



Annual Report 2013



St John
first to care



Health and well-being

St John is a major international charity working to improve the health and well-being of people in over 40 countries of the world.

The mission of St John in New Zealand is to prevent and relieve sickness and injury, and act to enhance the health and well-being of all people throughout New Zealand.

St John staff (paid and volunteer) are on call, all hours, every day, caring for people in accidents and medical emergencies, helping people live independently and providing relief to people who are sick and injured.

We are supported by strong communities that care, share and volunteer. We are capable, reliable and trusted.

The following core values guide us in achieving our mission

INTEGRITY Acting in a trustworthy and honest manner, always upholding ethical standards

TEAMWORK Working together as one organisation to help each other and the community

PROFESSIONALISM Achieving outcomes and standards, and continuously developing

EMPATHY Acting in a way that is sensitive to the needs of others, and is compassionate and kind

Our strategic goals 2012/13:

1. Our role and contribution are valued by all communities and stakeholders.
2. Be responsive to the changing needs of customers and communities for health and wellness.
3. Ensure financial sustainability.
4. Serve patients and customers with products and services that are easy to access and use, and that are relevant and valued.
5. Have the right people with the right tools, competencies and values.

The strategic goals are driven by programmes of work. The main themes running through the programmes of work for 2012/13 were:

- improving stakeholder, customer and community engagement
- clarifying the future role and position in health and determining the business focus areas for St John that are aligned with a defined risk appetite
- choosing collaborators and collaboration models
- transforming ambulance services
- building financial support
- developing capital and funding plans
- improving service delivery and business processes
- strengthening capabilities.

Left: Intensive Care Paramedic Lilah Barnett.

Front cover: Clockwise from right: Emergency Medical Technician Mat Griffin. Northern Region Communications Centre; Jim Fan, Tia Lakhane and Faybian Shore from St John Youth; Health Shuttle volunteer Brian Gibson in Thames; First Aid Training Tutor Lori Gommans in Hamilton; Friends of the Emergency Department volunteer Fleur Miller.

Serving Kiwis – staying relevant to our communities

Time donors – vital to our service

Public awareness of St John tends to sit with our ambulance service, but we also have a wide range of community services based solely on volunteer effort. This year:

- our 910 Community Care in Hospitals volunteers provided comfort and support to patients in 24 emergency departments and other hospital wards
- 1,250 Caring Callers lent an ear in friendly telephone support to 1,214 New Zealanders in need
- our Health Shuttle service provided 51,846 trips, transporting people to hospital or specialist services
- over 900 Youth Leaders successfully engaged nearly 6,400 young New Zealanders in our Youth programme
- our Area Committees and Regional Trust Boards comprised 1,235 volunteers contributing to the support of our community programmes at a local level
- Over 2,900 ambulance volunteers supported our ambulance service, and over 1,600 events volunteers helped at a wide range of events.

St John couldn't survive and provide these services without our 'time donors' – all our fellow New Zealanders who gift their time. This year we estimate they gifted in excess of \$30 million in labour to St John.

Cash donors – equally vital to our service

Additionally we need cash donors – people who give us financial support through our Annual Appeal, bequests, and grants. Government support funds just under 80% of our ambulance service operating costs, but we still need to raise more than \$25 million every year to meet the full costs of providing all the services we do. Cash gifts to St John this year totalled \$23 million – thank you to all who contributed.

I also wish to acknowledge the generosity of our key supporters in particular ASB and The Lion Foundation.

St John is very fortunate to receive community support both in gifts of time and cash, but we need to remain relevant to our

communities to maintain this support. New Zealanders will only support St John if they believe in what we are doing.

Increasing support for St John volunteers

We expect a high degree of professionalism in St John, whether staff are volunteers or paid. In support of volunteers, the Priory Chapter has established a Volunteers Advisor role and Phil Rankin has been appointed. We're currently appointing an Advisory Committee for him.

Steering new directions

We welcomed our new CEO Peter Bradley last year, and he's just completed his first 12 months. Our Chapter, the Priory Trust Board, our CEO and his executive team, are working well together on service improvements, and deepened engagement in the community through our service provision. We're very pleased with the level of expertise Peter has brought and the direction he's been taking. A focus on St John's care pathways means optimisation of existing health infrastructure. It ensures our patients receive the right care at the right time, and maximises our resources for the support and betterment of community health.

Priory Trust Board. Standing from left to right: Amanda Stanes, Lee Short, Geoff Ridley, Richard Blundell, Jeremy Stubbs. Seated from left to right: Pauline Beattie, Dr Steve Evans, Garry Wilson (*Chairman*), Peter Bradley (*Chief Executive Officer*), Souella Cumming. Absent: Dr Sharon Kletchko, Jenni Norton, Ian Civil.



Our Chapter and the Priory Trust Board, the governance bodies of St John in New Zealand, have worked very well together towards a community-engaged 'one St John' culture. We were sorry to receive colleague Dr Sharon Kletchko's resignation, and are currently in the process of recruiting for her

PUBLIC AWARENESS OF ST JOHN TENDS TO SIT WITH OUR AMBULANCE SERVICE, BUT WE ALSO HAVE A WIDE RANGE OF COMMUNITY SERVICES BASED SOLELY ON VOLUNTEER EFFORT

replacement. And after five years as Chairman, I will be passing the baton on to my successor next year in June when my term expires. We have been delighted with the calibre of applicants for the role, and our intention is to make an early appointment enabling an effective transitional period.

Organisational excellence

Since 2010, St John has been applying the Baldrige organisational excellence framework. A range of continuous improvement initiatives have been implemented to improve service performance and enable St John to better respond to community, patient and customer needs. Without the gains of this programme we would have struggled to meet the underfunded growth in demands for our services.

Future-proofing our facilities

St John continues to review all buildings and facilities

for earthquake risk. We've identified some that will require structural improvements, possibly replacement, and we are completing evaluations of these. We have also started some immediate repairs. This process has challenged us to consider style, size and location of our facilities. Following the Canterbury earthquakes, we've recognised the importance of locating our ambulance stations at sites likely to remain accessible through significant disaster (and downtown may not be best). We're looking at distributing facilities into the fringes and suburbs.

It is inevitable that providing safe facilities will involve significant capital investment, and will place definite pressures on our cash reserves. Our expenditure on improvements will need to be undertaken strategically, and the programme has an estimated timeframe of about ten years.

International focus

In June 2014 Professor Anthony Mellows ends his six year term as Lord Prior, St John's most senior volunteer. The Lord Prior is the organisational head of our Priory internationally, providing overall governance and strategic leadership to St John organisations around the world.

We are currently in the process of looking for a new Lord Prior. Anthony has driven the strategic development of the Order, and travelled extensively giving guidance and encouragement to all, in particular the three St John Associations who will move to Priory status over coming months; Kenya, Singapore and Hong Kong. Internationally these changes will bring a very different perspective to the work of St John, particularly providing recognition of the dynamism of Asia.

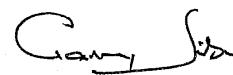
Order of St John

The Order of St John in New Zealand is alive and well. To keep it that way we have established an Order Group to focus on the well-being of the Order and its members. We were delighted to welcome Judith Hoban to the role of Dame Grand Cross of the Order. This is a special recognition for a time donor who has for many years supported St John in New Zealand. She joins an elite group of only three New Zealanders and 35 St John Grand Cross recipients worldwide.

Thanks for your support

St John is full of enthusiastic and supportive people volunteering to help their communities. This year new ambulance stations were opened in Palmerston and Ohakune. Both were the result of enormous local support, not only from our St John volunteers, but from community people who brought together successful building propositions and fundraised to realise them.

It's a joy to be involved in the governance of St John because there is so much community support from our fellow New Zealanders. I extend my thanks to you all for a tremendous 2012/13 and look forward to building on the success of your support in the coming year. ■



Garry Wilson
Chancellor



Clear plans for the future – a patient-centred strategy

It's great to be back at St John after a long absence, 17 years in fact. One of my key observations on returning, is how much St John does in the community through volunteer programmes such as Friends of the Emergency Department (FEDs), Caring Caller, and Health Shuttles – none of these existed 17 years ago.

With its roots in New Zealand communities, St John's role has continued developing to meet the needs of many people, often the vulnerable and the elderly. With our strong volunteer base of over 8,000, I've witnessed the amazing commitment from our people, and the great support we receive from a very generous public through donations, bequests, and communities raising money for new stations, ambulances and services.

St John people provided support or services to 1 million people across New Zealand last year – we have customers through medical alarms and first aid training, clients

through Caring Caller, FEDs and Health Shuttle services, patients through our ambulance service. There's an ever-increasing demand on St John services. The ambulance service has had over 14,000 more 111 calls this year, we've had a record year in first aid training with more New Zealanders put through our courses than ever before. We've also had a record year for our Health Shuttle service, with 10,000 more client trips than in the previous year.

ST JOHN PEOPLE PROVIDED SUPPORT OR SERVICES TO 1 MILLION PEOPLE ACROSS NEW ZEALAND LAST YEAR

I am proud to return to an organisation that is greatly admired and respected, and that does such good work across the country. Jaimes Wood has left a real legacy for us to build on, seeing us go

from strength to strength for our patients, our people, and our customers.

Our strategic focus and Integrated Business Plan (IBP)

Over the last 12 months we've been working with our Boards and key stakeholders, including Ministry of Health, District Health Boards and Accident Compensation Corporation (ACC), to develop a five year plan – a plan we call our Integrated Business Plan (IBP). Our future focus is captured in seven strategic goals. Our IBP leads the way to delivering on these, with clear measures for each ensuring we're improving the care of our patients and customers, and the lives of our people. Everyone in St John, across all parts of the organisation, has a key role to play.

Integration with the health sector

Discussions with key stakeholders over the last year reinforced the fact St John has a big part to play in improving the health of New Zealanders. We recognise the environment we are working in – the increasing funding challenges for St John and for the health system, and the challenges of population growth, chronic conditions and an ageing

Executive Leadership Group (as at 30 June 2013). Back row from left to right: Peter McDowall (*Information and Communications Technology Director*), Peter Loveridge (*Director of Commercial Services*), Darrin Goulding (*Strategy and Government Relations Director*), David Thomas (*General Manager South Island Region*), Eddie Jackson (*General Manager Central Region*), Gary Salmon (*General Manager Northern Region*), Michael Collins (*Chief Finance and Information Officer*). Front row from left to right: Michael Brooke (*Operations Director*), Sonya Gale (*Community Programmes Director*), Peter Bradley (*Chief Executive Officer*), Norma Lane (*Clinical Director*), Tom Dodd (*HR and Order Matters Director*).



Our strategic direction

In 2012 we started revising and developing our new five year strategy. Here is the direction our key goals are taking for the period 2013-18:

- Deliver a good value, sustainable, service delivery model.
- Improve the quality and safety of our care and services.
- Develop a community health outcomes focus.
- Develop the skills, satisfaction and safety and well-being of our people, including sustainable volunteering.
- Become New Zealand's fundraising charity of choice.
- Develop and maintain sustainable commercial activities, with a focus on Telehealth.
- Develop a strong Order community.

population. We're working with partners in the health sector, and doing things differently to manage the demand on our service – we're optimising what we have, and changing our response to meet patient need.

Improving patient care and outcomes

Over 415,000 patients were treated and transported by ambulance officers this year, so we've got a great opportunity to be part of the solution. Here are some examples of initiatives we've been working on to integrate with the health sector over the past 12 months, supporting community healthcare, and providing more appropriate care pathways for our patients;

- **Chronic Obstructive Pulmonary Disease (COPD) Pathway Pilot (Canterbury).** In Canterbury COPD patients represent 1,256 hospital admissions per year, with 79% arriving by ambulance. The COPD Pathway Pilot connects patients into primary healthcare where appropriate, with early intervention to prevent hospital admissions. Since August 2012, 19% of COPD patients seen at the 24 hour surgery needed

to be subsequently referred to Christchurch Hospital.

- **St John Urgent Community Care (UCC) Pilot (Horowhenua):** UCC is reducing avoidable hospital admissions by having paramedics treat people with non-emergency symptoms in their own homes – a 24/7 service of rostered paramedics work in liaison with GPs, district nurses, pharmacists, physiotherapists, and care homes. To date the reduction in transports to local hospital emergency

WE'RE OPTIMISING WHAT WE HAVE, AND CHANGING OUR RESPONSE TO MEET PATIENT NEED

departments has been reduced to a 54% average. This is an excellent example of St John working in collaboration with local general practices, Central Primary Health Organisation and MidCentral Health.

- **STEMI Bypass Protocol Pilot (Whangarei):** Heart attack patients who meet set criteria are transported directly to the Northland Emergency Services Trust rescue helicopter base, bypassing Whangarei Hospital's Emergency Department, and flown to Auckland City Hospital's cardiac catheterisation lab for surgery. Bypassing the ED and bringing patients directly to Auckland City Hospital has shaved 30-60 minutes off the time it takes for patients to receive life-saving treatment.

A successful year

Overall 2012/13 has been a very successful year for St John, caring for more patients and customers than ever before. This new year promises to be another challenging one but at the same time exciting. We have a wonderful organisation with great people, and as our plans come to fruition, we will be able to show the difference we are making day-in, day-out for our patients and the public across the country. ■



Peter Bradley CBE
Chief Executive Officer



Delivering a good value, sustainable, service delivery model and improving the quality and safety of our care and services

St John provides ambulance services for approximately 90% of New Zealand's population.

We operate 24 hours a day, seven days a week, calling on the services of more than 1,200 paid and nearly 3,000 volunteer ambulance officers.

Changing our service to meet the needs of the future

In the changing and challenging New Zealand healthcare environment we have continued over the last 12 months to focus on adapting our operating model to anticipate and accommodate those changes and the increasing

demand for our services over the next five years. In response to a growing, ageing population, with more chronic health needs we have been creating models and initiatives that are better for our patients, increase our effectiveness and our efficiency, and that ultimately are better for the wider New Zealand health system.

We are ensuring our resources are directed at providing the right care at the right time – with an increasing focus on taking care to people, rather than people to care. We have looked in particular at the

best ways to respond to low acuity 111 calls for an ambulance.

Future focus

In support of the five year integrated business plan for St John, has been the development of an Operations Plan. This has been a 'bottom up' development – based on ideas from St John staff and health partners and focused on addressing the challenges we face, delivering a good value, sustainable, service delivery model and improving the quality and safety of our care and services.

The Operations Plan details key initiatives and planning for a new service delivery model; several initiatives began in 2012/13:

- A new response system for our communications centres – right care, right time introduced in August 2012
- 'See and treat' initiatives – 'sierra' cars and new ways of managing low acuity patients in Auckland and Christchurch
- Clinical Telephone Advice – the St John paramedic led pilot running in Canterbury since October 2012
- Resource and demand planning – detailed analysis of every district St John operates in nationwide, in order to understand any gaps between

St John ambulance services comprise:

- owning and running the 111 Ambulance Communication Centres in Auckland and Christchurch and a third in Wellington, in a joint venture with Wellington Free Ambulance
- emergency ambulance services (ambulance and first responders)
- managing the PRIME (Primary Response in Medical Emergencies) programme to provide both the coordinated response and appropriate management of emergencies in rural locations, using the skills of specially trained general practitioners and registered nurses
- transferring patients between hospitals or from hospital to home (Patient Transfer Service)
- providing clinical staff and assistance coordinating air ambulance flights and connections with the rescue helicopter services operating in New Zealand
- the ongoing clinical education of all frontline staff.

the level of patient demand and the current resources available in that area

- Leading safe and effective services – ensuring a fit for purpose, future focused management structure
- Electronic Patient Report Forms (ePRF) – a transformational initiative to improve the quality and safety of our care and services and patient experiences
- Ensuring the critical systems and technology we use in our frontline responses are fit for purpose, robust and up to date.

Key initiative – right care, right time

In August 2012 we introduced a new response system for ambulance services (St John and Wellington Free Ambulance), to ensure we focus on connecting patients to the right care at the right time. Since its introduction we have seen a significant reduction in the time it takes us to get to an urban immediately life threatening (cardiac / respiratory arrest) incident.

We receive over 1,000 emergency 111 calls for ambulance every day. We used to respond to approximately two-thirds of those as immediately life threatening (i.e. sending an

Response times: comparing August 2011-August 2012 to the period September 2012-July 2013

Category (in order of urgency)	Reduction/increase	Now averaging
Urban		
Purple	50 seconds reduction	7 minutes & 7 seconds
Red	52 seconds reduction	9 minutes & 38 seconds
Orange	267 seconds increase	16 minutes & 20 seconds
Green	233 seconds increase	27 minutes & 42 seconds
Grey	165 seconds increase	27 minutes & 56 seconds
Rural		
Purple	70 seconds reduction	13 minutes & 2 seconds
Red	56 seconds reduction	14 minutes & 30 seconds
Orange	156 seconds increase	18 minutes & 38 seconds
Green	125 seconds increase	25 minutes & 49 seconds
Grey	104 seconds increase	25 minutes & 47 seconds

Response performance for September 2012-July 2013

	Response target: urban	Response target: rural	Response target: remote
Immediately life threatening incidents (purple and red)	50% of calls in urban areas within 8 minutes	50% of calls in rural areas within 12 minutes	50% of calls in remote areas within 25 minutes
	95% of calls within 20 minutes	95% of calls within 30 minutes	95% of calls within 60 minutes
Potentially life threatening emergency incidents (orange)	80% of calls within 20 minutes	80% of calls within 30 minutes	80% of calls within 60 minutes

Key: = met = not met

to the patient faster will make a difference. It has assisted us in identifying those incidents where it may be better to redirect a patient to other parts of the health system.

nationally we have achieved a 10.5% reduction in the time it takes to get to an urban purple incident (immediately life threatening / cardiac / respiratory arrest). This is now averaging 7 minutes and 7 seconds. In rural areas this has reduced by 8.2% – or 70 seconds – to 13 minutes and 2 seconds.

WE HAVE ACHIEVED A 10.5% REDUCTION IN THE TIME IT TAKES TO GET TO AN URBAN PURPLE INCIDENT (IMMEDIATELY LIFE THREATENING / CARDIAC / RESPIRATORY ARREST)

ambulance, lights and sirens). Yet up to 80% of these can be later diagnosed as mid to low acuity.

The motivator for the change to the new response system was to enable us to better triage the incoming calls to our Communication Centres and our response to incidents – focussing on those incidents where getting

With the new response system the terms Priority 1, 2, 3 are no longer used when responding, replaced by a five colour coded response system (purple, red, orange, green and grey) based on international best practice.

The new response system has produced better outcomes in the community, particularly for high acuity patients. Since August 2012

Current performance – response times

St John has nine contracted ambulance response time targets, agreed with the Ministry of Health and with ACC and in line with New Zealand ambulance standards. Compared to the 2011/12 financial year, three of the previously missed targets in urban and rural were achieved, despite increasing levels of demand.

Key initiative – sierra cars

To help meet the challenge of

demand, we have looked at all aspects of how we can best deliver unscheduled care to match patient needs. Our goal is to use our expertise to have more New Zealanders treated in their homes and communities where this is appropriate and right for the patient.

In Auckland, Hamilton and Christchurch we trialed single crewed vehicles to attend low acuity calls that have a high probability of resulting in non-transport to an ED – freeing up resources to focus on life threatening emergency incidents. It is called a “sierra” car because of the Communication Centre call sign given to them.

Since the introduction of the sierra cars in January 2013 they have proven to be an effective alternative care option and will continue in Auckland and Christchurch, with some adjustments being made to ensure we are running them as efficiently as possible.

Key initiative – clinical telephone advice

In October 2012 we worked with our Canterbury health partners to launch Clinical Telephone Advice (CTA). This is a process where a clinician takes an incident from when someone has called 111 for an ambulance, that has been triaged as not serious or immediately life threatening (i.e. low acuity) and re-triages the patient by gathering additional information to ensure the patient gets the most appropriate care, via the most appropriate pathway. That may or may not involve sending an ambulance.

The objectives are to improve patient outcomes by providing an enhanced secondary clinical triage service, to free up St John resources to respond effectively to life threatening priority calls, giving us the ability to link lower acuity patients to care that’s most appropriate for them – which is not always an ED.

415,832 PATIENTS WERE TREATED BY ST JOHN STAFF IN THE LAST YEAR

DEMAND FOR ST JOHN SERVICES HAS INCREASED BY 3.2% OVER THE LAST 5 YEARS (EMERGENCY INCIDENTS ATTENDED)

THE VOLUME OF 111 CALLS FOR AN AMBULANCE WAS UP 3.9% ON LAST YEAR TO 380,785

The pilot has a resolution rate of around 3% of eligible (i.e. lower acuity) calls managed through telephone based triage and advice. Overall, we believe that 9% of our total incidents can be managed through CTA.

Key initiative – demand resource profiling

Over the last 12 months we have completed a detailed analysis of every district St John operates in nationwide, in order to understand any gaps between the level of patient demand and the current resources available in that area. The objective being that we have the right resources at the right place at the right time to best meet our patient demand.

At 2012/13 year-end we have a better understanding of the level of demand for emergency ambulance service (EAS) transport, EAS non-transport and patient transfer service (PTS) and we are able to match the resource type to the demand type.

With the demand-resource profile recommendations we expect be able to improve/ increase the efficiency of our responses e.g. we expect to respond to 4,400 more high acuity patients (with life threatening symptoms) a year within 8 minutes in urban areas.

Crewing

St John is focussed on achieving 100% full crewing for all responses and is actively working with communities and with Government on addressing this.

By June 2013, 87.6% of ambulance responses were with a full crewed ambulance (i.e. double crewed) – this is a 0.8% decrease on the previous year and is due to increasing demand and the challenges of securing volunteers.

Leading safe and effective services

To ensure we have a fit for purpose, future focused management structure to allow us to adapt to meet our changing environment, a review of Operations Team Leader, Team Manager and Rural Support Officer roles was managed in 2012/13. The result was a new structure aimed to ensure the right roles with the right people, that we have managers with the right skills with clear responsibilities and that teams are well led and motivated to deliver safe and effective clinical services.

The key change was the introduction of 41 new Territory Manager roles. Overall there was an increase of 14 additional first line staff. We also changed the Operations senior management structure to give more support to the Operations Director.

Embedding a performance and improvement culture

Over the last 12 months we have continued to reinforce that all Operations staff have a role to play in improving performance. This has been reflected through the ‘IDeAs’ process where staff have continued



OUR PEOPLE HELPING YOURS

“ Heart attack protocol – a New Zealand first in care

In a New Zealand first, St John has partnered with the health sector in an initiative to save valuable time getting heart attack patients to time-critical, life-saving treatment.

St John Flight Intensive Care Paramedic Paul Davis (above left) oversees the new STEMI bypass protocol piloted in Whangarei since July 2013. If a heart attack patient meets set criteria, St John paramedics transport them directly to the Northland Emergency Services Trust rescue helicopter base, bypassing Whangarei Hospital's emergency department. Once there, the patient is re-assessed by a St John Flight Intensive Care Paramedic, flown to Auckland City Hospital, and taken to the cardiac catheterisation lab for immediate surgery.

“International guidelines for this procedure recommend less than 120 minutes from first medical contact with the patient to the time they receive the treatment. We've been consistently achieving between 90-100 minutes,” says Paul Davis.

Whangarei Hospital's Dr Ryan Howard (above right) has played a key role in designing and implementing the protocol for Northland DHB.

“This protocol is unique – it's the first time advanced paramedics in New Zealand are activating a cardiac catheterization lab without the oversight of a doctor. It is one of the protocols the Northland DHB is trialling with St John to improve the care of STEMI (ST segment elevation myocardial infarction) patients in Northland,” says Dr Ryan Howard.

St John Medical Director Dr Tony Smith says “patient outcome is directly proportional to the length of time it takes to get them to a cardiac catheter lab. Bypassing Whangarei ED and bringing patients directly to Auckland City Hospital has shaved 30-60 minutes off this time. The sooner patients get the blood vessel opened, the better the chance of survival; 30-60 minutes is a substantial time-saving.”

The protocol involves strong partnerships between St John, Northland and Auckland DHBs, Whangarei Hospital, Auckland City Hospital, and the Northland Emergency Services Trust rescue helicopter.

“Without a doubt, key to the success of the STEMI bypass protocol is our relationship with Northland DHB, and their trust in us. The team effort across multiple organisations to make this happen is testament to the power of partnerships within the health sector,” says Tony Devanney, St John District Operations Manager Northland.



to tell us ideas to improve our operation – over the last 12 months 410 ideas have come through and 78 have been implemented. We have also achieved this by setting targets nationally that we need to achieve, and through the use of storyboarding and good analytical data to work on the areas that make a real difference to patient outcomes and performance.

Key initiatives – electronic patient report forms (ePRF)

This transformational project kicked off in 2012/13. ePRFs will improve the quality and safety of our care and services and patient experiences – because we'll have clear information that we can link up with other health providers and rich information which we can share with Health and use to inform and improve our services.

St John ambulance officers currently manually fill in around 2 million pages of paper patient report forms each year. The ePRF project will see these paper forms replaced with electronic records completed on a portable tablet device. And that electronic record can be shared with health partners (GPs, DHBs) to help with the treatment of patients.

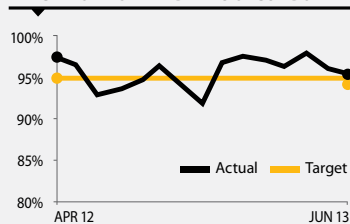
The rollout of electronic patient report forms will be phased and is due to start 1 June 2014 and be completed by June 2015.

Ambulance Communication Centres

In the last year Telecom directed 1.16 million 111 calls to New Zealand's three emergency agencies. Of those calls 380,785 (33%) were 111 emergency calls for an ambulance. This is a 3.9% increase on the previous year.

In 2012 we began key projects to ensure the critical systems and technologies we use in our frontline responses are fit for purpose, robust and up to date. In 2013/14 we will complete the upgrade

111 CALLS ANSWERED IN 15 SECONDS



This graph shows the percentage of 111 calls answered in 15 seconds nationally. During June 2013 there were 39,448 111 calls and 95.6% were answered in 15 seconds.

TOP 11 REASONS FOR PHONING 111 FOR AMBULANCE – TOTAL 2012/13

1	GP Referral	44,021
2	Falls	20,609
3	Sick Person	13,954
4	Breathing Problems	13,026
5	Unconscious / Fainting	9,715
6	Chest Pain	9,222
7	Abdominal Pain / Problems	8,464
8	Traffic / Transportation Accidents	7,855
9	Traumatic Injuries	7,039
10	Haemorrhage / Lacerations	6,627
11	Other	27,614

of our computer aided dispatch (CAD) system and the replacement of radio control terminals in the Communication Centres.

In another significant project, from April 2014 we will start to equip each ambulance and operational vehicle with a new mobile data terminal (MDT). Staff use the MDT to communicate their status during a response and whether they're available or not to accept jobs; it provides location information to the CAD system and critical data for us to manage our service.

Clinical focus

In July 2013 St John welcomed Norma Lane to the new role of Clinical and Community Programmes Director. Norma is focused on setting out the clinical strategy for the next five years. That focus is on delivering a suite of clinical key performance indicators that will expand on our current cardiac arrest data/return of spontaneous circulation (ROSC), to capture clinical outcomes and care given in the areas of STEMI

(ST segment elevation myocardial infarction), stroke, diabetes, asthma and pain management. This will influence our education and training programme.

Key to this is highlighting the clinical work we perform and the added value St John brings to health outcomes as key stakeholders in pre-hospital care.

Event medical services

In 2012/13 we supported 13% fewer events – in comparison to 2011/12 where we supported Rugby World Cup events.

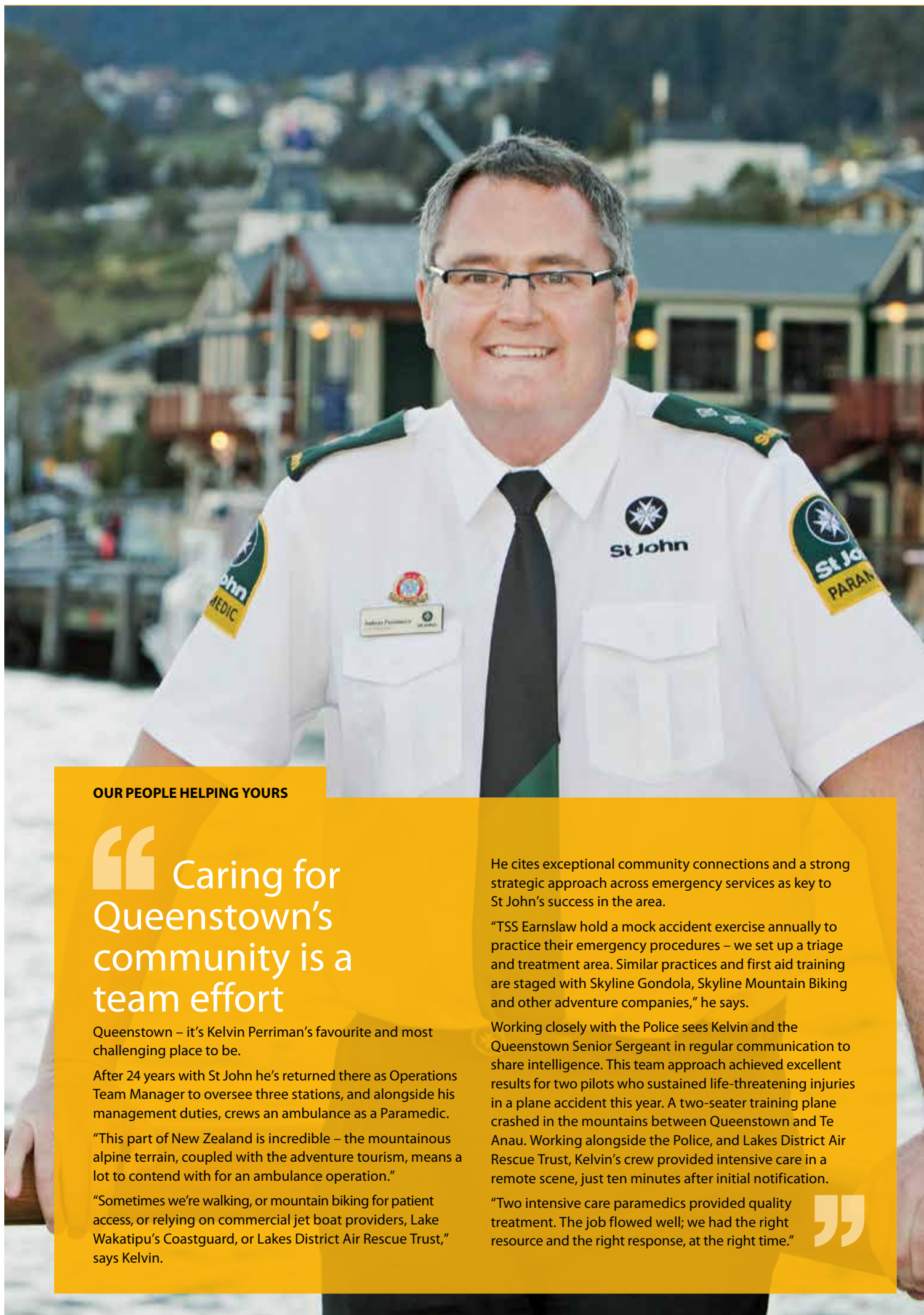
The next 12 months

We have identified what we think are the key components of the new service delivery model for St John and now need to work with the whole of Health to implement it. The fundamental issue is looking at what we can do differently to manage low acuity patients.

We can treat more people at home. When we do transport, we can look at options other than just transport to an ED. We need to work with Health to identify what will make a difference – for all of us.

Another key focus for 2013/14 will be working with Health on demand management initiatives. We will look in particular at how best to manage individuals who call us often, chronic obstructive pulmonary disease (COPD) patients and high risk falls patients. We will also continue supporting appropriate public health campaigns like blood pressure awareness week, men's health week, and immunisation programmes, to generally improve the health of the population.

Over the next 12 months we will be implementing the resourcing plans resulting from our demand profile work. We will also be focussing on full crewing and on the need for more frontline resource – in Auckland and Christchurch in particular. ■



OUR PEOPLE HELPING YOURS

“ Caring for Queenstown’s community is a team effort

Queenstown – it’s Kelvin Perriman’s favourite and most challenging place to be.

After 24 years with St John he’s returned there as Operations Team Manager to oversee three stations, and alongside his management duties, crews an ambulance as a Paramedic.

“This part of New Zealand is incredible – the mountainous alpine terrain, coupled with the adventure tourism, means a lot to contend with for an ambulance operation.”

“Sometimes we’re walking, or mountain biking for patient access, or relying on commercial jet boat providers, Lake Wakatipu’s Coastguard, or Lakes District Air Rescue Trust,” says Kelvin.

He cites exceptional community connections and a strong strategic approach across emergency services as key to St John’s success in the area.

“TSS Earnslaw hold a mock accident exercise annually to practice their emergency procedures – we set up a triage and treatment area. Similar practices and first aid training are staged with Skyline Gondola, Skyline Mountain Biking and other adventure companies,” he says.

Working closely with the Police sees Kelvin and the Queenstown Senior Sergeant in regular communication to share intelligence. This team approach achieved excellent results for two pilots who sustained life-threatening injuries in a plane accident this year. A two-seater training plane crashed in the mountains between Queenstown and Te Anau. Working alongside the Police, and Lakes District Air Rescue Trust, Kelvin’s crew provided intensive care in a remote scene, just ten minutes after initial notification.

“Two intensive care paramedics provided quality treatment. The job flowed well; we had the right resource and the right response, at the right time.”



The following statistics and facts give a snapshot of the size and shape of our work 1 July 2012 – 30 June 2013

	Total 2012/13	Total 2011/12	Increase/ decrease	Variance
111 emergency calls for an ambulance	380,785	366,509	14,276	3.90%
Emergency incidents attended	351,730	350,985	745	0.21%
Patients treated and transported by ambulance officers ¹	415,832	415,695	137	0.03%
Kilometres travelled by ambulances	18,793,436	18,282,971	510,465	2.79%
Ambulance and operational vehicles	558	610	-52	-8.52%
Ambulance stations	200	197	3	1.52%
Ambulance volunteers ²	2,951	2,782	169	6.07%
Events serviced	7,772	8,945	-1,173	-13.11%
Events volunteers	1,679	1,658	21	1.27%
People trained in first aid	65,832	57,825	8,007	13.85%
Children who participated in the St John Safe Kids programme	40,937	40,828	109	0.27%
Caring Caller clients	1,214	1,184	30	2.53%
Caring Caller volunteers ²	1,250	1,212	38	3.14%
Community Care in Hospitals volunteers ³	910	908	2	0.22%
Health Shuttle client trips	51,846	41,595	10,251	24.64%
Health Shuttle volunteers	502	370	132	35.68%
Area Committee volunteers	1,198	1,115	83	7.44%
Therapy Pets volunteers	345	286	59	20.63%
Total volunteers ²	8,955	8,591	364	4.24%
Youth members (Penguins and Cadets – under 18)	6,382	5,848	534	9.13%
Youth Leaders (over 18)	966	979	-13	-1.33%
Paid staff (including casuals) ⁴	2,475	2,481	-6	-0.24%
Total personnel ²	17,657	17,073	584	3.42%

KEY 1 – Includes accident, medical, patient transfer and private hire
 2 – Includes National Headquarters
 3 – Friends of the Emergency Department and Hospital Friends volunteers
 4 – Total paid staff – full time equivalent (FTE): 1,813; includes National Headquarters

NB Volunteer and paid staff numbers as at 30 June 2013
 Some staff have multiple roles
 Italicised figures are updates/ corrections on the 2012 Annual Report

**14,276 INCREASE IN
111 EMERGENCY CALLS
FOR AN AMBULANCE**

**8,007 INCREASE
IN PEOPLE TRAINED IN
FIRST AID**

**169 MORE AMBULANCE
VOLUNTEERS**

9%

**INCREASE
IN YOUTH
MEMBERS**

25%

**INCREASE
IN HEALTH
SHUTTLE TRIPS**



Supporting community health

We believe people need to live independently and be socially connected for healthy living and the development of strong communities.

One of the most trusted charity brands

St John is an integral part of all New Zealand communities which put us in a good place to support the development of strong

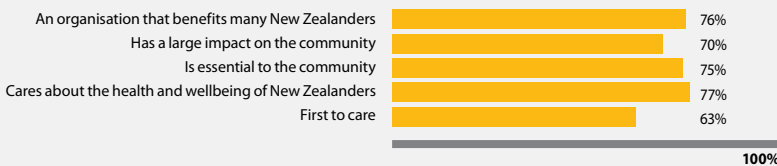
communities. St John remains one of the most trusted New Zealand brands and maintains its leadership in the charity sector across key reputational measures and community related attributes as shown in the graphs below (TNS St John brand research May 2012).

Telecare – independent living with St John

St John Medical Alarms help many New Zealanders to continue living independently. They also provide a valuable revenue stream to help fund our ambulance services and other charitable activities.

In April 2012 lower medical alarm charges came into force for Ministry of Social Development (MSD) clients through the Disability Allowance, which impacted revenue. Despite this we saw significant growth in active clients for 2012/13, with over 34,000 New

COMMUNITY RELATED ATTRIBUTES



REPUTATIONAL BRAND QUALITIES



Zealanders being supported by a St John Medical Alarm. Recent research shows that 89% of GPs prefer to recommend St John Medical Alarms.

A significant project this year involved almost 20,000 home visits to St John Medical Alarm clients to retrofit Line Sentinel Devices on all active phone lines. In an emergency, these devices make sure the alarm is given priority to communicate with the monitoring centre. This was in line with end-to-end service requirements of MSD, and to ensure the continued safety of our clients. We utilised a mixed workforce of paid and volunteer staff to complete this important project.

Innovating to keep pace – new wireless medical alarm

St John is innovating to keep pace with changing telecommunications infrastructure and customer demands. The coming year will see the launch of a new medical alarm that works over the mobile network. It means that people without a fixed landline can still enjoy the safety and reassurance of a medical alarm. With predictions that 75% of New Zealanders will be connected to ultra-fast broadband by 2020, the wireless medical alarm offers a reliable solution for St John clients in a changing technological environment.

Telehealth – future care opportunities

Our strategic direction to develop and maintain sustainable commercial activities with a focus on Telehealth, is key to driving financial sustainability and future revenue streams for St John over the next five years. With telecommunications technology rapidly changing, we are investigating opportunities in Telehealth. Recognising that monitoring and emergency health response is St John's strength, the desired outcome is supporting new

and sustainable ways of managing patients in their homes and communities – for example, the remote monitoring of a patient's vital statistics, or enabling people to self-manage chronic conditions from home rather than entering into the health system.

This year St John is collaborating with Vigil Technologies in a trial of their medical wristband technology and biometric monitoring product, by providing personal emergency monitoring and response.

St John will continue to work with Government, DHBs, PHOs, healthcare professionals and other partners in supporting the use of information technology and Telehealth programmes for more effective future community care.

HEARTsafe

The HEARTsafe for communities programme was further developed this year. It encourages communities to install AEDs (automated external defibrillators), train people to use them, increase the number of people who know CPR (cardiopulmonary resuscitation) and coordinate a variety of cardiac arrest prevention activities. This earns points (or 'heartbeats') towards becoming a HEARTsafe community.

Morrinsville is a HEARTsafe community, Cambridge, Kaikohe and Howick are working towards accreditation.

Businesses are an important part of local communities. HEARTsafe for Business is a way that businesses can contribute to community resilience and be corporately responsible.

Waikato's DairyNZ was the first business in New Zealand to be awarded HEARTsafe business accreditation. ASB is currently working towards becoming HEARTsafe accredited.

Training – a record year

St John is one of two leading providers of first aid training to New Zealand communities. Our courses cover basic first aid training and CPR, through to Advanced Life Support for Health Professionals. As a registered private training establishment we are externally audited by NZQA.

2012/13 was a record year with 65,832 New Zealanders receiving first aid training, delivered and supported by over 100 St John training staff. This was an increase of 8,000 participants from 2011/12, and a 15% increase in the number of courses run.

We continue to focus on our specialist training – higher level life support training for health professionals and growing key partnerships with our corporate and Government sector clients.

Safe Kids

This year 40,937 children participated in the St John Safe Kids programme nationwide. Delivered to pre-school and school-aged children, it develops their confidence in an emergency environment by teaching them how to respond.

A new curriculum was developed that more closely aligns with the outcomes of the Ministry of Youth Affairs, MSD, Ministry of Education and ACC objectives. This has been split into three key areas relevant to the New Zealand school curriculum and the Maori curriculum; responding in an emergency, well-being, and injury prevention.

Improved delivery means a modular format will provide our clients with a selection of topics relevant for their school, age group and community. The programme will be renamed to better match the new course outcomes and launched at the start of the new school year in February 2014. ■



Guided by our communities

Local initiatives building strong communities

St John works in partnership with New Zealand communities. There are 147 local Area Committees operating across New Zealand, engaging every day with their communities to support the delivery of St John products and services to meet local needs.

St John Area Committees are made up of volunteers who gift their time to ensure their communities are well served. They play a vital role in understanding their community's needs and supporting with development and coordination of St John community programmes to meet these needs.

Health Shuttles

The St John Health Shuttle service is a locally based community programme transporting people to and from specialist medical and health related appointments, free of charge. Nationwide 51,846 client trips were made throughout 23 communities this year, an increase of nearly 25% on last year. Health Shuttle volunteers totalled 502 for the year, up just under 36% on the previous year.

A new service was set up in the Wakatipu area in November 2012. The shuttle travels from Queenstown to Invercargill, and has made over 300 client trips this year, travelling 29,000kms.

The Thames Health Shuttle service was also set up last year, and transports an average of 230 people each month from Thames to Waikato Hospital. It is a successful example of a community driven need, met and delivered by a local Area Committee.

Expansions were planned to current Health Shuttle services in both Whanganui and Marton during 2012/13.

St John continues to work with local communities to support the development of new Health Shuttle services throughout New Zealand, particularly in rural areas.

Hospital volunteers (FEDs and Hospital Friends)

Twenty four hospitals throughout New Zealand received the support of 910 Friends of the Emergency Department (FEDs) and Hospital Friends this year. These volunteers provide comfort and support to patients and their families in hospital emergency departments and other hospital wards.

It has been another busy year for this team as they celebrated 11 years in North Shore and Auckland City hospitals, established a permanent Hospital Friends service in the Children's Services Department of Kew Hospital in Invercargill, planned for the introduction of new Hospital

Friends services in Gore and Whanganui, and managed growing waiting lists for volunteers at Palmerston North, Waikato and Tauranga hospitals.

A new initiative called Community Carers was scoped this year and trialled in Whangamata. It is based on the Hospital Friends model and involves St John volunteers supporting residents in an aged care facility. Some of the key welfare tasks include reading the newspaper to residents, assisting them to eat meals, and having conversations. It has been very successful for the residents in the facility to date, with much positive feedback received.

Foodstuffs continued to be a key sponsor of the FEDs and Hospital Friends services in the South Island, contributing towards the establishment of new services.

Caring Caller

St John's Caring Caller programme offers a free phone friendship service. Clients are matched with a Caring Caller who shares similar interests and who calls them regularly to check how they are and have a chat.

This year 1,250 Caring Callers supported 1,214 clients. As Caring Callers volunteer from home, they do not wear a uniform and are therefore not as visible as other

St John staff, yet they generate valuable social profit by supporting people to live independently. Anne A'Court has been a Caring Caller in the Manawatu District for 11 years, and was recently honoured at a civic ceremony in Palmerston North for her years of dedicated service to community organisations.

Outreach Therapy Pets

This successful community initiative has been provided for 10 years by St John and SPCA. Pet partner teams (the owner and their pet) visit rest homes, private and public hospitals, rehabilitation units, and schools to spend time with residents, patients and students.

programme contributes to the health, well-being and quality of life of those receiving the service. Most notably the pet visits "light up" residents, patients and students. Involvement of the programme in schools contributes to developing reading skills in primary school age children and in building self-esteem. As a result of the programme, dog safety skills are being developed in some school and hospital establishments.

The TUIA group

St John is a key partner in the TUIA Programme. Led by Marcus Akuhata-Brown, 12 young people participate on a year-long road trip around New Zealand to develop

ambulance officer and flown out. As a result, opportunities were taken by St John to educate and demonstrate the importance of CPR on the marae.

St John supports Best Practice Volunteer Guidelines

This year St John was a contributor organisation to Volunteering New Zealand's Best Practice Guidelines project, set up to develop New Zealand's first set of best practice guidelines for volunteer management.

The St John Community Programmes team was involved in contributing to, developing and testing the Best Practice Guidelines as part of the working group.

St John is now actively applying these guidelines and the newly appointed Volunteers Advisor will help lead this work in the coming year.

Holiday Programmes

Building on the success of the St John school holiday programme piloted in Christchurch last year, St John Bay of Islands Area Committee ran a school holiday programme at Paihia School this year. The week-long programme had a strong focus on emergency services, first aid and Maori culture, and 40 children aged 6-12 years participated. ■

ST JOHN WORKS IN PARTNERSHIP WITH NEW ZEALAND COMMUNITIES. THERE ARE 147 LOCAL AREA COMMITTEES OPERATING ACROSS NEW ZEALAND, ENGAGING EVERY DAY WITH THEIR COMMUNITIES TO SUPPORT THE DELIVERY OF ST JOHN PRODUCTS AND SERVICES TO MEET LOCAL NEEDS

This year 345 pet partner teams served 225 establishments in greater Auckland, Kerikeri, Waihi and Thames. This was an increase of 59 volunteers on last year, supporting an increase of 10 establishments who received the programme. The volunteers attended over 3,100 visits and gave in excess of 8,500 hours of their time.

Specific activities for 2012/13 include Animal Mornings at rest homes, visits to public libraries, Whakatakapoki (working with children with complex needs) and running Animal Assisted Education programmes in schools to help reluctant readers.

A social impact assessment was completed this year to guide further development of the programme. Findings show the

knowledge and appreciation of the Maori world view, attending and participating in Maori events and initiatives. The value of this partnership was illustrated during the Pou kai rounds in Waikato when a Kaumatua collapsed. He was revived by a St John





OUR PEOPLE HELPING YOURS

“ St John inspires a career

It's been a busy year for Sasha Seatter, St John's Cadet of the Year. The multi-talented, highly committed 17 year old has been the voice of St John Youth for the past year – a bridge between St John Leaders and Youth teams across the country.

A passion for people, and leading them – that's her driving force.

“Helping others and working with people is the thing I love most of all. I've been in St John's Youth programme since I was nine years old and I've always liked the people and social aspect; forming new relationships, making friends, the camps.”

Cadet of the year has provided Sasha with leadership opportunities, and the chance to step up to some of this natural talent.

“I've learnt how mental strength is important as a leader; determination and the ability to remain focused. I've learnt how to deal with people in a wide variety of situations, and how to think outside the box; to be flexible and responsive in surprise situations,” says Sasha.

And she's putting all this into action leading the St John Youth Pathways Project – an initiative to create avenues for Youth members to various careers both inside and outside of St John.

“The aim is to help Youth see the options they have – this might be via internships, scholarships, directions on focus for school and tertiary study, or liaising with adults in these roles to find out how they got there. When I was younger I thought there was only one path, and that was to be a paramedic. There are lots, and I want to help others see that too,” she says.

Sasha has recently made some big decisions on her future career and St John played a key part. She's decided to combine the medical aspect, and her love of helping others, by pursuing physiotherapy at Otago University.

“I found my own career path by combining the passions I've developed as a St John Cadet – there are some St John leaders who are physios so I've been able to see their career paths.”

“It's great to find something I really want to do. That's one of the reasons I'm so excited about the Career Pathways project – I have an opportunity to help others find their path,” she says.



Young Kiwis dedicated to their communities

In the last 12 months St John helped develop strong community-minded Kiwis, with over 6,000 6-18 year olds growing in confidence, learning leadership skills, life skills, first aid and healthcare through the St John Youth programme.

Our focus forwards

This year we developed the Youth team's strategic goals for the next five years – 'the Big Three'. These are a set of goals with national focus, and local relevance, aimed at delivering a curriculum to empower young New Zealanders to contribute to first aid and healthcare in their communities:

1. **Build a path** – Develop new, and improve current career pathways so young people know how to continue their contribution through St John after they turn 18. Provide more leader development opportunities.
2. **Up the ante** – Increase the number of Grand Prior Awards achieved each year, while ensuring the quality and consistency of our curriculum meets/ exceeds agreed national standards.
3. **Connect as one** – Work together as 'One St John' through improved communication – supporting programmes and outcomes that connect Youth with their communities.

Supporting future leaders

The National Youth Festival

Over 250 volunteers aged 13+ gathered in Auckland 25-29 April for another successful National

Youth Festival. There was an increase in participants, external stakeholder engagement, and community involvement this year. Many Cadets competed in the National Youth Competitions, clinical events, drill and communication events, and a Community Health Expo. Congratulations to South Island Region, the champion region for 2013.

An activity aimed at having fun, also provided a humbling experience for all. Cadets were given a task of donating food to the Auckland City Mission as part of an 'Amazing race about Auckland'. The experience helped increase awareness of the importance of spiritual, social, physical and mental well-being.

Progress on clinical pathways for Youth

Advanced first aid courses for our Youth members began in January 2013. This means the clinical skills and qualifications St John Youth obtain will be better aligned with our emergency ambulance operations and event medical services. We have already seen community benefits through the support our young people have given to patients in their communities.

Scholarships

- Sarah McCorkindale (Auckland) and Heidi Jane Little (Wellington) each received a St John Tertiary scholarship towards study for a Bachelor of Health Science (Paramedicine) thanks to the generous bequest from the families of Alex Patterson and Brenda Monk.
- Three scholarships were awarded to attend the Outward Bound 21-day Classic courses for 18-26 year olds.
- The New Zealand Paramedic Education and Research Charitable Trust (nzparamedic.org) awarded Jake Robinson a Tertiary Paramedicine Starter Pack to support his study for a Bachelor of Health Science (Paramedicine).

Cadet wins at Ministry of Health Volunteer Awards

St John Christchurch Cadet Tori Wright was runner-up in the *Youth Health Volunteers* section of the 2013 Ministry of Health Volunteer Awards. Tori has dedicated 1,000 hours volunteering at community events over the past four years. ■



Making the difference

St John continues to receive outstanding support from New Zealanders to assist with funding our emergency and community services throughout the country. Combined fundraising revenue in 2012/13 was \$23 million – with 40% raised locally through the efforts of our 147 Area Committees. The remainder was raised through organisational fundraising activities including the St John Annual Appeal, bequests, grants and support from individuals and businesses.

Better serving our donors

This year we continued to develop our customer management system to help ensure consistency in the way we communicate with our donors and supporters across the country – keeping them at the centre of what we do and enhancing their experience from being part of what we achieve.

Five new online payment options were introduced in the last 12 months to make it easier for people to support us. Within the first two months 700 people subscribed online to the St John Supporter Scheme, up 150% from the level predicted prior to launching. A recent success with 'Peer-to-Peer' fundraising was the St John Appeal Challenge where 18 Christchurch business and community leaders

used the new online facility to raise money for the Annual Appeal.

We intend to develop a regular giving proposition enabling New Zealanders to see the direct impact of their donations, and we will continue to develop our corporate partner relationships and portfolio.

Directions of support

St John Annual Appeal

This year more than 31,000 individuals and organisations contributed towards our \$1.89 million Annual Appeal income. This was an increase of \$290,000 on last year's \$1.6 million result.

The 2013 campaign "Without your help, we can't help" – also involved the generous support of media agencies; The Radio Network, Mediaworks, 8Com, Colenso, TVNZ, Prime/ Sky Network and Choice TV.

Bequests

St John received \$5.15 million in bequest income for 2012/13 – a 9.6% increase on last year.

Grants

The Lion Foundation has been a valued supporter of St John since 2004, each year supporting the purchase of a significant number of frontline emergency ambulances.

This year 18 were purchased, half our turnkey ambulance builds for the year. These ambulances have been distributed throughout the country.

New Zealand Lottery Grants Board contributed to nationwide programme costs for St John Health Shuttle services, general volunteer costs, and funded the HEARTsafe Coordinator position.

New Zealand Community Trust part-funded a patient transfer vehicle and a high-spec defibrillator.

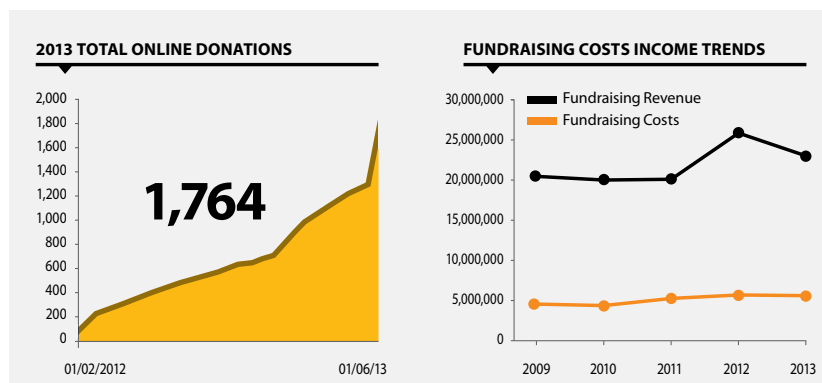
Pub Charity funded equipment and defibrillators, contributed to a new ambulance station in Ohakune, and part-funded a Health Shuttle in Whanganui.

Additional grants from numerous trusts were received throughout the year and are acknowledged in the Donors and Supporters page of this report.

Key business partners

ASB are in their fifth year of partnership with St John. ASB support for our Annual Appeal included local and regional fundraising initiatives, a 'donate to St John' link on their Fastnet banking site, a 'txt to donate' campaign, bus-wraps and posters on bus shelters. ASB staff continue to support our Caring Caller programme in Auckland, and many volunteer on Area Committees.

Foodstuffs South Island Ltd contributed to Friends of the Emergency Department in Invercargill, Dunedin, Timaru, Christchurch, Blenheim and Nelson





“ ASB working towards becoming a HEARTsafe Business

Since 2008, St John and ASB have been working together to save lives. This year, ASB has been working towards becoming a HEARTsafe-accredited business, which aims to increase the chances of survival if someone suffers a sudden cardiac arrest while at work.

ASB's goal is to become certified as HEARTsafe by having more than 50% of its people trained in CPR. Becoming a HEARTsafe business will give ASB people the confidence and skills to help in a medical emergency.

This year, ASB has offered its people free CPR workshops run by St John specialists, with the latest set of workshops held at

ASB's new headquarters in Auckland's Wynyard Quarter.

ASB Chief Executive Barbara Chapman says the HEARTsafe initiative is one of a range of programmes designed to encourage greater community involvement in first aid.

“The CPR training workshops held at ASB sites across the country are an important part of our long-term partnership with St John.”

“We are committed to helping St John increase the chances of survival for those who suffer a sudden cardiac arrest, by equipping ASB people with the skills to save lives.”

ASB fully supports St John's belief that every New Zealand home should have at least one person trained in CPR. Anyone who goes into cardiac arrest needs immediate CPR and access as soon as possible to a defibrillator. ASB has installed a number of defibrillators at branches, public shopping malls and sports centres throughout the country.

hospitals. Similar contributions were made to Hospital Friends in Invercargill (Children's Services), Dunedin (Oncology and Hospital Hosts), Oamaru and Gore hospitals.

Four Square Supermarkets (Foodstuffs) continued to support the South Island Health Shuttle service, with new services launched in Wakatipu and Invercargill.

Wesfarmers supply St John First Aid Kits, and gave a percentage of sales for all first aid kits sold for the month of June, to the Annual Appeal. Proceeds from their annual Golf Day were also donated.

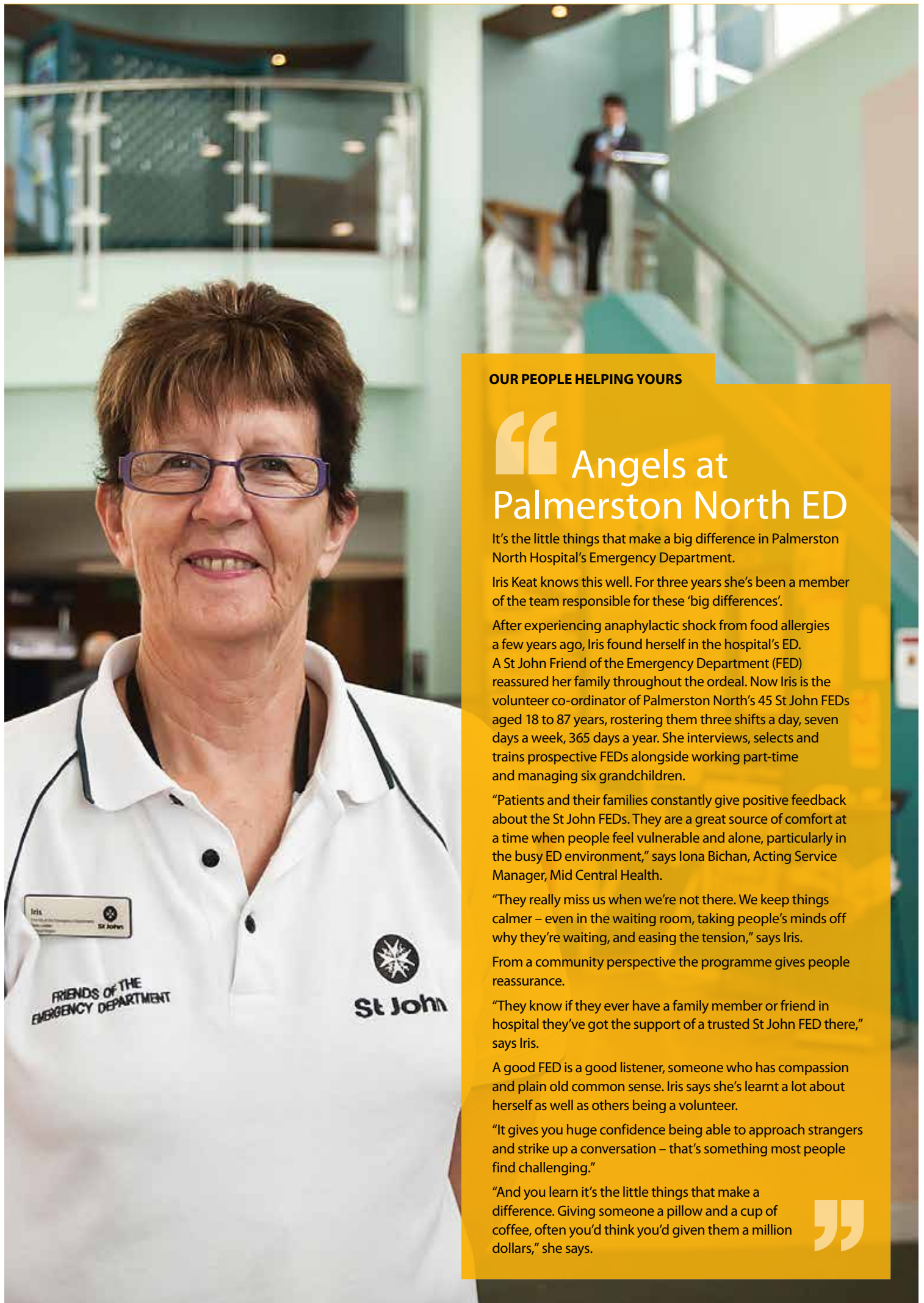
PGG Wrightsons through their Cash for Communities programme supported by 1,700 farmers, contributed funds to 41 St John Area Committees for local initiatives.

Generation Homes makes a contribution to St John for every house sold in Christchurch. They also promote St John First Aid Kits in their Christchurch show homes.

Wheedle auctioned a Ford Fiesta LX car and a framed signed All Blacks jersey, with all proceeds going to St John. ■

St John is a participant in the 2013 'Include a Charity' campaign

include a charity
Help the work live on.



OUR PEOPLE HELPING YOURS

“Angels at Palmerston North ED

It's the little things that make a big difference in Palmerston North Hospital's Emergency Department.

Iris Keat knows this well. For three years she's been a member of the team responsible for these 'big differences'.

After experiencing anaphylactic shock from food allergies a few years ago, Iris found herself in the hospital's ED. A St John Friend of the Emergency Department (FED) reassured her family throughout the ordeal. Now Iris is the volunteer co-ordinator of Palmerston North's 45 St John FEDs aged 18 to 87 years, rostering them three shifts a day, seven days a week, 365 days a year. She interviews, selects and trains prospective FEDs alongside working part-time and managing six grandchildren.

"Patients and their families constantly give positive feedback about the St John FEDs. They are a great source of comfort at a time when people feel vulnerable and alone, particularly in the busy ED environment," says Iona Bichan, Acting Service Manager, Mid Central Health.

"They really miss us when we're not there. We keep things calmer – even in the waiting room, taking people's minds off why they're waiting, and easing the tension," says Iris.

From a community perspective the programme gives people reassurance.

"They know if they ever have a family member or friend in hospital they've got the support of a trusted St John FED there," says Iris.

A good FED is a good listener, someone who has compassion and plain old common sense. Iris says she's learnt a lot about herself as well as others being a volunteer.

"It gives you huge confidence being able to approach strangers and strike up a conversation – that's something most people find challenging."

"And you learn it's the little things that make a difference. Giving someone a pillow and a cup of coffee, often you'd think you'd given them a million dollars," she says.



FUNDING OVERVIEW



Investment and support from Government and community

St John provides emergency ambulance services for nearly 90% of New Zealanders and to 97% of New Zealand's geographical area.

St John is a charity and we rely on financial support from the Government, business, individuals and the community to fund our ambulance services and the range of other services we provide to improve the health and well-being of all New Zealanders.

What is the Government support for ambulance services?

Contracts with the Ministry of Health, ACC and District Health Boards fund just under 80% of our ambulance service operating costs.

How is the shortfall funded?

The operating shortfall for ambulance services is made up from community donations, fundraising (including from the St John Supporter Scheme), revenue from

our commercial activities (first aid kits, first aid training, medical alarms and defibrillators), as well as income from emergency ambulance part charges.

How are other services funded?

These activities also fund:

- capital items – ambulances and operational vehicles, vital equipment, ambulance stations and other building projects
- non-emergency ambulance services – event medical services and patient transfer services
- our community programmes – our Youth programmes, Friends of the Emergency Department, Hospital Friends, Health Shuttles, Caring Caller, St John Safe Kids and Outreach Therapy Pets.

60% of fundraising and commercial activity is 'tagged' to ambulance services, 40% to other services.

How do businesses and communities support St John?

Funding from community donations

and fundraising (grants, donations, bequests and sponsorship) amounted to \$23 million for the year ending 30 June 2013.

The 147 St John Area Committees contribute significantly to the fundraising and maintenance of our buildings, vehicles and equipment that are vital to sustain the provision of emergency ambulance services in local communities.

Why is St John a charity?

St John is a charity because our aims are consistent with the legal definition of 'charity'. Our charitable status is granted by the Department of Internal Affairs. As part of the requirement of being a charity, all funds received must be used for the delivery of the services we provide in communities throughout New Zealand. ■

Sincere thanks

We acknowledge the contributions of the following individuals and organisations for their generous support during the 2012/13 year.

8Com	Estate of Gwenyth Hughes	Jerzy Zabkiewicz
Auckland Communities Foundation & Starlight Fund	Estate of Hazel Ogilvie	Jomac Construction Ltd
Adverse Events Trust (Federated Farmers)	Estate of Jim Nancarrow	Jones Foundation
ASB Bank Limited	Estate of John Gorrie	L A McCool
Beverly Burns	Estate of John J Barber	L James
Calista E Olson	Estate of John Laurenson	Mabel Jenkins
Carolyn Whittaker-Lahman	Estate of John Lemon	Mainland Foundation
Central Lakes Trust	Estate of Kathryn Weyburne	Mediaworks
Choice TV	Estates of L L and Y A D Griffiths	New Zealand Community Trust
Christchurch Earthquake Recovery Trust	Estate of Lynette McHale	New Zealand Lottery Grants Board
Colenso	Estate of M A O'Connell	New Zealand Rotary
Community Trust of Southland	Estate of Margaret Chapman	Pelorus Trust
David Todd	Estate of Mary Mannion	Perpetual Medical Services Trust
Dunedin City Council Heritage Fund	Estate of May Clemens	Phillip Verry Charitable Trust
E B Firth Charitable Trust	Estate of Minnie Wand	PGG Wrightson Ltd
Endeavour Community Foundation	Estate of N E McAllister	Prime
Estate of Nancy Erskine	Estate of Ngaire Mills	Pub Charity
Estate of A B Crowe	Estate of Noelene McIlroy	Ray Bamberg
Estate of A G Morris	Estate of Noelene Norris	Ron Drummond
Estate of A M E Jack	Estate of R Price	Rosemarie Thomson
Estate of Alix Pene	Estate of Ray Gow	Rural Contractors NZ Zone 1
Estate of Ann Campbell	Estate of Robert Henry	SKYCITY Hamilton Community Trust
Estate of Anne Ramage	Estate of Robert King	Sky Network
Estate of Annette C MacKenzie	Estate of Ronald Cattermole	Southern Trust
Estate of Arie De Geus	Estate of Ronald Stroud	Taiwanese Business Association of New Zealand
Estate of Avis Watkins	Estate of Roy Robertson	Taranaki Electricity Trust
Estate of Barbara Clearwater	Estate of Roy Wilson	Tauranga Energy Charitable Trust
Estate of Barry Todd	Estate of Thelma D Jones	TG Macarthy Trust
Estate of Basil McCoward	Estate of Vickery Busby	The Lion Foundation
Estate of Betty Radcliffe	Estate of William Adams	Tour of New Zealand
Estate of Cornelis Soeters	Estate of Z J Hutter	Tony Joyce
Estate of Cyril Mansell	Estate of Zoe Butler	Trevor Wilson Charitable Trust
Estate of D Neale	Flaxwood Festival	Trust Waikato
Estate of David Smith	Foodstuffs South Island Community Trust	Tukete Charitable Trust (Kaikoura Charitable Trust)
Estate of Desmond Wallbank	Four Square Supermarkets, South Island	Turner Family Trust
Estate of E Kendall	Four Winds Foundation	TVNZ
Estate of E A Flint	Generation Homes	W E L Energy Trust
Estate of Edward Wade	Glenice and John Gallagher Foundation	Wesfarmers Industrial and Safety NZ Limited
Estate of Eileen Pilgrim	Grassroots Trust	Wheedle
Estate of Ena Bicknell	Greenlea Foundation Trust	W R Baird Charitable Trust
Estate of Faith Wilson	Hugh Green Foundation	W Stevenson
Estate of Gladys Ferguson	ISO Ltd	Z Energy Ltd ■
Estate of Gottfried Wimmer	J Buchanan	



Taking care of business

Intensive Care Paramedic Simon Barnett

These summary consolidated financial statements incorporate the financial statements of more than 150 St John NZ entities.

Year-end overview

St John NZ's underlying surplus was \$1.2 million for the July 2012 – June 2013 (2012/13) financial year after removing the impact of the Canterbury earthquakes, representing a minimal return. This compares to the \$4.3 million underlying surplus for July 2011 – June 2012 (2011/12), again adjusted to remove the impact of the earthquakes.

The reported surplus was \$7.6 million in 2012/13. The impact of the Canterbury earthquakes in 2012/13 was \$6.4 million net additional income – compared to \$1.5 million additional expense in 2011/12 – with the final insurance settlement recognised in 2012/13. Ongoing operations will show an increase in the asset base as new replacement assets are purchased to replace old assets and this will result in an increase in depreciation.

Total consolidated operating revenue excluding insurance proceeds was \$233.1 million, a decrease of \$2.6 million or 1.1% over the previous year, primarily due to a \$2.9 million reduction in grant, donation and bequest income in the year. The grant, donation and bequest income is critical to help fund St John's operational deficit and the uncertain value and timing of this funding reduces the certainty of St John's financial position.

Total operating expenditure was \$232.2 million, a reduction of \$5.0 million or 2.1% over the previous year. Employee benefits showed a \$3.1 million or 2.2% increase due to the impact of annual salary increases.

Over the last five years \$147.8 million has been spent improving St John NZ's core infrastructure and around \$100 million is budgeted over the next three financial years.

Balance sheet

Consolidated net assets for St John NZ stand at \$273.6 million, \$7.6 million above the position at 30 June 2012.

Working capital increased from \$46.7 million at 30 June 2012 to \$52.2 million at 30 June 2013, largely due to the recognition of the insurance settlement at year-end.

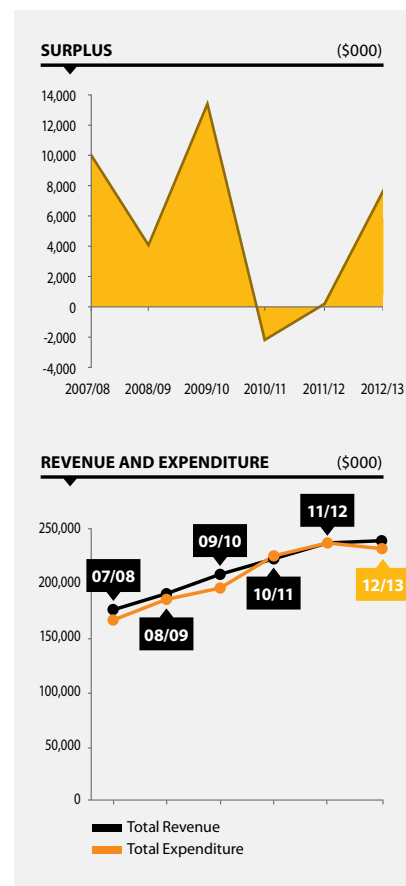
Property, plant and equipment represents \$206.8 million or 76% of total net assets. St John NZ has built up a substantial portfolio of land and buildings of \$153.3 million as at 30 June 2013, in part by working with communities throughout New Zealand to fundraise for various capital projects. St John NZ then uses these assets to benefit communities nationwide.

St John NZ is committed to a programme of capital expenditure to ensure it has appropriate facilities and equipment to service the ongoing and increasing health needs of New Zealand communities. The approach to financial stewardship is risk averse and aims to continue building a strong and healthy balance sheet that will support the long-term financial sustainability of one of New Zealand's leading providers of health services. This is a prudent approach given the uncertainties around future funding increases both for core emergency ambulance services and for health services in general.

Cash requirements

At the end of the 2012/13 financial year St John NZ held a total of \$70.7 million in cash, made up of short and long term investments including \$30.6 million in cash or cash equivalents, \$31.2 million of term deposits and \$8.9 million of other investments. St John faces a number of demands on its cash reserves.

As an emergency services provider, St John NZ needs to ensure that it is both operationally and financially capable of responding to a crisis as it did for the Canterbury earthquakes and this preparedness includes holding sufficient working capital. It is worth noting that a proportion of the funds held have been earmarked for particular



FINANCIAL COMMENTARY CONTINUED

projects or may be part of tagged grants or bequests where the funds cannot be diverted to meet other needs. At 30 June 2013 \$5.8 million was held on this basis.

Capital expenditure

St John NZ has significant ongoing capital expenditure demands. There are a number of regional and national projects, including significant technology projects that need to be undertaken and the budget for the next three years is over \$100 million.

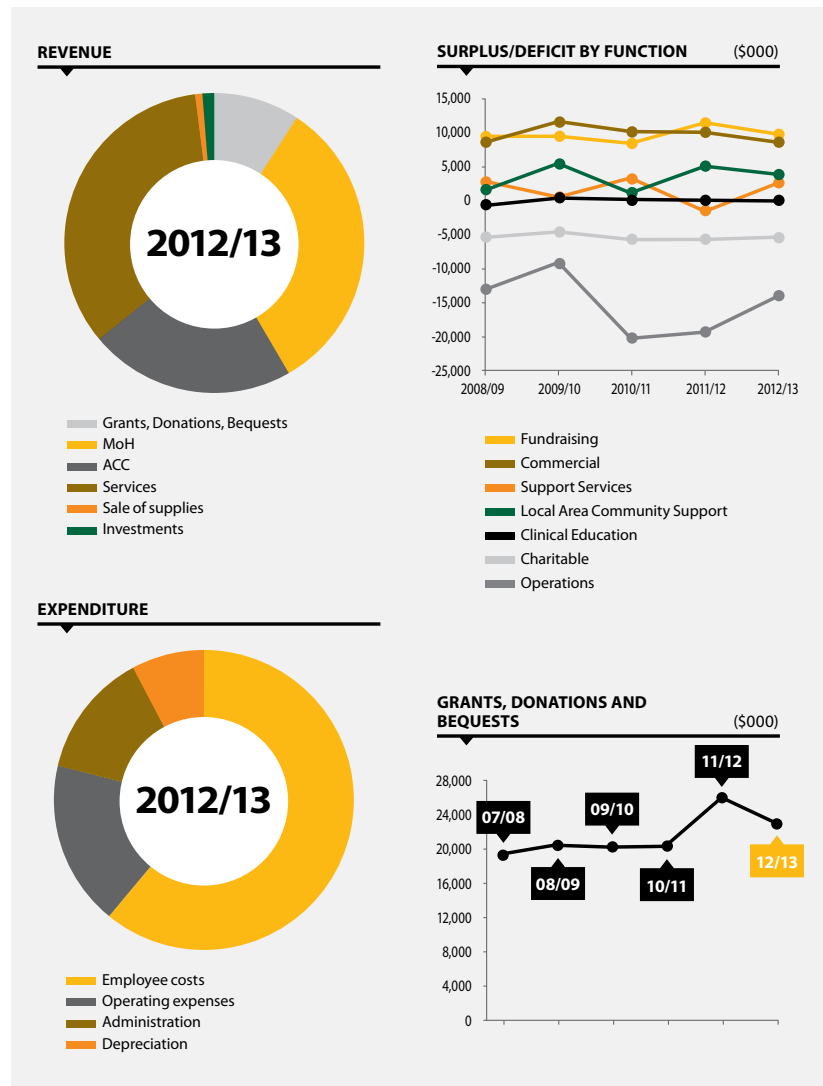
By fundraising in local communities throughout New Zealand, St John NZ's 147 Area Committees and five Trusts contribute to funding mainly local capital projects and ongoing community activities. In total the Area Committees have over \$40 million cash and investments to meet these requirements.

Building evaluations

Following the Canterbury earthquakes and resulting legislative updates, St John is ensuring that all its key ambulance and operational buildings, including ambulance stations and the Ambulance Communication Centres, meet the standards required of an emergency service.

The independent engineering assessment of all of St John NZ's key operational buildings to identify those that are earthquake prone (as defined in the Building Act) is progressing well and 287 Earthquake Initial Evaluation Procedures (EIEP) reviews were completed last year.

Detailed Engineering Evaluations (DEE) have been completed on 26 buildings with those for a further 131 buildings in progress. The alterations required to meet earthquake standards can vary from minor modifications to current buildings, to property disposal and relocation to a



different site. The updated expenditure is in the order of \$10 million which may be required over the next 4-5 years. The remedial work is expected to take place over a period of 15 years, ahead of legislative requirements.

Key projects

A significant portfolio of technology projects are planned, including an improved patient care record system and replacement of vehicle communications systems to ensure better patient information transfer. These projects will support new models of patient care, increased efficiency and an improved customer experience. They represent an investment of over \$12 million.

Fleet

The St John ambulance fleet requires regular replacement to ensure that all vehicles are reliable, up-to-date and meet the latest medical, health and safety requirements. The cost of this is approximately \$7 million for the replacement of around 40 ambulances and other operational vehicles each year.

Ambulance services

St John NZ ambulance services include emergency ambulance services, Ambulance Communication Centres, inter-hospital transfers, non-emergency ambulance transports and event medical services. In the 2012/13 financial year the financial result

for this group of activities was a deficit of \$14.1 million, \$11.1 million of which was directly attributable to emergency ambulance and Communication Centres.

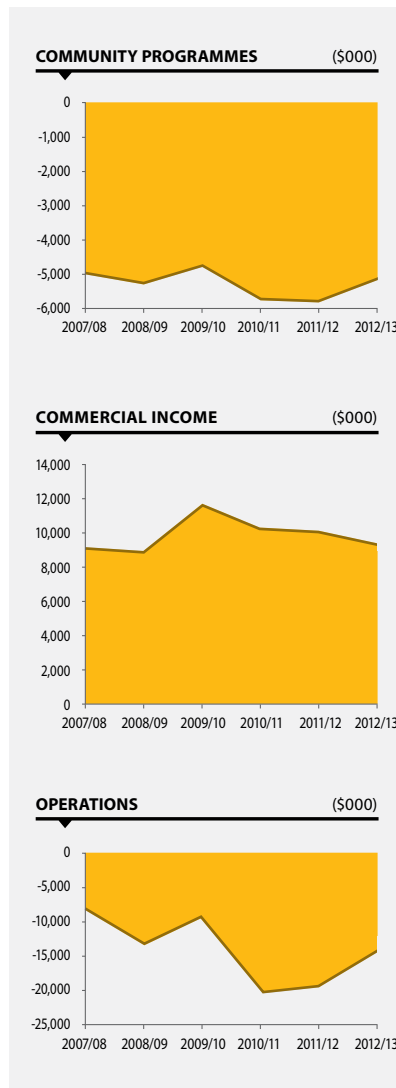
Community programmes

St John NZ community programmes include Friends of the Emergency Department, Hospital Friends, Caring Caller, Health Shuttles, St John Safe Kids, Outreach Therapy Pets and Youth programmes. In the 2012/13 year \$5.1 million was invested in the delivery of these programmes across New Zealand (\$5.8 million in the previous year).

Commercial activities

A range of services and products are marketed on a commercial footing. These services deliver value to customers and provide a source of additional revenue and surplus that can be applied to funding the ambulance operating deficit and funding community programmes.

The surpluses from these activities contributed \$9.3 million in the year (\$10.0 million in the previous year),



although the surplus has been, and will continue to be, affected by the reduction in margins associated with the medical alarms business. This decrease is largely the result of a reduction in the subsidy for medical alarms.

Charitable gifting

The work of St John NZ and the delivery of its community services is very reliant on the generosity of individuals, businesses and community funders who provide financial support through donations, bequests, sponsorship and grants. Overall St John NZ received donations of \$23.0 million during the year (a decrease of \$2.9 million over the previous year), of which the community through Area Committees contributed \$8.2 million.

Most of the donations to Area Committees were provided to support capital programmes (e.g. buying a new stretcher, ambulance equipment, ambulances or buildings) and are not available to support operational activities. ■

Five-year trends

	2008/09 (\$000)	2009/10 (\$000)	2010/11 (\$000)	2011/12 (\$000)	2012/13 (\$000)
Total Revenue	191,179	209,176	223,169	237,274	239,755
Total Expenditure	186,986	195,796	225,438	237,200	232,177
Net Surplus/(Deficit)	4,193	13,380	-2,269	74	7,578
Assets					
Current assets	84,919	90,092	86,221	79,963	84,042
Property, plant and equipment	189,613	198,164	199,897	202,446	206,796
Other non-current assets	7,595	9,117	13,499	18,762	17,056
Total Assets	282,127	297,373	299,617	301,171	307,894
Liabilities					
Current	26,190	27,729	31,916	33,308	31,861
Non-current liabilities	1,447	1,558	1,709	1,944	2,474
Total Liabilities	27,637	29,287	33,625	35,252	34,335
Total Equity	254,490	268,086	265,992	265,918	273,559

FINANCIAL REPORT

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

Summary consolidated financial statements

30 June 2013

Summary consolidated statement of financial position	St John NZ (Consolidated)	
	As at 30 June	2013 (\$000)
Current assets	84,042	79,963
Property, plant and equipment	206,796	202,446
Other non-current assets	17,056	18,761
Total non-current assets	223,852	221,207
Total assets	307,894	301,170
Current liabilities	31,861	33,308
Non-current liabilities	2,474	1,944
Total liabilities	34,335	35,252
Net assets	273,559	265,918
Equity	273,559	265,918

Summary consolidated statement of comprehensive income	St John NZ (Consolidated)	
	For the year ended 30 June	2013 (\$000)
Revenue from grants, donations and bequests – operational	17,767	19,870
Revenue from grants, donations and bequests – capital	5,204	6,049
Revenue from the rendering of services	205,601	204,833
Revenue from insurance (6)	6,676	1,583
Revenue from the sale of supplies	1,578	1,791
Investment income	2,929	3,148
Total revenue	239,755	237,274
Share in surplus of joint venture	328	300
Employee costs	(140,883)	(137,733)
Administrative costs	(31,441)	(31,878)
Depreciation expense	(18,150)	(17,341)
Impairment costs (6)	(1)	(3,205)
Reversal of impairment costs	96	-
Amortisation expense	(2,762)	(2,091)
Finance costs	(12)	(11)
Other expenses	(39,352)	(45,241)
Net surplus/(deficit)	7,578	74
Other comprehensive income/(loss) for the year	63	(148)
Total comprehensive income/(loss) for the year	7,641	(74)

Summary consolidated statement of changes in equity	St John NZ (Consolidated)				
	For the year ended 30 June	Retained Earnings (\$000)	Revaluation Reserve – Available for Sale Assets (\$000)	Revaluation Reserve – Rare Assets (\$000)	Other Reserves (\$000)
Balance as at 1 July 2011	253,908	622	109	11,353	265,992
Surplus for the year	74	-	-	-	74
Other comprehensive loss	-	(148)	-	-	(148)
Total comprehensive income/(loss) for the year	74	(148)	-	-	(74)
Transfer from/(to) reserves	3,781	-	-	(3,781)	-
Balance as at 1 July 2012	257,763	474	109	7,572	265,918
Surplus for the year	7,578	-	-	-	7,578
Other comprehensive income	-	63	-	-	63
Total comprehensive income for the year	7,578	63	-	-	7,641
Transfer from/(to) reserves	790	-	-	(790)	-
Balance as at 30 June 2013	266,131	537	109	6,782	273,559

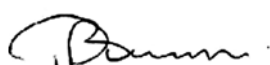
Summary consolidated statement of cashflows For the year ended 30 June	St John NZ (Consolidated)	
	2013 (\$000)	2012 (\$000)
Net cash flows from operating activities	21,969	23,205
Net cash flows used in investing activities	(18,763)	(22,955)
Net increase/(decrease) in cash	3,206	250
Cash and cash equivalents at the beginning of the year	27,371	27,121
Cash and cash equivalents at the end of the year	30,577	27,371

Net cash flows used in investing activities include movements from cash and cash equivalents to other financial assets.

On behalf of the Priory Trust Board, which authorised the issue of the summary consolidated financial statements on 30 September 2013.



Garry Wilson
Chairman



Peter Bradley CBE
Chief Executive Officer

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 2013

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 ('Parent'), and its subsidiaries and in-substance subsidiaries ('St John NZ (Consolidated)') also referred to as 'St John NZ'.

St John NZ's financial statements incorporate the financial statements of National Office and all entities controlled by the National Office (its subsidiaries and in-substance subsidiaries) being The Order of St John Northern Region Trust Board, The Order of St John Central Region Trust Board, The Order of St John South Island Region Trust Board, five trusts and St John Emergency Communications Limited (and its joint venture, Central Emergency Communications Limited).

The full consolidated financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ('NZ GAAP'). They comply with the New Zealand Equivalents to International Financial Reporting Standards ('NZ IFRS') and other applicable financial reporting standards as appropriate for a public benefit entity.

The audit report on the full consolidated financial statements was unmodified.

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 2013 which were approved by the Priory Trust Board on 30 September 2013. 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 St John NZ's financial position and performance these summary consolidated financial statements should be read in conjunction with the audited full consolidated financial statements.

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

Accountant
St John National Office
Private Bag 14902
Auckland 1741

The reporting currency is New Zealand Dollars rounded to the nearest thousand except for certain disclosures (in Note 6) which have not been rounded.

2 Commitments for expenditure

	2013 (\$000)	2012 (\$000)
Capital commitments – property, plant and equipment	3,368	1,718
Total	3,368	1,718

Notes to the summary financial statements (continued)

For the year ended 30 June 2013

3 Leases	2013 (\$000)	2012 (\$000)
Non-cancellable operating lease payments		
Less than 1 year	2,145	1,753
Later than 1 year less than 5 years	4,486	3,804
Later than 5 years	2,555	1,295
Total	9,186	6,852

St John NZ has operating lease agreements related to properties rented by St John NZ for administrative purposes. St John NZ does not have an option to purchase the properties at the end of the lease. St John NZ also has operating leases for photocopiers with an average length of lease of three years.

4 Contingent liabilities

A letter of credit is held with the bank to guarantee payroll payments to employees to a maximum of \$475,000 (2012: \$475,000).

On 2 March 2012, the entity entered into a Memorandum of Encumbrance in relation to a grant for a new building such that if the building does not continue to be used to provide ambulance services and advisory services in primary healthcare and related fields serving the community of Gisborne and its environs then the entity would be liable to make a payment of \$20,000 (2012: \$20,000).

St John NZ has no other contingent liabilities (2012: nil).

5 Related party disclosures

Related parties of National Office include subsidiaries of the National Office entity and the Regional Trust Boards which are under common control of The Priory in New Zealand of the Most Venerable Order of St John. Amounts owed from related parties totalled \$1,108,000 (2012: \$1,533,000) and to related parties totalled \$26,000 (2012: \$21,000). The balances are payable on demand with no interest. In addition, receipts from related parties totalled \$2,924,000 (2012: \$3,098,000) and payments to related parties totalled \$223,000 (2012: \$224,000).

S Cumming, who acts in the capacity of Chair of the Risk and Audit Committee of the Priory Trust Board is also a partner of KPMG. KPMG has provided professional services of \$nil (2012: \$55,200) to the Parent during the financial year.

6 Continuing effects of the Canterbury earthquakes on financial results

The damage caused to many of St John NZ's South Island Region buildings and assets as a result of the earthquakes which hit Canterbury on 4 September 2010, 22 February 2011, 13 June 2011 and 23 December 2011 has significantly impacted the financial results of the Region. This includes through business interruption costs, the necessary relocation of staff and equipment to alternative premises and the need to impair the carrying value of certain buildings and assets.

In particular, St John NZ has, after taking advice from structural engineers and independent valuers, concluded that certain of the entity's buildings are impaired significantly and may have to be rebuilt rather than repaired. As at 30 June 2013, St John NZ has fully impaired three buildings to the value of \$6,053,714 (2012: \$6,053,714). In addition a number of other buildings remain temporarily impaired by a further \$99,000 (2012: \$99,000), until such time as a decision to repair can be made.

Insurance

St John NZ has now fully settled its insurance claims covering both material damage and business interruption. In total, South Island Region has settled for \$10,355,777 less excesses of \$401,625 giving a net inflow of \$9,954,152. Previously St John NZ has received non-specific progress payments of \$2,890,948 and \$387,600 in respect of a site in Darfield. Additionally a non-specific progress payment of \$473,812 was received in the current financial year. Subsequent to balance date, \$6,201,792 has been received.

Nature of Assets Affected

Land

It has been assessed that there has been no material damage or impairment to the land owned by St John NZ.

Buildings

The buildings at 150 St Asaph Street, 174 Durham Street and 22 Helenca Avenue in Christchurch have been extensively damaged and may be rebuilt rather than repaired. A property at Darfield was also extensively damaged and a settlement of \$387,600 was received last financial year in respect of this site. Additionally a number of other smaller sites have received damage and have already been repaired or may be repaired in the future.

Plant and equipment

There has also been damage to other miscellaneous plant and equipment items which have been impaired to the value of \$100,000.

Treatment

Expenditure incurred this financial year of \$217,513 (2012: \$2,562,856) relating to the costs of repairing the damage and also the additional costs caused by the business interruption have been recognised as an expense.

Insurance receipts of \$6.7 million have been included in the Statement of Comprehensive Income this financial year.

7 Subsequent events

There are no other subsequent events requiring adjustment to the financial statements or disclosure.



**INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL STATEMENTS
TO THE TRUSTEES OF THE PRIORY IN NEW ZEALAND OF THE MOST VENERABLE
ORDER OF THE HOSPITAL OF ST JOHN OF JERUSALEM**

Report on the Summary Financial Statements

The accompanying summary financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ('The Priory Trust Board') and its controlled entities ('the Group' or 'St John NZ (Consolidated)') on pages 30 to 32, which comprise the summary consolidated statement of financial position as at 30 June 2013, and the summary consolidated comprehensive income, summary consolidated statement of comprehensive income, summary consolidated statement of changes in equity and summary consolidated statement of cash flows for the year then ended, and related notes, are derived from the audited consolidated financial statements of St John NZ (Consolidated) for the year ended 30 June 2013. We expressed an unmodified audit opinion on those financial statements in our report dated 30 September 2013.

The summary financial statements do not contain all the disclosures required for full financial statements under generally accepted accounting practice in New Zealand. Reading the summary financial statements, therefore, is not a substitute for reading the audited consolidated financial statements of the Group.

This report is made solely to the Trustees of The Priory Trust Board, as a body, for the purpose of expressing an opinion on the summary financial statements for the year ended 30 June 2013. Our audit has been undertaken so that we might state to the company's shareholders those matters we are required to state to them in an auditor's report on summary financial statements and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company's shareholders as a body, for our audit work, for this report, or for the opinions we have formed.

Trustees' Responsibility for the Summary Financial Statements

The Directors are responsible for the preparation of a summary of the audited consolidated financial statements, in accordance with FRS-43: *Summary Financial Statements*.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with International Standards on Auditing (New Zealand) (ISA (NZ)) 810: *Engagements to Report on Summary Financial Statements*.

Other than in our capacity as auditor and the provision of other advisory services and indirect tax advice, we have no relationship with or interests in The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and Group.

Opinion

In our opinion, the summary financial statements derived from the audited consolidated financial statements of The Priory Trust Board and its controlled entities for the year ended 30 June 2013 are consistent, in all material respects, with those financial statements, in accordance with FRS-43: *Summary Financial Statements*.

Chartered Accountants
30 September 2013
Auckland, New Zealand

This audit report relates to the summary financial statements of St John NZ (Consolidated) for the year ended 30 June 2013 included on St John NZ (Consolidated)'s website. The Trustees are responsible for the maintenance and integrity of St John NZ (Consolidated) website. We have not been engaged to report on the integrity of St John NZ (Consolidated)'s website. We accept no responsibility for any changes that may have occurred to the summary financial statements since they were initially presented on the website. The audit report refers only to the summary financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these summary 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 financial statements and related audit report dated 30 June 2013 to confirm the information included in the audited summary financial statements presented on this website. Legislation in New Zealand governing the preparation and dissemination of financial statements and summary financial statements may differ from legislation in other jurisdictions.

GOVERNANCE

The International Order

Sovereign Head

Her Majesty The Queen

Grand Prior

His Royal Highness The Duke of Gloucester KG GCVO GCStJ

Lord Prior

Professor A R Mellows
OBE GCStJ TD

Prelate

The Right Reverend J Nicholls
GCStJ

Sub Prior

Professor V R Marshall AC GCStJ
(to 24 June 2013)
Mr S J Shilson LVO GCStJ
(from 25 June 2013)

The Priory in New Zealand

Priory Chapter

Prior

His Excellency Lt Gen The Rt Hon
Sir J Mateparae GNZM QSO KStJ

Chancellor

Mr G M Wilson KStJ

Bailiffs and Dames Grand Cross

June Lady Blundell ONZ
QSO GCStJ
(passed away October 2012)
Mr N B Darrow GCStJ
Mrs J A Hoban GCStJ
Mr J A Strachan GCStJ

Priory Secretary

Mr P R Bradley CBE OStJ*

Elected and Appointed Members

Mr T M Dick KStJ JP
Mr I L Dunn KStJ JP
Mrs T H Gibbens OStJ
Mr J A Hall KStJ
Mrs S M Hennessy CStJ
Mr I M Lauder CStJ
Mr P G Macauley CStJ
Mr M T McEvedy QSO KStJ JP
Mrs S G MacLean DStJ
Mr B M Nielsen CStJ
Mr M J Spearman CStJ
Major B P Wood CStJ DSD

Priory Officers

Priory Dean

The Ven M J Black CStJ

Hospitaller

Mrs J A Hoban GCStJ

Medical Advisor

Mr I D S Civil MBE KStJ ED

Director of Ceremonies

Mr P D Wood CStJ

Volunteers Advisor

Mr P D Rankin MStJ

Registrar

Mr J D Wills MStJ

Priory Chapter Committees

Priory Honours Committee

Chair

Mr G M Wilson KStJ

Committee Members

Mr K R Adams CStJ
Mr R D Blundell OStJ
Mr N B Darrow GCStJ
Mrs J A Hoban GCStJ
Mr D C W Lang KStJ
Mr M Smith CNZM
Mr J A Strachan GCStJ
Mr J D Wills MStJ

Priory Nominations Committee

Chair

Mr G M Wilson KStJ

Committee Members

The Ven M J Black CStJ
Dr S A Evans KStJ
Mrs S M Hennessy CStJ
Mr D C W Lang KStJ
Mrs S G MacLean DStJ
Ms J M Norton
Mr M J Spearman CStJ

Order Affairs Committee

Chair

Mr J A Strachan GCStJ

Committee Members

Mrs S M Hennessy CStJ
Mrs J A Hoban GCStJ
Mrs S G MacLean DStJ
Ms S Parkinson MStJ
Mr J D Wills MStJ
Mr P D Wood CStJ

Secretary

Mr I J Rae CStJ

Rules Committee

Chair

Mr D J Swallow KStJ

Committee Members

Mr P G Macauley CStJ
Mr W T Olphert OStJ
Mr P D Wood CStJ

Volunteer Support Group

Chair

Mr P D Rankin MStJ

Committee Members

Currently being established

Priory Trust Board

Chancellor

Mr G M Wilson KStJ

Chief Executive Officer

Mr P R Bradley CBE OStJ*

Regional Members

Mrs P E Beattie CStJ
Mr R D Blundell OStJ
Dr S A Evans KStJ
Mr G T Ridley CStJ
Mr L W Short MStJ

Appointed Members

Mr I D S Civil MBE KStJ ED
Ms S M Cumming OStJ
Dr S L Kletchko
(resigned 2 May 2013)
Ms J M Norton
Mrs A J Stanes OStJ
Mr J G O Stubbs CStJ

* Tom Dodd Acting Chief Executive until 24 September 2012. Peter Bradley Chief Executive Officer from 24 September 2012.

Priory Trust Board Subcommittees

Clinical Governance Committee

Chair

Mr I D S Civil MBE KStJ ED

Committee Members

Dr S A Evans KStJ
Mr G T Ridley CStJ
Dr R A Smith OStJ

Remuneration and Appointments Committee

Chair

Ms J M Norton

Committee Members

Mr J A Gallagher CNZM KStJ JP
Dr S L Kletchko
(resigned 2 May 2013)
Mr M J Spearman CStJ
Mr A J M Wadams KStJ
Mr G M Wilson KStJ

Secretary

Mr T Dodd

Risk and Audit Committee

Chair

Ms S M Cumming OStJ

Committee Members

Mr P M Legg CStJ
Mr R E Pettitt CStJ
(resigned 25 March 2013)
Mr L W Short MStJ
(from 25 March 2013)
Mr G M Wilson KStJ
Mr P W Young CStJ

Subsidiary Boards

St John Emergency Communications Ltd

Chair

Mr G T Ridley CStJ

Directors

Mr P R Bradley CBE OStJ (from 26 September 2012)
Mr T Dodd (from 29 June to 26 September 2012)
Mr G M Wilson KStJ

Secretary

Mr M S Collins

Central Emergency Communications Ltd

Chair

Mr G T Ridley CStJ (from 31 August 2012)

Directors

Ms R A McLeod
Mr R Martin
Mr G M Wilson KStJ

Secretary

Mr M S Collins

Regional Trust Boards

Northern Region

Chair

Mr R D Blundell OStJ

Elected Members

Mr M R Crosbie OStJ
Mr I L Dunn KStJ JP
Mr P G Macauley CStJ
Mr T W Martin CStJ
Mr M J Spearman CStJ
Mrs A J Stanes OStJ

Appointed Members

Mr I D S Civil MBE KStJ ED
Mr L W Short MStJ
Mr A J M Wadams KStJ

Central Region

Chair

Dr S A Evans KStJ

Elected Members

Mr D J Ashby OStJ
Mrs B A Durbin QSM JP
Mr N K F Harris KStJ JP
Mr D C W Lang KStJ
Mr P M Legg CStJ
Mr R P Sinclair CStJ
Mr J G O Stubbs CStJ
Mr R B Wheeler CStJ

Appointed Members

Mr G J Crowley MStJ
Miss A Moroney
(from 20 February 2013)
Mr K I Williamson OStJ QSM JP

South Island Region

Chair

Mr G T Ridley CStJ

Elected Members

Mr G J Alexander OStJ
Mrs J M Conroy
Mr G S R Eames KStJ
Mr G J Gillespie CStJ
Mr J M Hanrahan CStJ

(from 24 April 2013)

Mr A G Hide OStJ
Mr R E Horwell MStJ
(from 21 March 2013)
Mr G J Mangin CStJ
Mr G R Stewart MStJ
Mr J A White KStJ

Appointed Members

Mrs P E Beattie CStJ
Mr J A Hall KStJ
Mr R E Pettitt CStJ
Mr P W Young CStJ

The work carried out by St John Area Committees is as diverse as the communities they serve.

Their many activities include engaging with their respective communities to plan and provide St John programmes, managing assets and promoting St John services. Area Committees raise funds to do this and support St John paid and volunteer staff who deliver these services. They are an integral part of the St John team. Takitini, Taku Toa – our unity is our strength.

Northern Region

Auckland

Chair – Phil Wilson
Treasurer – Paul Yallop
Secretary – Sharron Murdoch

Bay of Islands

Chair – Andy Sandeson
Treasurer – Maureen Greaves
Secretary – Mike Crosbie

Bream Bay (Ruakaka)

Chair – Bart De Ruitter
Treasurer – Janet Peck
Secretary – Sue Forsyth

Coromandel

Chair – Ray Hintz
Treasurer – Robynne Jones
Secretary – Robynne Jones

Doubtless Bay

Chair – Meg Brown
Treasurer – Pam Kay
Secretary – Lynn Pooley

Far North (Houhora)

Chair – Archie Clark
Treasurer – Eleanor Goble
Secretary – Pat Brennan

Great Barrier

Chair – Rachel Crawford
Treasurer – Ngaire Avery
Secretary – Teara Stephens-Walker

Hauraki Plains (Ngatea)

Chair – Lesley Gordon
Treasurer – Patricia Porter
Secretary – Patricia Porter

Helensville

Chair – Vacant
Treasurer – John Issott
Secretary – Nancy Head

Hibiscus Coast (Orewa)

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

Kaikōhe

Chair – Peter Macauley
Treasurer – Gaylene Maurice
Secretary – Peter Bell

Kaitia

Chair – Eric Shackleton
Treasurer – Erin Collings
Secretary – Val McGregor

Kerikeri

Chair – John Woolley
Treasurer – Dale Bell
Secretary – Dale Bell

Manukau (Howick)

Chair – Kevin Simpkin
Treasurer – Rebecca Sculpher
Secretary – Beryl Dunn

Mercury Bay

Chair – David Harvey
Treasurer – Debbie Farrell
Secretary – Debbie Farrell

North Hokianga (Kohukohu)

Chair – David Kearns
Treasurer – Ann Stones
Secretary – Ann Stones

North Shore

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

Northern Wairoa (Dargaville)

Chair – Sally Parkinson
Treasurer – Elaine McCracken
Secretary – Elaine McCracken

Otamatea (Maungaturoto)

Chair – Wayne MacLennan

Treasurer – Pamela Foster
Secretary – Eileen Parsons

Paeroa

Chair – Sharyn Godwin
Treasurer – Helen Appleby
Secretary – Hilary Haysom

Papakura

Chair – Beverley Dunn
Treasurer – Elizabeth Donald
Secretary – Jackie Johnston

Pukekohe

Chair – Kevin Shaw
Treasurer – Reg O'Connell
Secretary – David Gummer

Russell

Chair – Dianne Smith
Treasurer – Glenyce Fox
Secretary – Glenyce Fox

South Hokianga (Rawene)

Chair – Bill Carter
Treasurer – Garth Coulter
Secretary – Mere Morunga

Tairua

Chair – Joyce Birdsall
Treasurer – Pat Kake
Secretary – Pat Kake

Thames

Chair – Ken Brokenshire
Treasurer – Chris Fraser
Secretary – Robyn Wilder

Waiheke Island

Chair – Pat Burgess
Treasurer – Gina Ford
Secretary – Gina Ford

Waihi

Chair – Harvey Till
Treasurer – Jan Bowen
Secretary – Alice Hicks

Waiuku

Chair – Kevan Lawrence
Treasurer – Linda Baker
Secretary – Caroline Buchanan

Warkworth

Chair – Alan Boniface
Treasurer – Brian Russell
Secretary – Catherine Gillies

Wellsford

Chair – Peter Corry
Treasurer – Paula Connolly
Secretary – Louise Densham

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 – Tony Morris
Secretary – Tony Morris

Central Region

Benneydale

Chair – Anne Kelly
Area Executive Officer – Judy Deed

Bush

In recess at this time

Cambridge

Chair – Henry Strong
Area Executive Officer – Julie Strong

Carterton

Chair – Tony Scarfe
Treasurer – Terry Blacktop
Secretary – Catherine Brazendale

Dannevirke

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

Edgcumbe

Chair – Ray Brown
Area Executive Officer – Ray Brown

Featherston

Chair – Barbara Love
Treasurer – Barbara Wilson
Acting Secretary – Brian Love

Feilding

Chair – Steve Tatton
Deputy Chair – Ayvonne Hook
Area Administrator – Brian Crothers

Foxton

Chair – John Story
Treasurer – Tony Hoggart
Secretary – Julie Crombie

Gisborne

Chair – Pat Naden
Area Executive Officer – Carnie Nelson

Greater Wellington District

Chair – Toni King
Area Coordinator – Glenda Donnell
Treasurer – Warwick Eves

Greytown

Chair – John Wells
Treasurer – Bert Petersen
Secretary – Bert Petersen

Hamilton

Chair – Paul Stuthridge
Area Executive Officer – Jeanne Carter

Hawera

Chair – Eric Little
Treasurer – Graeme Harvie
Secretary – Mary Schrader

Hawke's Bay

Chair – Anne Reese
Area Administrator – Karen Crysell-Jerphanion
Treasurer – Roger Sinclair

Hunterville

Chair – Ted Wilce
Treasurer – Judy Klue
Secretary – Pat Lambert

Huntly

Chair – Graeme Tait
Area Executive Officer – Claire Molloy
Treasurer – Audra Cooper

Inglewood

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

Katikati

Chair – Mike Williams
Area Executive Officer – Karen Gordon

Kawerau

Chair – Suzanne Hutchinson
Area Executive Officer – Suzanne Hutchinson

Kawhia

Chair – Alan Locke
Treasurer – Shirley Ussher
Area Executive Officer – Sue Dimond

Levin

In recess at this time

Mangakino

Chair – Brian Hill
Area Executive Officer – Elva Lorenz

Martinborough

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

Marton

Chair – Robert Wilson
Treasurer – Gaylene Jones
Secretary – Doug Evans

Masterton

Chair – Graeme Bayliss
Treasurer – Kelly Lochhead
Secretary – Noeline Butters

Matamata

Chair – David Latham
Area Executive Officer – Geraldine Loveridge

Morrinsville

Chair – Neil Rogers
Area Executive Officer – Donna Ogden

Murupara

Chair – Ross Burns
Area Executive Officer – Robin Findon

Ngaruawahia

Chair – Tracey Powrie
Area Executive Officer – Vicki Ryan

North Taranaki

Chair – Doug Ashby
Area Administrator – Bruce McCardle

Ohura

Chair – Scott Gower
Area Executive Officer – Linda Mackinder

Opotiki

Chair – Preston Craig
Treasurer – Theresa Walker
Area Executive Officer – Gloria Lewis

Opunake

Secretary – Nevis Brewer

Otaki

Chair – Kevin Crombie
Treasurer – Kevin Crombie
Secretary – Georgie Naef

Otorohanga

Chair – Daphney King
Area Executive Officer – Sheena Turnbull

Palmerston North

Chair – Garry Goodman
Area Administrator – Toddy Greig

Patea/Waverley/Waitotara

Chair – David Honeyfield
Treasurer – Chris How
Secretary – Margaret Prince

Piopio

Chair – Doug Oliver
Area Executive Officer – Rose Young

Putaruru

Chair – Andrew Begbie
Treasurer – Beryl Garnett
Area Executive Officer – Pin Mycroft

Raglan

Chair – Neil Tapp
Area Executive Officer – Jan Tapp

Reporoa

Chair – Euan McKnight
Treasurer – Jackie Brown
Area Executive Officer – Megan Martelli

Rotorua

Chair – Ross Burns
Area Executive Officer – Robin Findon

Ruatoria

Chair – Frances Manuel-Domb
Area Executive Officer – Aroha Matamua

Stratford

Chair – Leith Martin
Treasurer – Peter Fairclough
Secretary – Peter Fairclough

Tainui (Mokau)

Chair – Eric Cryer
Treasurer – Gail Pratt
Area Executive Officer –
Gaynor Andrews

Taumarunui

Chair – Jeremy Stubbs
Area Executive Officer –
Sandra Smit

Taupo

Chair – Michael Downard
Area Executive Officer –
Christina Keir

Tauranga

Chair – Jane Swainson
Area Executive Officer –
Richard Waterson

Te Aroha

Chair – Phillip Legg
Treasurer – Elspeth Robinson
Area Executive Officer –
Annie Bradburn

Te Awamutu

Chair – Ross McGowan
Area Executive Officer –
Tracy Chisholm

Te Kauwhata

Chair – Gaylene Wheeler
Treasurer – Hazel Boldero
Area Executive Officer –
Val Andrews

Te Kuiti

Chair – Tom Falconer
Treasurer – Linda Hemara
Area Executive Officer –
Lorraine Te Kanawa

Te Puke

Chair – Lyn Govenlock
Treasurer – Peter Wells
Area Executive Officer –
Rob Mabbett

**Te Whanau-A-Apanui
(Te Kaha and Waihou Bay)**

Chair – Elaine Hutchison
Area Executive Officer –
Elaine Hutchison

Tokoroa

Chair – John Henry
Treasurer – Hazel Pennefather
Area Executive Officer –
Christine Freeman

Tuwaharetoa (Turangi)

Chair – Ian Read
Area Executive Officer –
Lynda Moss

Waimarino

Chair – Ben Goddard
Secretary/Treasurer (shared) –
Don Cameron and Phyl Cameron

Wairarapa District

Regional Trust Board
representative – Barbara Durbin
Relationship Manager –
Clive Holmes
Area Treasurer – Terry Blacktop
Area Administrator – Suzanne
Mitchell

Wanganui

Chair – Jennifer Burkett
Area Administrator – Mary Flynn
Part-time Administrator –
Judith Munn
Deputy Chair – Margaret Lankow

Whakatane

Chair – Lyn Price
Area Executive Officer –
Sandra Laing

South Island Region**Alexandra**

Chair – Robert Miller
Area Executive Officer – Sandra
Skinner

Amuri

Chair – Donald McLean
Treasurer – Alex Thompson
Secretary – Maree Hare

Ashburton

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

Banks Peninsula

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

Bluff

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

Buller

Chair – Graeme Alexander
Treasurer – Nichola Cunneen
Secretary – Bev Ray

Catlins

Chair – Graham Evans
Treasurer – Margot Dempsey
Secretary – Lenore Kopua

Chatham Islands

Chair – Glenise Day
Treasurer – Judeen Whaitiri

Cheviot

Chair – Emmet Daly
Treasurer – Mary Mulcock
Secretary – Karen Crampton

Christchurch

Chair – Graham Gillespie
Treasurer – Dorothy Couch
Secretary – Adrienne Smith

Clutha

Chair – David Tait
Area Executive Officer –
Rachel Jenkinson

Cromwell

Chair – Susan Dickie
Treasurer – Peter Mead
Secretary – Vicki Topping

Cust/Oxford

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

Dunedin

Chair – Joyce Whyman
Area Executive Officer – Eileen
Stephen

Ellesmere

Chair – Jack Pearcy
Treasurer – Glenys Mitchell
Secretary – Glenys Mitchell

Fiordland

Chair – Stewart Burnby
Treasurer – Peter Dolamore
Secretary – Peter Dolamore

Geraldine

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

Golden Bay

Chair – Stuart Chalmers
Secretary – Belinda Barnes

Greymouth

Chair – Therese Gibbens
Treasurer – Helen Foote
Secretary – Helen Foote

Hokitika

Chair – Sue Cotton
Treasurer – Anne-Marie Carter
Secretary – Abbie Provis

Hokonui

Chair – John Mills
Area Executive Officer – Vicki Kelly

Invercargill

Chair – Rev Richard Gray
Area Executive Officer – Sally Jarvie
Treasurer – Blair Morris

Kaiapoi

Chair – David Madeley
Treasurer – Rob Rae
Secretary – Maree Dvorak

Kaikoura

Chair – Mark Hislop
Treasurer – Jillian Dunlea
Secretary – Gwenda Addis

Lawrence

Chair – Mark Chapman
Treasurer – Adele Cotton
Secretary – Linda Howell

Mackenzie

Chair – Stephen Whittaker
Treasurer – Jan Garrow
Secretary – Karen Waters

Malvern

Chair – Arthur Marsh
Treasurer – Marie Leeds
Secretary – John Leeds

Maniototo

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

Marlborough

Chair – Graeme Faulkner
Treasurer – Jock Struthers
Secretary – Helen Faulkner

Mayfield

Chair – Brent Murdoch
Treasurer – Kevin Taylor
Secretary – Kevin Taylor

Methven

Chair – David Mangin
Treasurer – Graeme Chittock
Secretary – Karin Lill

Milton

Chair – Brian McLeod
Treasurer – Denise Finch
Secretary – Ruth Robins

Motueka

Chair – Fred Wassell
Treasurer – Ann Devey

Nelson

Chair – Dennis Creed
Treasurer – Russell Holden
Secretary – Sarah McCabe

Northern Southland

Chair – George Stewart
Treasurer – Annette Freeman
Secretary – Glenda Chan

Oamaru

Chair – Terry Kent
Area Executive Officer – Angela Fodie

Otautau

Chair – Peter Ayson
Treasurer – Donna Symons
Secretary – Christine Thomas

Rangiora

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

Reefton

Chair – Alistair Caddie
Treasurer – Jocelyn Archer

Riverton

Currently no chair
Treasurer – Stan Knowler
Secretary – Rev Leah Boniface

Roxburgh

Chair – Alex Gordon
Treasurer – Lyn Owens
Secretary – Gerardine Middlemiss

South Westland

Chair – Kimmy Nolan
Treasurer – Linda Pine
Secretary – Linda Pine

Taiari

Chair – John Hanrahan
Treasurer – Craig Sutherland
Secretary – Glenda Smith

Temuka

Chair – Dr Rodger Hilliker
Treasurer – Kathryn Calder
Secretary – Lance Scott

Timaru

Chair – Alan Shuker
Treasurer – Helen Page
Secretary – Helen Page

Tokanui*

Chair – Michael Bashford
Treasurer – Diane Dermody
Secretary – Julie Golden

Tuatapere*

Chair – Stephen Crack
Treasurer – Shirley Ridder
Secretary – Ray Horrell

Twizel

Chair – Murray Spence
Treasurer – Natasha Skinner
Secretary – Glenys Moore

Waimate

Chair – Mike Young
Treasurer – Lynda Holland
Secretary – Lynda Holland

Waitaki

Chair – Graham Hill
Treasurer – Karen Hofman
Secretary – Anne Harris

Wakatipu

Chair – Marty Black
Area Executive Officer – Jessica Patch
Treasurer – Lynley Barnett

Wanaka

Chair – Phill Hunt
Area Executive Officer – Barbara
Roxburgh

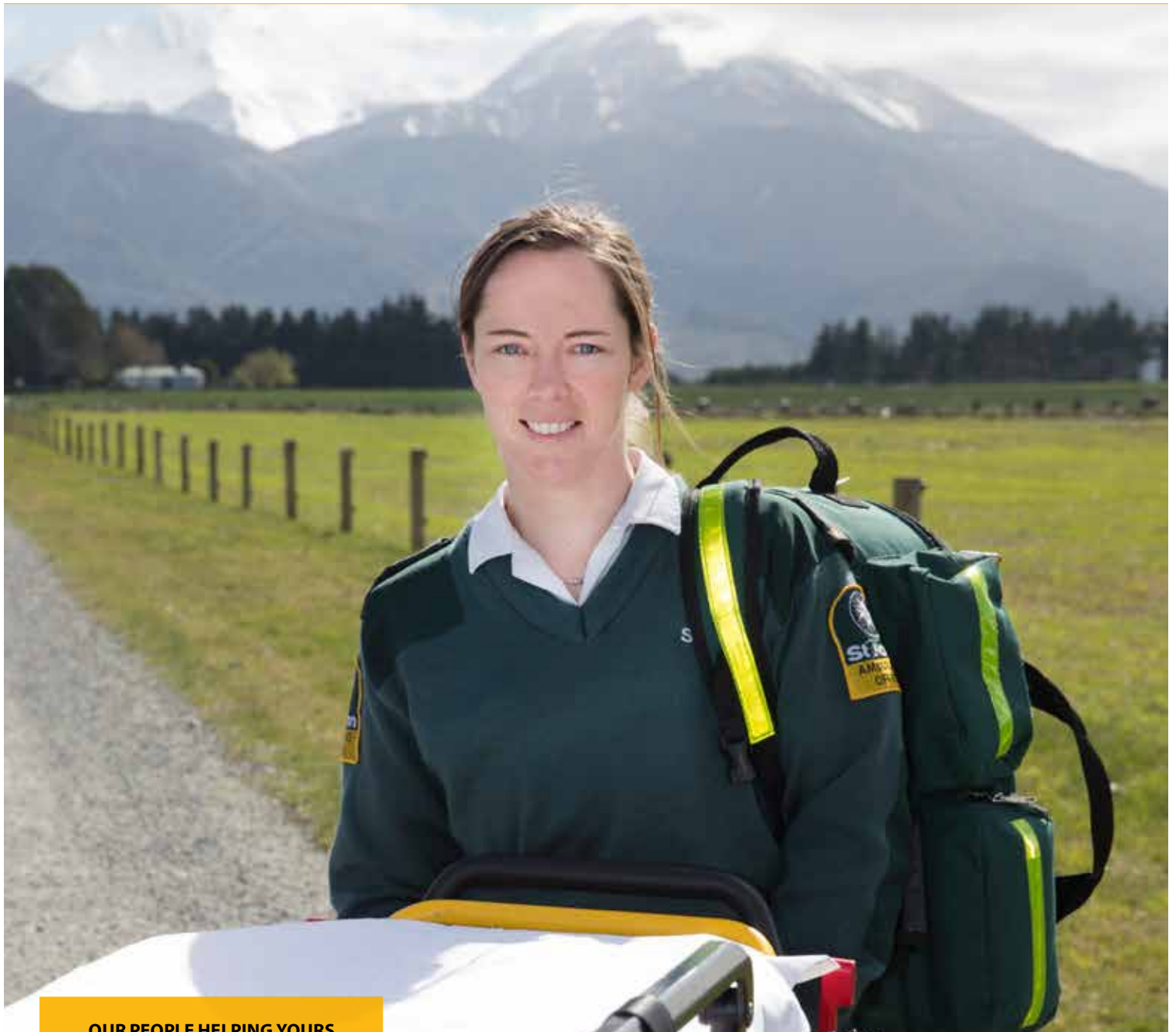
West Otago

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

Winton

Chair – Alistair McLees
Treasurer – Lyndsay McDonald
Secretary – Carolyn Williamson

* Not St John Area Committee
but St John supported



OUR PEOPLE HELPING YOURS

“ From teen volunteer to full-time ambulance officer

While most of her teen peers were out partying, 17 year old Sarah Robinson was volunteering, training, and soaking up all she could from the adult crew at St John's Methven ambulance station.

Compulsory first aid training at college had sparked her interest, and commendation from ambulance officers for her first aid efforts at a car accident gave her the confidence to join the local station. Sarah was a volunteer at community events, rugby games, and did the adult training every fortnight for the next two years.

“When I turned 18 my birthday present was a pager wrapped in a bandage. I was excited but I was also nervous because I was finally allowed to go frontline,” she says.

Now 26 years old, Sarah is studying for her Bachelor of Health Science in Paramedicine through AUT's distance learning programme. This, alongside working five days a week 9.30-6.00pm as a paid full-time ambulance officer and as Station Manager for St John in Methven, means some serious time management.

“We're a close-knit team and I get great support for my studies from the staff.”

“I'm finishing my second year and have a total of six years to complete. It's a long haul but I know at the end of it I'll have a strong qualification. It's great learning new skills, and seeing the results as you put them to use – it's definitely taking me to new levels in helping my patients,” she says.

When Sarah graduates she will be an Intermediate Life Support Paramedic and well on the way to her dream of becoming a Flight Intensive Care Paramedic.

“Seeing the relief on a patient's face is the biggest thing for me – I really enjoy helping people, and knowing I'm making a difference,” says Sarah.



Ways to support St John

BUSINESS SUPPORT

We aim to build strong, mutually-beneficial partnerships with businesses wanting to show their support for St John and for local communities. As one of our business supporters, you'll be offered unique opportunities to add value to the lives of New Zealanders. In return, you will gain awareness for your brand and positive public exposure.

To discuss how your business can support St John call 0800 ST JOHN (785 646) and ask for the Corporate Partnership Manager, email fundraising@stjohn.org.nz or complete a business supporters form on our website www.stjohn.org.nz.

A DONATION

Donations received are used to fund our emergency and community services in communities throughout New Zealand. Recurring credit card donations are an easy way to spread donations across the year. You can choose the amount and the frequency. These and one-off donations can be made:

- on our website www.stjohn.org.nz
 - by phoning 0800 STJOHN (0800 785 646)
 - or through a St John Area Committee.
-

A BEQUEST

For over 125 years, caring New Zealanders have made provision in their will for a bequest to St John. It is because of the generosity of these past generations that we have resources that can be used to deliver key community services today.

A bequest to St John will help ensure that we are capable of delivering services to the next generation of New Zealanders – in your community or across the country.

If you are thinking of updating your will, please consider St John.

JOIN OUR SUPPORTER SCHEME

Subscribing to the St John Supporter Scheme means that should you ever need a St John ambulance we'll waive the part charge that you'd otherwise pay in a medical emergency. St John Supporters help us to continue to deliver our services in their area.

VOLUNTEER

You could volunteer for a number of roles with St John, including ambulance, community programmes or administration roles. By volunteering you will make a significant difference to your community.



St John

first to care

**ST JOHN NATIONAL HEADQUARTERS
AND NORTHERN REGION HEADQUARTERS**

2 Harrison Road
Mt Wellington
Private Bag 14902
Panmure
Auckland 1741
Tel: 09 579 1015

**ST JOHN CENTRAL REGION
HEADQUARTERS**

63 Seddon Road
Private Bag 3215
Hamilton 3240
Tel: 07 847 2849

ST JOHN IN WELLINGTON

55 Waterloo Quay
PO Box 10043
Wellington 6143
Tel: 04 472 3600

**ST JOHN SOUTH ISLAND REGION
HEADQUARTERS**

100D Orchard Road
PO Box 1443
Christchurch 8140
Tel: 03 353 7110

www.stjohn.org.nz

0800 STJOHN (0800 785 646)

enquiries@stjohn.org.nz

Working Together



ASB