · systems for prioritising patient needs
- · Caller Line Identification to confirm callers' address details
- high technology equipment installed in 570 ambulances to show the real-time location of every ambulance and improve communication to and from the Centres
- extensive on-screen mapping giving dispatchers more geographical information than ever before.

The project is already bringing substantial benefits that will continue to flow. For the first time ever, the Centres are capturing national data (from 1 July 2007) which will enable more strategic, long-term decision-making about Ambulance Services. The benefits for patients, Ambulance Officers,

Ambulance Service providers and funders will ultimately include better coordination of multi-modal ambulance responses, faster response times, and improved outcomes for patients.

This project is delivering to the people of New Zealand an Emergency Ambulance Communications service that meets their needs and paves the way for future delivery of products and services to reinforce our commitment to improve people's health and wellbeing.

The final phase of the Ambulance Communications Project will bring to a close a major undertaking that was developed, agreed to and implemented over a seven-year period.

A closer look at the technology introduced into the Communications Centres under the Ambulance Communications Project:

Communications Centre linkages: The three new Centres are all linked for the first time, with inter-connected telephone, paging, radio and dispatching systems nationwide. Full back-up arrangements mean the Centres can support each other during times of unprecedented demand or a Civil Defence Emergency.

Advanced Medical Priority Dispatching System (AMPDS):

This technology assists our Communications Centre staff in determining the seriousness of patients' conditions and scene safety. A structured call taking system, ProQA, triages emergency ambulance calls and ensures that the appropriate clinical response and speed of response is provided. It also enables ambulance staff to have full and detailed information about a patient's condition and scene safety before arriving at the scene. The AMPDS system is used throughout the world, including in the United Kingdom, the United States and Europe. Its use is overseen in New Zealand by a Clinical Advisory Group of Medical Advisors.

Caller Line ID: This technology electronically confirms the location of 111 calls made from a land-line phone from the Telecom White Pages data, giving additional assurances that ambulances are being dispatched to the correct location. Joint Emergency Services are working with Telstra Clear and all cellular providers to obtain Caller Line ID from their data as soon as practicable.

Automatic Vehicle Locators: GPS signals are sent from each ambulance to the electronic mapping system in the Communications Centres. Centre staff can now see the status and location of every ambulance in New Zealand at any given time, its availability for dispatch and proximity to emergencies. Dispatchers can also visually track the movement of road and air ambulances on-screen. This ensures the dispatch of the nearest and most appropriate resources to emergencies, and is also used to guide ambulance crews into difficult locations.

Mobile Data Terminals: Installing Mobile Data Terminals in 570 ambulances is one of the final steps in the project. These screens will enable the electronic transfer of more extensive information to and from our Communications Centres and ambulance crews than currently available by pager, phone or radio communication. Benefits include more detailed patient and scene information for ambulance crews, two-way message transfer, secure channels, and continuous updates as more information comes to hand in the Centres. We expect to install the terminals in all road ambulances nationwide before the end of 2007.

Extensive training ensures smooth transition

Extensive training in the new processes and technology was provided well before each of the three upgraded Communications Centres became fully operational. The training involved both Communications Centre and Ambulance staff. It included the new standardised policy and procedures, and use of the new technology. Substantial time has gone into ensuring Communications Centre staff know the geography of the wider areas they now service, including familiarisation tours, the use of area experts, and regular updates to our mapping systems. Local knowledge has always, and will always be, retained by local ambulance crews, who also convey updates to Communications Centres.

Evolution of the Ambulance Communications Project

The earliest discussions on the Ambulance Communications Project began in November 1999. In April 2000 we decided to initiate a project to consolidate the six St John Regional Communications Centres (in Auckland, Hamilton, Palmerston North, Napier, Christchurch and Dunedin). The Napier Centre was closed early in the project, in 2001.

St John Communications Centres Director Tony Blaber was appointed Ambulance Communications Project Director, and the project was elevated to national status to include Wellington Free Ambulance, and Taranaki and Wairarapa District Health Board Communications Centres. Ambulance New Zealand was also brought into the project, given the need for a sector-wide approach.

Key motivations for our review of the Communications Centres were the need to advance both the technology and the information-gathering capability in our operations; and to position the function much more strategically in relation to our organisational objectives.

Indepth research gets underway

Early reviews were commenced in 2000, and included facilitation by international experts. Leading UK-based emergency medical service consulting firm, Fitch and Associates, was engaged and completed *The Strategic Review of Communications Services* in 2001.

The Review recommended that New Zealand develop three linked Communications Centres; with on-line, immediate, total back-up capabilities to provide emergency call receipt, processing, registry and dispatch.

The nine Centres operating at the time had varying levels of capability, out-dated technology, different processes and no comprehensive back-up systems.

The research was released widely for consideration by the health sector, staff and other key stakeholders. Responses to stakeholder feedback were completed in July 2002.

Action across the sector

An Appraisal of Options was carried out by a representative group of all Ambulance Operators in New Zealand. Business Case Reports were completed during 2003 and 2004, and a Project Initiation document was released in 2004. Commercial contracts for Implementation and Service Management were signed in 2005, and Communications Centre staff recruitment and training build-up began in late 2005.

The implementation of AMPDS technology commenced in March 2006, Caller Line ID in April 2006, and Automatic Vehicle Locators in May 2006.

Smooth transition

The transfer of the remaining eight Communications Centres took place seamlessly in late 2006 and early 2007, with emergency calls switching over to the three new Communications Centres.

The new Communications Centre environment became fully operational from March 2007, after the successful switchover of the last closing Centre.

Planning for the switchovers was extensive. Members of the public noticed very little practical difference in their local Ambulance Service. The completion of the switchovers signalled the near completion of the project, and a move to a 'business as usual' environment for our new Communications Centres.

Cost, funding and oversight

During the Appraisal of Options, the new Communications Centre model was found to deliver significantly higher benefits per dollar invested than any other option appraised.

The consolidated capital cost is \$16 million, which has been funded from St John (\$13.5 million) and Wellington Free Ambulance (\$2.5 million). St John Area Committees have contributed substantially to funding our significant investment.

The operational costs average \$20 million a year to deal with the 1.1 million emergency and non-emergency calls, and rising, each year. These costs, including provision for regular refreshes of new technology, are funded annually by the Ministry of Health and ACC, and by a St John and Wellington Free Ambulance contribution of \$2 million per year.

The Communications Centres are required to meet contracted standards laid down by the Ministry of Health and ACC.

Services provided from the Centres have been designed to support the New Zealand Ambulance Standard and the Joint Ministry of Health / ACC Service Specification for Emergency Ambulance Communications Centres.

An Oversight Committee oversees the quality and performance of the three Centres. The Committee is a subcommittee of Ambulance New Zealand – the representative body for Ambulance Service providers.

The Committee comprises an independent Chair and key sector stakeholders including the Ministry of Health, ACC, District Health Boards, Police, Fire, road and air providers.

Local Ambulance Service providers are represented on Emergency Care Coordination Teams (ECCTs) to ensure whole of health common standards and protocols, integrated provision and a team approach. Congruence with government policy is assured by the involvement of these ECCTs, and the more focused Communications Centre User Groups (CUGs).







NEW COMMUNICATIONS CENTRES AT A GLANCE

Nationwide, the Emergency Ambulance Communications Centres receive more than 300,000 emergency and 800,000 non-emergency calls each year. They dispatch the country's fleet of 600 ambulances, 250 rural doctors and nurses (PRIME), more than 40 emergency helicopters, Coast Guard and other modes of response. They also coordinate Patient Transfer Services for 21 District Health Boards.

Emergency Ambulance Communications Centre: People

- 140 Emergency Medical Dispatchers (includes call takers and dispatchers)
- 13 Team Managers
- 10 Quality Auditors, Business Analysts, Information and Communications Technology Officers
- 5 Communications Centre and National Managers.

Best practice features of the new Communications Centres

The best practice features of the new Centres, flowing from well-established international practices and contextualised for New Zealand are:

- effective governance and leadership
- integrated healthcare delivery
- clinical effectiveness
- resilient service continuity arrangements
- integrated information and communications technology support systems
- highly trained staff for management, operational and specialist roles
- robust operational and quality processes, based on sound data.

St John Communications Centre, Auckland (NorthComm):

- owned by St John
- covers the upper half of the North Island, from the Franklin district in the South to the Far North (population 1.9 million)
- ambulance and response services: St John Northern Region, St John Midland Region, air providers, PRIME
- receives 550,000 calls per annum
- dispatches to 170,000 emergencies and 50,000 planned patient transfers per annum.

Central Communications Centre, Wellington (CentralComm):

- owned by St John and Wellington Free Ambulance in a 50/50 joint venture arrangement
- covers the lower half of the North Island (population 0.9 million)
- ambulance and response services: St John Central Region, Wellington Free Ambulance, Taranaki District Health Board and Wairarapa District Health Board Ambulance Services, air providers, PRIME
- receives 270,000 calls per annum
- dispatches to 80,000 emergencies and 20,000 planned patient transfers per annum.

St John Communications Centre, Christchurch (SouthComm):

- owned by St John
- covers the whole South Island (population 1.1 million)
- ambulance and response services: St John Northern Region (SI), St John Southern Region, air providers, PRIME
- receives 280,000 calls per annum
- dispatches to 80,000 emergencies and 20,000 planned patient transfers per annum.



AMBULANCE

Ambulance Service committed to excellence

This has been a successful year in which our Ambulance Services have continued to progress and improve. We have provided the best possible level of service available from our various funding sources.

We believe we are delivering services to a high standard and that is supported by the high numbers of letters of appreciation from the public that we receive. Further testimony to the quality of the service and care provided by our Ambulance Officers is the low incidence of complaints received – less than two per 1,000 calls – a very low incidence by any standards.

Our ability to successfully deliver services to the community is wholly dependent on the skills and contribution of our people, both paid and volunteer. We and the community appreciate the high level of dedication of our Ambulance Officers, Team Leaders and Managers.

The two key developments in our Ambulance Operations this year are our restructuring programme and the commissioning of the new Emergency Ambulance Communications Centres – two success stories, and two of the most progressive changes in our recent history.

In restructuring we have developed a number of specialised roles, particularly in the area of Rural Support Officers, Clinical Standards Managers and Clinical Support staff, to ensure the ongoing delivery of quality patient care.

Significant consultation with staff throughout the year has ensured as smooth a transition as possible to the new structures. The restructuring has been aimed at raising clinical

and operational excellence, and delivering to the public the best possible levels of care that can be provided with the resources and funding available.

Another component of our reorganisation is the establishment of the new national Planning and Development Centre.

The Centre is responsible for developing ambulance plans and programmes on a consistent basis, and implementing those through our regional delivery structure. Staffing of the Centre is well under way.

We received some additional funding from the Ministry of Health this year to increase ambulance staffing levels in a modest way, and we are seeing the benefits of having those additional people on board.

New programmes responsive to trends

Medical emergency call volumes continue to increase – typically at double the population growth, which is an international trend. There are a number of reasons for this, including an ageing population and increases in chronic health conditions.

Ensuring the safety of ambulance crews in situations where they may face abuse or possible assault, is also a concern for us. We have developed a programme of training which we began in Auckland and rolled out nationally this year. Run by former Police Officers, this concentrates on issues such as teaching staff how to be alert to possible danger, how to spot warning signs of threatening behaviour, and techniques on defusing or backing off from such situations safely. This is a great example of tapping into the specialist skills of related professions.

Protecting ambulance staff from back injuries caused by lifting is also a major focus. An innovative programme was developed and trialled by our Midland Region, assisted by external consultants and ACC. The pilot resulted in an encouraging reduction in incidences of back injuries. This programme is being rolled out nationally.

Committed to increasing funding and fully crewed responses

There have been further calls this year for all emergency ambulance responses in New Zealand to be double crewed. Our position is that all emergency ambulance responses in New Zealand should be fully crewed.

It is, however, not widely understood that we are not currently funded to provide full crewing totally from paid resources and are not contracted to do so.

St John is committed to achieving 100 per cent full crewing for all emergency ambulances, and we continue to work within communities and with funding agencies to ensure full crewing is achieved wherever possible.

We currently provide double crewing on more than 80 per cent of all our emergency responses across New Zealand relying to a considerable degree on volunteer resources. The actual level varies considerably between locations. In many single crewed responses, where possible and required, back-up is dispatched as soon as possible.

Increased funding would enable us to increase staff numbers, improve response times and invest further in training and development.

However, there will always be a need for the valuable contribution of volunteers, particularly in rural areas and isolated communities across the country, where caseloads are small and don't support the full time availability of paid officers. The contribution of volunteers is vital to the provision of Ambulance Services, and without them, our services would not be able to be provided to the levels that we presently offer in many rural areas.

Building our volunteer Ambulance Officer numbers remains an ongoing focus and we have had successes this year with a series of local recruitment campaigns around the country.

St John Special Emergency Response

Team training.

Building resilience in communities

We have a number of programmes in place designed to provide rapid responses to medical emergencies and accidents in rural or isolated communities until ambulances arrive, or in lieu of an ambulance where this is clinically appropriate. These programmes continue to prove their worth.

We coordinate, train and dispatch Community First Response Teams to local emergencies to complement ambulance responses. These teams are made up of volunteers drawn from local communities, and trained to provide initial medical aid to patients. These life-savers are available 24-hours a day and are responded by our Emergency Ambulance Communications Centres. These teams continue to add value to their local communities, and are a highly valued and supported resource.

We also run the Primary Response in Medical Emergencies (PRIME) programme, with funding from the Ministry of Health and ACC. We train more than 250 PRIME doctors and nurses in rural areas in emergency medicine to provide a response to seriously ill or injured people in support of Ambulance Service people.

Our Emergency Ambulance Communications Centres respond these specially trained doctors and nurses where an ambulance response time would be significant or where additional medical skills would assist with the patient's condition. The programme is improving outcomes for emergency patients in rural districts, and providing higher level medical skills than may otherwise be available from the Ambulance Service in rural communities. We are liaising with the Ministry of Health and ACC on their current review of aspects of the programme.

Emergency planning strengthened

We have given further emphasis to strengthening our plans for responding adequately to major or national emergencies, such as earthquakes or a pandemic.

Protective equipment is available, and our Ambulance Officers and Managers have undertaken overview training in how to react in such situations; with further training programmes planned for the coming year.

We have also developed comprehensive plans to keep our operation running in the event of a national emergency, in liaison with other emergency services and government.





HIGH-FLYING MEDIC AND MANAGER

Donna Austin has many strings to her bow. Luckily for stricken yachties, one of those strings – or rather, ropes – is firmly attached to a rescue helicopter. With the combined skills of our paramedics and the helicopter pilots, safe rescues are assured.

One such rescue took place earlier in 2007, 180km off Port Waikato, when a solo yachtsman was injured when his 10m catamaran struck a whale. We dispatched an air ambulance from Whangarei, with Donna on board.

As Northland District Operations Manager based in Whangarei and an Advanced Paramedic, Donna is often called on for her advanced life support skills, to manage incident scenes, and to provide back up at large-scale and challenging emergencies.

In this case Donna was winched down to the bobbing yacht and plucked the grateful yachtsman to safety, returning him to Auckland. "The whole operation went very smoothly thanks to great teamwork and good training," Donna says.

Every day is different in Donna's role. "On that particular day I was sitting in the office looking at budgets and the next thing I know I'm sitting in the helicopter, going out into the unknown."

St John provides the clinical crew for air ambulance missions for much of New Zealand; Auckland, Wellington and Taranaki being the exceptions. We work in partnership with air ambulance operators, who provide the helicopters and pilots.

A day at the 'office' for Donna might also include crawling down drains or into a car to reach an injured patient.

"It's an exciting job and it's unpredictable. It has challenges, both physically and mentally. There are also lots of rewards, among them the ability to actually go out and make a difference in people's lives. We do have a big impact," Donna says.

"It's particularly nice when patients say thanks to me or my team. I love being part of a great team. Throughout my career I've been working with people who I believe are the best people in the world."

Events Service continues to grow

Demand for our services at public events has continued to grow, with our clinically trained Events volunteers and paid staff attending more than 8,000 events in the past year.

The growth in demand for these services has been driven by the increasing numbers of events held nationwide, organisers' growing awareness of the importance of health and safety and, we believe, our reputation for providing a quality service.

Our members provide first aid and pre-hospital emergency care at a wide range of events, supported by best practice equipment and technology. In some parts of the country, we use innovative methods of transport to move our people quickly through crowds – including motorcycles, bicycles, Segway 'people movers', golf carts and even horses.

Events that we cover include sports and cultural events, parades, concerts and swimming events, saving many people a trip to hospital and easing pressure on other health services.

Many events involve a significant number of young people. The largest – 'The Big Day Out' music festival in Auckland – this year required a total of 120 St John staff, mostly volunteers. Our onsite service included a Mobile Accident and Medical Clinic, staffed by doctors and nurses.

While seven patients at this year's 'Big Day Out' required transport to hospital for further treatment or assessment, a further 30 casualties were spared the need for transport to hospital, as they were assessed and treated onsite by our people.

Motor racing has thrived in New Zealand in the last two to three years, and the need for our services at these events has increased, and is highly regarded. Having ambulances and trained people on the scene means participants and spectators can relax and enjoy the events.

As in our Ambulance operations we are focused on attracting more volunteers to support our Events activities, to help staff the increasing number of events we are attending.

The year ahead

We look forward to continuing our work in the year ahead, in partnership with our members, funders, communities, partners, suppliers and other emergency services. We will continue to make a positive difference for New Zealanders, providing a high level of care and compassion to patients and their families.

With your kind help and care, there was no loss of life. I believe that the proactive attitude and exemplary service provided by St John Ambulance has made a true contribution to the strengthening of the relationship between our two countries."

JOON-HYUNG KANG CONSUL-GENERAL OF THE REPUBLIC OF KOREA

From a letter to St John, following a February 2007 bus crash involving Korean passengers.



> A vital part of communities throughout New Zealand

Building on the work and the contribution we make in Ambulance and Emergency Care Services, is our expanding range of caring and giving activities.

Our community programmes cover a wide range of activities and all ages. They are free to the public, provided largely by volunteers and are, we believe, targeted to people

The programmes make a contribution to communities, thanks to the commitment, energy and goodwill of our people. The programmes are enjoying growth across the board, with positive feedback reaffirming their value to the public.

Our programmes are purposefully designed to contribute to community objectives, to support government policy and to deliver on our vision of enhanced health and wellbeing for all New Zealanders.

Developing young people

Our programmes are all grounded in the present, while also having a future focus. An example is the vibrant and growing St John Youth programme, which brings together a great mix of volunteer leaders and young people.

The programme is designed to give young people aged six to 18 – our Penguins and Cadets – skills and activities to learn from and enjoy today. It also helps develop young people into responsible adults with an understanding of wider community needs, compassion, citizenship and self-reliance.

As one of New Zealand's fastest growing youth programmes, St John Youth now has more than 4,000 Youth members countrywide, up from 3,759 the previous financial year.

We are moving steadily towards our target of 10,000 members in 2010. The programme is linked to the approach taken in New Zealand's education curriculum to ensure we don't repeat programmes taught in schools.

In the past year we have introduced a range of changes designed to ensure the programme remains modern and appeals to the young people of today. We have launched a new lively and engaging website, introduced new divisions and recruited many new leaders.

In February we launched a totally new curriculum for the Grand Prior's Award – the highest award our Youth members can earn other than bravery awards. New badges include an information technology and web-building badge. Older Youth members run a 'virtual flat' for six weeks, with challenges to resolve such as dealing with a water leak and a flatmate leaving without paying their bond.

CADETS 8-18 YEARS OLD

PENGUINS 6-8 YEARS OLD

Caring Caller

The St John Caring Caller programme has continued to expand in the past year, with volunteer numbers increasing and Callers taking a more active healthcare role in clients' lives.

Caring Callers provide a free friendship service, making daily phone calls to people in need, who may be elderly, housebound or living alone. Our volunteer callers check how their clients are, have a chat and share experiences. People requesting the service are matched with a Caring Caller with similar interests.

The service plays an active role, we believe, in helping many people who may be socially isolated to remain in their own homes rather than going into residential care, supporting the government's Ageing in Place strategy.

The number of Caring Caller clients has increased in the past 12 months from 783 to 885, as healthcare workers make increasing use of our service. Our Caring Callers, where required, now check that their clients remember to take their medication, particularly elderly clients.

Caring Callers can contribute to saving people's lives. If a client doesn't answer the phone, St John contacts a family member or another person nominated by the client, or sends a trained person to the home to make sure all is well. If necessary, an ambulance is dispatched.

Our Callers report how much enjoyment and satisfaction they get from the interaction, with genuine telephone friendships forming – some lasting many years.

Friends of the Emergency Department

The Friends of the Emergency Department programme has again grown rapidly this year. Launched with seven volunteers in Auckland five years ago, we now have 549 volunteers in 12 hospital Emergency Departments.

The programme is provided at Auckland, Christchurch, Dunedin, Hamilton, Invercargill, Nelson, North Shore, Rotorua, Tauranga, Thames, Timaru, and Waitakere Hospitals. Nelson Public Hospital's Emergency Department was the latest to join in February 2007.

We are delighted to report that the Friends of the Emergency Department programme is now operating in half of New Zealand's 24 major hospitals. The growth of volunteer numbers has been excellent.

The opportunity to volunteer time to a shift on a regular basis appeals to a large number of people. Many have worked previously in a related healthcare role or have been in an Emergency Department themselves – as either a patient or with a friend or relative.



MEDICAL STUDENT BRIGHTENS HOSPITAL HALLWAYS

Full-time study and a busy social life is no barrier to volunteering for Friends of the Emergency Department, if Wingchi Leung is anything to go by.

The 22-year-old medical student volunteers for our programme at Auckland Hospital's Emergency Department, and says she finds it benefits her as much as the people she serves.

Wingchi describes her team as "different ages, ethnic backgrounds and personalities all working with the same heart and mind".

Growing up in New Zealand with a Chinese background adds to her ability to communicate with a diverse range of people, Wingchi says. "It is great just bringing a smile to people's faces knowing that simple things really do make a difference."

Balancing full-time study and an active personal life, she devotes a little of her time most weekends to serve her community.

Wingchi says volunteering with St John is a great way of gaining exposure to the human side of healthcare. "Students and professionals can learn a lot from volunteering for Friends of the Emergency Department."

Volunteering for St John has been a wonderful experience – in serving, learning and growing as a person. It gives me a great variety of skills and life experiences."

WINGCHI LEUNG VOLUNTEER

Our volunteers play a unique role, providing support and comfort to patients, family and friends during what is usually a very stressful time in people's lives. They hold hands, make phone calls on behalf of patients' and look after patients' children in the Emergency Department. These volunteers help thousands of people a year, and are highly regarded by the hospitals and hospital staff.

Lakes District Health Board Chair Stewart Edward and Chief Executive Cathy Cooney thanked St John in a letter of appreciation this year for our support in developing the Friends of the Emergency Department programme at Rotorua Hospital's Emergency Department.

"We wish to express our gratitude for this excellent initiative," Stewart Edward and Cathy Cooney said.

Auckland City Hospital Emergency Department Service Manager Jo Mack says Friends of the Emergency Department volunteers are "fantastic, absolutely priceless".

"Patients love them; doctors, nurses and management think they're wonderful. Our Emergency Department is extremely busy. Our staff do the best job they can but they don't have time to make a cup of tea or provide a blanket, which they would like to do. To have the volunteers there, acting as real friends and doing those things, is really valuable," Mrs Mack says.

"The volunteers play an integral part in the Emergency
Department; they're part of the team. There's never a gap –
they're there Christmas Day, New Year's Day, public holidays.
We never have to look for them – they're completely
dedicated and totally reliable."

Health Shuttle

Our Health Shuttle services are also growing and developing, providing an essential service for people who might otherwise struggle to attend medical appointments.

There are now more than 10 Health Shuttle programmes across New Zealand, including in Dannevirke, Feilding, Hamilton, Hokitika, Marton, Motueka, Nelson, Rotorua, Tauranga, West Auckland and Whangamata.

Health Shuttles provide free transport for people who have appointments with doctors, specialists or hospitals.

Our service users include young mothers and their children,

the elderly and people with mobility or health problems for whom going to a medical appointment without assistance can be a real challenge.

Our drivers are all volunteers trained in first aid. The vehicles are fully equipped, making the journey as comfortable and supported as possible.

Outreach Therapy Pets

Outreach Therapy Pets is a programme jointly run by St John with the SPCA, harnessing the specialist skills of both organisations to benefit the community. This programme continues to enjoy overwhelmingly positive feedback and to grow.

Trained volunteers take approved pets into hospitals, resthomes and other facilities to interact with residents and patients. International research shows that interaction with animals provides a variety of health benefits, and has a therapeutic and calming effect. The pets include dogs, cats, rabbits, guinea pigs – even a goat, llama and mini donkey.

In Auckland, where the programme began, there are now 170 volunteers. Pet-partner teams visit 220 venues around the greater Auckland area – including resthomes, private and public hospitals, rehabilitation units, special schools and residential facilities, such as youth justice facilities.

We recently launched Outreach Therapy Pets in the Bay of Islands, with five volunteers. In the coming year we plan to offer pilot projects in Tauranga, Thames and Hamilton.

The programme also provides animal assisted therapy where a professional, such as an Occupational Therapist, works with the patient, animal handler and pet to achieve specific goals. If someone has had a stroke, for instance, they may not be keen on doing their physiotherapy but they may be willing to use the same motion with their arm or hand to pat a cat.

Volunteers and pets are carefully assessed to ensure their suitability for the programme. This year we have also introduced new volunteer training programmes, including workshops in health and safety.

Melva Nicholson, Manager of Beechworth Home and Hospital of Albany, Auckland says patients love the pet-partner visits.

"They visit every fortnight and also come along to our pet days. They're great people, and our patients love to touch and pat the animals. Pet therapy has been proven to be very therapeutic so we are very supportive of the programme," Mrs Nicholson says.









Volunteers make an amazing contribution to the people of New Zealand each and every day of the year. We salute and celebrate their incredible dedication, commitment and passion.

Without volunteers we would not be able to provide the high level of support and services in our communities we do today. We have more than 7,000 adult volunteers working across all the services we provide.

Our volunteers successfully balance volunteer duties with their daily lives. For many this includes holding down a full-time job and meeting family, recreational and social commitments. Without volunteer Ambulance Officers in

Volunteers contribute to our full range of services, including Ambulance, Archives, Area Committees, Caring Callers, Events Services, Fellowship Groups and our Friends of the Emergency Department. We also rely on volunteers for our Health Shuttles, Hospitaller Clubs and the St John Youth programme. We also have a range of volunteers providing services in other areas, such as administration and support.

About our volunteers

Look at any sector of New Zealand society, any socioeconomic group, age, gender or culture, and you will find a St John volunteer among them. Our volunteers are diverse, ranging in age from young people who devote time on weekends and after school, to the elderly who love giving to their communities in their retirement.

Our volunteers come from wide-ranging working backgrounds, including doctors, lawyers, homemakers, accountants, farmers, orchardists, teachers, hospitality staff, plumbers and electricians – the list is virtually endless. We believe we are fortunate that our people reflect the diversity of our society.

Common to all our volunteers is the care they have for our communities, the commitment to our organisation and a recognition that together we improve quality of life for people around us.

Volunteering brings many benefits on top of giving to the community and helping people. Volunteering for St John opens doors to new skills and experiences, personal growth and development. Individuals can train in a wide variety of disciplines, increase their confidence and gain wider work experience.

All our volunteer Ambulance Officers, for instance, receive the same training as our paid Ambulance Officers. For many, volunteering leads to a new career – many of our paid staff came to St John as volunteer Ambulance Officers.

Being part of St John is also a social experience. There is a wonderful support network, and a sense of belonging to a large national and international family.

While the volunteer contribution to St John is estimated to be worth more than \$50 million a year, the contribution goes beyond economic benefits. Volunteers contribute substantially to their communities and reflect the caring ethos of St John.

Our volunteers reflect our communities

We recognise the importance of ensuring that our services accommodate the changing demographics of society and the changing profile of volunteer availability. Many families have two working parents these days so fewer volunteers are available during the day and at weekends. Increasing societal pressures are transforming New Zealand and placing competing demands on people's time – from longer working hours to longer shopping hours.

The good news is that we need people to contribute at all hours – people can volunteer during the day or night, after work or at weekends. We also have a more diverse range of services than we were traditionally known for. Options are available for people to choose the type of role and time commitment that suits. Many of our Friends of the Emergency Department volunteers, for instance, are parents who volunteer while their children are at school.

Volunteers provide a strong connection between St John and the community. Area Committee members are a great example. They know their local communities well, and want to contribute to improving them.

Volunteers have always been an important part of St John and always will be. Our managers are committed to ensuring volunteers feel valued, supported, part of the team, and that they achieve satisfaction and benefits from their work.

We also recognise the contribution of families and employers, who do so much to support volunteers' work. It is only with the support offered by many of the families and employers of volunteers that we can continue to offer our current levels of services.

Family contribution is valued in a number of ways. In Culverden, North Canterbury, for example, Amuri Area Committee raised funds for a three-bedroom house adjoining the Ambulance Station. Volunteer Ambulance Officers on duty from outlying rural areas can bring family and spend quality time together when they're not on callouts.

Our volunteers, working alongside our paid staff, help us achieve our mission – to prevent and relieve sickness and injury, and to enhance the health and wellbeing of all New Zealanders.



BEING A CARING CALLER BRINGS HAPPINESS FOR BOTH PARTIES

Kanaga 'Siva' Sivaraj loves his role as a volunteer Caring Caller, helping people keep their independence with his daily call and check that all is well.

"I get a lot of pleasure from it. At the end of the day I am happy because I have made people happy. We might be the only people who ring, so clients are waiting for our calls," Siva says.

"It is in my nature to help people. I have been helping people for 25 years in my own country of Sri Lanka and when I came to New Zealand over six years ago."

The time commitment for a Caring Caller is usually only five to 10 minutes a day and most make the calls from home.

Area Committees: Building a brighter future

Christchurch has one central Ambulance Station and two shared facilities, but rapid population growth means it is essential to provide satellite sites.

The Christchurch Area Committee is working on a programme to buy and equip five new Ambulance Stations, costing up to \$4 million over the next five years. The need and locations were identified in a strategic review of Christchurch Ambulance Services.

This is one of many projects the committee is fundraising for and overseeing, and is typical of the important role of Area Committee volunteers. The first property was purchased in May and should be fully equipped and open by September 2007.

The committee's other significant programmes this past year include buying a new Events vehicle. Supporting paid and volunteer staff, and public education are also key areas of work.

Another initiative undertaken by this Area Committee is an ongoing upgrade of the St John Youth facility at Waddington. The latest additions to the camp are two relocatable homes. These will be used for small camps, Youth Leaders with young families, and additional accommodation for camps with more than 100 participants.



FINDING FULFILMENT AND FRIENDSHIP IN FEILDING

A tragedy led to Jo Tolhopf becoming a St John volunteer, but years of satisfaction and a huge contribution to the community has followed.

In 1992 Jo's best friend, a St John Ambulance Officer, lost her two children in a car accident. Jo saw the support offered to her friend by colleagues and felt she too wanted to be part of such a caring organisation.

Today, Jo combines her full-time job with volunteering as an Ambulance Officer, Feilding's Youth Divisional Manager and as an Events Volunteer.

At events Jo provides treatment for anything from broken limbs, fireworks injuries, heart attacks or choking, to cuts, sprains and sunburn. In Youth, Jo is proud to see children progress through Penguins and Cadets, obtain their Grand Prior's Award and, in many cases, go on to join our Adult Division.

Jo's contribution was recognised this year when she was invested as a Serving Sister in the Order of St John.

"All I can say for anyone considering becoming a St John volunteer is – go for it," Jo says. "You get to learn, travel, meet and help people. It's a go-ahead organisation with a great management team."







2318
VOLUNTEER AMBULANCE OFFICERS

679
MORE THAN 679
YOUTH LEADERS

1300 EVENTS VOLUNTEERS

864
CARING CALLER VOLUNTEERS

170
OUTREACH THERAPY PETS VOLUNTEERS

I just love the challenge of ambulance work, the different people you meet, the stories they tell, especially elderly people. You get fantastic training and put those skills into practice.'

JO TOLHOPF VOLUNTEER

> St John is most grateful for the generosity and support of many thousands of individuals and organisations that contribute to our work in caring for New Zealand communities. Our sincere thanks to you all.

We acknowledge the contributions of the following individuals and organisations for their conspicous support during the 2006-2007 year.

funding 2006

Auckland City Community Group Assistance



Heretaunga National Community & Sports Trust

Health Support Limited

Hutt Mana Charitable Trust

Invercargill Licensing Trust Foundation

Jack Jeffs Charitable Trust

John Beresford Swan Dudding Trust

Kaikoura Charitable Trust

Kingdom Foundation

Laerdal

Lion Foundation

Lions Club of Ferrymead

Mainland Foundation

Mana Community Grants Foundation

Mercedes Benz

Dr Marjorie Barclay Trust

Mataura Licensing Trust

Microsoft

Monty Fairbrother Charitable Trust

New Zealand Lottery Grants Board

Noel & Melva Yarrow Charitable Trust

Norah Howell Charitable Trust

Opotiki Charity Concert Trust

Otago Rescue Helicopter Trust

Pamela Webb Charitable Trust

Pelorus Trust

Philip Brown Fund

Powerco

Pub Charity Inc

RadioWorks

Ray White Real Estate

Scottwood Trust

Serco Project Engineering Limited

Sir Patrick Goodman

SKYCITY Queenstown Casino Community Trust

SKYCITY Hamilton

The Community Trust of Southland

St Mary's in Merivale

Stihl Ltd

Telecom New Zealand Limited

The Charles and Phillip Deibert Trust

The Reed Charitable Trust

The Southern Trust

The Trusts Charitable Foundation Inc

Thomas George Macarthy Trust

Tom & Ann Cunningham Trust

Trust House Charitable Trust

Trust Waikato

TSB Community Trust

Tuapeka Times Ladies

Turner Family Foundation

WEL Energy Trust

Westpac Banking Corporation

Whanganui Community Foundation

We acknowledge the generosity of New Zealand communities to support and sustain us. New Zealanders need us, but equally we need New Zealanders:

ROB FENWICK | CHANCELLOR



















PERFORMANCE INDICATORS FINANCIAL REPORTS

> National Performance Statistics 1 July 2006 – 30 June 2007

	Northern Region	Midland Region	Central Region	Northern Region (SI)	Southern Region	National Office	Total
Patients treated and transported by Ambulance Officers	144,068	62,113	40,028	50,072	26,363	-	322,644
Kilometres travelled by ambulances	5,925,040	3,029,720	1,957,744	2,152,058	1,520,036	-	14,584,598
Total ambulance and operational vehicles	159	124	62	124	82	-	551
Ambulance Stations	41	42	21	52	29	-	185
Emergency incidents attended	105,412	46,001	30,761	43,876	23,614	-	249,664
Vehicles attending emergency incidents	123,429	56,025	37,583	51,930	24,002	-	292,969
Events attended	2,380	1,522	1,488	2,415	500	-	8,305
Event Volunteers	466	62	192	500	80	-	1,300
Students trained	15,222	10,792	9,578	10,485	8,493	-	54,570
Children participated in the St John Safe Kids Programme	34,202	508	-	8,444	8,934	_	52,088
Caring Caller Clients	507	203	37	138	-	-	885
Caring Caller Volunteers	448	219	46	151	-	-	864
Friends of the Emergency Department Volunteers	202	192	-	102	53	-	549
Area Committee Volunteers	217	201	167	242	187	-	1,014
Volunteers (Head Count)	2,369	1,159	939	1,816	776	11	7,070
Paid Staff (Head Count including Casuals)	815	362	205	407	312	47	2,148
Youth Membership (Penguins and Cadets)	1,727	616	572	1,068	326	-	4,309
Total Membership (Head Count)	4,911	2,137	1,716	3,291	1,414	58	13,527

St John products and services are delivered throughout New Zealand by five regions. More than 140 Area Committees provide the vital community interface and local presence to support the regions in this delivery.

NATIONAL OFFICE

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Chief Executive: Jaimes Wood Tel: 04 472 3600 Fax: 04 499 2320

MIDLAND REGION

63-65 Seddon Road Private Bag 3215

Regional Chief Executive Officer: **Eddie Jackson** Tel: 07 847 2849 Fax: 07 847 2850

E-mail: enquiriesmid@stjohn.org.nz

NORTHERN REGION (SI)

174 Durham Street PO Box 1443 Christchurch

Regional Chief Executive Officer

Tel: 03 366 4776

Fax: 03 353 7112

NORTHERN REGION

2 Harrison Road Mt Wellington Private Bag 14902 Panmure, Auckland

General Manager: Stephen Franklin Tel: 09 579 1015

Fax: 09 579 3281 E-mail: enquiriesnth@stjohn.org.nz

CENTRAL REGION

Cook Street PO Box 681 Palmerston North

Regional Executive Officer: Jim Datson Tel: 06 355 5051

Fax: 06 355 0771 E-mail: enquiriescent@stjohn.org.nz

SOUTHERN REGION 17 York Place PO Box 5055

Dunedin General Manager Garv Williams Tel: 03 477 7111

Fax: 03 477 7994



St John New Zealand Aggregated Special Purpose

Summary financial statements

> Summary statement of financial position

As at 30 June 2007

	(\$000)	(\$000)
Current assets	47,493	43,730
Property, plant and equipment	98,509	60,833
Other non-current assets	4,966	3,948
Total assets	150,968	108,511
Current liabilities Non-current liabilities	20,504 4,029	17,421 4,256
Total liabilities	24,533	21,677
NET ASSETS	126,435	86,834
TRUST AND SPECIAL PURPOSE FUNDS	126,435	86,834

> Summary statement of financial performance

for the year ended 30 June 2007		
of the year chaca 30 same 2007	2007	2006
	(\$000)	(\$000)
Operating revenue		
Revenue from operations	133,002	121,273
Interest revenue	2,068	1,922
Revenue from donations, bequests and grants	12,582	7,150
TOTAL REVENUE	147,652	130,345
OPERATING EXPENSES	144,346	124,515
NET SURPLUS	3,306	5,830

> Summary statement of movements in trust and special purpose funds

For the year ended 30 June 2007

	2007 (\$000)	2006 (\$000)
Opening trust and special purpose funds 86	,834	80,948
Total recognised revenue and expenses 3	,306	5,830
Assets revalued during the year 36	,255	0
Net increase in trust and special purpose funds	40	56
CLOSING TRUST AND SPECIAL PURPOSE FUNDS 126	,435	86,834

On behalf of the Priory Chapter and/or Priory Trust board, who authorised the issue of this summary financial report on: 27 November 2007.

Rob Fenwick Chairman

These statements should be read in conjunction with the notes to the summary special purpose financial statements.

30 FINANCIAL REPORT CONTINUED

Notes to the summary financial statements

For the year ended 30 June 2007

1. Statement of accounting policies

These special purpose summary financial statements have been extracted from an aggregation of the consolidated financial statements of The Order of St John National Office, The Order of St John Northern Region Trust, The Order of St John Midland Regional Trust, The Order of St John Central Regional Trust, The Order of St John Northern Region (SI) Trust and The Order of St John Southern Region Trust ('the Aggregated Group'), adjusted to eliminate the effect of intra-aggregated group transactions and balances. Area Committees, some of which have material balances and transactions, in each of the regions are specifically excluded from the Aggregated Group, and continue to operate their own accounting and administrative function. These special purpose summary financial statements have been prepared solely for the purpose of providing the Priory Chapter and Trust Board with an understanding of the Aggregated Group's financial position and performance.

The special purpose summary financial statements have been prepared as if the Aggregated Group qualified for differential reporting, notwithstanding that the Aggregated Group does not meet the criteria for qualifying entities as it is large and its members are not represented on its governing body. The Aggregated Group has taken advantage of the differential reporting exemptions in relation to FRS 10 Statement of Cash Flows (as the information required to compile comparative data is not available), and FRS 31 Financial Instruments.

The Aggregated Group has not yet adopted NZ-IFRS.

These summary special purpose financial statements have been prepared in accordance with FRS 39 Summary Financial Statements and have been extracted from the audited full special purpose financial statements for the year ended 30 June 2007 which were approved by the Priory Chapter and Trust Board on 27 November 2007. For a full understanding of the Aggregated Group's financial position and performance these summary special purpose financial statements should be read in conjunction with the audited full special purpose financial statements. The audited full special purpose financial statements are available on application to the following address:

Accountant

St John National Office P O Box 10-043 Wellington

Deloitte.

AUDIT REPORT ON THE SUMMARY SPECIAL PURPOSE FINANCIAL STATEMENTS To The Priory Chapter and Trust Board of The Order of St John New Zealand

We have audited the summary special purpose financial statements of The Order of St John National Office, The Order of St John Northern Region Trust, The Order of St John Midland Regional Trust, The Order of St John Central Regional Trust, The Order of St John Northern Region (SI) Trust and The Order of St John Southern Region Trust ('the Aggregated Group') for the year ended 30 June 2007 as set out on pages 29 to 30.

Basis of Preparation of Summary Special Purpose Financial Statements

As outlined in the accounting policies on page 30, the summary special purpose financial statements have been extracted from an aggregation of the audited consolidated financial statements of The Order of St John National Office, The Order of St John Northern Region Trust, The Order of St John Midland Regional Trust, The Order of St John Northern Region (SI) Trust and The Order of St John Southern Region Trust, adjusted to eliminate the effect of intra-aggregated group transactions and balances. Area Committees in each of the Regions are specifically excluded from the Aggregated Group. The summary special purpose financial statements have been prepared solely for the purpose of providing the Priory Chapter and Trust Board with an understanding of the Aggregated Group's financial position and performance.

Our report has been prepared solely for your exclusive use and solely for the above purpose. This report is not to be used for any other purpose, recited or referred to in any document, copied or made available (in whole or in part) to any other person without our prior written consent. We accept or assume no duty, responsibility or liability to any party, other than you, in connection with this report or engagement including without limitation, liability for negligence in relation to the opinion expressed or implied in this report.

Priory Chapter and Trust Board's Responsibilities

The Priory Chapter and Trustees are responsible for the preparation and presentation of summary special purpose financial statements, in accordance with the accounting policies adopted by the Aggregated Group.

Auditors' Responsibilities

It is our responsibility to report on the amounts included in the summary special purpose financial statements for the year ended 30 June 2007 presented by the Priory Chapter and Trustees.

Basis of Opinion

We have undertaken procedures to provide reasonable assurance that the amounts set out in the summary special purpose financial statements on pages 29 and 30 have been correctly taken from the audited special purpose financial statements of the Aggregated Group for the year ended 30 June 2007.

Other than in our capacity as auditor we have no relationship with or interests in the Aggregated Group.

Unqualified Opinion

In our opinion, the amounts set out in the summary special purpose financial statements on pages 29 and 30 have been correctly taken from the audited special purpose financial statements of the Aggregated Group for the year ended 30 June 2007 from which they were extracted.

For a better understanding of the scope of our audit of the Aggregated Group's special purpose financial statements and of the Aggregated Group's financial position and financial performance for the year ended 30 June 2007, this report should be read in conjunction with the Aggregated Group's audited special purpose financial statements for that period.

Our examination of the summary special purpose financial statements was completed on 27 November 2007 and our unqualified opinion is expressed as at that date.

Chartered Accountants

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AUCKLAND, NEW ZEALAND

Area Committees are recognised as a foundation of St John and play a vital role in linking St John to the local communities we serve.

The work carried out by Area Committees is as diverse as the communities they serve. Their many activities include informing local communities about St John programmes, contributing to planning processes, helping to raise funds within their communities, and supporting St John paid and volunteer members. Their work is invaluable.

Northern Region

Bay of Islands

Chair - Mike Crosbie Treasurer - Selwyn Stringer Secretary - Maureen Greaves

Bream Bay

Chair - Brian Challenor Treasurer - Eve Caldwell Secretary - Bev McCracken

Coromandel Chair – Trevor Martin (Acting) Treasurer – Julie Walker Secretary - Julie Walker

Doubtless Bay Chair – David Craig Treasurer - Pam Kay Secretary - Lynn Pooley

Far North

Kaitaia Chair – Archie Clark Treasurer - Fleanor Goble Secretary – Rose Adama

Hauraki Plains

Chair – Leslev Gordon Treasurer - Patricia Porter Secretary - Patricia Porter

Helensville

Chair - Kim Lewin Treasurer - Jeanette Humphris Secretary - Jeanette Humphris

Hibiscus Coast

Chair - Barbara Everiss Treasurer - Margaret Christie Secretary – Yvonne Cox

Chair – Peter Macauley Treasurer – Ina Fielding Secretary - Peter Bell

Kaitaia

Chair – Eric Shackleton Treasurer – E Collings Secretary - Deirdre Crene

Kerikeri

Chair - Fred Cooper Treasurer - Patricia Shaw Secretary - Patricia Shaw Manukau

Howick

Chair – Bruce Carey Treasurer - Kathleen Whitta Secretary - Ngaire Devereaux

Mercury Bay

Chair - Gary Kilmister Treasurer - Ron Anderson Secretary - Jan Jenson

North Hokianga

Kohukohu Chair - David King Treasurer – Michelle Curreen Secretary – Sue Rapira

North Shore

Chair - Peter Geenty Treasurer - Peter Horrocks Secretary – John Langstone

Northern Wairoa

Dargaville Chair - Sally Parkinson Treasurer - Robert Donker Secretary - Flaine McCracken

Otamatea

Maungaturoto Chair – Maude Christie Treasurer - Pamela Foster Secretary - Eileen Parsons

Paeroa

Chair - Leslie Cullerne Treasurer - Helen Appleby Secretary - Marise Carey

Chair - Beverley Dunn Treasurer - Elizabeth Donald Secretary – Irene Morton

Chair - Graham Williams Secretary - Deirdre Stewart

Chair – Lorraine Hill Secretary – Colleen Bottrell

South Hokianga

Chair – Bill Carter Secretary - Alexa Whaley

Tairua

Chair - Leon Broughton

Chair - Pat Burgess Treasurer - Pat Burgess Secretary - Mike Thomas

Chair - Cvril Guillard

Wajuku

Chair - Kevan Lawrence Treasurer - Mervyn Baker

Warkworth Chair - Alan Boniface

Chair – Peter Corry

West Auckland

Chair - Murray Spearman Treasurer - Chris Johnstone Secretary – Lindsay Huston

Whangamata

Chair - Trevor Martin Treasurer - Lvn Brvant Secretary - Lyn Bryant

Whangarei

Chair - John Bain Treasurer – Murray Webster Secretary - Murray Webster

Midland Region

Chair – Henry Strong

Benneydale Chair - Simone Paterson Area Executive Officer – Jill Harding

Cambridge

Edgecumbe

Chair - Ray Brown

Papakura

Pukekohe Treasurer - Rodney Stewart

Treasurer – Colleen Bottrell

Omapere Treasurer – Garth Coulter

Chair - Trevor Martin Treasurer - Pat Kake

Thames Treasurer – John Wiseman Secretary - Sally Wilson

Waiheke Island

Treasurer - Alice Hicks Secretary - Alice Hicks

Secretary - Joan O'Sullivan

Treasurer - Brian Russell Secretary - Alison Letcher

Wellsford

Secretary – Peter Cox

Te Atatu South

Chair - Andrew Begbie

Raglan

Reporoa

Chair – Colin Millar Area Executive Officer – Megan

Chair - Derek Lang Area Executive Officer – John

Area Executive Officer - Julie Strong

Gisborne Chair - Dawson Hillyard Area Executive Officer - Carnie Nelson

Hamilton

Chair – Steven Evans Area Executive Officer – Harmen Van Weerden

Huntly

Chair – Graeme Tait Area Executive Officer – Claire Mollov

Katikati Chair – Angela Lumsden

Area Executive Officer – Karen Gordon Kawerau

Chair – Suzanne Hutchinson Area Executive Officer - Tracey Mackey

Kawhia Chair - Betty Bell

Area Executive Officer – Shirley Ussher

Mangakino Chair - Barry Fletcher Area Executive Officer - Julie

Hollingsworth

Chair - David Latham Area Executive Officer - Geraldine

Morrinsville

Area Executive Officer - Donna Ogden Mt Maunganui Chair – Jane Swainson Area Executive Officer - Richard

Murupara Area Executive Officer – Chris

Andrews Area Executive Officer – Lorna Murray

Ngaruawahia Chair – Trish Nooroa Area Executive Officer – Vicki Ryan

Ohura

Chair - Scott Gower Area Executive Officer - Elwyn Koorey

Opotiki Chair - Preston Craig

Area Executive Officer - Joyce Jerram Otorohanga Chair - Daphney King Area Executive Officer - Sheena

Tunbull Piopio

Chair - Doug Oliver Area Executive Officer - Rose Young

Area Executive Officer - Jean Marshall

Chair – Tracey Frew Area Executive Officer - Andrea Gilshnan

Rotorua

Area Executive Officer – Robin Findon Ruatoria

Chair - John Reedy Area Executive Officer - Ginny Reedy

Tainui (Mokau) Chair – Eric Cryer Area Executive Officer - Gaynor Andrews

Taumarunui Chair - Bill Carter Area Executive Officer - Heather

Chair - Eddie Jackson (Acting) Area Executive Officer – Dianne Lynch

Tauranga

Chair – Jane Swainson Area Executive Officer – Richard Te Aroha

Area Executive Officer – Elspeth

Chair – Phillip Legg

Te Awamutu Chair – Ross McGowan Area Executive Officer - Sharon

Johnson

Te Kauwhata Chair - Michael Kemp Area Executive Officer – Heather

Te Puke

Te Kuiti Chair - Tom Falconer Area Executive Officer – Sue Sands

Chair - Barry Gernhoefer Area Executive Officer – Leanne Reid

Te Whanau-A-Apanui (Te Kaha & Waihau Bay) Chair - Elaine Hutchiso Area Executive Officer - Elaine

Hutchison

Tokoroa Chair – John Henry Area Executive Officer - Peter Trevors

Tongariro Whakapapa

Whakatane

Tuwharetoa (Turangi) Chair - Dianne Trethower Area Executive Officer – Deidre Ewart

Chair - Sandra Laing (Acting)

Central Region

Secretary - Martin Tankerslay

Central Hawke's Bay Waipukurau Chair - Vivienne Peacock

Secretary - Caroline Green

Featherston Chair - Grahame Alecock Treasurer - Barbara Wilson

Treasurer - Brian Crothers Secretary – Brian Crothers

Chair – John Story

Secretary - Helen Kilty Greytown Chair - Brian Robinson Treasurer - Jacky Crothers

Secretary - Jacky Crothers

Chair - Graeme Harvie Treasurer - Kim Peters

Chair – Anne Reese Treasurer - Roger Sinclain Secretary - Karen Crysell-Jerphanion

Chair - John Mackie Treasurer - Joan Fergussor Secretary – Sandra Moratti

Martinborough Chair - Bill Stephen Treasurer – Terry Blacktop

Secretary – Ray Bush

Chair - Douglas Evans

Secretary - Wally Elgar

North Taranaki

New Plymouth

Secretary - Suzanne Mitchell

Chair – Colin Butler

Carterton Chair - Peter Leighton Treasurer - Ronny Tankersley

Treasurer - Caroline Green

Secretary - Heather March Feilding Chair - Rex Wheeler

Treasurer - Jeanette Story

Hawera

Secretary - Mary Schrader Hawke's Bay

Hunterville

Chair - Richard Swainson Treasurer - Mandy Swainson Secretary - Patricia Lambert Inglewood

Chair - Gael McKechnie (Acting)

Treasurer – Dick Cowley

Treasurer - Wally Elgar

Masterton Chair – Neil McEwen Treasurer - Suzanne Mitchell

Treasurer – Brett Priar Secretary - Margaret McConchie

Opunake Treasurer - Nevis Brewer Secretary - Nevis Brewer

Treasurer – Mary Flynn Secretary – Mary Flynn Dannevirke Chair - Don Stewart

Treasurer – Alison McKenzie

Secretary - Francie Edgington

Secretary - Rebecca Whitehead

Greater Wellington District Committee Chair – John Wills

Palmerston North Chair - Paul Blenco Treasurer - Lynn Fletcher



Northern Region (SI)

Amuri

Culverden Chair – Andrew Wright

Treasurer – Sandi White Secretary – Maree Hare

Ashburton

Chair - Phil Godfrey Treasurer – Elaine Vallender Secretary – Elaine Vallender

Banks Peninsula

Lyttleton Chair - Peter Dawson Treasurer – Colleen Elder Secretary - Colleen Elder

Buller

Westport Chair – Graeme Alexander

Treasurer – Nicola Cunneen

Secretary – Michelle de Vries Cheviot

Chair - Jane Maxwell Treasurer – Mary Mulcock Secretary – Jenny Wallace

Chatham Islands

Waitangi

Chair – Glenise Day

Christchurch

Chair - Michelle Corkindale Secretary – Diane Lowe Executive Officer – Michael Boorer

Cust

Chair – Bernard Kingsbury Treasurer – Sue Gillespie Secretary – Elizabeth Smith

Ellesmere Leeston

Chair - Ian Dalton Treasurer – Glenys Mitchell Secretary – Glenys Mitchell

Geraldine

Chair - Ross Irvine Treasurer – Gaynor Patterson Secretary – Gaynor Patterson

Golden Bay Takaka

Chair – Stuart Chalmers Treasurer – Gillian Cunningham Secretary – Angela O'Brien

Greymouth

Chair – Therese Gibbens Treasurer – Linda Gibbens Secretary – Linda Gibbens

Hokitika

Chair - Shirley Gardiner Treasurer – Jo Rea

Kaiapoi

Chair – Rodger Palmer Secretary – Rob Rae

Kaikoura

Chair - Danny Smith Treasurer – Jillian Dunlea Secretary - Gwenda Addis

Mackenzie Fairlie

Chair - Stuart Barwood Treasurer – Amy Jones Secretary – Maria Evans

Malvern Darfield

Chair - Colin Fraser Treasurer – Marie Leeds Secretary – John Leeds

Marlborough

Blenheim Chair - Graeme Faulkner Secretary – Helen Faulkner Other - John White

Mayfield

Ashburton

Chair – Micheal Ruston Secretary – Kevin Taylor

Methven

Chair – Graham Brooker Treasurer – Graeme Chittock Secretary – Debbie Lamont

Motueka

Chair - Don Grant Treasurer – Yoka De Gower Secretary – Lorraine Mckenziee

Nelson

Chair – Marie Tilley

Rangiora Chair – Andrew Hide

Treasurer – Brent Hassall Secretary – Coby Lubbers

Reefton

Chair - Alistair Caddie Treasurer - Jocelyn Archer Secretary – Judy Gilmour

South Westland

Chair – Barbara Nolan Secretary – Robyn Kelly

Temuka

Chair - Donald Galbraith Treasurer – Kathryn Pani Calder Secretary - Lance Scott

Timaru

Chair - Alan Shuker Secretary – Helen Page

Twizel

Chair – Rick Ramsay Treasurer – Peter Brown Secretary – Glenys Moore

Waimate

Chair - Mike Young Secretary – Lynda Holland

Southern Region

Chair – Astrid Brocklehurst Treasurer – Roy Horwell Secretary – Roy Horwell

Catlins

Owaka Chair – Peter Lumsden Treasurer – Lynelle Martin Secretary – Lenore Kopua

Clutha

Balclutha Chair – Colin Ward Treasurer – Noelene Scott

Area Executive Officer – Cheryl Stevenson

Chair – Joyce Whyman Area Executive Officer – Pamela Hall

Fiordland

Te Anau Chair – Stewart Burnby

Treasurer - Peter Dolamore Secretary – Gay Kirkwood

Hokonui

Chair – John Mills Area Executive Officer – George Wallace

Invercargill Chair – Murray Henderson

Treasurer – Blair Morris Area Executive Officer - Pam Fairweather

Lawrence

Chair – Maryn Cameron Treasurer - Judy Sanson Secretary - Judy Sanson

Maniototo Ranfurly

Chair – Val McSkimming Treasurer – Ewan Kirk Secretary – Janice Duffy

Milton

Chair – Brian McLeod Treasurer - Don Hornal Secretary – Ruth Robins

Northern Southland Lumsden

Chair – George Stewart Treasurer - Annette Freeman

Secretary – Glenda Chan Oamaru

Chair – Jeanette Erikson Area Executive Officer – Murray Jones

Otautau

Chair – Peter Ayson Treasurer – Jo Broomfield Secretary – Joanna Simpson

Riverton

Chair – Perry Ferguson Treasurer – Stan Knowler Secretary - Leah Boniface

Roxburgh Chair - Doug Dance Treasurer – Lyn Owens

Secretary – Gerardine Middlemiss

Mosgiel Chair – John Hanrahan Treasurer - Craig Sutherland

Secretary – Robert Cooper Vincent

Alexandra

Chair – Brent Wilson Area Executive Officer – Sandra Skinner

Waitaki

Kurow Chair – Graham Hill

Treasurer – Tania Leopold Secretary – Anne Harris

Wakatipu

Chair – Dan Turnbull Treasurer – Aaron Neilson Area Executive Officer – Lynn Cain

Wanaka

Chair - Lesley Burdon Secretary – Heather Trevathan Area Executive Officer – Barbara Roxburgh

West Otago

. Chair – Graham Walker Treasurer - Marilyn Redditt Secretary – Janet Affleck

Winton

Chair - Russell Hodges Treasurer – Jackie Simeon Secretary – Juan Schoen



The International Order

Sovereign Head

Her Majesty The Queen

Grand Prior

His Royal Highness The Duke of Gloucester KG GCVO GCStJ

Lord Prior

Mr E L Barry GCStJ CD

The Priory in New Zealand

Priory Chapter

Prior

His Excellency The Honourable Anand Satyanand PCNZM QSO KStJ

Chancellor

Mr R G M Fenwick KStJ

Bailiffs & Dame Grand Cross

Sir Randal Elliott KBE GCStJ

Mr J A Strachan GCStJ

June Lady Blundell ONZ QSO GCStJ

Mr N B Darrow GCSt

Elected and Appointed Members

Northern Region

Elected Mr B M Carey KStJ JP

Elected Mr L O Cullerne CStJ

Appointed Dr R W Worth OBE OStJ VRD MP (to Dec 2006)

Appointed Mr P G Macauley OStJ (from Dec 2006)

Midland Region

Elected Mr D C W Lang KStJ

Elected Mr N K F Harris KStJ

Appointed Mr P C Sutcliffe CStJ

Central Region

Elected Mr D Urquhart-Hay KStJ

Elected Mrs B M Simpson DStJ

Appointed Mr D J Swallow KStJ

Northern Region (SI)

Elected Mr G M Wright KStJ

Elected Mr R G Harris CStJ

Appointed Mr G J Mangin CStJ

Southern Region

Elected Mrs S M Hennessy CStJ

Elected Mr M V F Jones KStJ QSM (to Mar 2007)

Elected Mr J M Hanrahan CStJ (from Mar 2007)

Appointed Mr R E Pettitt CStJ

Priory Officers

Priory Dean

The Very Rev Dr W E Limbrick KStJ (to Dec 2006)

The Rev Dr S H Rae MNZM KStJ (from Dec 2006)

Registrar

Mr M V F Jones KStJ QSM

Hospitaller

Mrs J A Hoban DStJ

Director of Ceremonies Mr I L Dunn KStJ JP

Medical Advisor

Mr I D S Civil MBE OStJ ED

Librarian

Ms B A Greenaway CStJ

Principal Chaplain

The Rev C R Tremewan KStJ

Assistant Director of Ceremonies

Mr P D Wood OStJ

Priory Trust Board

Chancellor

Mr R G M Fenwick KStJ

Chief Executive Mr J D Wood OStJ

Regional Members

Northern Region

Mr G S M Caughey OStJ JP (to Dec 2006)

Dr R W Worth OBE OStJ VRD MP (from Dec 2006)

Midland Region

Dr S A Evans KStJ

Northern Region (SI) Mr J A Hall CStJ

Southern Region

Mr M V F Jones KStJ QSM

Appointed Members

Mr E O Sullivan KStJ

Mrs S M Wood OStJ

Mr J M Harman CStJ (from Dec 2006)

Cadet of the Year

Kyael Heads

Subcommittees and Subsidiary Boards

Risk and Audit Committee

Chairman

Mr E O Sullivan KStJ

Committee Members

Mr R E Pettitt CStJ

Mr R G M Fenwick KStJ

Mr J M Harman CStJ (from June 2007)

Chief Executive

Mr J D Wood OStJ

Secretary - Corporate Finance

and Risk Manager

Mr M F Boorer JP

Remuneration Committee

Chairman

Mr R G M Fenwick KStJ

Committee Members

Mr J A Gallagher CNZM CStJ JP

Mr G Ridley MStJ

Mr G S M Caughey OStJ JP

Chief Executive

Mr J D Wood OStJ

Secretary - HR Director

Mr T Dodd

St John Emergency Communications Limited

Chairman

Mr E O Sullivan KStJ

Directors

Mr R G M Fenwick KStJ

Mr J D Wood OStJ

Central Emergency Communications Limited

Chairman

Mr J D Wood OStJ

Directors

Ms A M Pettett

Mr E O Sullivan KStJ

Mr J D Britton

Northern Region

Dr R W Worth OBE OStJ VRD MP Chair

Mr R D Blundell

Mr B M Carey KStJ JP

Mr G S M Caughey OStJ JP

Mr I D S Civil OStJ MBE ED

Mr P G Macauley OStJ

Mr T W Martin OStJ Mr C R Mawson MBE OStJ

Mr M J Spearman OStJ

Mr A J M Wadams CStJ

Midland Region

Dr S A Evans KStJ Chair

Mr P C Sutcliffe CStJ

Mr N K F Harris KStJ Mr J A Gallagher CNZM CStJ JP

Mr M D Grant

Mr R D Hillyard OStJ ED

Mr P M Legg MStJ

Mrs S J MacLean CStJ

Mr J G O Stubbs MStJ Miss J E Swainson MStJ

Mr D B Taylor

Mr K I Williamson OStJ JP

Central Region

Since 2003 the affairs of St John Central Region have been governed by the Priory Trust Board using an instrument of delegation to the Chief Executive.

Northern Region (South Island)

Mr J A Hall KStJ Chair

Mr G J Mangin CStJ

Mrs M P A Corkindale CStJ

Mr G S R Eames CStJ

Mr D Grant MStJ

Mr D P McEnaney MStJ

Mrs P M Mountford CStJ JP Mr G Ridley MStJ

Mr P W Young

Southern Region

Mr M V F Jones KStJ QSM Chair

Mr K R Adams OStJ

Mr J M Hanrahan CStJ

Mrs S M Hennessy CStJ

Mr R E Pettitt CStJ

Ms P E Beattie CStJ Mr J A Mills CStJ

Mr G E Wallace CStJ

