



ANNUAL REPORT 2008

› A shared commitment to
New Zealand communities



St John

first to care



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› Everything we do, we do to help you. Whether we're saving lives, dispatching ambulances, providing clinical crew for air ambulances, teaching first aid, training young people or providing community services – everything we do has the best interests of New Zealanders at heart.



James Wood
Chief Executive

Rob Fenwick
Chancellor

› Caring for all New Zealanders

Care for patients, families and communities lies at the heart of St John. We believe the St John vision is powerful in intent – enhanced health and well-being for all New Zealanders. In communities throughout the country, you will find thousands of St John members – ambulance officers, community programme volunteers, first aid tutors, fundraisers, youth leaders and many others – all motivated by this vision.

We have implemented further initiatives this year to ensure we continue to work toward our vision and reach standards of excellence across all our services.

COLLABORATION IMPORTANT

From the beginning of our history in New Zealand more than 120 years ago, we have engaged with local communities. This approach continues today and remains the foundation of our organisation.

We are committed to openness and collaboration with all our stakeholders, including in the transparent relationship we have with our Crown funders – the Ministry of Health and Accident Compensation Corporation (ACC).

In 2008 the Government started work on a long-term strategy for the delivery of Ambulance services. We are delighted the Government is undertaking this forward planning – in liaison with Ambulance New Zealand, all Ambulance providers including ourselves, and other key parties.

We are pleased the Ministry of Health and ACC moved in 2008 to contract with St John for two years, rather than one, enabling longer-term planning and a firmer basis for investment decisions.

We continue to enjoy close collaboration with all parties in the Ambulance, Health and Emergency Services sectors. These relationships are crucial to providing the highest level of service to the people of New Zealand.

“ Whether we’re dispatching an ambulance, treating patients at an emergency scene or supporting elderly or unwell clients with a St John Lifelink Alarm in their own home, compassion is an essential part of our service. ”

During the year, St John and the New Zealand Fire Service signed a further Memorandum of Understanding, formalising our commitment to work even closer together. We are now looking for opportunities to share more facilities and St John is the preferred provider of first aid, paramedic and first responder training to the Fire Service. Both the Fire Service and St John are effectively community owned and it makes sense for us to share resources, capability and expertise.

We were delighted to welcome two esteemed new members to our national Trust Board this year. Public sector management consultant and former State Services Commissioner Don Hunn CNZM and Auckland District Health Board Director of Surgery Ian Civil MBE CStJ ED bring a wealth of expertise and experience to our Board.

BUILDING COMMUNITY RESILIENCE

Ambulance remains a pivotal activity. We have experienced continuing growth in demand for our Ambulance and Events services, with demand forecast to continue to increase year on year.

We believe St John is ideally positioned to deliver a range of initiatives to support our Ambulance service, reduce unnecessary demand for emergency ambulances, build community resilience and further improve the health and well-being of all New Zealanders.

We trained a further 55,000 people this year in first aid and essential life-saving skills. The St John Safe Kids programme is teaching pre-school and primary school children what to do in an emergency and our St John Youth programme is developing children and young people into independent, resilient, community-minded adults.

Community resilience is also improved by the deployment of St John Lifelink Alarms, supporting people with medical conditions to live independently at home and making it easier for them to call for help in an emergency. We are working to develop further initiatives to provide support for people in need of care who wish to remain living in their own homes.

We are actively scoping a role of paramedic practitioner to provide primary health care services in communities and people’s homes when not responding to emergency call-outs. We envisage the type of care provided could include preventative health checks, diagnosis and vaccination programmes.

Such initiatives are designed to position St John as a primary health care provider at the ‘top of the cliff’ – complementing our role as an emergency ambulance service. These are the kind of initiatives a fully integrated organisation like St John will deliver to communities – making contributions in community health as well as emergency health, while maximising the community’s return on investment in our Ambulance service.



Priory Trust Board

From left to right: Ed Sullivan, Steve Evans, John Hall, Richard Worth, Murray Jones, Rob Fenwick, John Harman, Don Hunn, Ian Civil.



Lifelink™ Medical Alarms provide support and independence to people with medical conditions who wish to remain living in their own homes.

COMMUNITY PARTNERSHIPS

We have entered a range of community partnerships this year, delivering significant benefits to communities.

We signed an Alliance Agreement in August 2007 with Norway-based global medical products specialist Laerdal, focused on improving cardiac survival rates in New Zealand.

In New Zealand, more than 1,000 people go into cardiac arrest outside the hospital environment every year and currently only 8% survive. We aim to improve the out-of-hospital cardiac survival rate, following the example set by 'best in class' locations, such as Seattle and Rochester in the United States and Stavanger in Norway. These cities report a cardiac survival rate outside hospitals of nearly 30%.

Another crucial survival factor in cardiac arrest is early access to a defibrillator, a vital piece of equipment that provides a safe electric shock to restart the heart. We are working to increase the community availability of defibrillators designed for the public to use.

In another valuable partnership, we teamed up with NZ Cricket in 2008, with St John named the Charity of Choice for the BLACKCAPS national cricket team for two years.

St John, NZ Cricket and BLACKCAPS players are together promoting community participation, and the importance of injury prevention and first aid.

NZ Cricket is also assisting us with fundraising and public awareness campaigns.

In June 2008, we announced a major new partnership with ASB designed to build caring communities, extend delivery of our health-related services and products to communities and increase community support for St John. Together, we offered free training in CPR for 11,000 people nationwide. This is one of a range of service initiatives that will be delivered to New Zealanders by ASB and St John working together in the community.

COMMUNITY CARE PROGRAMMES

Our community care programmes continue to go from strength to strength. Our Friends of the Emergency Department programme – where St John volunteers provide support to patients and families in hospital emergency departments, enabling hospital staff to focus on medical priorities – has enjoyed outstanding success. This year we expanded into five new hospital emergency departments – Middlemore (Auckland), Whakatane, Gisborne, Hawke's Bay and Palmerston North. This takes the total number of Emergency Departments benefiting from the programme to 17.

Other St John community programmes enriching lives and improving the health and well-being of many New Zealanders include our Caring Caller programme – supporting isolated and elderly clients with a daily telephone call and, St John Health

Our community care programmes continue to go from strength to strength.

Shuttles – assisting people with mobility or health challenges to get to medical appointments.

All Community Care services are provided by volunteers. Our growing volunteer programmes are clear testimony of the high esteem in which St John is held in our communities.

COMMUNICATIONS CENTRES

This year, we have built on the implementation of one of our biggest projects ever – the Ambulance Communications Project. This project consolidated the nine Ambulance Communications Centres previously serving New Zealand, with different procedures and equipment. We have completely rebuilt communications centres with standardised processes and technology.

The seven-year St John-led project involved all Ambulance services, the Ministry of Health and ACC. An Oversight Committee of Ambulance New Zealand ensures ongoing full sector involvement in the Ambulance Communications Centre environment.

CLINICAL EXCELLENCE

Achieving clinical excellence is of prime importance for St John. Our strategic objective is to ensure our

clinical skills are of the highest standard and at the forefront of national and international best practice.

First formulated in 2006, we have developed a contemporary Operations Competency Framework, which is being finalised now. This follows collaborative visits with Ambulance services and universities in the United Kingdom, Australia, Canada and the United States.

We are consulting our members now on the Framework with a view to rolling it out this coming year. The Framework outlines a new qualifications structure and a new continuing Clinical Education system, designed to assure and maintain clinical standards.

None of the above would be possible without the enormous support St John enjoys from the communities and Government of New Zealand.

The widespread community support we enjoy manifests itself in our Area Committees, who provide a vital link into our communities. It is also a reflection of the iconic status St John enjoys and which we must continue to earn.

As we move towards celebrating our 125th anniversary in New Zealand in 2010, we look forward to continuing to serve the community in the year ahead. Thanks to all New Zealanders for your support of this national treasure – St John. ■



BLACKCAPS Peter Fulton and Jeetan Patel meet St John members Mike Pudney and Mark Taylor.



Executive Management Group

From left to right: Tony Blaber, Gary Williams, Keven Tate, Phil Rankin, Tom Dodd, Tony Smith, Jaimes Wood, Gerry Fitzgerald, Brian Scott, Eddie Jackson, Judith Hoban, Peter Wood, Stephen Franklin, Michael Brooke.

“ Immediate first aid on the scene while an ambulance is on the way can sometimes be the difference between life and death. ”

COMMUNITY INVOLVEMENT HELPS SAVE LIVES

During the past 12 months, another 55,000 New Zealanders have found doing a St John First Aid course gives them the skills and confidence to make a real difference in an emergency. Immediate first aid on the scene while an ambulance is on the way can sometimes be the difference between life and death.

Our goal is to continue to increase the number of people in the community trained in first aid and confident to take the right steps.

We often hear stories from people who have trained with us that they find themselves using their skills in real life not long after their course.

Teaching people how to do cardiopulmonary resuscitation (CPR) and helping communities install portable defibrillators is particularly important. People in cardiac arrest need CPR and defibrillation (a safe electric shock to the heart) within minutes to have a chance of survival.

We have increased CPR awareness and training in a range of initiatives this year, and are working with communities to make portable defibrillators readily available in public places to help ensure people in cardiac arrest get the heart-starting treatment they need while an ambulance is on the way.

This year, a joint project between the ILT Foundation and St John saw 50 portable defibrillators installed in public places around Invercargill, and 500 people were trained in their use.

The ILT Foundation provided a grant of just over \$186,000 to purchase and install the defibrillators, and St John provided the expertise and training. Already, at least one life has been saved.

DAD OWES LIFE TO DAUGHTER

David Stevens jokes his daughter took out 17 years of frustration while saving his life. Rebekah Stevens (17) saved her Dad using back blows, after he choked at a family dinner. She had learnt the skills at a St John First Aid course a few days earlier.

David recalls, “I just cut off a piece of steak. I felt it lodge in my throat. Then I ran out of air. I thought I was motioning wildly with my hands but I didn’t have the energy left. Apparently my hands were only lifting a few inches off the table.

“I was desperately trying to breathe, which I assumed would have been noisy but because of the blockage I was totally silent. I thought it would have been obvious that something was wrong. The realisation that it wasn’t was confusing and frightening.”

Rebekah glanced at her father. “He looked startled, his whole body wasn’t moving and he was silent. I thought it odd but then, as Mum says, odd behaviour’s not uncommon with Dad!

“I glanced back at him. His face had changed, it was blue-purple and his eyes were wide and terrified. Then I realised he was choking, when the brain clicked, I just did it.”

Rebekah thumped her father on the back four or five times as she had been taught. The stuck piece of steak flew out. “It was probably 25 seconds all up. It happened very fast. Our tutor said your hands will remember. The only thing I remember thinking was, ‘I didn’t say I love you this morning.’”

David is clearly proud of his daughter. “She saved my life, basically.”



David Stevens with his daughter Rebekah and St John First Aid Tutor Deon Botha.



ST JOHN STORIES THE BIGGEST DIVIDEND

My name is Russell Morrison. This is my story.

Only two weeks after a portable defibrillator was installed at the Georgetown Bowling Club in Invercargill by the ILT Foundation and St John, club members found themselves using it to save a life.

Georgetown Bowling Club’s greenkeeper Russell Morrison, was preparing the greens for a tournament when he suddenly collapsed, unconscious and not breathing.

Two club members started CPR immediately and one of three club members trained in using the defibrillator, Andy Evans, used it to shock Russell’s heart back into action.

While Russell cannot remember anything about the episode, he knows he was very lucky to have people around him trained to take the right action at the time, while ambulance officers were on their way.

Now he’s back at the Georgetown Bowling Club, right where he left off.



Continued growth in Operations Services

We have implemented a range of initiatives during the year to ensure we continue to provide quality outcomes in both Ambulance and Events services, while managing ever-increasing service demand. Emergency ambulance patient numbers increased by some 7% over the past year, with more than 343,000 patients treated and transported by our ambulance officers.

Demand for our Events services expanded too, with more than 26,600 patients treated at over 8,700 public events.

We anticipate continuing growth in the need for both Ambulance and Events services. Increasing demand for emergency ambulance services is being driven by a range of factors, including the ageing population, growth in chronic disease and the public's increased expectations for ambulance service.

In rural areas and increasingly in smaller towns, higher patient volumes are also being driven by changing healthcare patterns. In many areas, ambulance is the only health service consistently available in evenings and overnight.

Growth in our Events services is being driven by the increasing number of public events being held in New Zealand, along with a stronger emphasis by event organisers on complying with health and safety regulations.

By treating people immediately on the scene, our Events service is improving patient outcomes, often saving the health sector the cost of ambulance transport to hospital and the cost of hospital treatment. The biggest constraint on the number of events we can service in the future will be the number of volunteers we can attract in coming years.

Increased funding from the Ministry of Health and ACC has enabled a 10% increase in the number of paid staff, with 80 additional ambulance officers appointed in locations where the need for extra resources was greatest. While this is helpful, analysis shows that an additional 400 paid ambulance officers are required to take us closer to our goal of achieving double crewing, while still relying significantly on volunteer ambulance officers.

Currently, 82% of St John ambulance responses are double crewed, and the St John position has always been that emergency ambulances should be fully crewed.

In the wider societal environment, volunteering is becoming more and more difficult for individuals to commit to, and many charitable organisations are seeing diminishing numbers of volunteers. We are very happy to report that we have achieved a modest increase in operational volunteers to both our Ambulance and Events services. Volunteer recruitment remains an area of ongoing focus for us.

“ We are enthusiastic about the year ahead. Our focus is squarely on work in progress to keep improving our already high standards for our patients and customers, while continuing to work closely with other agencies and our funders. ”

INVOLVING THE LOCAL COMMUNITY

Our commitment to delivering effective emergency care – and to building community resilience to support this – has seen more First Response and Community Response groups formed during the year. These groups are important in remote communities, where it may take longer for an ambulance to arrive.

First Response and Community Response groups are trained, supported and dispatched by St John, providing first aid to patients in rural and remote areas while an ambulance is on the way. The enthusiasm from communities where these programmes have been set up, and the number of people who have volunteered for them throughout the year, is exceptional.

In many areas, the Fire Service acts in a first response or co-response capacity with us, under our Memorandum of Understanding. This cooperation by two community-owned resources is both sensible and highly valued.

Additionally, we referred more than 7,000 emergency calls to PRIME (Primary Response in Medical Emergencies) practitioners. PRIME is a programme run with funding from the Ministry of Health and ACC, where we train and mobilise rural doctors and nurses in emergency situations to assist seriously ill or injured people in support of the Ambulance service.

FURTHER EMPHASIS ON NATIONAL PLANNING AND DEVELOPMENT

A new Operations management structure, put in place last year, began to provide benefits during this year. Our new national Planning and Development team is now fully operational. A large part of this team’s responsibilities is to ensure that our services are delivered consistently throughout the country, using best practice.

A key focus has been putting in place mechanisms to collect and analyse nationally consistent data, to more specifically measure and monitor performance. This enables our organisation to enhance areas of performance where necessary. It also embraces a national approach to quality management and fleet and equipment management.

DISASTER PLANNING STRENGTHENED

A new Emergency Planning unit has been formed within the national Planning and Development team, strengthening our major incident planning capability. We are now even better placed to assist the health sector and New Zealand as a whole with disaster planning and response.

A good test of the nationally coordinated approach to a major event took place in March 2008. Exercise Ruaumoko was a desktop exercise with a mock volcano ‘erupting’ in Auckland. The exercise involved hundreds of staff across many different

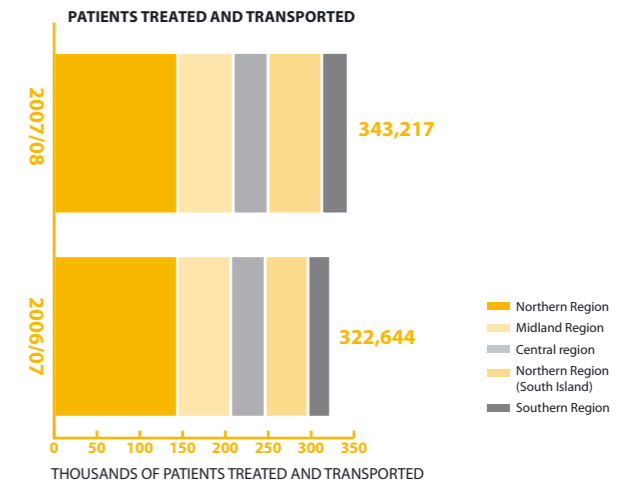
agencies, including central and local government and non-government agencies like St John, testing New Zealand’s ability to plan for and respond to a major emergency.

It was a tremendous opportunity for us to test our major incident plans. This included activating for the first time, our National Crisis Management team to support the regions involved (primarily Northern and Midland Regions in this exercise), manage our operational response and ensure we continued to provide normal services as appropriate. We had more than 50 staff directly involved in the exercise with others advising as required.

The experience of Exercise Ruaumoko is now being incorporated into our major incident, business continuity and disaster recovery plans at national, regional, local and departmental levels.

LOOKING FORWARD

We are enthusiastic about the year ahead. Our focus is squarely on work in progress to keep improving our already high standards for our patients and customers, while continuing to work closely with other agencies and our funders. ■



Patient treatment on-site at Auckland’s ‘Round the Bays’ fun run 2008.



A mock volcano ‘erupts’ in Auckland during ‘Exercise Ruaumoko’. Image courtesy of Civil Defence & Emergency Management.

› Innovative approaches in clinical education

Significant innovations have occurred in the area of clinical standards and clinical education, as part of our goal to provide clinically excellent care to our patients.

We have developed a comprehensive qualification and competency framework. We are proposing this to New Zealand's other ambulance providers as a sector-wide framework, using the Ambulance New Zealand structure of meetings.

While we work towards our goal of national standards and national training for the whole sector, we have embarked on a new approach to training our clinical members to make learning more contemporary, more relevant and easier for members to access.

New online education programmes have been developed. This first for St John combines online education courses, followed by face to face workshops where members are given further training and assessment. Online learning has the advantage of members being able to complete it at a time and place that suits them. In addition, we can be assured that all members, wherever they are

around the country, receive the same high quality education – almost simultaneously.

A new National Diploma of Ambulance Practice has been developed that replaces the old National Certificate in Ambulance course, and has a significantly different approach to learning. This 'blended learning course' has a mix of online material, filmed lectures, classroom time and workplace learning.

We are also investing heavily in simulation using high-tech Laerdal training manikins as teaching and assessment tools. This allows clinical members to learn and practise skills in a realistic context that replicates treating sick and injured patients.

The old National Certificate in Ambulance course expired in 2007. The new National Diploma has been designed to be less theoretical and is based on the practical skills and critical thinking that members need when assessing and treating a patient.

This new course will have a significant impact on our Ambulance Officers, not only providing better learning outcomes to all who currently have the Ambulance Officer Practice level, but also because

We look forward to continuing to innovate in the field of clinical education in the year ahead, as we progress toward our goal of clinical excellence.

its more member-focused style of learning should encourage many of our Primary Care 1 and Primary Care 2 level members to continue and complete the Diploma.

We are working with Ambulance New Zealand and the other ambulance providers, as well as our ambulance officers and unions, towards the option of registration of ambulance officers as health professionals under the Health Practitioners Competency Assurance Act (2004).

The introduction of a sector-wide standard Operations Competency Framework would be the critical first step, which is essential if we are to move to registration.

NEW CLINICAL PRACTICE AND PROCEDURES

We have introduced a new Manual Handling course and new equipment designed to reduce the risk of injury to members and patients. The course teaches new and safer techniques for lifting and moving patients.

New Laerdal defibrillators (delivering electric shocks to the heart for cardiac arrest patients) are replacing older defibrillators. These new defibrillators have a feedback system incorporated into them that provides instant, real-time feedback on the quality of the CPR being performed.

Instructions that our members use when treating patients – St John Clinical Procedures – are updated

every two years. This year's update has added a number of additional treatments that members can use with patients. Many of these focus on improving the quality of pain relief provided to our patients.

We look forward to continuing to innovate in the field of clinical education in the year ahead, as we progress toward our goal of clinical excellence. ■



New Laerdal defibrillators are replacing older defibrillators in ambulances.



The new National Diploma of Ambulance Practice uses 'blended learning' – a range of learning approaches and materials.

Major milestones achieved in managing emergency calls for ambulance

In a year marking the 50th anniversary of the 111 access number, the three upgraded Emergency Ambulance Communications Centres are marking their first full year of operation.

The women who took those first 111 calls in Masterton in 1958 would not recognise the processes and systems we use today.

Before 111 was introduced as the single national number to access emergency services, there were more than 170 answering points throughout the country for emergency ambulances. Call handling and dispatch systems varied depending on where you lived, and relied largely on pen and paper systems.

Today we are meeting best practice standards, operating in one virtual national centre in three locations across the country.

Using advanced call taking, location finding, data sharing and patient prioritisation systems, our 165 staff are delivering consistent nationwide services, which are continuously improving.

The project to carry out major changes to the nation's Ambulance communications environment was substantially completed in 2006. The St John-led project – with funding from the Ministry of Health, ACC, Wellington Free Ambulance, St John and many of our Area Committees – was the culmination of seven years work and one of the biggest projects ever undertaken by St John.

The focus over the past year has been on consolidating and building on the improvements.

A national organisational structure agreed by all stakeholders is delivering benefits, and two new roles of National Operations Manager and Planning and Development Manager have been created. These posts provide the essential single focus, working with the three Communications Centre Managers, to ensure best performance and to meet the needs of all road ambulance providers, PRIME practitioners, air ambulance operators and other service providers.

The Management Group has built closer relationships with Police and the Fire Service, leading to inter-connection between emergency service systems. We are working on the joint development of some common procedures for disaster recovery and business continuity arrangements – where these are possible – in line with 'whole of Government' objectives.

Today we are meeting best practice standards, operating in one virtual national centre in three locations across the country.

We have placed a strong emphasis on the continued training and development of our communications centre staff, with a full training review undertaken and improvements implemented. A National Training Coordinator role will be created, with an emphasis on consistency.

Our ambulance crews and communications centre staff report that the Mobile Data Terminals are working well. After an 18-month development programme and an evaluation programme in 14 ambulances nationwide, we have confirmed that the equipment trialled is fit for purpose. We are now installing Mobile Data Terminals into all ambulance services.

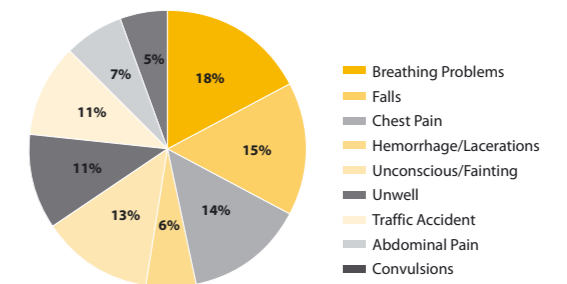
This technology enables the transfer of more extensive information between our communications centres and ambulance crews than previously possible by pager, phone or radio communication. Benefits also include two-way message transfer, secure channels and continuous updates.

We continue our ongoing scan of trends among world leaders in communications centre practice, with an eye to continual improvement.

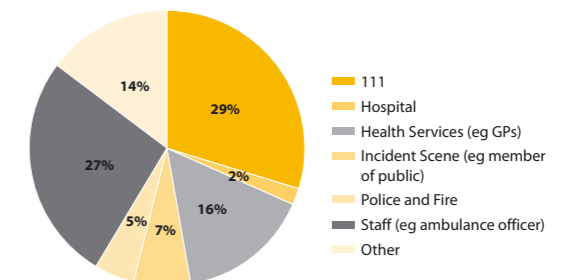
The ultimate benefits of our totally upgraded communications centre environment are significant, including improved outcomes for patients, ambulance providers and funders; consistent service; and consistent national data collection for the first time.

All this will continue to drive ongoing service improvement in both the communications centres and service provided by ambulance providers. ■

TOP 10 EMERGENCY REASONS FOR PHONING 111 FOR AMBULANCE



COMMUNICATIONS CENTRE CALLS HANDLED BY TYPE (1.1 MILLION CALLS PER ANNUM)



The focus over the past year in the nations ambulance communications environment has been on consolidating and building on improvements.



Advanced systems are delivering consistent nationwide ambulance services.



After an evaluation programme in 14 ambulances nationwide we are now installing Mobile Data Terminals into all ambulance services.

➤ MEDICAL ALARMS

“ The number of all medical alarms in the country has continued to increase over the past 12 months and St John is now one of the best known providers in the country. ”

TECHNOLOGY ENHANCES QUALITY OF CARE

As the New Zealand population ages and chronic illness becomes more common, the value of personal medical alarms – both to the individual and the wider community – is becoming more evident.

Medical alarms help older people and people with disabilities, who might need urgent assistance at any time to keep their independence and stay living comfortably in their own home for as long as possible. St John Lifelink Alarms are connected directly to the St John Communications Centres and provide access to a 24-hour, seven day a week monitoring, triaging and response service.

As well as the practical benefits these alarms offer their users, they also provide reassurance and peace of mind for families and caregivers, knowing that help is just one touch of a button away.

Our medical alarm service links well with our emergency care and community care objectives and helps ensure people in need have ready access to emergency care when required.

We have been working more closely with the primary health sector in the past year – helping to build a stronger awareness among GPs and other primary health providers of the benefits that medical alarms can have for their patients.

The number of all medical alarms in the country has continued to increase over the past 12 months and St John is now one of the best known providers in the country.

New technologies are also providing opportunities to expand the ways in which people can improve their independence and live safely at home in circumstances where they may not otherwise be able to.

We are investigating the use of other monitoring and sensor devices that work with a medical alarm to support the individual circumstances of the users, their family members and caregivers.

At a policy level, medical alarms and the potential monitoring services that are enabled by related technology, directly supports the Government's Positive Ageing and Health of Older People strategies. As well as improving the health and well-being of many people, these services also make good economic sense. At a personal level, they provide peace of mind, independence and assurances that emergency assistance is readily available when required. ■



ST JOHN STORIES SUCH A RELIEF

“ My name is Norman Ford. This is my story. ”

Just over three years ago Norman Ford's children arranged for him to have a St John Lifelink Alarm after he slipped on his backdoor steps and damaged his back.

Now in his late 70s, Mr Ford recently had to use the alarm when about midnight one winter's evening, he found he had considerable difficulty in breathing. Understandably, he was pretty anxious and somewhat panicky so pressed the medical alarm pendant he wears around his neck. Soon enough a St John ambulance team were with him, providing oxygen before transporting him to hospital. The officers who attended to him said that his alarm helped to save his life.

Mr Ford thinks of the alarm as his backstop. It gives him his independence, knowing that if anything goes wrong somebody reliable and knowledgeable is going to be with him as soon as possible. Being certain he is not alone gives him a sense of comfort. He says that is such a relief.

COMMUNITY PARTNERSHIPS



St John and ASB have both been in New Zealand for more than 120 years – a heritage meaning both organisations are well entrenched in local communities.

St John and ASB, working together for the community.

St John and ASB this year joined together in a unique partnership designed to build caring communities.

To launch this special relationship, ASB and St John worked together to train more than 1,000 people throughout the country in CPR for free in one day in June 2008.

On the same day, we announced that together we would train a further 10,000 New Zealanders in the life-saving resuscitation technique for free. ASB is providing the funding and St John the training expertise.

Knowing how to do CPR is very important as people in cardiac arrest need CPR within minutes to have a chance of survival. Members of the public giving CPR immediately on the scene while an ambulance is on the way approximately doubles the chance that that person will survive. About 80% of cardiac arrests happen in the home – meaning people are most likely to need to do CPR on a family member.

We selected 1,000 people to train on our launch day to raise awareness that more than 1,000 people go into cardiac arrest in the community, outside hospitals, every year in New Zealand. Currently, only 8% survive. St John is committed to improving this survival rate and ASB is assisting us in this goal.

The training programme is one of a range of service initiatives that will be delivered to New Zealanders by ASB and St John working together in the community. Through ASB's community links, staff and branch networks, ASB will help St John extend our reach to more New Zealanders than ever before.

St John and ASB have both been in New Zealand for more than 120 years – a heritage meaning both organisations are well entrenched in local communities. We share a commitment to quality and progress which will be of enormous benefit to the communities we touch, as we work together to deliver real, tangible benefits to New Zealanders. ■



Students learning CPR for free:
 Top: Nayland College, Nelson
 Left: Hastings Boys High School
 Right: Whangarei Boys High School



ST JOHN STORIES RIGHT THERE FOR A COLLEAGUE

My name is
Tony Boyce.
This is my story.

With 36 years as a fireman under his belt, Tony Boyce's morning shift at the Palmerston North Fire Station on 14 January 2008 was much like any other – morning checks, parade and fitness training. That's when he collapsed with a cardiac arrest.

Luckily for Tony (shown on left), the Fire Service and St John are located on the same premises. While his fire colleagues put their CPR training to good use, St John ambulance officers Steve Owen and Geoff Flaus (pictured) were on the spot in just one and a half minutes. Steve and Geoff shocked Tony five times using the defibrillator before they revived him. Tony regained full consciousness in the back of the ambulance on the way to hospital.

We value our close cooperation with the Fire Service, working together at many emergencies and on joint initiatives. The Fire Service co-responds to a number of medical emergencies under our joint Memorandum of Understanding, and we provide clinical support, training and assistance to the Fire Service.

ST JOHN IN THE COMMUNITY

FROM AND FOR THE COMMUNITY

My name is Raylene Halkett. This is my story.

The small, isolated community of Murupara, south-east of Rotorua, made do without an ambulance station for more than 20 years.

When St John decided to change this, volunteer ambulance officer Raylene Halkett went to work with the local community, raising support and funds to see the project through.

The new station is a great asset to the community.



A FRIEND INDEED

My name is Anne Daniels. This is my story.

The 18 St John Friends of the Emergency Department volunteers at the Thames Area Hospital emergency department are an integral part of the team, department nurse manager Anne Daniels says.

Our Friends of the Emergency Department volunteers provide practical help, comfort and support for patients and families.

The hospital's area manager Jacqui Mitchell says patient complaints are down and clinical staff have at least 10% more time since the programme began in Thames in 2003.



NURTURING FOR LIFE

My name is Tessa Barnes. This is my story.

Tessa Barnes is all smiles and confidence. But it wasn't always this way. She readily admits that until she joined St John Youth at seven years old, she was probably the 'shyest person'.

Tessa attributes the programme with building her confidence and teaching her leadership skills. St John Youth, she says, has pretty much made her who she is today – a St John Cadet of the Year.



BRINGING MEDICAL SERVICES TO THE DOOR

My name is Sharon Wards. This is my story.

When Sharon Wards snapped a tendon, using crutches and unable to put weight on her leg, the St John Health Shuttle in Dannevirke took her to appointments at Palmerston North Hospital.

Sharon attributes the success of the service to the 30 big hearted local volunteers. They provide a door to door service for people needing help to get to medical appointments.



St John provides clinical care at events

Our Events officers provide a much loved community service at more than 8,700 public events all over New Zealand. Most are trained volunteers, who love sharing their clinical skills and kindness with their communities.

Whether it's a small town event, community sports day, local rodeo, extreme or adventure activity, film or television set, mass gathering or motorsport rally – you name it, we cover it.

Our trained Events officers provide first aid and emergency care services right there, on the scene, enabling event organisers and members of the public to relax and get on with enjoying their event.

WARBIRDS OVER WANAKA: IT'S ALL IN THE PLANNING

St John starts planning for the Warbirds over Wanaka Airshow nearly 12 months in advance. This is hardly surprising given we are dealing with one of New Zealand's largest crowd attendance events. More than 85,000 people attend over three days to view entertaining and exciting flying by everything from biplanes from the WWI era to jets of today. That's a combination that could lead to major incidents in certain circumstances. So it's a matter of planning for the worst and not leaving anything to chance.

This year more than 40 St John volunteers from all over New Zealand serviced the show. Our operation is run with military-like precision, with a field hospital in one of the hangars, daily briefing sessions and very strong inter-agency coordination.

The Southern Region also took into account the increase in visitors to Wanaka itself and boosted the local area's resources to cope with additional ambulance requests during the busy weekend.

The good news – the worst injuries at the Airshow this year were sprained ankles from people falling down rabbit holes while their eyes were turned upwards at the entertainment in the sky!



More than 40 St John Volunteers provided first aid when it was needed at Warbirds Over Wanaka in 2008.

Whether it's a small town event, community sports day, local rodeo, extreme or adventure activity, film or television set, mass gathering or motorsport rally – you name it, we cover it.

LE RACE: HILLS, HILLS AND MORE HILLS

It's a tough ride for a cyclist – 100 kilometres of fast flats, challenging hill climbs and exhilarating downhill take cyclists from Christchurch to Akaroa in New Zealand's premier hill cycle race.

While up to 2,000 cyclists endure the perils of this event, St John Events Officers are also up to the challenge. Working closely with the event organisers to develop a safety plan, 17 staff and eight vehicles coordinate and provide first aid and emergency services on the day.

With the quickest cyclist arriving at the finish line in around 2¾ hours, and the last one coming in after more than eight hours, the St John team is spread over a large area for many hours.

St John Events Officers can be relied on to get the job done and to assist each patient above and beyond the call of duty, because that's what they do.



Competitors gather in Christchurch for Le Race 2008 – a 100 kilometre bike ride to Akaroa. St John Events Officers provided first aid care at the event.

MARAE DIY: LOOKING AFTER THE TEAM

When the Māori Television show *Mitre 10 Marae DIY* arrived at Rangataua Marae just out of Whakatane, so did St John. Moana Merito made sure they did.

Moana was responsible for health and safety during the weekend-long event to revitalise the marae, which had its 100th anniversary in October 2008. She immediately realised that 80 people on site rebuilding and landscaping had potential for injuries. As a nurse, she also recognised the marae needed the proper resources and equipment to ensure safety through the weekend's work.

St John answered her call by providing a first aid caravan that was well equipped. Because there were several nurses on site, St John personnel were not needed 24 hours a day though, when they were there, Moana was grateful for their support.

Moana says she wanted St John because she wanted to be covered by reliable professionals.



The St John First Aid station on the set of *Mitre 10 Marae DIY* at Rangataua Marae, near Whakatane.

➤ DONORS AND SUPPORTERS

➤ 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 conspicuous support during the 2007-2008 year.

Air Rescue Services Ltd
 Albert D Hally Trust
 Alexander McMillan Trust
 Alfonso & Enid Weaver Charitable Foundation
 Altrusa Invercargill
 ASB Charitable Trust
 Bay Trust
 Bendigo Valley Sports & Charity Foundation
 Buller Community Development Co. Ltd
 Canterbury Flower Arrangement Society
 Caversham Foundation
 Central Lakes Trust
 Chinese Lions Club
 COGS
 Community Organisation Trust
 Community Trust of Otago
 Community Trust of Southland
 David & Doreen Nicol Charitable Trust

Doris Partridge Trust
 Dunedin Casino Trust
 Eastern & Central Community Trust
 Eureka Trust
 Freemasons / Millennium Lodge
 Harry James Wilson Charitable Trust
 Hutt Mana Charitable Trust
 I Denny Trust
 Infinity Foundation Limited
 Inner Wheel Club of Christchurch West
 Invercargill Licensing Trust
 Jack Jeffs Charitable Trust
 John Beresford Swan Dudding Trust
 Julian Robertson
 Kapiti Coast District Council
 League of St John Gore
 Lion Foundation
 Mainland Foundation
 Masterton Trust Lands Trust
 Mr M Lopez & Mrs N Abdullah
 Mr N Sibley & Mrs S Sibley
 New Plymouth District Council
 New Zealand Lottery Grants Board
 Noel & Melva Yarrow Charitable Trust
 NZ Community Trust
 Opotiki Charity Concert Trust
 Pamela Webb Charitable Trust
 Perpetual Trust
 Perry Foundation

Power Co
 Pub Charity Inc
 R G & E F MacDonald Trust
 Redwood Trust
 Riccarton Rotary
 Sir Henry J Kelleher Charitable Trust
 SkyCity Hamilton Community Trust
 South Canterbury Charities Limited
 Southern Trust
 Stihl Ltd
 Temuka Boxing Club
 The Charles and Phillip Deibert Trust
 The John & Elsie Walsh Fund
 The Rangiatea Hall Society
 The Ron Ball Charitable Trust
 Thomas George Macarthy Trust
 Thomas Henry Tippett Charitable Trust
 Thunderboards Ski and Snowboard Tuning
 Timaru District Council Grants Scheme
 Trillian Trust Inc
 Trust House Charitable Trust
 Trust Waikato
 Trustees Executors
 TSB Community Trust
 Turner Family Trust
 WEL Energy Trust
 Wellington Children's Foundation
 Woolston Club Inc

From the beginning of our history in New Zealand, we have engaged with local communities. This approach continues today and remains the foundation of our organisation."

Rob Fenwick
 Chancellor



The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem

Summary financial statements

Summary consolidated balance sheet

As at 30 June 2008

	2008 (\$000)	2007 (\$000)
Current assets	88,133	76,761
Property, plant and equipment	179,747	175,728
Other non-current assets	5,312	6,696
Total assets	273,192	259,185
Current liabilities	25,650	21,537
Non-current liabilities	939	1,071
Total liabilities	26,589	22,608
Net assets	\$246,603	\$236,577
Total equity	\$246,603	\$236,577

Summary consolidated income statement

For the year ended 30 June 2008

	2008 (\$000)	2007 (\$000)
Revenue from the rendering of services	150,309	127,685
Revenue from the sale of supplies	1,814	4,319
Interest revenue	5,004	4,259
Revenue from donations, bequests and grants	19,194	22,450
	\$176,321	\$158,713
Share in surplus / (deficit) of joint venture	46	(234)
Employee benefits	(95,020)	(82,416)
Administrative costs	(25,179)	(24,949)
Depreciation expense	(14,537)	(13,535)
Finance costs	(98)	(105)
Other expenses	(31,507)	(28,948)
Net surplus	\$10,026	\$8,526

Summary consolidated statement of changes in equity

For the year ended 30 June 2008

	Retained Earnings (\$000)	Reserves (\$000)	Total (\$000)
Balance as at 1 July 2006	213,540	14,468	228,008
Surplus for the year	8,526	0	8,526
Total recognised income and expense for the year	8,526	0	8,526
Movement in reserves	(3,239)	3,282	43
Balance as at 1 July 2007	218,827	17,750	236,577
Surplus for the year	10,026	0	10,026
Total recognised income and expense for the year	10,026	0	10,026
Movement in reserves	(1,263)	1,263	0
Balance as at 30 June 2008	\$227,590	\$19,013	\$246,603

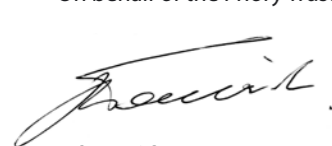
Summary consolidated statement of cashflows

For the year ended 30 June 2008

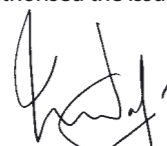
	2008 (\$000)
Net cash flows from operating activities	35,189
Net cash flows used in investing activities	(24,037)
Net increase in cash	11,152
Cash balance at the beginning of the year	30,554
Cash balance at the end of the year	\$41,706

Note that due to difficulties in obtaining reliable financial information for the financial position of the Regions' Area Committees at 30 June 2006, the cash flow statement and reconciliation for 2007 have not been prepared for the group.

On behalf of the Priory Trust Board, who authorised the issue of this summary report on 20 March 2009.



Rob Fenwick
Chairman



Jaimes Wood
Chief Executive

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

Notes to the summary financial statements

For the year ended 30 June 2008

1 Summary of accounting policies

Statement of compliance and reporting group

These summary consolidated financial statements have been extracted from the audited full consolidated financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ('the Parent'), and its subsidiaries and in-substance subsidiaries ('the Group').

The Group financial statements incorporate the financial statements of the Parent and all entities controlled by the Parent (its subsidiaries and in-substance subsidiaries) being The Order of St John Northern Region Trust Board, The Order of St John Midland Regional Trust Board, The Order of St John Central Regional Trust Board, The Order of St John Northern Region (SI) Trust Board, The Order of St John Southern Region Trust Board and St John Emergency Communications Ltd (and its joint venture, Central Emergency Communications Ltd). The Group is a public benefit entity.

The full consolidated financial statements comply with International Financial Reporting Standards ('IFRS').

These summary consolidated financial statements have been prepared in accordance with FRS-43 'Summary Financial Statements' and have been extracted from the audited full consolidated financial statements for the year ended 30 June 2008 which were approved by the Priory Trust Board on 23 February 2009. The summary consolidated financial statements can not be expected to provide as complete an understanding as provided by the full consolidated financial statements. For a full understanding of the Group's financial position and performance these summary consolidated financial statements should be read in conjunction with the audited full consolidated financial statements.

The Group's financial statements have not previously incorporated the Regions' Area Committees. The impact of including these retrospectively is quantified in note 5. The Area Committees have not all previously been audited and not all Area Committees have controls over completeness of donated revenues prior to these being recorded. As a result of these limitations in scope and the non-disclosure of comparatives for the Group cash flow statement, the audit report on the full consolidated financial statements was qualified in relation to the comparatives for the income statement and cash flow statement and the completeness of Area Committee sourced revenues.

The audited full consolidated financial statements are available on application to the following address:

Accountant
St John National Office
Private Bag 14-902
Auckland

The reporting currency is New Zealand Dollars. All amounts are stated in \$000s.

New Zealand Equivalents to International Financial Reporting Standards

The Group changed its accounting policies on 1 July 2007 to comply with NZ IFRS. In the full consolidated financial statements the transition to NZ IFRS is accounted for in accordance with NZ IFRS 1 'First-time Adoption of New Zealand Equivalents to International Financial Reporting Standards'. The date of transition is 1 July 2006.

This is the first year that the Group is reporting in accordance with NZ IFRS, and the full audited consolidated financial statements provide an explanation, in note 26 of how the transition from previous NZ GAAP to NZ IFRS has affected the previously reported financial position, financial performance and cash flows of the Group.

2 Commitments for expenditure

	2008 (\$000)	2007 (\$000)
Capital commitments – property, plant and equipment	5,234	4,601
Capital commitments – other costs	4,882	7,495
	10,116	12,096

3 Contingent liabilities

The Group has issued proceedings against several parties in regard to the enforcement of contractual matters and in turn, is the subject of counter claims from those parties. The Group considers those counter claims to be without merit and that the probability of incurring a loss is not significant, and accordingly the Group has not made any provision for those claims in the accounts.

A letter of credit is held with the bank to guarantee payroll payments to employees to a maximum of \$755,000 (2007: \$755,000).

4 Leases

	2008 (\$000)	2007 (\$000)
Non-cancellable operating lease payments		
Less than 1 year	679	498
Later than 1 year less than 5 years	1,197	705
Later than 5 years	1,008	761
	2,884	1,964

5 Impacts of the adoption of the New Zealand Equivalents to International Financial Reporting Standards and consolidation of Area Committees

Effect of NZ IFRS and consolidation of Area Committees on the Group balance sheet as at 1 July 2006

	1 July 2006 NZ GAAP Superseded policies* (\$000)	Area Committees** (\$000)	1 July 2006 Restated NZ GAAP (\$000)	Note	Effect of transition to NZ IFRS (\$000)	NZ IFRS (\$000)
Current assets	49,664	27,283	76,947		0	76,947
Property, plant and equipment	60,835	45,462	106,297	(a) (b)	64,761	171,058
Other non-current assets	13,432	1,224	14,656	(b)	1,906	16,562
Total assets	123,931	73,969	197,900		66,667	264,567
Current liabilities	23,358	458	23,816	(c)	761	24,577
Non-current liabilities	13,739	(1,757)	11,982		0	11,982
Total liabilities	37,097	(1,299)	35,798		761	36,559
Net assets	\$86,834	\$75,268	\$162,102		\$65,906	\$228,008
Total equity	\$86,834	\$75,268	\$162,102	(a) (c)	\$65,906	\$228,008

Notes to the summary financial statements

For the year ended 30 June 2008

5 Impacts of the adoption of the New Zealand Equivalents to International Financial Reporting Standards and consolidation of Area Committees – continued

Effect of NZ IFRS and consolidation of Area Committees on the Group balance sheet as at 30 June 2007

	30 June 2006 NZ GAAP Superseded policies* (\$000)	Area Committees** (\$000)	30 June 2006 Restated NZ GAAP (\$000)	Note	Effect of transition to NZ IFRS (\$000)	NZ IFRS (\$000)
Current assets	47,540	29,221	76,761		0	76,761
Property, plant and equipment	98,509	78,657	177,166	(a) (b)	(1,438)	175,728
Other non-current assets	4,690	568	5,258	(b)	1,438	6,696
Total assets	150,739	108,446	259,185		0	259,185
Current liabilities	20,275	216	20,491	(c)	1,046	21,537
Non-current liabilities	4,029	(2,958)	1,071		0	1,071
Total liabilities	24,304	(2,742)	21,562		1,046	22,608
Net assets	\$126,435	\$111,188	\$237,623		(\$1,046)	\$236,577
Total equity	126,435	111,188	237,623	(a) (c)	(\$1,046)	236,577

Effect of NZ IFRS and consolidation of Area Committees on the Group income statement for financial year ended 30 June 2007

	30 June 2006 NZ GAAP Superseded policies* (\$000)	Area Committees** (\$000)	30 June 2006 Restated NZ GAAP (\$000)	Note	Effect of transition to NZ IFRS (\$000)	NZ IFRS (\$000)
Revenue from the rendering of services	128,560	(875)	127,685		0	127,685
Revenue from the sale of supplies	3,841	478	4,319		0	4,319
Interest revenue	2,203	1,992	4,195	(d)	64	4,259
Revenue from donations, bequests and grants	12,582	9,858	22,440	(d)	10	22,450
Total revenue	147,186	11,453	158,639		74	158,713
Share in deficit of joint venture	(234)	0	(234)		0	(234)
Employee benefits	(81,193)	(938)	(82,131)	(c)	(285)	(82,416)
Administrative costs	(24,595)	(353)	(24,948)		0	(24,948)
Depreciation expense	(11,510)	(2,449)	(13,959)	(b)	424	(13,535)
Finance costs	(238)	132	(106)		0	(106)
Other expenses	(26,110)	(2,327)	(28,437)	(b) (d)	(511)	(28,948)
Net surplus	3,306	5,518	8,824		(298)	8,526

* Previously stated reported financial position/performance.

** The financial position and financial performance for the Area Committees of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem were not included in previous published accounts. The Priory Trust Board have reviewed indicators of control of public benefit entities and the definition of 'control' as defined by NZ IAS 27 'Consolidated and Separate Financial Statements' and have concluded that the Group controls the financial and operating policies of the Area Committees and obtains benefits from the Area Committees' activities. Therefore the financial position of the Group as at 30 June 2006 and as at 30 June 2007 and the financial performance of the Group for the year ended 30 June 2007 have been restated in accordance with NZ IAS-8, 'Accounting Policies, Changes in Accounting Estimates and Errors'.

Notes to the reconciliations of income and equity

(a) Deemed cost on revalued property, plant and equipment.

Under previous NZ GAAP, land and buildings were measured at cost less accumulated depreciation and impairment until the accounting period ended 30 June 2006. The Group then changed the accounting policy to carry land and buildings at their revalued amount. On transition to NZ IFRS the Group has used the revalued amounts as the item's deemed cost at that date.

(b) Reclassification of computer software from property, plant and equipment to other non-current assets.

Under previous NZ GAAP, computer software was classified within property, plant and equipment. Under NZ IFRS, computer software is classified as a finite life intangible asset. The depreciation charged previously is reclassified to amortisation expense.

(c) Employee benefits accrual.

Under previous NZ GAAP, the Group did not accrue for employee related expenses such as long service leave and sick leave. Under NZ IFRS, an entity must accrue for the costs in the period in which the employee performs the service.

(d) Movements in special purpose funds.

Under previous NZ GAAP, the Group recognised income earned on specific purpose funds, and grants made from specific purpose funds directly in the reserves of those funds. Therefore, the income and expenses were posted directly to equity and not included in the income statement. Under NZ IFRS, an entity must account for these transactions through net surplus.

Impact on the cash flow statement

There was no material impact on the cash flow statement on transition to NZ IFRS.

6 Subsequent events

There have been no events subsequent to balance date that require adjustment or disclosure in the financial statements.

Deloitte.

AUDIT REPORT TO THE TRUSTEES OF THE PRIORY TRUST BOARD

We have audited the summary consolidated financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ("The Order of St John") for the year ended 30 June 2008 as set out on pages 28 to 30.

This report is made solely to the trustees of The Priory Trust Board. Our report has been undertaken so that we might state to the trustees of the Priory Trust Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the trustees of The Priory Trust Board as a body, for our audit work, for this report, or for the opinions we have formed.

Priory Trust Board Responsibilities

The Trustees of the Priory Trust Board are responsible for the preparation of summary consolidated financial statements in accordance with New Zealand law and generally accepted accounting practice.

Auditors' Responsibilities

It is our responsibility to express to you an independent opinion on the summary consolidated financial statements presented by the Priory Trust Board.

Basis of Opinion

We conducted our audit in accordance with New Zealand Auditing Standards. We planned and performed procedures to ensure the summary consolidated financial statements are consistent with the full consolidated financial statements on which the summary report is based. We also evaluated the overall adequacy of the presentation of information in the summary consolidated financial statements against the requirements of FRS-43: *Summary Financial Statements*.

Other than in our capacity as auditor, we have no relationship with or interests in The Order of St John and group.

Qualified Opinion

In our report to the Trustees of the Priory Trust Board dated 23 February 2009 on the financial statements we expressed the following qualified opinion:

"As detailed in note 1, the group financial statements of The Order of St John's Regional Trust Boards' Area Committees have not all previously been audited and it has not been practicable for us to carry out normal audit procedures relating to the confirmation of certain assets and liabilities of these Area Committees as at 30 June 2006. These amounts enter into the determination of the group's net surplus for the year ended 30 June 2007.

For this reason we are unable to form an opinion as to whether the group Statement of Financial Performance for the year ended 30 June 2007, which is shown for comparative purposes only, is fairly reflected.

As stated in note 23, the Order of St John has not presented a comparative group cash flow statement for the year ended 30 June 2007 as it has not been possible to obtain reliable information for the financial position of The Order of St John's Regional Trust Boards' Area Committees as at 30 June 2006 and their financial performance for the period ended 30 June 2007. Presentation of such statement summarizing The Order of St John's group cash flows from its operating, investing and financing activities is required by NZ IAS 7 Cash Flow Statements.

As disclosed in note 2, control over the group's revenue from area committee sourced grants and donations prior to being recorded in the accounting records of The Order of St John's Regional Trust Boards' Area Committees are limited, and there are no practical audit procedures to determine the effect of this limited control.

In these respects alone we have not obtained all the information and explanations that we have required.

In our opinion, except for the effect of any adjustments which may have been identified if not for the limitations to the scope of the audit as detailed in the preceding paragraphs and the non disclosure of comparative amounts for 2007 in respect of the group Statement of Cash Flows, the financial statements on pages 1 to 37 fairly reflect the financial position of The Order of St John and group at 30 June 2008 and the results of its operations and cash flows for the year then ended."

In our opinion, any adjustments to the full consolidated financial statements which may have been identified if not for the limitations of scope of the audit of the full consolidated financial statements would similarly impact the summary consolidated financial statements.

In our opinion, except for the non disclosure of comparative amounts for 2007 in respect of the summary consolidated Statement of Cash Flows, the information reported in the summary consolidated financial statements complies with FRS-43: *Summary Financial Statements*. The information reported in the summary consolidated financial statements is consistent with the full consolidated financial statements from which it is derived. We expressed the qualified opinion referred to above in our report to the Trustees of the Priory Trust Board dated 23 February 2009.

For a better understanding of the scope of our audit of The Order of St John's consolidated financial statements and of The Order of St John's consolidated financial position, financial performance and cash flows for the year ended 30 June 2008, this report should be read in conjunction with The Order of St John's audited full consolidated financial statements for that period.

Our examination of the summary consolidated financial statements was completed on 20 March 2009 and our qualified audit opinion is expressed as at that date.



Chartered Accountants
AUCKLAND, NEW ZEALAND

This audit report relates to the summary consolidated financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ("The Order of St John") for the year ended 30 June 2008 included on The Order of St John's website. The Priory Trust Board is responsible for the maintenance and integrity of The Order of St John's website. We have not been engaged to report on the integrity of The Order of St John's website. We accept no responsibility for any changes that may have occurred to the summary consolidated financial statements since they were initially presented on the website. The audit report refers only to the summary consolidated financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these summary consolidated financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited summary consolidated financial statements and related audit report dated 20 March 2009 to confirm the information included in the audited summary consolidated financial statements presented on this website. Legislation in New Zealand governing the preparation and dissemination of financial statements and summary consolidated financial statements may differ from legislation in other jurisdictions.

AREA COMMITTEE LOCATIONS

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

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
Moerewa
Chair – Mike Crosbie
Treasurer – Selwyn Stringer
Secretary – Maureen Greaves

Bream Bay
Ruakaka
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
Kaitia
Chair – Archie Clark
Treasurer – Eleanor Goble
Secretary – Rose Adama

Hauraki Plains
Ngatea
Chair – Lesley Gordon
Treasurer – Patricia Porter
Secretary – Patricia Porter

Helensville
Chair – Gary Salmon (Acting)
Treasurer – Susan Game
Secretary – David Game

Hibiscus Coast
Orewa
Chair – Barbara Everiss
Treasurer – Margaret Christie
Secretary – Yvonne Cox

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

Kaitia
Chair – Eric Shackleton
Treasurer – Erin Collings
Secretary – Deirdre Crene

Kerikeri
Chair – Fred Cooper (Late)
Treasurer – Patricia Shaw
Secretary – Patricia Shaw

Manukau
Howick
Chair – Kevin Simpkin
Treasurer – Kathleen Whitta
Secretary – Ngaira Devereaux

Mercury Bay
Chair – Gary Kilmister
Treasurer – Ron Anderson
Secretary – Jan Jenison

North Hokianga
Kohukohu
Chair – David King
Treasurer – Michelle Curreen
Secretary – Wally Hicks

North Shore

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

Northern Wairoa
Dargaville
Chair – Sally Parkinson
Treasurer – Robert Donker
Secretary – Elaine McCracken

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

Paeroa
Netherton
Chair – Leslie Cullerne
Treasurer – Helen Appleby
Secretary – Marise Carey

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

Pukekohe
Chair – Graham Williams
Treasurer – Rodney Stewart
Secretary – Deirdre Stewart

Russell
Chair – Lorraine Hill
Treasurer – Colleen Bottrell
Secretary – Colleen Bottrell

South Hokianga
Omapere
Chair – Bill Carter
Treasurer – Garth Coulter
Secretary – Alexa Whaley

Thames
Chair – Leon Broughton
Treasurer – John Wiseman
Secretary – Sally Wilson

Waiheke Island
Chair – Pat Burgess
Treasurer – Pat Burgess
Secretary – Mike Thomas

Waihi
Chair – Cyril Guillard
Treasurer – Alice Hicks
Secretary – Alice Hicks

Waiuku
Chair – Kevan Lawrence
Treasurer – Mervyn Baker
Secretary – Joan O'Sullivan

Warkworth
Chair – Alan Boniface
Treasurer – Brian Russell
Secretary – Alison Letcher

Wellsford
Chair – Peter Corry
Treasurer – Cheryl Bartlett
Secretary – Cheryl Bartlett

West Auckland
Te Atatu South
Chair – Murray Spearman
Treasurer – Chris Johnstone
Secretary – Lindsay Huston

Whangamata
Chair – Trevor Martin
Treasurer – Lyn Bryant
Secretary – Lyn Bryant

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

Midland Region

Benneydale
Chair – Simone Paterson
Area Executive Officer – Jill Harding

Cambridge
Chair – Henry Strong
Area Executive Officer – Julie Strong

Edgcumbe
Chair – Ray Brown
Area Executive Officer – John Tunnicliffe

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 Molloy

Katikati
Chair – Mike Williams
Area Executive Officer – Karen Gordon

Kawerau
Chair – Tracey Mackey
Area Executive Officer – Suzanne Hutchinson

Kawhia
Chair – Betty Bell
Area Executive Officer – Shirley Ussher

Mangakino
Chair – Barry Fletcher
Area Executive Officer – Julie Hollingsworth

Matamata
Chair – David Latham
Area Executive Officer – Geraldine Loveridge

Morrinsville
Acting Chair – Neil Rogers
Area Executive Officer – Donna Ogden

Mt Maunganui
Chair – Jane Swainson
Area Executive Officer – Richard Waterson

Murupara
Chair – 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

Putaruru
Chair – Andrew Begbie
Area Executive Officer – Jean Marshall

Raglan
Chair – Tracey Frew
Area Executive Officer – Andrea Gilshnan

Reporoa
Chair – Colin Millar
Area Executive Officer – Megan Martelli

Rotorua
Chair – Derek Lang
Area Executive Officer – Robin Findon

Ruatoria
Chair – Frances Manual Domb
Area Executive Officer – Aroha Hamilton

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

Taumarunui
Chair – Bill Carter
Area Executive Officer – Heather Shimmin

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

Tauranga
Chair – Jane Swainson
Area Executive Officer – Richard Waterson

Te Aroha
Chair – Phillip Legg
Area Executive Officer – Elspeth Robinson

Te Awamutu
Chair – Ross McGowan
Area Executive Officer – Sharon Johnson

Te Kauwhata
Chair – Michael Kemp
Area Executive Officer – Heather Dillon

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

Te Puke
Chair – Barry Gernhoefer
Area Executive Officer – Leanne Reid

Te Whanau-A-Apanui
Te Kaha & Waihou Bay
Chair – Elaine Hutchison
Area Executive Officer – Elaine Hutchison

Tokoroa
Chair – John Henry
Area Executive Officer – Peter Trevors

Tongariro
Whakapapa
In Recess

Tuwharetoa (Turangi)
Chair – Diane Trethowen
Area Executive Officer – Deirdre Ewart

Whakatane
Chair – Lyn Price
Area Executive Officer – Sandra Laing

Central Region

Carterton
Chair – Peter Leighton
Treasurer – Ronny Tankersley
Secretary – Martin Tankersley

Central Hawke's Bay
Waipukurau
Chair – Vivienne Peacock
Treasurer – Caroline Green
Secretary – Caroline Green

Featherston
Chair – Grahame Alecock
Treasurer – Barbara Wilson
Secretary – Heather March

Feilding
Chair – Steve Tatton
Treasurer – Brian Crothers
Secretary – Brian Crothers

Foxton
Chair – John Story
Treasurer – Jeanette Story
Secretary – Helen Kilty

Greytown
Chair – Brian Robinson
Treasurer – Herb Petersen
Secretary – Herb Petersen

Hawera
Chair – Graeme Harvie
Treasurer – Kim Peters
Secretary – Mary Schrader

Hawke's Bay
Hastings
Chair – Anne Reese
Treasurer – Roger Sinclair
Secretary – Karen Crysell-Jerphanion

Hunterville
Chair – Ted Wilce
Treasurer – Iona Cameron-Smith
Secretary – Patricia Lambert

Inglewood
Chair – John Mackie
Treasurer – Joan Fergusson
Secretary – Sandra Moratti

Levin
In Recess

Martinborough
Chair – Bill Stephen
Treasurer – Terry Blacktop
Secretary – Ray Bush

Marton
Chair – Douglas Evans
Treasurer – Wally Elgar
Secretary – Wally Elgar

Masterton
Chair – Neil McEwen
Treasurer – Suzanne Mitchell
Secretary – Suzanne Mitchell

North Taranaki
Chair – Doug Ashby (Acting)
Treasurer – Brett Prior
Secretary – Margaret McConchie

Opunake
Chair – Colin Butler
Treasurer – Nevis Brewer
Secretary – Nevis Brewer

Otaki
Chair – Kevin Crombie
Treasurer – Kevin Crombie
Secretary – Rachel Harrison

Stratford
Chair – Judy Shaw
Treasurer – Margaret Nuku
Secretary – Christine Hughes

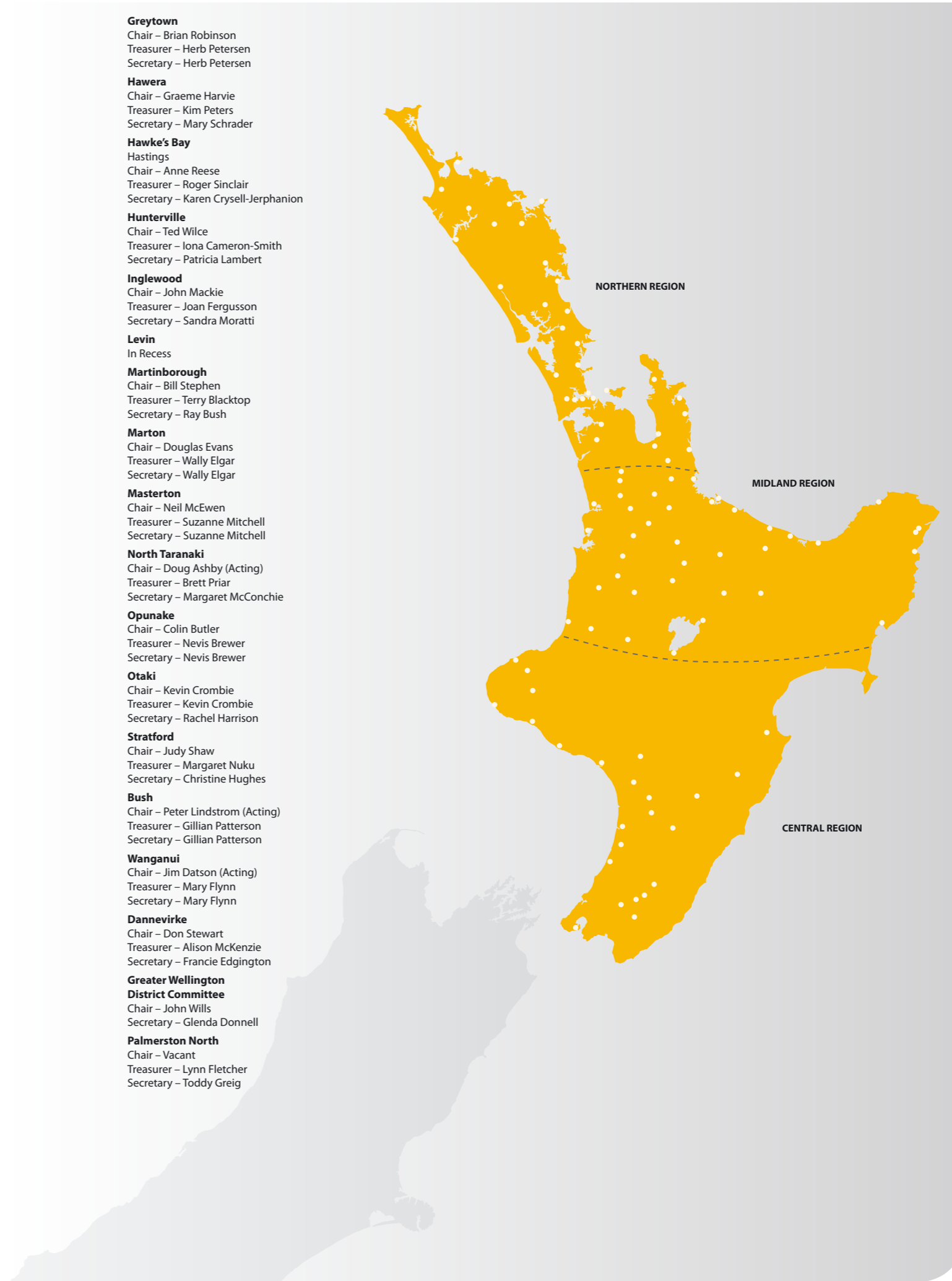
Bush
Chair – Peter Lindstrom (Acting)
Treasurer – Gillian Patterson
Secretary – Gillian Patterson

Wanganui
Chair – Jim Datson (Acting)
Treasurer – Mary Flynn
Secretary – Mary Flynn

Dannevirke
Chair – Don Stewart
Treasurer – Alison McKenzie
Secretary – Francie Edgington

Greater Wellington District Committee
Chair – John Wills
Secretary – Glenda Donnell

Palmerston North
Chair – Vacant
Treasurer – Lynn Fletcher
Secretary – Toddy Greig



AREA COMMITTEE LOCATIONS CONTINUED

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 – Sarah Wilkinson
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 Neilson
Secretary – Linda Neilson

Hokitika

Chair – Shirley Gardiner
Treasurer – Jo Rea

Kaiapoi

Chair – Rodger Palmer
Secretary – Maree Dvorak

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 – John White
Secretary – Helen Faulkner

Mayfield

Ashburton
Chair – Micheal Rushton
Secretary – Kevin Taylor

Methven

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

Motueka

Chair – Fred Wassell
Treasurer – Yoka De Gower
Secretary – Kay Boyce

Nelson

Chair – Dennis Creed
Secretary – Sue Costello

Rangiora

Chair – Andrew Hide
Treasurer – Brent Hassall
Secretary – Coby Lubbers

Reefton

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

South Westland

Hari Hari
Chair – Barbara Nolan
Secretary – Robyn Kelly

Temuka

Chair – Donald Galbraith
Treasurer – Kathryn 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

Bluff

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

Dunedin

Chair – Joyce Whyman
Area Executive Officer – Pamela Hall

Fiordland

Te Anau
Chair – Stewart Burnby
Treasurer – Peter Dolamore
Secretary – Gay Kirkwood

Hokonui

Gore
Chair – John Mills
Area Executive Officer – George Wallace

Invercargill

Chair – Murray Henderson
Treasurer – Blair Morris
Area Executive Officer – Kathy Reece

Lawrence

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

Maniototo

Ranfurlly
Chair – Val McSkimming
Treasurer – Ewan Kirk
Secretary – Denise Baddock

Milton

Chair – Brian McLeod
Treasurer – Don Horal
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

Taieri

Mosgiel
Chair – John Hanrahan
Treasurer – Craig Sutherland
Secretary – Heather Wilson

Vincent

Alexandra
Chair – Patricia Shanks
Area Executive Officer – Sandra Skinner

Waitaki

Kurow
Chair – Graham Hill
Treasurer – Tracey Ridler
Secretary – Anne Harris

Wakatipu

Queenstown
Chair – Marty Black
Treasurer – Linley Barnett
Area Executive Officer – Lynn Cain

Wanaka

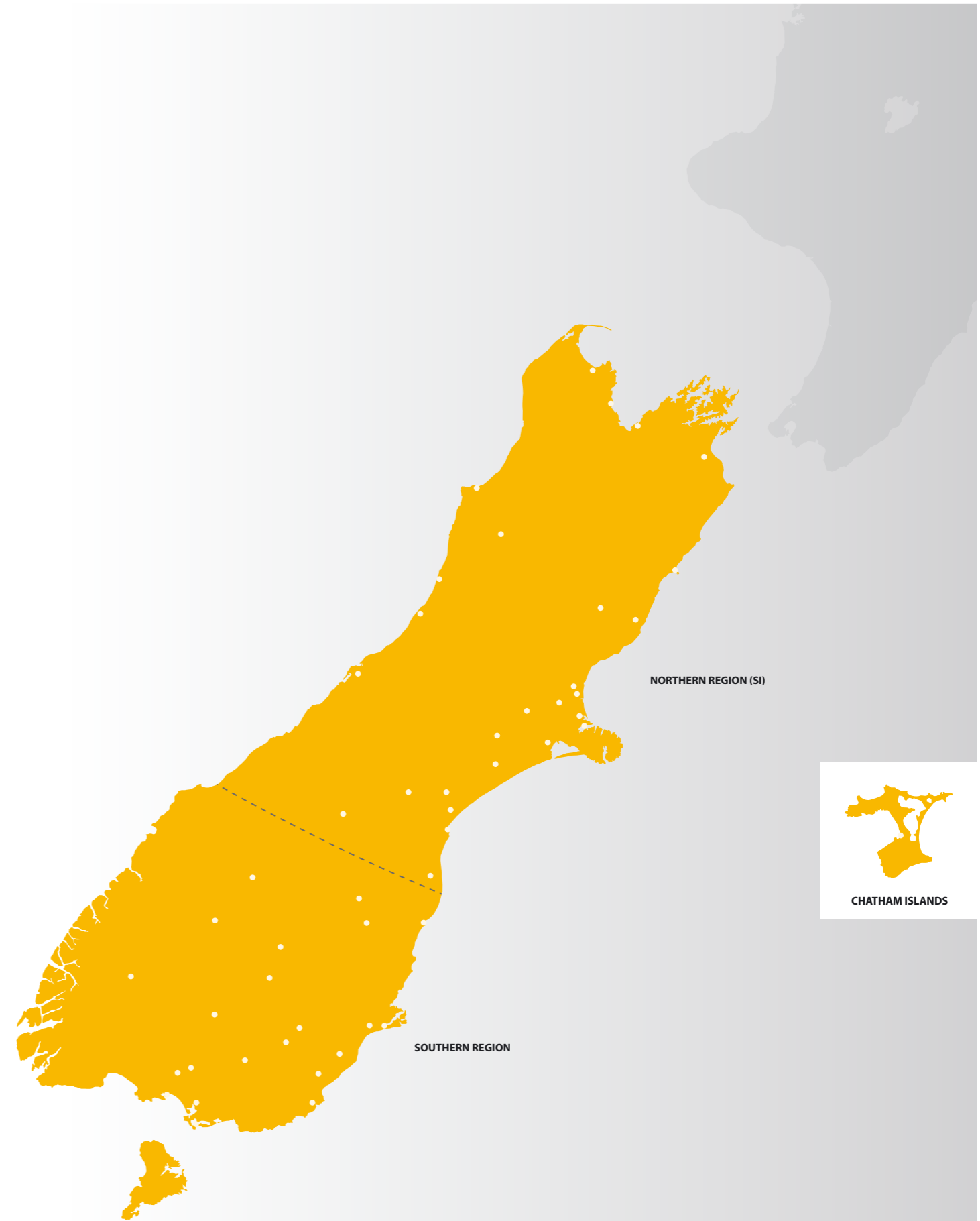
Chair – Lesley Burdon
Secretary – Heather Trevathan
Area Executive Officer – Barbara Roxburgh

West Otago

Tapanui
Chair – Graham Walker
Treasurer – Marilyn Redditt
Secretary – Janet Affleck

Winton

Chair – Russell Hodges
Treasurer – Heather Findlater
Secretary – Juan Schoen



CHATHAM ISLANDS

PERFORMANCE INDICATORS

National Performance Statistics 1 July 2007 – 30 June 2008

	Northern Region	Midland Region	Central Region	Northern Region (SI)	Southern Region	National Office	Total
Patients treated and transported by Ambulance Officers ¹	144,306	64,646	40,646	62,846	30,773	–	343,217
Kilometres travelled by ambulances	6,074,795	3,413,263	2,013,413	2,568,932	1,684,099	–	15,754,502
Total ambulance and operational vehicles	168	121	57	132	75	–	553
Ambulance Stations	43	41	23	50	29	–	186
Emergency incidents attended	111,040	52,586	32,979	52,007	25,496	–	274,108
Vehicles attending emergency incidents ²	128,870	58,885	38,146	59,763	28,571	–	314,235
Events serviced	2,500	1,559	1,482	2,578	625	–	8,744
Event Volunteers	631	75	265	710	90	–	1,771
Students trained in first aid	15,841	10,102	9,838	11,993	7,240	–	55,014
Children participated in the St John Safe Kids programme	28,068	1,593	–	14,136	10,520	–	54,317
Caring Caller Clients	497	186	46	153	–	–	882
Caring Caller Volunteers	553	219	62	168	–	–	1,002
Friends of the Emergency Department Volunteers	229	217	64	107	110	–	727
Area Committee Volunteers	232	253	166	267	210	–	1,128
Volunteers (Head Count)	2,624	1,222	1,040	1,941	810	10	7,647
Paid Staff (Head Count including Casuals) ³	813	383	219	439	298	59	2,211
Youth Membership (Penguins and Cadets)	1,767	914	616	1,218	324	–	4,839
Total Membership (Head Count)	5,204	2,519	1,875	3,598	1,432	69	14,697

KEY 1: Includes Accident, Medical, Patient Transfer and Private Hire 2: Based on the number of vehicles 3: Total Paid Staff – Full Time Equivalent (FTE): 1,377 FTE

OFFICERS OF THE ORGANISATION

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*
Professor A R Mellows OBE GCStJ TD

The Priory in New Zealand

Priory Chapter

Prior

His Excellency The Honourable Anand Satyanand PCNZM QSO KStJ

Chancellor

Mr R G M Fenwick CNZM 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 GCStJ

Elected and Appointed Members:

Northern Region

Elected Mr B M Carey KStJ JP*
Elected Mr L O Cullerne CStJ
Elected Mr I L Dunn KStJ, JP
Appointed Mr P G Macauley OStJ

Midland Region

Elected Mr D C W Lang KStJ
Elected Mrs S G MacLean CStJ
Appointed Mr N K F Harris KStJ
Appointed Mr P C Sutcliffe CStJ*

Regional Trust Boards

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

Central Region

Elected Mr D Urquhart-Hay KStJ*
Elected Mrs B M Simpson DStJ
Elected Ms B A Greenaway CStJ
Appointed Mr D J Swallow KStJ

Northern Region (SI)

Elected Mr G M Wright KStJ*
Elected Mr R G Harris CStJ
Elected Mrs M P A Corkindale CStJ
Appointed Mr G J Mangin CStJ

Southern Region

Elected Mrs S M Hennessy CStJ
Elected Mr J M Hanrahan CStJ
Appointed Mr R E Pettitt CStJ

Priory Officers:

Priory Dean

The Rev Dr S H Rae MNZM KStJ

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 CStJ ED

Librarian

Ms B A Greenaway CStJ

Principal Chaplain

The Rev C R Tremewan KStJ

Assistant Director of Ceremonies

Mr P D Wood 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

Priory Trust Board

Chancellor

Mr R G M Fenwick CNZM KStJ

Chief Executive

Mr J D Wood OStJ

Regional Members:

Northern Region
Dr R W Worth OBE OStJ VRD MP

Midland Region

Dr S A Evans KStJ

Northern Region (SI)

Mr J A Hall KStJ

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
Mr I D S Civil MBE CStJ ED
(from September 2007)
Mr D K Hunn CNZM
(from March 2008)

Cadet of the Year

Tessa Barnes

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 CNZM KStJ
Mr J M Harman CStJ

Chief Executive

Mr J D Wood OStJ

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

Secretary – Corporate Finance & Risk Manager

Mr M F Boorer JP

Remuneration Committee

Chairman

Mr J M Harman CStJ

Committee Members

Mr J A Gallagher CNZM CStJ JP
Mr G Ridley MStJ
Mr G S M Caughey OStJ JP
Mr R G M Fenwick CNZM KStJ

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 CNZM 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 R Martin

* Term ended 23 June 2008, the end of the 2005-2008 Triennium

ST JOHN NATIONAL OFFICE

PO Box 10043
Wellington 6143
Tel: 04 472 3600
Fax: 04 499 2320

ST JOHN MIDLAND REGION

Private Bag 3215
Hamilton 3240
Tel: 07 847 2849
Fax: 07 847 2850

ST JOHN NORTHERN REGION (SI)

PO Box 1443
Christchurch 8140
Tel: 03 366 4776
Fax: 03 353 7112

ST JOHN NORTHERN REGION

Private Bag 14902
Panmure, Auckland 1741
Tel: 09 579 1015
Fax: 09 579 3281

CENTRAL REGION

PO Box 681
Palmerston North 4440
Tel: 06 355 5051
Fax: 06 355 7795

ST JOHN SOUTHERN REGION

PO Box 5055
Dunedin 9058
Tel: 03 477 7111
Fax: 03 477 7994



> www.stjohn.org.nz



St John
first to care

St John is proudly supported by ASB Working Together

