Te Pūrongo ā-tau o Hato Hone St John

Hato Hone St John Annual Report 2024/2025

Alongside you
FOR 140 YEARS

Hato Hone St John


Hato Hone
St John

Contents

We make it better *Whakapai Ake*

Hato Hone St John (HHStJ) is a charitable organisation, providing emergency ambulance and community health services across New Zealand.

Over 11,500 team members help care for people every day, improving health outcomes, building resilience and stepping forward when help is needed.

As the emergency services arm of the health sector, Hato Hone St John ambulances serve 90% of New Zealanders across 97% of the country. This year, there were 688,378 emergency calls and we treated or transported 549,150 patients.

To meet the broader health needs of New Zealanders, our innovative, trusted health care services help to tackle underlying issues affecting wellbeing, and create connections for stronger communities. In the past year, we taught life-saving skills to 110,102 tamariki via our St John in Schools programme, provided peace of mind for 60,396 of our elderly and vulnerable with our medical alarm service, and completed 94,631 Waka Ora Health Shuttle client trips.

Ka whai tātou i te pikinga o te ora
Making life-changing differences with our communities

Saving lives

688,378
emergency calls for an ambulance

549,150
patients treated and/or transported by ambulance personnel

2,906
events attended

Building resilient communities

110,102
tamariki participated in St John in Schools

3,047
youth members

905
Hato Hone St John defibrillators in communities

Caring for whānau

94,631
Waka Ora Health Shuttle client trips

60,396
medical alarm customers

96,730
people trained in physical/ mental first aid

Our people in action

3,353
Hato Hone St John paid staff

8,057
volunteers

2,299
ambulance volunteers

Trusted by Aotearoa New Zealand

12th
year as one of Aotearoa's most trusted charities

85.9%
patient satisfaction

Top 5
most attractive employers in New Zealand

*Randstad Employer Brand Research 2025

Tō tātou tū i Aotearoa
Our place in Aotearoa New Zealand

Tō tātou moemoeā | Our vision

Ko te mana ora ōrite
Enhanced health and wellbeing for all

Tō tātou whāinga | Our purpose

Ka whai tātou i te pikinga o te ora
To make life-changing differences with our communities

Whāinga rautaki | Our strategic aims

- Improving health for all through excellent care and services
- Committing to equity for Māori
- Partnering for greater impact
- Empowering our people to thrive
- Achieving financial and operational sustainability

Tūmahi | Our functions

He Ratonga Waka Manaaki
The Ambulance Service

- Triage and assessment of 111 calls for help
- Optimal response, advice or referral
- Contemporary and evidence-based care
- Support for the wider health sector

Hauora Hāpori
Community Health

- Health education
- Health access
- Health monitoring

Prevention and wellness

Kotahi ngā whāinga | Our shared goals

- Cardiac arrest survival
- Falls prevention and response

Piritaha
We stand side by side

Priory Board (as at June 2025)

John Whitehead
Chair of the Priory Board

Brendan Wood
Deputy Chair of the Priory Board

Alma Hong
Priory Board Member

Maxine Moana-Tuwhangai
Priory Board Member

Brent Nielsen
Priory Board Member

Amit Prasad
Priory Board Member

Paula Rose
Priory Board Member

Chris Watson
Priory Board Member

Executive Leadership Team

Peter Bradley
Chief Executive

Cameron Brill
Deputy Chief Executive
Corporate Operations

Emma Butler
Deputy Chief Executive
People, Communications
& Engagement

Pete Loveridge
Deputy Chief Executive
Community Health

Jon Moores
Deputy Chief Executive
Strategy and Executive Operations

Dan Ohs
Deputy Chief Executive
Ambulance Operations

Michelle Teirney
Deputy Chief Executive
Finance & Business Insights

Damian Tomic
Deputy Chief Executive
Clinical Services

Haere rā Maxine Moana-Tuwhangai MNZM JP
We want to acknowledge and farewell our Priory Board member, Maxine Moana-Tuwhangai MNZM JP, who sadly passed away on 16 August 2025.

Maxine joined our Priory Board on 1 October 2020, and from the onset she supported and guided our journey and strategy towards committing to equity for Māori. She brought such grace into our midst and never failed to remind us to celebrate how far we have come. As Chair of the Tāhuhu Komiti and member of the People and Capability and Clinical Governance Committees, Maxine challenged our thoughts and brought a rich perspective, informed by her wide-ranging experience. We will miss the valuable insights she always brought.

E te Rangatira, e te whaea e Maxine, moe mai i roto i ngā ringaringa o te hepara pai. Haere, haere, haere ki ou tūpuna i tēnei rā.

Chancellor's Report

Ehara tāku toa i te toa takitahi, engari he toa takitini

Success is not the work of an individual, but the work of many

This year marked my fifth as Chancellor of Hato Hone St John and I feel honoured to be able to continue my work with this incredible organisation.

As we commemorate our 140th anniversary, I want to reflect on our history and pay tribute to the giants on whose shoulders we stand as we continue to evolve to serve the changing needs of our communities. I am proud to be a member of an organisation with such a legacy of serving the people of Aotearoa New Zealand.

Our people and the community

My involvement with the New Zealand Royal Commission on COVID-19 Lessons Learned | Te Tira Ārai Urutā concluded at the end of November and since then, I have enjoyed getting back to full involvement with my role as Chancellor.

This year I had the privilege to represent Hato Hone St John at the Waitangi Day Dawn Service and say a karakia along with political and other public leaders. Our presence was significant and a testament to our commitment to equity for Māori and Te Tiriti O Waitangi.

I also took the opportunity to visit our Area Committees, Community Programmes and Ambulance teams in Canterbury and Central Otago. I enjoyed having open and frank discussions with our people about their work and always feel inspired after these conversations.

New horizons

St John Day 2025 marked the start of a new chapter for our previous Priory Dean, Archbishop Emeritus Sir David Moxon KNZM, GCStJ, MMCM, who started in his new role as Prelate of the Most Venerable Order of the Hospital of St John of Jerusalem. This is one of the most senior roles in the International Order a New Zealander has ever held and my sincere congratulations go to Sir David for this significant appointment.

With the departure of Sir David, I am delighted that Priory Chapter has appointed Bishop Ross Bay OStJ QSM as our new Priory Dean. This is the first time we've had a new Priory Dean in five years, and I look forward to working alongside Ross as he steps into this important role.

Dr Steve Evans GCStJ completed his term in the international role of Sub Prior, and we welcomed him back as he recommenced his activities with Hato Hone St John.

Our governance

Priory Chapter is the most senior governance body of our organisation, and I want to acknowledge the important work they do. This year Lynn Mosley CStJ, Grant Crowley OStJ and Cam Fraei OStJ were welcomed to Priory Chapter as our newest elected members, and Chu May Chan OStJ was welcomed back after re-election. We also farewelled Priory Chapter members Nic Gini DStJ and Brenda Hynes CStJ, as well as Todd Skilton CStJ, the Librarian. My heartfelt appreciation to you all for your contributions to the mahi of the Priory Chapter.

Priory Chapter also appointed Alma Hong and Brent Nielsen CStJ to the Priory Board for a three-year term and I look forward to continuing to work with them.

Engaging with St John International

This year, the Grand Council meeting was held in Cardiff, Wales. The theme was *volunteering*, and it was interesting that while there are differences in approach, we all share a strong reliance on volunteers and face similar challenges.

Thanks to the generous funding support and guidance from the Bible Society, this year our Priory Dean, chaplains, Order Affairs Committee and Order Matters team worked together to produce our first ever Hato Hone St John branded Bible. Many emergency services and organisations have their own copy of the Bible containing helpful organisation-specific information to assist in times of joy or sadness, and we are delighted to now offer the same for our people.

Thank you

As we look to the next 10 years, I want to take a moment to thank our Order members, Governors, Priory Officers, Regional Boards, Area Committees, volunteers, management and staff, as well as community partners, funders, and donors. It is your ongoing dedication that makes this organisation so remarkable, as we continue to serve the people of New Zealand in many different ways to meet the ever-increasing demand for our services.

John Whitehead

John Whitehead CNZM KStJ,
Chancellor and Chair of the
Priory Board/Tumuaki

Chief Executive's Report

Kia ora tātou,

As I reflect on the year that's been, I continue to be incredibly proud of the work we do and the achievements we've made – and this year provided us with a significant milestone to help us look back on just how far we've come.

Celebrating our legacy

This year marked 140 years since our organisation was first established in Aotearoa New Zealand. From our humble beginnings in Christchurch, to one of the largest community health and emergency service providers in the country, being alongside New Zealanders for such an incredible amount of time is truly remarkable. I couldn't be prouder to lead this organisation as we continue serving our communities to 150 years and beyond.

Looking to the future

While celebrating a milestone gives us the chance to reflect on where we've been, it also gives us the opportunity to look to where we're going. We spent some time this year refreshing our organisational strategy, *Manaaki Ora*, which will take us through to 2035 and our 150-year anniversary. As part of that, we also refreshed our Ambulance Service and Community Health strategies, all with the intent of having clear aims and aspirations as to what we want our services to deliver over the next 10 years.

More immediately, we are continuing to plan and prepare for the new Emergency Ambulance Service contract which comes into effect on 1 July 2026. The next six months will be crucial as we look to negotiate a new contract that delivers the funding to be sustainable once and for all, and we welcome the National Party and NZ First Coalition Agreement to increase our funding levels as part of this.

Campaign and project success

Our Light the Way Annual Appeal was hugely successful this year, with the people of Aotearoa New Zealand generously getting behind us as we raised money for the rebuild of 13 critical ambulance stations. It is always great to be reminded in person how much people value all that we do, and my thanks go to everyone who supported the campaign throughout the month of June, including the group of very generous donors who doubled donations made on Giving Day.

Shocktober was another success of the year, with more than 35,000 New Zealanders learning lifesaving skills at sessions delivered by our community educators, First Aid Training teams, and St John in Schools teams across the motu. This is a big event for us each year right across the organisation – thanks to everyone who was involved in this campaign to get as many Kiwis as possible trained to save lives.

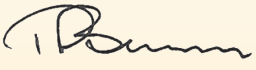
The Commonwealth Heads of Government Meeting took place in Samoa in October. New Zealand provided significant support to this, with more than 600 NZ personnel involved from a wide range of agencies, including Hato Hone St John. The Ministry of Foreign Affairs & Trade funded us to send a small contingent of ambulance staff and vehicles over to Samoa. I'm proud we were asked to support this important occasion, and I'm equally proud of how our team represented us.

Trust and gratitude

We were once again named one of the nation's most trusted charities as part of the Reader's Digest Most Trusted Brand awards this year. Trust is something we don't take for granted, and after 140 years serving our communities, we know it's something earned and not given.

My sincerest thanks to all our people, both our 3,353 paid staff and our 8,057 volunteers, for your contribution to the essential work we get to do or support, every day. Whatever your roles – thank you to each and every one of you for all that you do.

A big thank you must also go to our Ambulance Service Purchasers, ACC and Health New Zealand, our health partners and key stakeholders, and emergency service partners, Wellington Free Ambulance, Fire and Emergency New Zealand and New Zealand Police. We look forward to working with you as we continue to make life-changing differences within our communities over the next 10 years and beyond.



Peter Bradley CBE KStJ,
Chief Executive/Tumu Whakarae

Partnering to meet *community needs*

July – September '24

This year has seen our people lead change, develop solutions, and work with partners to strengthen our emergency response, clinical care, and support for communities across Aotearoa.

Over the next few pages, we take a look back at our year, with key achievements from across the organisation highlighted by quarter.

One of the most significant changes within our ambulance service has been the establishment of the Integrated Operations Centre (IOC).

This centre is reshaping how we manage ambulance operations by bringing together Call Handling, Dispatch, Clinical Desk, Air Desk, Clinical Hub, National Operations and Emergency Centre, the Health Transport Operations Centre, and Emergency Management (and their supporting teams) into a single coordinated function. By bringing these areas together, the IOC strengthens real-time operational oversight, and enables faster and more informed decision-making, ensuring our people and patients are better supported.

We also strengthened our commissioning and advocacy functions to improve how we work with purchasers and health sector partners. This new way of working is already helping us collaborate more effectively across the system and build the case for future funding in the lead up to our next ambulance service contract negotiation.

Resilience and preparedness remained a strong focus. Our people progressed planning for large-scale emergencies through the Catastrophic Plan, developing hazard-specific responses to ensure the service can adapt to events ranging from severe weather to rare space weather scenarios. Alongside this, our Major Incident Support Teams (MIST) continued to grow capability and

readiness, ensuring we have specialist personnel trained and equipped to provide additional support during major incidents.

Patient Transfer Services continued to play a vital role in supporting hospital flow. By providing timely inter-hospital transfers and discharges, Patient Transfer Services help reduce system pressure and ensure patients receive the right care in the right place. This contribution is important all year round, but it becomes especially critical through the winter months when the wider health system is under significant strain.

In July, we launched our Waka Ora Health Shuttle service in North Hokianga following a dedication ceremony. Māori residents in North Hokianga face significant challenges in attending health appointments, which has been leading to disproportionate non-attendance in the region. To help mitigate these outcomes, we now offer transport to health appointments for residents in Pawarenga, Panguru, and Mitimiti.

Ten of our Hato Hone St John Youth trained and fundraised hard to represent us and Aotearoa New Zealand at this year's inaugural Asia Pacific Youth Competitions, held from 26 July – 4 August.

Abby Thomas was named best Home Nursing competitor and our team was announced as second overall behind Hong Kong – an outstanding achievement.

In August, we welcomed ASB as our major sponsor for our St John Caring Caller programme. The programme has been operational for 26 years and is dedicated to combating loneliness and social isolation through weekly phone calls from our volunteers. Together with ASB, we're committed to enhancing the Caring Caller programme's impact, ensuring it reaches more individuals in need of companionship and support. Over the next three years, this partnership will help elevate awareness, attract more volunteers, and increase the programme's reach across the

motu | country. About 50,000 connection calls are made annually at present, and this number is expected to grow as we engage more Kiwis, particularly in rural areas.

During Te Wiki o te reo Māori | Māori Language Week in September, we re-launched our Aka Whiri app.

The app was refreshed with brand new content and a new look to support our Māori cultural competency journey. The Aka Whiri app contains learning content and resources to help our people kōrero | speak in te reo Māori and engage in tikanga Māori with confidence. It's an important tool that supports our Aka Strategy goal to authentically engage and partner with Māori, as well as our strategic aim of Committing to equity for Māori.

In September, our Property Services team won Facilities Management Team of the Year at the Facilities Management Association of New Zealand awards. We have a small team for the size of our property portfolio, and through the award, we were able to show everyone the amazing outcomes we have achieved, the challenges we face, and the importance of the work we do to ensure property service assets support service delivery.

Our Youth team returns from the Asia Pacific Youth Competition

Building sustainability for *future generations*

October – December '24

Our Emergency Ambulance Service continued to focus on performance this quarter, achieving faster RED 8-minute response times in towns and cities and exceeding all targets for our most critically unwell patients, despite increasing demand and with no additional ambulance resources. These results reflect the commitment of our people and the focused effort behind district-based improvement plans, supported by real-time monitoring, purchaser reporting, and national oversight.

A key enabler of this progress was the introduction of a new hospital ramping policy, designed and delivered in close collaboration with hospitals.

By embedding proactive monitoring and active management of patient flow, we worked with hospital teams to prevent delays before they occurred. This collaborative approach has created lasting change, keeping ambulances available in the community, and ensuring patients move more smoothly into hospital care when they need it most.

In October, our Event Health Services team deployed a specialist contingent to Samoa to support the Commonwealth Heads of Government Meeting, working alongside the New Zealand Medical Assistance Team. This high-profile deployment showcased our expertise in delivering major event medical support on the world stage.

We played an active role in the Health New Zealand–led Rural Unplanned Urgent Care review, including PRIME (Primary Response in Medical Emergencies), contributing our operational expertise and supporting implementation. We also prepared the annual Out-of-Hospital Cardiac Arrest report, which for the first time measured the impact

of interventions such as bystander CPR and defibrillation through an equity lens. The report tracks progress against the Out-of-Hospital Cardiac Arrest Survival Improvement Strategy, which aims to deliver meaningful improvements in 30-day survival for people who suffer cardiac arrest in the community.

During our annual Shocktober campaign, our community educators taught an incredible 21,350 more New Zealanders how to save a life via our 3 Steps for Life programme.

This is thanks in part to 'Save Your Teddy', where young students learned CPR skills at school by getting hands-on practice with their favourite teddy bear on World Restart a Heart Day (16 October).

We extended our contract with the Ministry of Social Development (MSD) for the provision of medical alarms. The MSD Anywhere product range has experienced significant growth, with one of every two new customers choosing a mobile product as part of their overall medical alarm package, and over the year we grew by 2,950 connections. Additionally, demand for mobile products for self-funded customers has also increased by over 250 new connections. These figures demonstrate a growing preference for mobile and flexible alarm solutions.

Hato Hone St John was named Ryman Healthcare's official charity partner for 2025 – a partnership set to make a meaningful difference in communities across Aotearoa New Zealand. The decision around which charity to partner with is voted on by residents and team members and is highly contested each year, making it an honour for us to be chosen. The partnership aligns closely with our mission to deliver life-changing care and marks a powerful opportunity to deepen community connections and support wellbeing across generations. Throughout the year, Ryman villages will rally together with fundraising events such as bake sales, raffles, quizzes, and themed dress-up days. Ryman then matches the funds by up to $250,000, giving a huge boost to the total amount raised.

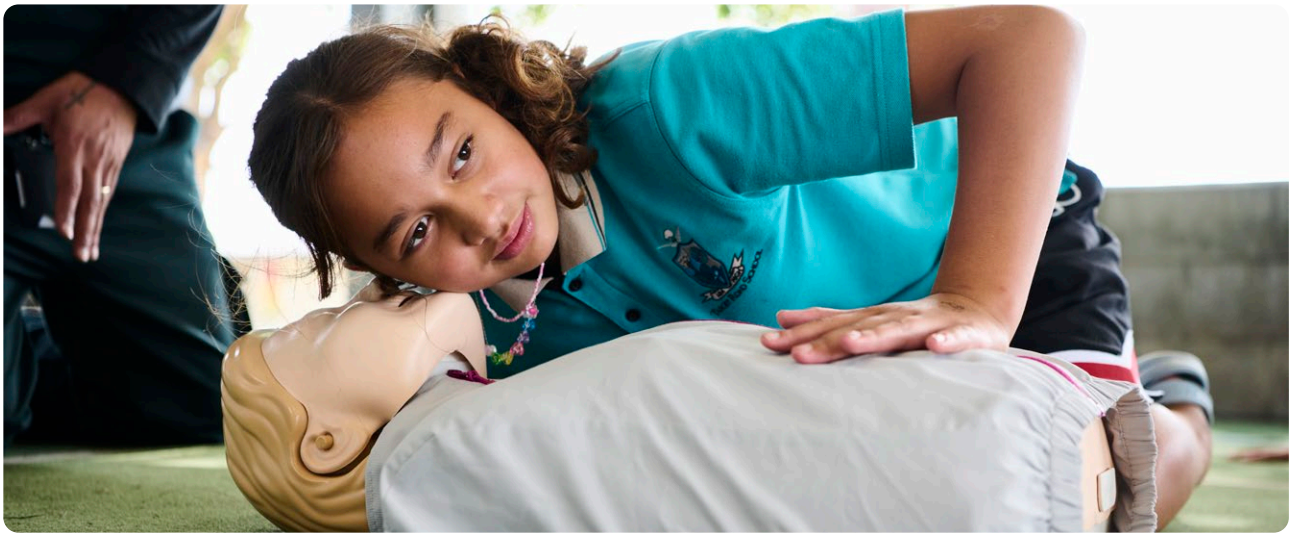
Throughout the year, Hato Hone St John has been working with Next Generation Critical Communications to develop the Public Safety Network on behalf of emergency services. The goal is to deliver mission-critical frontline communications to support the operational capability of New Zealand's emergency services staff and volunteers, and to keep them and the wider public safer.

In November, a key milestone for the project was achieved when Cellular QPP (Quality, Priority and Pre-emption) was enabled, allowing emergency communications to take priority over other mobile users on the Spark and One NZ cellular networks when the networks are congested or degraded, for example when there is a natural disaster. All phones and devices were fitted with a new PSN SIM, and as part of the funding provided by Health New Zealand, HHStJ has also been able to purchase new cell phones with PSN SIMs, which were distributed to all PRIME sites.

Another key deliverable of the project is ensuring we're ready to be part of the new digital Land Mobile Radio network. Expert collaboration across the teams is needed to upgrade the equipment in our ambulances and stations with as minimal disruption to fleet as possible.

Nearly 1,000 ambulances (across 18 different vehicle types) are being equipped with new radio terminals, antennas, and associated equipment to enable them to use the new Public Safety Network when it starts in 2026 without any interruption to frontline services.

In November, our Legal team received industry recognition at the In-house Lawyers Association of NZ conference awards, winning the Small In-house Legal Team of the Year award, and Philie Deo was also recognised as the New In-House Lawyer of the Year. At the NZ Law Awards, Hato Hone St John was acknowledged as an Excellence Awardee for the In-House Team of the Year.



Bringing our *mahi* to life

January – March '25

Ambulance volunteering took a major step forward this quarter with the Availability Messaging System (AMS) rollout commencing, transforming how we mobilise our volunteer workforce. AMS enables real-time visibility of volunteer availability and responses, reducing delays and giving dispatchers confidence that the right people were on their way. For ambulance volunteers, AMS created stronger connection and more flexible ways to contribute, strengthening rural equity in emergency care and ensuring more communities can rely on timely first response when every minute matters.

Secondary Triage expanded this quarter, with more patients receiving telephone assessment from clinicians, many via remote triage (using a Paramedic at a station).

Many cases could be resolved with clinical advice over the phone or referral to another health provider, while others were confirmed as requiring a face-to-face ambulance response. This delivers timely care for patients, makes more efficient use of our resources, and reduces unnecessary emergency department presentations, helping to protect the wider health system.

A national survey of obstetric care experiences shaped updates to the Continuing Clinical Education curriculum. More than 2,200 personnel completed training on the latest Clinical Practice Guideline updates, supporting consistent, evidence-based practice across the service.

We have been advocating for the ambulance service to be formally recognised in the new Emergency Services Bill. The Bill would enable this recognition, paving the way for stronger engagement across all phases of emergency management planning. We also began a series of meetings with Associate Minister of Health Casey Costello, focusing on funding for the next Emergency Ambulance Service contract, our commitment to efficiency, and the growing value we deliver to the wider health system.

Across the quarter, we provided full volunteer Event Health Services medical support for Relay for Life events across Aotearoa, ensuring participants had the support they needed.

In March, the Property Development team was announced as Silver awardee – Civic category, New Zealand Commercial Project Awards 2025 for

Te Puna Oranga Ngakau | Levin Ambulance Station. The station was built to be operational immediately after an earthquake or other natural disaster, making it a crucial part of Horowhenua's community resilience infrastructure.

Also in March, we introduced our Speak Up line, which provides another avenue to help our people raise and escalate serious workplace concerns. This initiative helps to consolidate the messaging behind the 2024 launch of our Te mana o te pono I Integrity Charter, of which one of the core principles is to Kōrerotia | Speak Up.

Our commitment to Diversity, Equity and Inclusion remains strong and engagement with our live Diversity Speaker Sessions and online eLearning modules continues to grow. It has also been great to see many frontline team members joining and incorporating these sessions into their continued professional development requirements.

It's been a year since we first launched our Hato Hone St John branded defibrillators and in that time we have sold 905 units.

In an organisation first, the branded Automated External Defibrillators (AEDs) help support our aim of increasing the number of defibrillators in the community, therefore improving Aotearoa New Zealand's Out of Hospital Cardiac Arrest statistics.

March also marked 12 months since we introduced new marketing personalisation technology that enables us to personalise online experiences. With tailored website banners, dynamic ambulance membership content, donation and shopping cart prompts, we've enhanced the web experience by making content more relevant and helpful, and converted associated revenue of $350,000.

This year, we were proud to be named one of the Top 5 Most Attractive Employers in New Zealand in the 2025 Randstad Employer Brand Research. This independent research explores what Kiwi workers value most in an employer, and we're honoured to have been recognised for our strong reputation, commitment to equity, and contribution to society.

Harrisville School donated AED – supplied by Christine Petrie

We celebrated the first anniversary of our organisation-wide internal newsletter, Tūhono. The average read rate has remained steady at over 50% – great engagement for an organisation of HHStJ's size, geographical spread, and workforce type. Externally, we continued to share the positive impact our services are having on improving the healthcare needs of communities. Stories about the amazing people who work here and the mahi | work they do continue to grow our audiences and engagement across different social media channels.

We received Toitū certification for a third year. This means our emissions data, inventory, and management reporting has passed third party audit, an achievement which has been realised through an organisation-wide commitment to delivering more sustainable healthcare.

With the support of major partner ASB, the very first electric ambulance in Australasia went into service last year as part of a trial to understand how well EV would perform in context of the emergency ambulance service. Following comprehensive driver training and testing, the custom-built Ford E-Transit was put into service in Hamilton with charging infrastructure donated by YHI.

Six months into the trial, the EV ambulance had attended 274 incidents, travelled 6,500km in the metro urban areas of Hamilton and insights show it can complete a 12-hour shift without range anxiety.

Our ambulance operations team report that it is comfortable, stable, and fast to drive and the patient compartment is 15% quieter than a standard ambulance.

Levin Ambulance Station

Celebrating our history and *building our future*

April – June '25

In April, we celebrated 140 years since the first Branch of the St John Association in Aotearoa New Zealand was established. On 30 April 1885, a public meeting was held at the Merivale Church school hall in Christchurch, and it would signal the beginning of our long-standing commitment to the health and wellbeing of New Zealanders.

To commemorate the occasion, we launched our "Alongside you for 140 years" anniversary celebration mark and other assets for our people to use in their digital communications.

Workforce growth was the focus for our ambulance service this quarter, with the relaunch of the Residential Emergency Medical Technician (R-EMT) programme drawing 373 applications for 54 places across our 15th and 16th cohorts. This six-month residential programme combines classroom learning, on-road experience, and pastoral support, providing a proven pathway into frontline ambulance roles. R-EMT continues to be a key way we are building a sustainable workforce to meet growing demand.

Our clinical capability was recognised, with our sovereign AI project named a finalist at the Council of Ambulance Authorities Awards for its potential to transform clinical audit. Alongside this, MedSCAN continued to provide confidence in our compliance with the Medicines Act by centrally recording and monitoring the handling of medicines. The Clinical Governance Framework was also signed off, providing a robust foundation for clinical quality and safety across the service.

Building on the new IOC structure, we upgraded our Computer Aided Dispatch platform, expanded our workstations, and recruited additional clinicians into Clinical Hub.

By bolstering Clinical Hub capacity, we can manage higher volumes of calls, provide timely advice to crews, and ensure patients are connected quickly to the right care pathway.

This quarter, our people rolled out the Continuing Clinical Education Active Armed Offender programme nationwide, delivering 450 sessions to more than 4,000 ambulance personnel – an achievement recognised as a finalist in the Council of Ambulance Authorities Excellence in Staff Development awards.

In April, our Digital and Data team won the Business Impact Award at the Veeam Software Data Resilience Awards in San Diego. Our nomination was based on our customer success story with Veeam, where we implemented enhancements to our data protection strategies. Winning this award highlights the essential role the Digital and Data team plays in protecting and maintaining the organisation's digital infrastructure.

In June, we hosted Minister of Health Simeon Brown at our IOC. During the visit we had the opportunity to show Minister Brown how the IOC runs and how our work supports the wider health ecosystem.

In Q4, our Telecare team supported more than 9,900 clients to get through to emergency ambulance services (from 18,430 St John Medical alarm activations).

Looking back over the whole year, we helped approx. 22,000 clients (from 71,350 St John Medical alarm activations) to get through to emergency ambulance services.

We also supported the transfer of alarm customers from the 3G to 4G network prior to network closure in 2026 (down to less than 4,000 alarms still to be transferred from a total of 32,000 at the start of July 2024).

To celebrate National Volunteer Week in June, we did a public "shout-out" to our 8,057 volunteers nationwide with an advertising campaign. Thank you messages were rolled out on key billboards near some of our Retail stores, in major malls around the country, across news sites, and on social media. Through their selfless service, our volunteers strengthen the fabric of our communities, embodying our shared commitment to health equity and patient care.

During Samoan Language Week | Vaiaso o le Gagana Samoa in June, we announced the introduction of the Samoan language into our ASB Caring Caller programme by welcoming volunteer callers fluent in Samoan. This latest variation of the programme has been gifted the name 'Gaualofa', which means 'Just love', by Edwin Puni, a member of the Pacific Leadership Forum.

This past year has seen continued support from donors, partners, funders and the New Zealand public, with total fundraising income of $66 million – our highest ever.

This generosity is appreciated and needed as we respond to a growing and ageing population.

Our Light the Way Annual Appeal took place in June, with funds raised supporting the rebuild of 13 critical ambulance stations. Tuesday 24 June was our Light the Way Double Donations Day, where every dollar given was matched by a generous group of donors. On the day, we raised $1,024,452. With donation matching and a few extra gifts made on the day, the final total reached an amazing $2,059,452. In total, we raised $4,412,430 throughout our Annual Appeal.

Our Retail Stores sold 2.6 million items across the last financial year, proving how instrumental they are in providing our communities with quality second-hand goods. Alongside this, they also accepted $144,000 in donations across the year.

At the end of June, we introduced our new Courage in Action Bravery Awards, supported by Ryman. The awards recognise individuals, groups, or classrooms of tamariki who demonstrate actions which contribute to an emergency response or impact positive wellbeing for themselves, peers, whānau, or community members.

Our journey to refresh our organisational strategy, Manaaki Ora, and develop our Community Health and Ambulance Service strategies culminated in our direction for the next 10 years being approved. We sought input from our purchasers, our communities, our people, the health sector, iwi Māori, and other similar organisations to ensure Manaaki Ora reflects the health needs of our country and that we are adapting to meet changing needs on our path to 2035.

It was another busy year for our People Experience team, with almost 23,000 job applications to HHStJ processed across the year and 2,788 hires made. This included 1,620 hires into volunteer roles.

In this quarter, year-end performance and development conversations were completed by 90% of users, with an increasing number of our people accessing and utilising our dedicated talent, learning and development tool – Aspire.

At the end of Q4, we officially inducted our latest group of Peer Support Officers into our Peer Support Programme, this time hailing from teams outside of Ambulance Services. Peer Support Officers provide essential psychological support to their peers, and expanding this programme into the non-ambulance part of our organisation is an important step in ensuring all our people have access to the same tools.

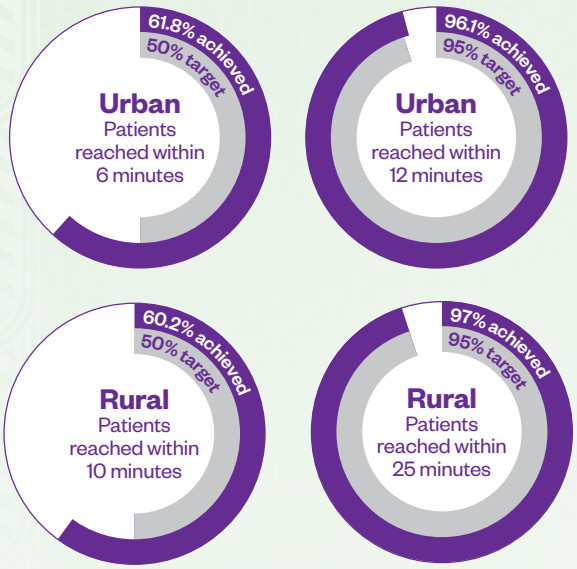
Across all four quarters, our achievements were driven by stronger partnerships with the health sector, built on trust and collaboration. Together, we laid critical foundations for future service funding by progressing three key workstreams: a comprehensive review of our cost base to identify efficiencies and reduce operating costs; an independent analysis of the true cost of running the ambulance service; and the development of a new service model designed to maximise impact, align with the Government's health priorities, absorb growing ambulance demand, and ease pressures on EDs across the country.

These efforts position Hato Hone St John to continue advocating with confidence for the resources our people, patients, and communities need in the years ahead.

Our ambulance response times in 2024/25

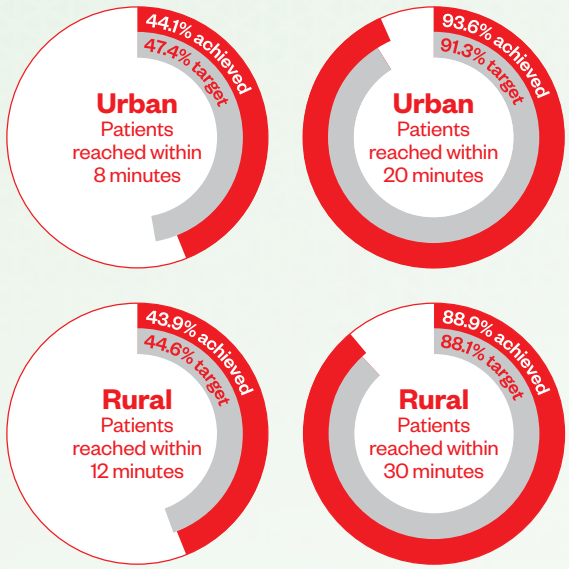
Hato Hone St John measures ambulance response times against national performance targets for our most critical incidents. We aim to reach half of patients within a set time, and 95% within a longer timeframe. For example, in urban areas the target for Purple (suspected cardiac or respiratory arrest) patients is 50% within six minutes and 95% within twelve minutes. Targets are slightly longer in rural areas, reflecting distance.

Purple incidents
Suspected cardiac or respiratory arrest



In 2024/25, all Purple targets were met and exceeded.

Red incidents
Life- or limb-threatening, or otherwise time critical



For Red incidents, while two targets were not met, performance improved. Compared with last year, this is a lift of 6.4% in urban and 2.5% in rural incidents met within target times.

111-call answering

Our service level agreement requires 95% of 111 calls to be answered within 15 seconds. During 2024/25, there were 688,378 emergency ambulance calls to 111. Of these, 91.4% were answered within 15 seconds, and 99% within two minutes. While the service level agreement target was not fully achieved, performance improved significantly across the year as new recruitment processes and additional roles took effect.

What made the difference

These gains reflect a range of operational, clinical, and support system improvements. Three areas have been critical:

- **Improved patient flow with hospitals:** policy changes and closer collaboration with Emergency Departments are reducing handover delays.
- **Active management and oversight:** real-time monitoring, local managers acting on pressures, national escalation plans, and regular senior reviews are driving improvement and shared learning.
- **Stronger workforce in our Clinical Communications team:** we increased Call Handler establishment and introduced a new recruitment process, resulting in more consistent cover and faster 111-call answering.

By strengthening both how we deliver care and how we manage the system, we are reaching our sickest patients faster and ensuring all patients receive the most appropriate care.

Spotlight on *Te Manawaroa*

Te Manawaroa is a kaupapa Māori Mana Motuhake (for Māori, by Māori) programme that equips hāpori | community responders with the cultural and clinical skills to serve with confidence, care, and connection.

Currently being piloted in Kaikohe, a new cohort of volunteer first responders are being trained with essential emergency response skills integrated with Mātaranga Māori (traditional knowledge) to better support the needs of their community. While the first responders complete the standard training required to obtain their New Zealand Certificate in Emergency Care (First Responder), they also undertake training entirely dedicated to te ao Māori.

The programme was developed in response to research showing that Kaikohe has some of the longest ambulance wait times around the motu | country, and that Māori are twice as likely to suffer cardiac arrest than non-Māori. Te Manawaroa aims to remove barriers for Māori, initially in Kaikohe, to contact ambulance services by developing a more responsive community-based service, training and deploying responders who resonate with and understand the hāpori | community they serve.

The programme was established in 2021 and developed in partnership between Te Rōpū Manawaora (Kaikohe, Māori advisory board), Auckland University of Technology and Hato Hone St John, with the first cohort recruited in 2024. The initiative is guided by the Māori health model Te Pae Māhutonga, which weaves together cultural identity, physical wellbeing, healthy lifestyles, and societal participation to foster leadership and autonomy within communities.

As at the end of FY25, our first cohort has completed their initial training and is now looking forward to graduating in 2026. The aim is to join the Kaikohe station and form part of the response team to ensure a continued presence at the heart of the hāpori, to further break down barriers for Māori to engage with emergency services.

Like many programmes, Te Manawaroa is an important part of our long-term vision to Māori health equity. To truly honour that commitment, we must remain strengths-based and solutions-focused, recognising that our role is to enable the conditions in which Māori can thrive, not just individually, but collectively, with dignity and mana intact.

Although still in its infancy, the programme has already delivered tangible and immediate outcomes with operational staff having stronger insights into tāngata Māori perspectives. ●

He tau whakatō kākano, kua puāwai ngā rangapū
A year of impactful partnerships

Building new relationships

This year, we launched a new major partnership with **Mansons TCLM and The Ted Manson Foundation**. Their commitment marks a new chapter for our Emergency Ambulance Service (EAS), helping us to enhance our operational capabilities and ensure our frontline teams have the resources they need. Their logos are now a proud feature on all ambulances, Event Health Services and Major Incident Support Team vehicles. This partnership marks the next phase in long-standing support from the Ted Manson Foundation, which began after our First Responders attended a tragic incident at one of their family homes – sparking a deeply personal connection that has now grown into a major national partnership.

We were also excited to enter a new collaboration with **MAS**, our new major sponsor of the "3 Steps for Life" programme. Thanks to MAS, we're bringing our vital CPR and AED training to more schools, workplaces, marae, and rural communities, teaching more Kiwis how to act decisively in an emergency.

Also this year, **Ryman Healthcare** chose us as their charity partner for 2025. We've loved seeing their residents and staff come together to fundraise for us. This partnership will help us expand our St John in Schools programme, empowering more tamariki with the skills to become lifesavers in their own communities and more.

Honouring long-standing connections

Our family of partners continue to show us their unwavering dedication to helping us do more for New Zealand. For more than 18 years, **ASB** has been a champion of Hato Hone St John. This year, they stepped up as the major sponsor of our Caring Caller Programme, providing friendship and support to people feeling lonely or isolated. From their leadership in funding our first EV Ambulance trial, to their staff's enthusiastic participation in volunteer roles and fundraising campaigns, ASB's support this year is a great example of enduring partnership in action.

Special thanks to **Pizza Hut** head office, stores, staff, and customers for supporting us throughout the year once again. In addition to their generous monthly donations, Pizza Hut celebrated its 50th anniversary in New Zealand by holding a nostalgic pop-up buffet in Auckland, with all proceeds donated to Hato Hone St John. Donations

Maria and Ted Manson with paramedics Toby and Chelsea.

from Pizza Hut supported our frontline winter welfare programme, our Event Health Services, and more.

We would also like to acknowledge our other valuable partners who have continued to support us year after year in so many ways: **Z Energy**, **Cookie Time**, **Trade Me**, **Office Max**, **Noel Leeming**, and **The Canary Organisation**.

Lighting the way: Supporting our Annual Appeal

This year's 'Light the Way' Annual Appeal saw unprecedented support from our national partners. Their collective fundraising raised more than **$400,000** (including Giving Day matching).

Our partners ran a variety of creative fundraising initiatives, including:

- New supporter **BYD** donated $100 for every vehicle sold in June.
- **Z Energy** donated 50c from every coffee sold during Annual Appeal week in June.
- **Pizza Hut** donated $2 from every Limo Pizza delivered in June.
- **ASB** ran local fundraising initiatives around the motu and a social media campaign to highlight volunteers who 'Light the Way' for Hato Hone St John.

We would also like to acknowledge the incredible support during Annual Appeal from **Ryman Healthcare, Noel Leeming, Cookie Time, Warriors Community Foundation, Ray White, Summerset, Trade Me** and **Orix**. Thank you to all the businesses who generously donated items to our fundraising auction.

Nā koutou, nā tātou, ka tutuki

We couldn't do it without you

We gratefully acknowledge the contributions of the wide range of individuals, organisations and anonymous donors who supported Hato Hone St John so generously during the 2024/25 year. These include:

Acorn Charitable Trust managed by Public Trust
AD Hally Trust managed by Perpetual Guardian
Adam, Sumy and Stephen Young
AK Franks Charitable Trust managed by Perpetual Guardian
Akarana Community Trust
Alan La Roche
Alexander McMillan Trust
Aotearoa Gaming Trust
ASB
Ashburton District Council – Community Agency Grants
Ballantyne Charitable Trust managed by Perpetual Guardian
Bill and Maggie Burrill
Blenheim United
Bowls Southland Charity Pairs
Bruce Cory
BYD
Canary Foundation
Central Energy Trust
Central Lakes Trust
Chiptech Limited
Chris Harding
Christchurch Casinos Charitable Community Trust
Cleveland Charitable Foundation
Combined Service Clubs of Southland Medical Trust
Community Trust of Mid and South Canterbury
Cookie Time
Diana Letica
Dianne Olsen
DMS Progrowers Charitable Trust
Donald and Nellye Malcolm Charitable Trust
Dunedin City Council
DV Bryant Trust
EL & BM Robinson Charitable Trust managed by Perpetual Guardian
Estate of Ernest Hyman Davis and Ted & Mollie Carr managed by Perpetual Guardian
Eva and Harold Wilson Charitable Trust managed by Perpetual Guardian
Findex Community Fund
Four Regions Trust
Friendly Society
Funds Trust
Gallagher Charitable Trust
Gattung Foundation
Gear Promotions
Geoff Henderson
George and Laura Chan
Glenice & John Gallagher Foundation
Grassroots Trust Central Limited
Grassroots Trust Limited
Grumitt Sisters Charitable Trust managed by Perpetual Guardian
Guy Anson Waddel Charitable Trust managed by Perpetual Guardian
Hallenstein Glassons
Hawke's Bay Foundation
Huffer
Ideal Foundation
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Invercargill Licensing Trust
J & T Hickey Charitable Trust Incorporated
Jack Jeffs Charitable Trust
Jen and Mike Ballantyne
JI Urquhart Family Trust
John Chen and Lauren Cao
John Lemon Charitable Trust
Jomac Property
Joyce Wessel
Kathleen Dorothy Kirkby Charitable Trust managed by Perpetual Guardian
Kenneth Ronald Boyce Foundation managed by Public Trust
Kiwi Gaming Foundation Ltd
L W Nelson Trust managed by Public Trust
Lanakat Trust
Laurie and Mabel Jenkins Charitable Trust managed by Perpetual Guardian
Lister Presbyterian Health Trust
Lois McFarlane Charitable Trust
Louisa and Patrick Emmett Murphy Foundation managed by Public Trust
Mainfreight
Mainpower Community Foundation
Mansons TCLM
Margaret & Huia Clarke Trust managed by Perpetual Guardian
Margaret Mowat's Charitable Trust managed by Perpetual Guardian
Marlborough District Council
Marlborough District Health Board
Mars
MAS Medical Insurance Society
Mauger Charitable Foundation
Maurice Paykel Charitable Trust
Michelle Wright
Musashi
Napier City Council
New Horizon Community Trust
New Zealand Community Trust (NZCT)
New Zealand Gujarati Sports and Cultural Association
NG Allen Trust
Noel Leeming
NR & JH Thomson Charitable Trust managed by Perpetual Guardian
OfficeMax
Orix
Otago Community Trust
Oxford Sports Trust
PA Blackmore Trust managed by Perpetual Guardian
Pamela Webb Charitable Trust managed by Perpetual Guardian
PGG Wrightson Limited
Phyllis Eyre Charitable Trust managed by Perpetual Guardian
Pizza Hut
PowerNet Limited
Precise Homes
Premium Distributors Ltd T/A Mahindra NZ
Pro Vitamin Co
Pub Charity Limited
Public Trust
Ray White
Ripponvale Hall Surplus
Ripponvale Water Scheme
Rita and Peter Taylor
Robin & Gordon Prowse
Rotary Club of Cromwell
Rotary West Rotorua Club
Rotorua Trust
Ryman Healthcare
Sanderson
Selwyn District Council
Shirley and Barry Powell
South Canterbury Community Fund – Chalmers Social Services managed by Perpetual Guardian
South Canterbury Community Legacy Fund managed by Perpetual Guardian
Southland Care and Welfare Trusts managed by Perpetual Guardian
Stewart Family Trust managed by Perpetual Guardian
Summerset
Swisse
T G Macarthy Trust managed by Public Trust
Tasman District Council
Tasman Smith Charitable Trust
Taumarunui Community Op Shop
Terence Maude and Wendy Wood
The Acorn Foundation
The Ann Pauline Smeaton Charitable Trust
The Canary Organisation
The Cusack Charitable Trust
The Dr Marjorie Barclay Trust
The Greenlea Foundation Trust
The Kelliher Charitable Trust
The Lion Foundation
The Mangatawa Beale Williams Memorial Trust
The Page Trust managed by Public Trust
The Reed Charitable Trust managed by Public Trust
The Robert and Barbara Stewart Charitable Trust
The Rotary Club of Pakuranga Inc
The Sargood Bequest
The South Canterbury Trusts managed by Perpetual Guardian
The Steve Jelas Foundation
The Ted Manson Foundation
The Trusts Community Foundation
The Withiel Fund Charitable Trust
The WR Kettle Trust managed by Public Trust
Thomas Hobson Trust
Thorburn Charitable Trust
Timaru District Council – Community Fund
Toi Foundation
Trade Me
Trevor Wilson Charitable Trust
Trinity Lands Limited
TriStar Worldwide Logistics
Trust Foundation
Trust Waikato
Tui Balms
Ventia
Victor Binkowski
Vital Zing
Vivienne Ruth Atchison Estate managed by Perpetual Guardian
W G Johnston Charitable Trust managed by Perpetual Guardian
W R Baird Charitable Trust managed by Perpetual Guardian
Waikato Regional Council Community Transport Fund
Warren Winstone
Warriors Foundation
Warwick Jones and family
Waste Management
We Care Community Trust
WEL Energy Trust
Welfare Trusts
William Downie Stewart
Y&Y Frozen Food Limited
Z Energy

Legacy gifts from the following Estates:

Adele Poulter
Alan Lacey
Albert Heaslip
Andrew Hamilton
Anne Jessen
Annette Charlton
Annie Abbott
Audrey Taylor
Audrey Zuurbier
Barbara MacDonald
Barry Hunter
Bernard Bullock
Beverley Small
Beverly Henderson
Bill Hutchings
Brian Smart
Bruce Johns
Catherine O'Kane
Catherine Culling
Charles Ferguson
Charlie Symonds
Christine Roake
Christine Spence
Christopher Applegate
Colin Benbrook
Colleen Hetherington
David Davis
Dennis Hamill
Dianne Moffatt
Donald Omelvena
Dorothy Brand
Dorothy Dolphin
Elizabeth McCann
Elsie Reaston
Emma Jane Price Charitable Trust
Emilija Bozich
Esme Guy
Ethel Harris
Frances Gilbert
Frank Hobern
Frederick Berry
Gail Stockman
Garth Montgomery
Gay Ramus
Geoffrey Sargeant
Gillian Gifford
Gordon Kelly
Grahame Powell
Hazel Hensman
Hector Gilmour
Ian Sexton
Ina Benbow
Ino Dalhoff
Irene Goodwin
Jacqueline Moss
Janet Cowey
Jean Darvill
Jenifer Duncan
Jennifer Burr
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Joan Court-Patience
Joan Winifred Dodson
John Atkinson
John Bloy managed by Perpetual Guardian
John Gleave
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John Stubbs
Jolene Lavasii
Josephine Gamble
June Moreland
Keith Hansen
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Lisa Dunn
Lisa Pedersen
Lois Barr
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Margaret Winteringham
Margot Woolley
Marie Snowden
Mary Harrison
Mary Hill
Mary Pratt
Maureen Smith
Maurice Benjafield
Miriam Wright
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Patricia Sparks
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Rex Bryant
Richard Canning
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Robin Budgen
Ronald Ross
Rosemary Betty Low
Shirley Lindsay
Shona Ann Robb
Susan Walsby
Sydney Phipps
Thelma Hamilton
Theonie Snell
Timothy Hunter
Timothy Wood
Tommy Anderson
Verena McDonald
Virginia Corner
Vivienne Atchison
WA and EM Anderson Memorial Trust

Statement of Service *Performance*

For the period ended 30 June 2025

Our Charitable Purpose – "Why we exist"

Hato Hone St John exists to further the work of The Order of St John and to meet the emergency medical response and community needs within New Zealand for high quality and readily accessible treatment and services.

Hato Hone St John is at the frontline of medical response providing Ambulance Services throughout New Zealand. We're also part of the broader landscape of health and social care, through our provision of first aid training, event medical services, medical alarms, youth programmes and a wide range of community programmes.

The purpose of Hato Hone St John is to make life changing differences to the health and wellbeing of people in our communities. For further details on our Vision, Mission, Purpose and Strategic Aims with examples of this in practice please refer to page 4 of the Annual Report.

Our Ambulance Operations provide efficient and effective care

As a key part of health system in Aotearoa New Zealand, Hato Hone St John Ambulance plays a key role making life changing differences with our communities. Each year there are over 680,000 calls for help, we respond to the community needs and emergencies of over 500,000 kiwis and international visitors and provide scheduled health transport to over 80,000 patients.

Our national reach positions us well to provide the right care, in the right place, at the right time for people in our communities through a nationally enabled, locally delivered service.

Purpose of our ambulance service

To make life changing differences with our communities by providing the right care, in the right place, at the right time, using the right people, with the right knowledge and skills.

How we achieve our purpose in a practical sense

We provide a patient centred focus, beyond that of a traditional ambulance service, where ambulances respond into the community and convey patients to a hospital.

When people call for help, they are connected to skilled call handlers who gather information using international call prioritisation software, enabling Dispatchers to immediately send help to life-threatening incidents in the community. Where available, ambulance responders are alerted to incidents where patients are not breathing via an app, enabling early access to CPR and defibrillation.

Non-life-threatening incidents are assessed by a Registered Paramedic or Nurse who can speak directly to the patient or relative to assess whether there is an opportunity to provide the same care, advice or referral which would otherwise be afforded by attending ambulance personnel. For complex or critical incidents, a specialist responder such as a Critical or Extended Care Paramedic, or the Major Incident Support Team may be sent to the scene.

Our broader response framework enables access to health and emergency service partners such as rural nurses and doctors, FENZ, telecare providers, surf lifesaving, and rescue helicopters who may co-respond or first respond where appropriate. Patient transfer ambulances move patients and medical teams between medical facilities to ensure patients have access to the most appropriate specialist care or take the most vulnerable back to the community when their care is complete. Clinical Support Officers and the Integrated Operations Centre continually monitor incidents looking for risk and opportunities to optimise our response to patients using real time information.

As we move forward, we will explore options to partner with communities, form genuine relationships with iwi, further embrace technology, invest in our workforce, and continuously improve to ensure we meet people's health needs in the most effective way.

Measure	Why this is important	2023/24	2024/25	Target* (if applicable)
Patient Experience: Overall Satisfaction (survey score – between 1–5)	› As part of this survey, patients are randomly selected from previous month's 111 calls where Hato Hone St John transported the patient by ambulance to either a hospital emergency department or other health care provider. The survey measures respondents' impressions and experiences and is used to improve service delivery and design.	87.3%	85.9%	85.0%
111 calls answered in 15 seconds	› Every second counts in responding to an emergency so our aim is to answer all calls within 15 seconds.	85.9%	91.4%	95.0%
Purple Urban 6-minute response time	› Purple Calls: for immediately life threatening or time critical incidents (i.e., cardiac arrest) – an ambulance will be dispatched immediately (with lights and sirens). Responding quickly to these calls saves lives. › Red Calls: for not immediately life threatening or time critical but urgent/potentially serious incidents (i.e., chest pain) we will respond immediately (at normal road speed). Responding quickly to these calls, improves patient outcomes. › The targets represent the contracted response times. Purple call targets have been exceeded whilst red call targets have been impacted by broader health system pressures, such as ramping, road speed and road congestion changes and increased adverse weather events.	59.4%	61.8%	50.0%
Purple Urban 12-minute response time		95.7%	96.1%	95.0%
Purple Rural 10-minute response time		58.6%	60.2%	50.0%
Purple Rural 25-minute response time		96.4%	97.0%	95.0%
Red Urban 8-minute response time		44.2%	44.1%	47.4%
Red Urban 20-minute response time		92.6%	93.6%	91.3%
Red Rural 12-minute response time		44.6%	43.9%	44.6%
Red Rural 30-minute response time		89.1%	88.9%	88.1%

*Based on contractual targets within the Agreement for Services Contract with Health NZ and ACC.

Measure	Why this is important	2023/24	2024/25
Emergency ambulance calls answered to 111	› Calls answered by 111 are vital for saving lives, providing timely medical assistance. Call volumes are a driver for understanding patient demand for the ambulance service and to ensure sustainable capacity and capability within the system. › HHStJ does not influence call demand and therefore there is no target.	692,255	688,378
Patients who receive care, advice and treatment from our emergency ambulance personnel	› Receiving the right care is crucial for promptly treating patients in an emergency. The severity of the incident will determine the appropriate level of care. › HHStJ does not influence call demand and therefore there is no target.	539,732	549,150
Cardiac arrest patients surviving to Emergency Department (Utstein Comparator Group**)	› Internationally, survival rates following out-of-hospital cardiac arrest (OHCA) are highly variable and can range from less than 6% to greater than 50%. This target is important as the higher the percentage surviving to ED, the higher the survival to discharge.	49.1%	47.3%
People receive scheduled health transport by ambulance between health facilities or in the community	› The Patient Transfer Service includes both planned and urgent transfers between hospitals as well as transport for residential care, palliative care, bariatric and air ambulance patients – improving patient care and outcomes. The measure represents health system demand for patient transfer services and to ensure sustainable capacity and capability within the system. › HHStJ does not influence demand and therefore there is no target.	82,846	85,291
We keep people medically safe at events, concerts, and festivals (number of events)	› Hato Hone St John is New Zealand's leading provider of event medical services to help keep people safe and cared for at events. We look after events of all types and sizes – from community gala days to major international sports matches.	3,594	2,906
We treated people at events, concerts, and festivals	› When adequate medical services are provided at events, emergency response time is minimised, ambulance call outs are reserved for those who really need them, and emergency department admissions are reduced. › HHStJ does not influence Events demand and therefore there is no target.	14,902	13,233

**Utstein Comparator Group – patients with the greatest survival following OHCA are those with a witnessed arrest presenting in a shockable rhythm.

Our community health services are meeting local needs

True to our vision and values, Hato Hone St John is busy throughout the community. The programmes we provide help people in many ways. In some cases, they're practical, like transport to health appointments; at other times they're about personal wellbeing, such as providing regular contact with a caring friend. These services are run primarily by volunteers and usually free of charge. Community health relies on the power of communities working side by side to improve the health and wellbeing of all. It is about prevention and people being able to access what they need to proactively manage their health and wellbeing.

Purpose of our community health services

To make life changing differences working collaboratively with communities in a proactive, practical and supportive manner.

How we achieve our purpose in a practical sense

We provide essential community health services such as Waka Ora Health Shuttles, Caring Caller, St John in Schools and Retail Stores.

Measure	Why this is important	2023/24	2024/25	Target (if applicable)
Waka Ora Health Shuttle clients who are satisfied with the service (survey)	› The survey measures respondents' impressions and experiences when using our health shuttle service, and in the St John in Schools programme. In both cases the survey results are used to improve service delivery and design.	96.7%	97.3%	80.0%
People use Waka Ora Health Shuttles to get to medical appointments they otherwise may not be able to attend (Number of Waka Ora Health Shuttle trips)	› For people who have regular medical appointments, their local Waka Ora Health Shuttle is vital. They can call and book a ride knowing that the reliable shuttle will get them there in plenty of time to support better health outcomes and independence. › The measure supports how we impact in communities and to how we might grow capacity to meet the demand.	89,606	94,631	91,633
Knowledge of first aid, leadership and the essential life skills taught in our St John in Schools and Youth programmes strengthen the resilience of the children who take part and, consequently, that of their communities	› Hato Hone St John is committed to strengthening resilience and improving health and wellbeing in our community and recognise that children of all ages could make a life-saving difference in an emergency. › The measure supports how we impact in communities and to how we might grow capacity to meet the demand.	130,546	110,102	100,000
Young people learn first aid, leadership, and essential life skills through our Youth Programme		3,133	3,047	3,300
Retail stores for people to donate, recycle, find pre-loved treasures, and support local Hato Hone St John activities	› Growing our number of Retail stores provides a vital community service and support. › Our store proceeds go towards local youth programmes, Waka Ora Health Shuttles, and buying vital new equipment, allowing us to continue our life-saving and life-changing work.	50	50	50
Community Impact Plans	› Hato Hone St John's 119 Area Committees create local Community Impact Plans and develop associated budgets to help support health and wellbeing initiatives in their local area. They do this by increasing community skills and resilience to reduce the need for emergency services by taking a proactive approach to the health needs of the community.	103	100	119

Measure	Why this is important	2023/24	2024/25
We help people feel connected through our Caring Caller programme	› Caring Caller is a service that Hato Hone St John provides for people who live alone or feel a bit lonely. Volunteers phone clients regularly to check that everything is ok. This free service is fully funded by donations. › The measure supports how we impact the lonely and vulnerable in our communities.	596	688
Volunteers who assist patients in health facilities by providing service as part of the Friends of the Emergency Department programme	› In times of distress, people need more than treatment; they also need information and support. Because emergency departments are always busy, staff often don't have time to give patients and their families the support and reassurance they're looking for. That's when Hato Hone St John volunteers involved with Friends of the Emergency Department can make a real difference.	627	636
Health Facilities where we provide service as part of the Friends of the Emergency Department programme		43	44

Our products and services enable our customers and donors to improve health outcomes

We will improve Aotearoa New Zealand's health and wellbeing outcomes through the health education and wellbeing services and experiences we deliver. We help Hato Hone St John remain financially sustainable and fund other areas of the organisation.

Purpose of our products and services

To make life changing differences with our communities by providing and enabling financial support for other areas of Hato Hone St John.

How we achieve our purpose in a practical sense

We provide Telecare medical alarm installation and monitoring, first aid training and medical products, and organisational fundraising.

Measure	Why this is important	2023/24	2024/25	Target (if applicable)
Number of medical alarm customers as at June	› Medical alarms are crucial for providing quick access to help, offering peace of mind and assistance during emergencies. The measure reflects our growth and impact within the community and also the financial contribution to sustain Hato Hone St John service offerings.	61,532	60,396	62,761
Number of people enrolled in First Aid Training	› Appropriate first aid can mean the difference between life and death.	92,624	96,730	98,265
Number of Waka Ora Health Shuttles Fundraised	› Fundraising for ambulance and Waka Ora Health Shuttles is vital to enable Hato Hone St John to save lives and improve community health and wellbeing.	2	5	3
Number of Ambulances Fundraised		50	44	50

We are committed to Māori health equity

Health equity for Māori is a key focus for Hato Hone St John. To tackle the inequities within our communities, we need to provide Māori with the services they need to help with their healthcare needs. This includes providing transport to attend medical appointments, providing ambulance subscription schemes, or providing increased resources in areas of high need.

Purpose of our Māori Health Equity Strategy

In Aotearoa New Zealand, health statistics report high Māori health deficits and poor health outcomes compared to non-Māori. People who identify as Māori have an average life expectancy that is approximately seven years less than non-Māori. Reducing inequities means working with Māori to rebalance opportunities and improve access to services.

How we achieve our strategic purpose in a practical sense

- Our role in delivering Manaaki Mamao is that of Kaiwhatu | Weaver. We work together with local Hauora Māori providers to deliver health services to Māori and ensure a more proactive, frequent and richer experience when managing their medical conditions.
- Addressing Māori health equity through new ambulance memberships including Eke Manaaki (Iwi Ambulance Membership) onboarding 2,117 kaumātua in 2025 (2024: 3,206).

Measure	Why this is important	2023/24	2024/25	Target (if applicable)
Hato Hone St John is rated as a brand that Māori can definitely trust	Trust is a critical component in growing an enhanced relationship with Māori to enable health equity and trust in the services we provide.	40%	52%	53%
Hato Hone St John is rated attractive as a place to work by Māori	Creating Hato Hone St John as an attractive place to work by Māori improves equity and trust as an employer and instils kaiwhatu.	56%	59%	–

Our volunteers are critical to our success

Volunteers are the lifeblood of Hato Hone St John. Our volunteers fuel our cause, digging deep to ensure the service we provide to every Kiwi is exceptional. Around 70% of our workforce are volunteers, spanning across ambulance services, event first aid, community programmes, education and more.

Providing ambulance services throughout Aotearoa New Zealand will always be a core activity for Hato Hone St John, however we're also playing an increasing role in meeting the broader health needs of communities. We also want to proactively support those most in need of our assistance to have positive health outcomes. Central to everything we achieve is the energy, generosity and contribution of our volunteers.

Purpose of our volunteers

Hato Hone St John has more than 8,000 volunteers across Aotearoa New Zealand who help make life changing differences with our communities.

How we achieve this in a practical sense

Hato Hone St John volunteers contribute millions of hours annually across services including emergency ambulance and Event Health Services, Major Incident Support Team, Archives, Area Committees, Caring Caller, Waka Ora Health Shuttles, Retail Stores, and St John Youth.

Key Judgements: *In preparing the Statement of Service Performance and Impact Report, significant judgement is required with regard to the elements of service performance reported and how those elements are measured or described*

Judgements: *In preparing the service performance information for the period, Hato Hone St John has made a number of significant judgements about what information to present, based on an assessment of what information would be most appropriate and meaningful to users when assessing performance against the Hato Hone St John objectives. This was a challenge due to the diverse nature of Hato Hone St John activities and its multiple funding streams, which include grants from government agencies.*

The decisions about what service performance information to present were made in consultation with key management personnel and programme teams.

The judgements that had the most significant effect on the non-financial information presented related to the selection of information about what Hato Hone St John has done in the period – the "key activities" as reported (and the selection of performance measures for each key activity identified).

The selection of key activities to report was initially based on management's assessment of where the entity expected to invest the most time and resources in the period (based on budget information). This was further refined through discussions with staff and key management personnel – as a result the key activities were identified that would best illustrate what Hato Hone St John has done in pursuit of its objectives.

Hato Hone St John decided to base its service performance measures on a mixture of the quantity indicators, quality indicators and qualitative descriptors of services delivered in the year, because this information is already retained for internal management purposes. The entity decided not to report against performance measures that assessed the outcome/impact of the entity's activities because, at this time, performance measures of this nature are not easily available, reliable or independently verifiable.

On behalf of the Priory Board, which authorised the issue of the statement of service performance on 06 October 2025.

John Whitehead CNZM, KStJ
Chancellor and Chair of the Priory Board/Tumuaki

Peter Bradley CBE KStJ,
Chief Executive/Tumu Whakarae

Hato Hone St John is a charity

In addition to the Emergency Ambulance Service, HHStJ also provides a range of charitable and social enterprise programmes that directly benefit New Zealanders. These programmes are funded by community donations, including bequests and grants, plus revenue from our commercial social enterprise activities, including first aid kits, first aid training, medical alarms and defibrillators:

- HHStJ Training provides skills to people within communities to respond to first aid and workplace accidents before or instead of an ambulance being required
- HHStJ Products, including defibrillators, increase the speed of response to heart attack victims.
- Telecare provides a medical alarm service to help people live safely for longer in their own homes.
- A range of Youth programmes, including St John in Schools.
- Programmes that support our communities, including Health Shuttles and Caring Caller programme.

Investment and support from Government and the community in 2024/25

Investment and support from Government and community contracts with Health NZ (to respond to medical emergencies) and ACC (to respond to personal injuries) contribute significantly to our Ambulance Service operating costs.

HHStJ fundraised to cover the operating deficit of the Emergency Ambulance Service together with a contribution towards capital expenditure requirements.

Government contribution to the Hato Hone St John emergency ambulance services was $368.6 million against ambulance total operating costs of $425.5 million and capital investment of $25.1 million.

- Funding from Health NZ to respond to patients who need emergency medical treatment.
- Funding from ACC for emergency transport and treatment for a claimant's personal injuries.
- Funding of $23.2 million from Health NZ and ACC to operate the HHStJ Ambulance Communication Centres in Auckland and Christchurch, where 111 ambulance calls are answered, and where road, water, and air ambulance services are dispatched. This funding also covers the 111 Clinical Hub which connects patients to the right care at the right time, finding the most appropriate health pathway for the caller, freeing up ambulance resource to focus on life-threatening incidents.
- Funding of $2.8 million from Health NZ for PRIME (Primary Response in Medical Emergencies) services, a network of GPs and nurses who provide a co-response to medical emergencies in rural areas, enhancing emergency care in those communities.
- Funding of $2.2 million was provided by Health NZ and ACC to offset costs incurred by HHStJ in providing co-ordination of Air Ambulance providers through the Air Desk Service.
- Funding of around $1.4 million from Health NZ for Emergency Management, to enhance health preparedness for major emergencies in New Zealand through advancing planning, training, and equipping of the Emergency Ambulance Service, and the integration of planning with other health sector organisations.
- Additional Funding of $4.0 million was provided by Health NZ and ACC for both critical ICT projects and the Clinical Hub expansion.
- In 2024–25 we received $5.4 million in one off cost pressure funding from Health NZ and ACC. We also received $0.3 million additional funding for two pilot projects to better support patients in our community.

Contributions from the community

- Income from emergency ambulance part charges and other transportation services. HHStJ charges a part charge to patients who are treated by an ambulance officer or are transported in an ambulance because of a medical emergency. The cost to HHStJ of a typical emergency ambulance call out is around $1,074 (incl GST).*
- Part charge revenue from our medical alarm activities where the ambulance service responds to alarm user's needs.
- Fundraising income from one-off community donations and regular giving, bequests, grants, commercial partnerships, and the HHStJ Ambulance Membership.

The cost of operating Hato Hone St John ambulance service in the 2024/25 financial year

- The operating costs of the Emergency Ambulance Services and Health Services groups, including contracts for inter-hospital transfers, private hire use of ambulance resources, and provision of paramedics for events were $459.5 million.
- The cost per incident increased 1.3% over 2024/25 due to inflation.
- After Government funding and net part charge income, the Emergency Ambulance Services and Health Services groups had a combined financial deficit of ($17.9) million.
- The total operating costs for HHStJ, including all services and programmes, were $567.6 million.

*Based on 455,469 emergency incidents a year (2024/25 data).

Funding sources and *destinations*

Emergency Ambulance Services

Based on Hato Hone St John financial results for the 2024/25 financial year

Summary

Annual Operational Cost to Serve 2024–25

$425.5m

and capital expenditure of

$25.1m

For Emergency Ambulance Services

$407.7m
Annual Income 2024–25

($17.8m)
Funding Deficit supported by Community Health, Fundraising & HHStJ Reserves

Revenue

$368.6m
Crown Funding

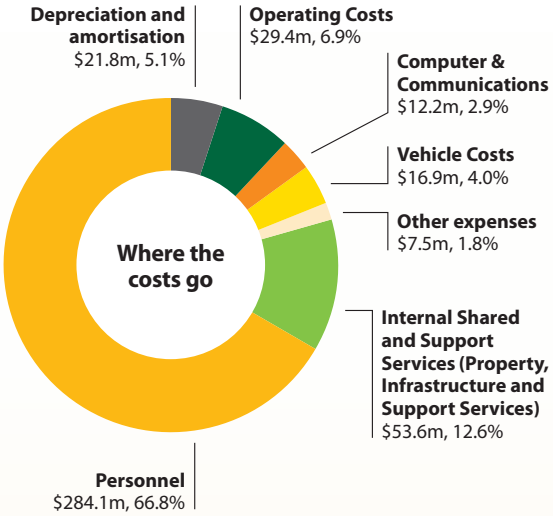
$10.2m
Ambulance Membership and Telecare Part Charge

$18.0m
Public Part Charge

$10.9m
Other Income

($17.8m)
Emergency Ambulance Services Deficit

Expenses



Health Services

Based on Hato Hone St John financial results for the 2024/25 financial year

Summary

Annual Cost to Serve 2024–25

$34.0m

For Health Services

$33.9m
Annual Income 2024–25

($0.1m)
Funding deficit supported by Community Health

Revenue

$22.9m
Patient Transfer Service Income

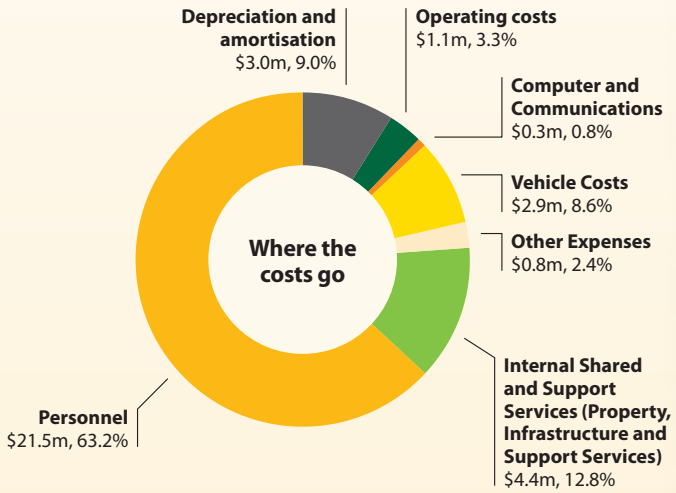
$3.6m
Private Hire Income

$6.9m
Events Income

$0.5m
Other Income

($0.1m)
Health Services Deficit

Expenses



Community Health and Fundraising

Based on Hato Hone St John financial results for the 2024/25 financial year

Summary

Annual Cost to Serve 2024–25

$116.1m

Community Health and Fundraising

$154.0m
Annual Income 2024–25

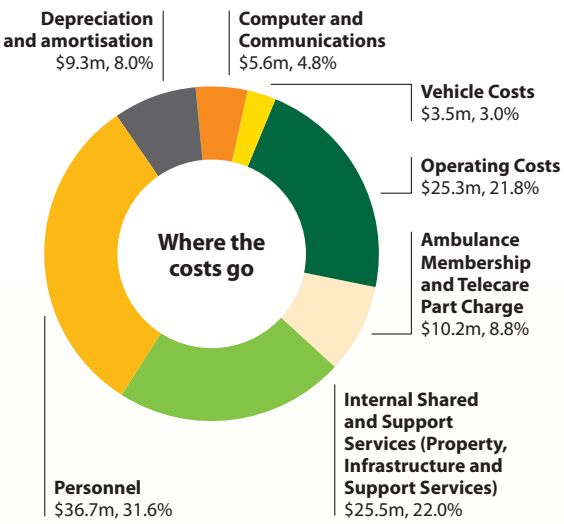
$37.9m
Surplus supporting HHStJ Services

49.4%
Customer Activities Income (Medical Alarms, Training, Ambulance Membership and Product Sales)

40.0%
Fundraising

10.6%
Retail Stores and Other Income

Expenses



Revenue

$76.0m
Customer Activities

$61.6m
Fundraising

$15.5m
Retail Stores

$0.9m
Other Income

$37.9m
Community Health and Fundraising Surplus

Financial commentary

These consolidated summary financial statements incorporate all aspects of Hato Hone St John (HHStJ) charitable services, including our various operational service lines, multiple locations, and incorporating 114 community-based Area Committees, reflecting the breadth of HHStJ's mahi across all of Aotearoa New Zealand.

Year-end overview 2024–25

HHStJ reported a total comprehensive surplus for the year of $29.4 million, which includes a deficit of $17.8 million from the Ambulance Service.

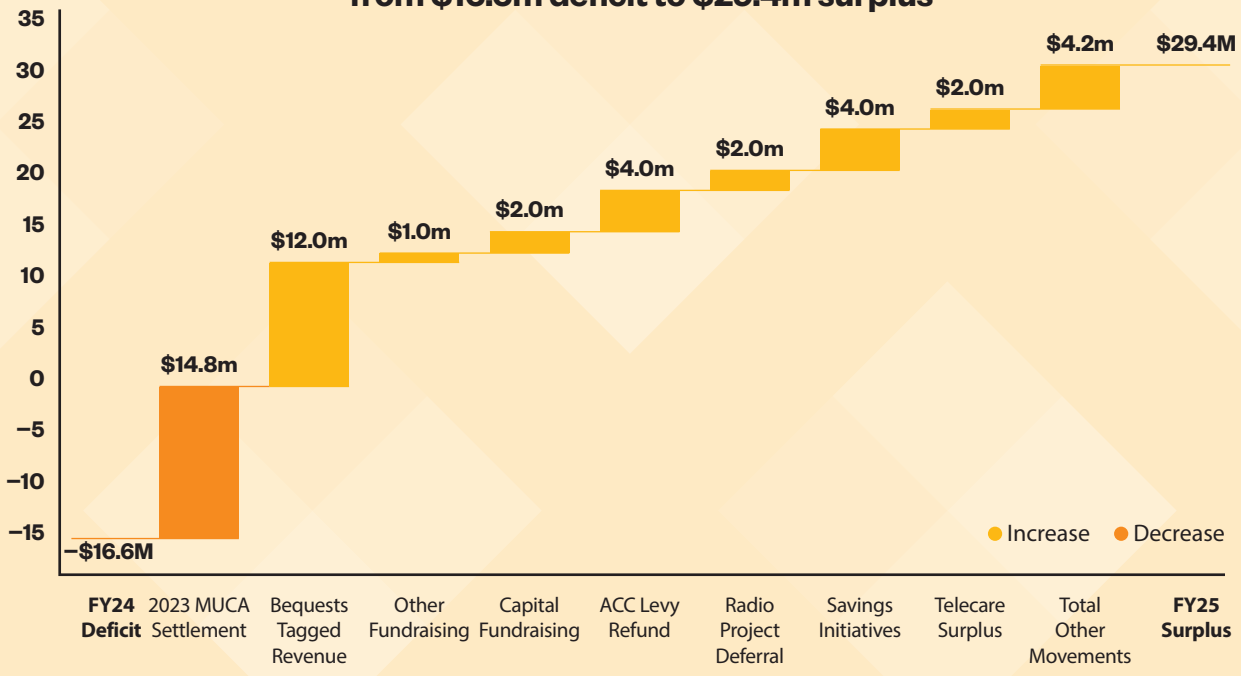
This result was underpinned by an increase in one-off bequests from our generous donors, a positive contribution from the medical alarm monitoring business acquisition in 2024 and increased government funding for specific initiatives.

It is important to note that a considerable portion of the increased bequest income is tagged for future capital investment or other designated expenditure and therefore not available for general operating use. Additional non-recurring items included an ACC levy refund following a prior year rate adjustment, the deferral of radio network project costs into next year, and savings achieved through reduced travel and vacancy-related expenditure.

The prior year deficit of $16.6 million was primarily driven by the settlement of the Emergency Ambulance Service Multi Union Collective Agreement (MUCA), with $14.8 million in backpay costs relating to 2022/23 recognised in 2023/24 following finalisation of the agreement. A careful focus on cost containment throughout the year enabled HHStJ to maintain operating expenditure at levels consistent with the prior year, despite inflationary cost pressures and increased emergency incidents.

Over the four years to 30 June 2025, HHStJ reported an average breakeven position. Our required investment into capital expenditure over this timeframe has increased considerably to maintain minimum viable service delivery. To support this investment HHStJ has utilised reserves and increased the level of borrowing. Core investment has been towards the Emergency Ambulance fleet and property.

Movement of comprehensive performance result from $16.6m deficit to $29.4m surplus



Key performance summary

Revenue for the year increased by $45.4 million to $595.4 million. The uplift primarily reflects the impact of the revised Health NZ and ACC funding which addressed inflationary pressures associated with frontline personnel costs. Additionally, targeted funding of $17.2 million was received to support specific projects and the expansion of the clinical hub.

Fundraising income increased by $14.7 million underpinned by the continued generosity of bequests. Commercial income also increased by $9.0 million, reflecting a full year contribution from the medical alarm monitoring business, acquired in the prior year, and customer growth.

Expenditure remained at a similar level to the prior year at $567.6 million.

Business unit performance overview

Ambulance Service

The HHStJ ambulance service group includes the Emergency Ambulance Service, Clinical Services and the Emergency Ambulance Communications Centres (now known as Integrated Operations Centres). In the 2024/25 financial year, the financial result for this group of activities was a deficit of $17.8 million. The improvement compared to the deficit of $42.3m in the prior year reflects the Emergency Ambulance Service Multi Union Collective Agreement (MUCA) settlement backpay costs in the prior year of $14.8m relating to 2022/23. This deficit is supported through the generous bequests, donations, and fundraising activities of the public.

Whilst the 111 call volumes decreased by 0.5% nationally, HHStJ communications centres experienced a 0.5% increase in calls handled. Total incidents rose by 1.7%, with ambulance-attended incidents increasing 2.7% compared to the prior year.

Health Services

HHStJ Health Services include inter-hospital transfers, non-emergency ambulance transports and event health services, and recorded a deficit of $0.1 million, compared to a deficit of $2.6 million in the prior year. Revenue from these services grew by $4.1 million (13.8%) due to heightened demand for both patient transfer and private hire services. Expenditure increased by $1.3 million (4.7%) reflecting increased activity and inflationary pressures.

Community Health Services

HHStJ Community Health Services, include community-based programmes, such as St John in Schools, Caring Caller, and Youth programmes, costs for which are covered by retail store revenue of $15.5 million, an increase of $0.3 million, reflecting growing community engagement and demand.

Customer activities

HHStJ has a range of services and products marketed on a commercial / social enterprise basis. These services deliver health benefits to customers and provide a financial contribution that can be applied to support the ambulance funding deficit and Community Health programmes. The contribution from these activities was $6.9 million, up from $2.9 million the previous year. This is mostly attributable to the improved performance of Telecare following the acquisition of the alarm monitoring business in the prior year, and customer growth. Medical product performance also improved, particularly through cost efficiencies in defibrillator sales.

Charitable gifting

HHStJ remains deeply grateful for the continued support from individuals, businesses, and community funders across Aotearoa New Zealand who provide financial support through donations, bequests, sponsorship, and grants, and non-financial support through their time and expertise as volunteers. HHStJ – including its Area Committees – received donations of $66.2 million during the year, an increase of $14.7 million over the previous year. This is primarily reflective of the increased bequests. Many of these generous bequests are earmarked for future capital projects or specific purposes.

By fundraising in local communities throughout Aotearoa New Zealand, HHStJ provides funding for ongoing community activities, as well as supporting local capital projects. This fundraising supports the funding of new ambulance vehicles, ambulance equipment such as stretchers or defibrillators, and the replacement or maintenance of property facilities.

Key position summary

Balance sheet

At 30 June 2025, consolidated net assets totalled $277.4 million, an increase of $29.4 million over the prior year, reflecting the increase in total accumulated funds over that period.

Current assets increased by $7.8 million, reflecting the increase in cash and cash equivalents of $10.2 million offset by the sale of assets held for resale in the prior year. Investments in externally managed funds increased by $15.8 million to $41.4 million. These are held to support property development and maintenance and the delivery of Ambulance services and Community Health services in increasingly volatile times.

Property, plant and equipment, investment property and intangible assets of $312.2 million reflects the capital-intensive nature of the Emergency Ambulance Service and Community Health programmes operated by HHStJ. This capital base has predominantly been funded by the fundraising efforts of communities throughout

Aotearoa New Zealand, alongside bequests from individuals and families, and support from businesses across the country.

Current liabilities reduced by $5.2 million but was offset by an increase in borrowings. The balance sheet position is vital to ensure HHStJ can continue to meet its operational obligations and maintain certainty in its ability to deliver longer-term capital requirements, for which it faces several demands on its cash reserves. Strong operating cash flows in the year were sufficient to fund both capital requirements and loan repayments.

Reserves

As an emergency service provider, HHStJ needs to ensure that it is resilient, operationally and financially capable in the face of civil emergencies. Historical events such as the Canterbury and Kaikoura earthquakes, COVID 19 pandemic, Whakaari White Island eruption and Cyclone Gabrielle underscore the importance of this approach. HHStJ needs to ensure it has the capability to respond to these adverse events through the maintenance of sufficient working capital and ongoing Government support when required.

HHStJ must remain committed to maintaining an appropriate level of reserves to ensure it has appropriate facilities and equipment to service the ongoing and increasing health needs of New Zealand communities. The retention of cash reserves is essential to the day-to-day sustainability of these services, especially during times of potential economic shocks.

In addition to supporting day-to-day operations, the retention of reserves is also crucial to HHStJ being able to maintain effective capital assets to support the delivery of services. In 2024/25 we incurred $48 million in annual capital expenditure. Looking ahead, the organisation anticipates increased capital demands over the next five years, requiring continued reliance on reserves and diversified funding streams. This will ensure that the assets required to support the delivery of services and increases in community-based health needs of New Zealanders are at an acceptable standard, such as our ambulance stations, 111 ambulance communications centre, critical infrastructure, communications, technology, clinical equipment, and fleet.

The Order of St John New Zealand

Summary consolidated financial statements

Summary consolidated statement of comprehensive revenue and expense For the year ended 30 June 2025	Notes	2025 (000's)	2024 (000's)
Revenue			
Revenue from exchange transactions		529,250	498,607
Revenue from non exchange transactions			
Fundraising – operating		48,252	35,521
Fundraising – capital		17,924	15,911
Total revenue	(3)	**595,426**	**550,039**
Expenditure			
Cost of sales		2,130	2,684
Personnel	(4)	382,249	386,473
Operating expenses		96,247	96,661
Vehicles		23,759	23,210
Operating supplies		10,190	10,436
Other expenses		8,978	7,865
Depreciation and amortisation		39,461	36,846
Finance costs		4,549	3,377
Other gains/(losses)			
Gain on sale of assets		686	814
Reversal of impairment of assets		–	25
Net surplus/(deficit)		**28,549**	**(16,674)**
Other comprehensive surplus		853	93
Total comprehensive surplus/(deficit) for the year		**29,402**	**(16,581)**

Summary consolidated statement of financial position As at 30 June 2025	Notes	2025 (000's)	2024 (000's)
Current assets		**82,880**	**75,126**
Property, plant and equipment	(5)	298,383	290,093
Intangible assets		11,297	10,916
Investment property		2,560	2,620
Investments		41,367	25,518
Term deposits		–	1,847
Total non-current assets		**353,607**	**330,994**
Total assets		**436,487**	**406,120**
Current liabilities		111,135	116,382
Non-current liabilities		47,929	41,717
Total liabilities		**159,064**	**158,099**
Net assets		**277,423**	**248,021**
Equity		**277,423**	**248,021**

Summary consolidated statement of changes in equity For the year ended 30 June 2025	Accumulated Surplus or (Deficit) (000's)	Fair Value Reserve (000's)	Other Reserves (000's)	Total (000's)
Opening balance 2024	**246,327**	**(4,134)**	**22,409**	**264,602**
Total comprehensive (deficit)/surplus for the year	(16,674)	93	–	(16,581)
Transfer to/(from) reserves	6,969	–	(6,969)	–
Balance 30 June 2024	**236,622**	**(4,041)**	**15,440**	**248,021**
Total comprehensive surplus for the year	28,549	853	–	29,402
Transfer to/(from) reserves	499	–	(499)	–
Balance 30 June 2025	**265,670**	**(3,188)**	**14,941**	**277,423**

Summary consolidated statement of cash flows For the year ended 30 June 2025	**2025 (000's)**	**2024 (000's)**
Net cash flows from operating activities[1]	62,038	25,471
Net cash flows used in investing activities[1]	(39,865)	(19,208)
Net cash flows used in financing activities[1]	(11,933)	(2,220)
Net increase in cash	**10,240**	**4,043**
Cash and cash equivalents at the beginning of the year	26,883	22,840
Cash and cash equivalents at the end of the year	**37,123**	**26,883**

[1] Comparatives include representations for consistency with the current year.

On behalf of the Priory Board, which authorised the issue of the summary consolidated financial statements on 06 October 2025.

John Whitehead, Chancellor

Peter Bradley, Chief Executive

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

Notes to the summary consolidated financial statements

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 and its subsidiaries and controlled entities (the 'Group' or 'Hato Hone St John'). These entities are listed below.

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
St John Ambulance Financial Control Board Timaru
Waimate St John Foundation Trust

The full consolidated financial statements of the Group have been prepared in accordance with New Zealand Generally Accepted Accounting Practice ("NZGAAP") and comply with Public Benefit Entity Accounting Standards ("PBE") as appropriate for Tier 1 not-for-profit public benefit entities. Hato Hone St John is a charitable trust governed by the Charitable Trusts Act 1957 and registered under the Charities Act 2005.

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

Basis of measurement

These summary consolidated financial statements have been prepared in accordance with PBE FRS-43 'Summary Financial Statements' and have been extracted from the audited full consolidated financial statements for the year ended 30 June 2025 which were approved by the Priory Board on 06 October 2025. These summary consolidated financial statements have been prepared on the basis of historical cost and are presented in New Zealand Dollars which is the functional currency of the Group. All values are rounded to the nearest thousand ($000).

These summary consolidated financial statements cannot be expected to provide as complete an understanding as provided by the full consolidated financial statements. For a full understanding of Hato Hone St John'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:

Head of Financial Reporting and Control
Hato Hone St John National Headquarters
Private Bag 14902
Auckland 1741

2 Statement of Going Concern

As at 30 June 2025, the Group had a working capital deficit of $28.3m (2024: $41.3m) and total equity of $277.4m (2024: $248.0m). The Group has a surplus for the year of $28.5m compared to a $16.7m deficit in the prior year. The Group currently holds $41.4m (2024 $27.4m) of investments and term deposits within 'Non current assets' which can be liquidated with reasonable notice to meet current obligations. Hato Hone St John is a not-for-profit charity. The Group financial statements are prepared by the Priory on a going concern basis after due consideration of available cash, financing and investments. Cash and cash equivalents increased by $10.2m (2024 $4.0m) driven largely by an increase in donations and bequests.

3 Business unit information

Operating business units are reported in a manner consistent with the internal reporting provided to the Chief Executive. Management has determined the operating business units based on the reports reviewed by the chief decision makers that are used to assess performance and allocate resources. Generally revenues and expenses are apportioned to each unit on a direct basis plus an allocation of nonspecific and overhead costs proportional from organisational support functions and shared service functions based on activity drivers most applicable to the underlying support or service. The determination of the activity drivers and the allocation by management involves management judgement due to the respective complexities of the different business units. For example, the human resource activity ratio is higher in Emergency Ambulance Services due to the complexity of the human resource support compared to Community Health and Fundraising. The allocation methodology is subject to whole of business accountability assumptions across functions.

Besides the apportionment of shared and support service costs the other major apportionment between the business units relates to $10.2m (2024: $9.6m) in internal recovery by Emergency Ambulance Services from Community Health and Fundraising in respect of the part charge for utilisation of 111 medical ambulance responses to Medical Alarm customers or Hato Hone St John Ambulance Membership members.

3(a) Description of business units

Emergency Ambulance Services represents the provision of ambulance services including 111 response ambulance services and associated clinical control centres. In addition the expenditure of this business unit includes the delivery of clinical continuing training to support front line paid and volunteer ambulance staff in the provision of emergency first response services to the New Zealand public.

Health Services represents the provision of inter-hospital transfers and non-emergency ambulance transportation. It also includes the revenue and costs associated with Event Health Services.

Community Health and Fundraising represents the provision of services principally within communities, significantly through the support of volunteers and a smaller degree of direct income dependency, including services such as St John in Schools, free community health services, retail stores, and a national youth programme. It also includes services provided on a commercial basis but which are in alignment with the Hato Hone St John ethos of supporting the well being of New Zealanders including medical alarms to provide security and assistance, and training services that support health and safety outcomes within New Zealand work places as well as enhancing first aid resiliency within communities of New Zealand. Fundraising represents the outstanding and humbling charitable gifting provided by New Zealanders to support the services of Hato Hone St John.

Community Health and Fundraising was previously presented as two separate segments, being 'Customer Activities and Fundraising' and 'Community Services'. These business units are now reported as one.

In October 2024, the Ministry of Foreign Affairs and Trade agreed to fund Hato Hone St John for the provision of paramedic personnel and transportation to support event medic capacity at the International CHOGM event in Apia. A condition of the funding was to include explicit reference to the total funding received of $980,000 from the International Development Cooperation programme. This is included within 'Revenue from exchange transactions' in the Summary Consolidated Statement of Comprehensive Revenue and Expense.

Property and Infrastructure reflects the significant reliance and associated expenditure with the provision of critical support services both for Emergency and Other Transportation Services and to a lesser extent Commercial Services within a National Organisation, including significantly the ICT infrastructure.

Shared and Support Services represent the common services utilised across all of the business units, including services such as financial transaction processing, human resources support to paid staff and volunteers, and the customer services centre.

Investments represents income and expenditure from non-core activities such as interest on investments including funds held as reserves under trust.

3(b) Business unit reporting – operating channel

Group consolidated	Emergency Ambulance Services (000's)	Health Services (000's)	Community Health and Fundraising (000's)	Property and Infrastructure (000's)	Shared and Support Services (000's)	Investments (000's)	Total (000's)
2025							
Income							
Transportation services	386,903	26,438	–	–	–	–	413,341
Commercial	–	39	75,945	–	–	–	75,984
Fundraising and retail stores	–	–	77,140	4,581	–	–	81,721
Rental and investment	271	–	–	494	–	4,906	5,671
Other	10,315	7,456	886	52	–	–	18,709
Total revenue	**397,489**	**33,933**	**153,971**	**5,127**	**–**	**4,906**	**595,426**
Transfer to property related gains	–	–	–	(4,580)	–	–	(4,580)
Segmental revenue	**397,489**	**33,933**	**153,971**	**547**	**–**	**4,906**	**590,846**
Expenditure							
Personnel	284,065	21,499	36,668	15,646	24,371	–	382,249
Depreciation and amortisation	21,761	3,048	9,261	5,275	109	7	39,461
Operating costs	58,577	4,326	33,735	26,145	9,247	4,845	136,875
Other expenses	7,503	810	663	2	–	–	8,978
Total expenses	**371,906**	**29,683**	**80,327**	**47,068**	**33,727**	**4,852**	**567,563**
Transfer to property related losses	–	–	–	(745)	–	–	(745)
Segmental expenses	**371,906**	**29,683**	**80,327**	**46,323**	**33,727**	**4,852**	**566,818**
Inter-segment transactions							
Ambulance membership and telecare part charge	10,245	–	(10,245)	–	–	–	–
Internal shared and support services	(53,572)	(4,352)	(25,523)	45,171	33,727	4,549	–
Business unit (deficit)/surplus for the year	**(17,744)**	**(102)**	**37,876**	**(605)**	**–**	**4,603**	**24,028**
Property related (losses)/gains	(10)	–	–	4,885	–	–	4,875
Loss on sale of financial assets	–	–	–	–	–	(354)	(354)
Total (deficit)/surplus for the year	**(17,754)**	**(102)**	**37,876**	**4,280**	**–**	**4,249**	**28,549**
Business unit assets – Property, plant and equipment, intangible assets and investment property							
Total business unit assets	67,308	14,575	26,387	203,561	384	25	312,240
2024							
Income							
Transportation services	369,234	22,715	2	–	385	–	392,336
Commercial	–	44	66,917	–	–	–	66,961
Fundraising and retail stores	–	(140)	64,541	2,260	1	–	66,662
Rental and investment	201	–	–	485	–	4,055	4,741
Other	10,907	7,212	858	362	–	–	19,339
Total revenue	**380,342**	**29,831**	**132,318**	**3,107**	**386**	**4,055**	**550,039**
Transfer to property related gains	–	–	–	(2,250)	–	–	(2,250)
Segmental revenue	**380,342**	**29,831**	**132,318**	**857**	**386**	**4,055**	**547,789**
Expenditure							
Personnel	288,855	21,014	35,756	16,216	24,632	–	386,473
Depreciation and amortisation	22,497	2,139	6,726	5,330	147	7	36,846
Operating costs	59,770	4,920	32,480	26,272	9,246	3,680	136,368
Other expenses	7,147	290	412	–	16	–	7,865
Total expenses	**378,269**	**28,363**	**75,374**	**47,818**	**34,041**	**3,687**	**567,552**
Transfer to property related losses	–	–	–	(583)	–	–	(583)
Segmental expenses	**378,269**	**28,363**	**75,374**	**47,235**	**34,041**	**3,687**	**566,969**
Inter-segment transactions							
Ambulance membership and telecare part charge	9,594	–	(9,594)	–	–	–	–
Internal shared and support services	(53,965)	(4,084)	(23,878)	45,595	33,708	2,624	–
Business unit (deficit)/surplus for the year	**(42,298)**	**(2,616)**	**23,472**	**(783)**	**53**	**2,992**	**(19,180)**
Property related (losses)/gains	(4)	–	(156)	2,475	–	–	2,315
(Loss)/gain on sale of financial assets	–	–	–	–	(53)	244	191
Total (deficit)/surplus for the year	**(42,302)**	**(2,616)**	**23,316**	**1,692**	**–**	**3,236**	**(16,674)**
Business unit assets – Property, plant and equipment, intangible assets and investment property							
Total business unit assets	63,539	13,176	24,556	204,374	621	–	306,266

3(c) Business unit information – regional divisions

Group consolidated	Northern (000's)	Central (000's)	South Island (000's)	National Office (000's)	Total (000's)
2025					
Revenue	33,668	25,578	29,697	506,483	595,426
Expenditure	(10,663)	(11,625)	(12,000)	(533,275)	(567,563)
Internal shared and support services	1,328	4,169	5,149	(10,646)	–
Transfer to property related fundraising and grants	(778)	(616)	(1,548)	(893)	(3,835)
Business unit surplus/(deficit) for the year	**23,555**	**17,506**	**21,298**	**(38,331)**	**24,028**
Property related gains	778	1,056	1,548	1,493	4,875
Loss on sale of financial assets	–	–	–	(354)	(354)
Total surplus/(deficit) for the year	**24,333**	**18,562**	**22,846**	**(37,192)**	**28,549**
2024					
Revenue	29,537	23,309	23,428	473,765	550,039
Expenditure	(10,802)	(11,084)	(11,833)	(533,833)	(567,552)
Internal shared and support services	1,491	1,512	3,801	(6,804)	–
Transfer to property related fundraising and grants	(574)	(914)	(444)	265	(1,667)
Business unit surplus/(deficit) for the year	**19,652**	**12,823**	**14,952**	**(66,607)**	**(19,180)**
Property related gains	447	896	449	523	2,315
Gain on sale of financial assets	–	–	–	191	191
Total surplus/(deficit) for the year	**20,099**	**13,719**	**15,401**	**(65,893)**	**(16,674)**

4 Personnel costs

Personnel expenditure includes defined contribution plan expense of $13.7m (2024: $13.3m).

5 Property, plant and equipment

2025	Cost (000's)						
Asset class	Opening Book Value	Additions	Transfers	Disposals	Transferred to Held for Sale	Impairments	Closing Book Value
Land	56,732	–	–	–	–	–	56,732
Buildings	179,520	2,682	4,707	(102)	–	–	186,807
Buildings WIP	6,587	3,909	(4,707)	–	–	-	5,789
Vehicles	140,899	16,524	–	(9,620)	–	–	147,803
Furniture, fixtures & equipment	103,061	20,547	3,403	(11,072)	–	–	115,939
Equipment WIP	3,403	988	(3,403)	–	–	–	988
Total property, plant and equipment	**490,202**	**44,650**	**–**	**(20,794)**	**–**	**–**	**514,058**
Heritage assets	200	–	–	–	–	–	200
Total historic cost	**490,402**	**44,650**	**–**	**(20,794)**	**–**	**–**	**514,258**

2025	Depreciation (000's)					
Asset class	Opening Depreciation and Impairments	Depreciation	Transfers	Disposals	Transferred to Held for Sale	Impairments	Closing Depreciation and Impairments
Buildings	50,980	3,970	–	(99)	–	–	54,851
Vehicles	92,111	12,564	–	(9,333)	–	–	95,342
Furniture, fixtures & equipment	57,218	19,532	–	(11,068)	–	–	65,682
Total accumulated depreciation	**200,309**	**36,066**	**–**	**(20,500)**	**–**	**–**	**215,875**
Net	**290,093**	**8,584**	**–**	**(294)**	**–**	**–**	**298,383**

2024	Cost (000's)						
Asset class	Opening Book Value	Additions	Transfers	Disposals	Transferred to Held for Sale	Impairments	Closing Book Value
Land	54,754	3,734	(21)	–	(1,735)	–	56,732
Buildings	166,637	6,798	7,586	(838)	(663)	–	179,520
Buildings WIP	9,984	4,300	(7,697)	–	–	–	6,587
Vehicles	130,479	16,709	902	(7,191)	–	–	140,899
Vehicles WIP	1,151	–	(1,151)	–	–	–	–
Furniture, fixtures & equipment	101,332	21,219	(23)	(19,459)	(8)	–	103,061
Equipment WIP	949	2,454	–	–	–	–	3,403
Total property, plant and equipment	**465,286**	**55,214**	**(404)**	**(27,488)**	**(2,406)**	**–**	**490,202**
Heritage assets	200	–	–	–	–	–	200
Total historic cost	**465,486**	**55,214**	**(404)**	**(27,488)**	**(2,406)**	**–**	**490,402**

2024	Depreciation (000's)						
Asset class	Opening Depreciation and Impairments	Depreciation	Transfers	Disposals	Transferred to Held for Sale	Impairments	Closing Depreciation and Impairments
Buildings	47,628	4,037	(131)	(367)	(162)	(25)	50,980
Vehicles	87,919	11,530	(250)	(7,088)	–	–	92,111
Furniture, fixtures & equipment	58,357	18,285	(23)	(19,398)	(3)	–	57,218
Total accumulated depreciation	**193,904**	**33,852**	**(404)**	**(26,853)**	**(165)**	**(25)**	**200,309**
Net	**271,582**	**21,362**	**–**	**(635)**	**(2,241)**	**25**	**290,093**

5(a) Impairment of property, plant and equipment

No impairment losses were recognised during the year (2024: $0.025m reversal).

The Hall at 92 Cuba Street Palmerston North remains unoccupied as it is deemed unsafe and is likely to be demolished. The book value of $0.199m remains fully impaired.

The buildings at 29–31 Pererika Street, Rotorua have been demolished in the current year. The property's book value of $0.559m was fully impaired.

5(b) Assets classified as held for sale

The Sale and Purchase agreement on the property held at 366–368 Gloucester St, Taradale went unconditional in May 2024 and settled on 1st July 2024.

6 Related party disclosures

The Group regards a related party as a person (including their immediate family members) or an entity with the ability to exert control individually or jointly, or to exercise significant influence over the Group, or vice versa. Related party trading balances are payable on demand. The Group has not recorded any impairment of receivables relating to amounts owed by related parties during the year (2024: nil). This assessment is undertaken each financial year through examining the financial position of the related party and the market in which the related party operates.

7 Operating lease commitments

	2025 (000's)	2024 (000's)
Non-cancellable operating lease payments		
Less than 1 year	10,728	11,578
Later than 1 year less than 5 years	25,322	29,132
Later than 5 years	34,694	38,743
Total operating lease commitments	**70,744**	**79,453**

Operating leases are leases that do not transfer substantially all the risks and benefits incidental to ownership of the leased item to the Group. Operating lease payments are recognised as an operating expense in surplus or deficit on a straight-line basis over the lease term. Hato Hone St John has operating lease agreements related to properties, equipment and vehicles rented by Hato Hone St John for administrative and operational purposes.

8 Capital commitments

	2025 (000's)	2024 (000's)
Property, plant and equipment	11,797	20,594
Total capital commitments	**11,797**	**20,594**

9 Contingent liabilities

Contingent liabilities are subject to uncertainty or cannot be reliably measured and are not provided for. Disclosures as to the nature of any contingent liabilities are set out below. Judgements and estimates are applied to determine the probability that an outflow of resources will be required to settle an obligation. These are made based on a review of the facts and circumstances surrounding the event and advice from both internal and external parties.

	2025 (000's)	2024 (000's)
Lease premises guarantees	1,603	1,439
Total guarantees	**1,603**	**1,439**

10 Subsequent events

There were no material subsequent events to these accounts which would affect the interpretation of the accounts.

Ko te Mana Whakahaere me ngā Komiti Pū

Governance and key committees as at 23 June 2025

The International Order

Sovereign Head
HM King Charles III

The Great Officers

Grand Prior
HRH The Duke of Gloucester KG GCVO GCStJ

Lord Prior
Prof M R Compton AM GCStJ

Prelate
The Rt Rev T J Stevens CBE GCStJ

Chancellor
Mr T Budd GCStJ

Sub Prior
Dr S A Evans GCStJ

The Priory in New Zealand

Priory Chapter

Prior
HE The Rt Hon Dame A C Kiro GNZM QSO DStJ

Chancellor
Mr J H Whitehead CNZM KStJ

Deputy Chancellor
Maj B P Wood * KStJ DSD ED

Chancery Appointee
Mrs S L Marshall DStJ * (until 30 Nov 2024)

Bailiffs and Dame Grand Cross
Mr J A Strachan GCStJ *
Mr N B Darrow GCStJ
Mrs J A Hoban GCStJ
Dr S A Evans GCStJ

Elected and Appointed Members
Mr R D Blundell KStJ
Ms C M Chan OStJ *
Ms C A Fraser OStJ *
Ms N N Gini DStJ *
Mr S G Greaves OStJ *
Ms B J Hynes CStJ *
Mr P D Rankin CStJ
Mrs A M Rosamond OStJ
Mrs T R Simonsen CStJ * (until 18 Oct 2024)
Mr K F Smith CStJ
Mr P G Tranter CStJ
Mr K I Williamson KStJ QSM JP

Priory Officers

Director of Ceremonies
Mr J D Wills KStJ

Hospitaller
Ms L Evans OStJ

Librarian
Mr T M Skilton CStJ ED JP

Medical Advisor
Dr D J Anderson ASM MStJ

Priory Dean
The Most Rev Archbishop Sir D J Moxon KNZM KStJ MMCM

Priory Secretary
Ms C R Benson DStJ *

Registrar
Col (Rtd) S J Franklin CStJ

Volunteers Advisor
Mr G J Gillespie KStJ *

Advisors to Priory Chapter

Kaitohutohu-a-iwi
Mr T Pahi (until 13 May 2025)

Cadet of the Year
Miss B E Walker * (until 31 Dec 2024)
Miss L G Wilson * (from 1 Jan 2025)

Priory Chapter Committees

Priory Honours Committee

Chair
Mr J H Whitehead CNZM KStJ

Committee Members
Brig J P Broadley MBE (independent member)
Mrs P A Buchanan CStJ *
Mr I L Dunn KStJ
Col (Rtd) S J Franklin CStJ
Miss J R Gardner OStJ *
Mr G J Gillespie KStJ *
The Most Rev Archbishop Sir D J Moxon KNZM KStJ MMCM
Mr G W Salmon KStJ
Ms C R Benson DStJ * (ex-officio)
Mr P R Bradley CBE KStJ (ex-officio)

Priory Nominations and Appointments Panel

Chair
Mr J H Whitehead CNZM KStJ

Committee Members
Mr B M Blackbourn JP *
Ms N N Gini DStJ *
Mr G W Salmon KStJ (until 30 Sep 2024)
Ms C Scholes
Mr K I Williamson KStJ QSM JP
Maj B P Wood * KStJ DSD ED (from 11 Nov 2024)

Order Affairs Committee

Chair
Mrs J A Hoban GCStJ

Secretary
Mr P D Wood KStJ *

Committee Members
Mr G J Crowley OStJ
Mrs P J Hall MStJ
Mr G S Handy OStJ JP
Mrs S A Howe CStJ (until 8 Jun 2025)
Ms E McClure OStJ *
Mrs M A Rankin OStJ *
Mr P D Rankin CStJ
Mr P G Tranter CStJ
Ms C R Benson DStJ * (ex-officio)
Mr J H Whitehead CNZM KStJ (ex-officio)

Priory Rules Committee

Chair
Mr P D Wood KStJ *

Committee Members
Ms C R Benson DStJ *
Mr P D Rankin CStJ
Mr P F Robinson OStJ *
Mr T M Skilton CStJ ED JP
Mr M G C Stephens MStJ VRD
Mr J A Strachan GCStJ *
Mr B S Sutton
Mr K I Williamson KStJ QSM JP
Mr J H Whitehead CNZM KStJ (ex-officio)

Volunteer Support Group

Chair
Mr G J Gillespie KStJ *

Committee Members
Ms J M Cutforth MStJ
Mrs S E Drinkwater
Mrs E Mason MStJ
Mrs M A McLeod MStJ (until 28 Feb 2025)
Ms R S Oakley
Mrs K S Sunckell CStJ
Mr R T Volmer
Mr N A Whitfield *
Mr J H Whitehead CNZM KStJ (ex-officio)

Priory Board

Chair
Mr J H Whitehead CNZM KStJ

Deputy Chair
Maj B P Wood KStJ DSD ED *

Chancery Appointee
Mrs S L Marshall DStJ * (until 30 Nov 2024)

Members
Mrs W M A Hong (from 1 Oct 2024)
Ms G H M Moana-Tuwhangai MNZM JP
Mr B M Nielsen CStJ (from 1 Oct 2024)
Mr A Prasad JP
Ms J Read QSO MStJ (until 30 Sep 2024)
Mrs P M Rose QSO CStJ
Mr G W Salmon KStJ (until 30 Sep 2024)
Mr C L Watson MStJ

Priory Board Committees

Clinical Governance Committee

Chair
Maj B P Wood CStJ DSD ED *

Committee Members
Dr D J Anderson ASM MStJ
Mr J E Butcher
Dr S A Evans GCStJ
Ms B J Hynes CStJ *
Ms G H M Moana-Tuwhangai MNZM JP
Dr J E Moore CStJ
Mr A Prasad JP
Mr D M Spearing MStJ
Dr V J Thornton
Mr G C Tobin (Paramedic Attendee)
Mr J H Whitehead CNZM KStJ (ex-officio)

Risk and Audit Committee

Chair
Mr A Prasad JP

Committee Members
Ms S M Cumming ONZM DStJ
Mrs W M A Hong (from 1 Oct 2024)
Ms J Read QSO MStJ
Mr K F Smith CStJ
Mr J H Whitehead CNZM KStJ

People and Capability Committee

Chair
Mrs P M Rose QSO CStJ

Committee Members
Mr P N Brown
Ms L F Hutchinson
Mr B Keys (until 23 Oct 2024)
Mr S Mataele (from 1 Dec 2024)
Ms G H M Moana-Tuwhangai MNZM JP
Mr G W Salmon KStJ (until 30 Sep 2024)
Mr C L Watson MStJ
Mr J H Whitehead CNZM KStJ

Asset Management Committee

Chair
Mr G W Salmon KStJ (until 30 Sep 2024)
Mr C L Watson MStJ (from 1 Oct 2024)

Committee Members
Mr T R G Blacktop CStJ
Mr J D Butson OStJ
Mr G S Handy OStJ JP
Mr B M Nielsen CStJ (from 1 Oct 2024)
Mr K Simpkin CStJ *
Mrs E Wansbrough (from 1 Dec 2024)
Mr C L Watson MStJ (until 30 Sep 2024)
Mr J H Whitehead CNZM KStJ (ex-officio)

Tāhuhu Advisory Komiti

Chair
Ms G H M Moana-Tuwhangai MNZM JP

Committee Members
Mr T R Gage
Mr J Kendrick MStJ
Ms N W Manawatu-Brennan (until 6 Nov 2024)
The Most Rev Archbishop Sir D J Moxon KNZM KStJ MMCM
Mrs P M Rose QSO CStJ
Miss M Turrall
Mr J H Whitehead CNZM KStJ

Region Trust Boards

Northern Region

Interim Chair
Mr K F Smith CStJ (until 30 Apr 2025)

Chair
Mr W F Leech MStJ (from 1 May 2025)

Elected Members
Mr J E Issott OStJ
Mr W F Leech MStJ (until 30 Apr 2025)
Mr N B Roberts OStJ
Mr K E Shaw MStJ
Mr K Simpkin CStJ *
Miss D M Smith CStJ (until 2 Aug 2024)

Appointed Members
Miss G M Atkinson MStJ * (from 10 Mar 2025)
Mr M R Crosbie CStJ (from 1 Oct 2024)
Dr A Zhu CStJ

Patron
Mr R D Blundell KStJ

Central Region

Chair
Mr T R G Blacktop CStJ

Elected Members
Miss C J Abbott OStJ
Mr N A Beavers OStJ
Mr G H Burt
Mr R M Hurrell
Mr A R Ludlow MStJ
Mr G W Salmon KStJ (from 7 Oct 2024)
Mr M G C Stephens MStJ VRD

Appointed Members
Ms L F Hutchinson (until 31 Mar 2025)
Mr R R Sharma

Youth Governance Intern
Miss E N Ball *

South Island Region

Chair
Mr G S Handy OStJ JP

Elected Members
Mr C J Blanchfield MStJ
Mrs M P A Corkindale DStJ
Mr C J Fraei OStJ * (until 9 Sep 2024)
Mr P W Hunt MStJ
Mr M MacKereth MStJ
Rev R D Morgan OStJ
Ms A A Shepherd CStJ
Mrs T R Simonsen CStJ * (from 21 Oct 2024)
Mrs A C Tiffen MStJ

Appointed Members
Mrs P A Buchanan CStJ * (from 20 Jan 2025)
Miss J D Gillespie MStJ *

** Denotes a recipient of the Order's Grand Prior's Award*

Tō tātou whakamāramatanga
Our governance explained

Hato Hone St John is part of a global organisation. As we are a Royal Order of Chivalry, at the head of the family is the Sovereign Head King Charles III. Richard Duke of Gloucester is the Grand Prior.

Grand Council

The governing body of St John worldwide is its Grand Council. They guide our mission, shape our future by setting the international strategy, oversee international policies, and ensure we stay true to our values.

Prior

The position of Prior in New Zealand is held by the Governor-General. At present, our Prior is The Rt Hon Dame Cindy Kiro, GNZM QSO DStJ. The Prior is supported by the Chancellor, who is her deputy. Our Chancellor is John Whitehead, CNZM, KStJ.

Priory Chapter

Priory Chapter is the governing body of the Priory and advises the Prior on all matters relating to the affairs and work of Hato Hone St John. They oversee the ethos of the organisation, approve the strategic and financial direction, support change to international policy and the conferral of honours and awards. Priory Chapter is the guardian, ensuring the organisation is upholding the values and character of the Order. They are the accountability body overseeing the Priory Board, similar to a shareholders' council.

Priory Chapter is chaired by the Governor-General, as Prior of the Order in New Zealand, or by the Chancellor as deputy.

Priory Board

Priory Board (chaired by the Chancellor) holds the delegated authority from Priory Chapter for operational governance, supervising the unity, control, and management of Hato Hone St John. There are five subcommittees which focus on people matters, risk and audit, clinical governance, asset management, and our engagement with Māori.

Regional Boards

Our Regional Boards administer Hato Hone St John functions within each region, as delegated to them by the Priory Board. They have specific responsibility for setting the structure of Area Committees, who in turn develop a deep understanding of community health and wellbeing needs. Area Committees plan programmes and initiatives to ensure their community becomes stronger and healthier. They care for our people, finances, and property while enhancing the reputation of Hato Hone St John in their community.

Deloitte.

Independent Auditor's Report on the Summary Consolidated Performance Report

To the Trustees of the Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ('The Order of St John New Zealand')

Opinion

The summary consolidated performance report of the Trustees of the Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ('The Order of St John New Zealand') and its subsidiaries (the 'Group') comprises the summary consolidated financial statements on pages 31 to 37 and the summary consolidated statement of service performance on pages 20 to 24. The complete set of summary consolidated financial statements comprises the summary consolidated statement of financial position as at 30 June 2025, and the summary consolidated statement of comprehensive revenue and expense, summary consolidated statement of changes in net equity and summary consolidated statement of cash flows for the year then ended, and related notes. The summary consolidated performance report is derived from the audited consolidated financial statements of the Group for the year ended 30 June 2025.

In our opinion, the accompanying summary consolidated performance report, on pages 31 to 37 and 20 to 24, is consistent, in all material respects, with the audited consolidated performance report, in accordance with PBE FRS 43: *Summary Financial Statements* issued by the New Zealand Accounting Standards Board.

Summary consolidated performance report

The summary consolidated performance report does not contain all the disclosures required by Public Benefit Entity Standards. Reading the summary consolidated performance report and the auditor's report thereon, therefore, is not a substitute for reading the audited consolidated performance report and the auditor's report.

The audited consolidated performance report and our report thereon

We expressed an unmodified audit opinion on the audited consolidated performance report in our report dated 6 October 2025.

Priory Board's responsibilities for the summary consolidated performance report

The Priory Board is responsible on behalf of the Group for the preparation of the summary consolidated performance report in accordance with PBE FRS 43: *Summary Financial Statements*.

Auditor's responsibilities

Our responsibility is to express an opinion on whether the summary consolidated performance report is consistent, in all material respects, with the audited consolidated performance report based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) ('ISA (NZ)') 810 (Revised): *Engagements to Report on Summary Financial Statements*.

Our firm carries out other assignments for the Group in the area of reasonable assurance for New Zealand Community Trust (NZCT) and New Zealand Qualifications Authority grants (NZQA). These services have not impaired our independence as auditor of the Entity and Group. In addition to this, partners and employees of our firm deal with the Entity and its subsidiaries on normal terms within the ordinary course of trading activities of the business of the Entity and its subsidiaries. The firm has no other relationship with, or interest in, the Entity or any of its subsidiaries.

Restriction on use

This report is made solely to the Priory Board, as a body, in accordance with Section 12.2 of the Rules of Priory. Our audit has been undertaken so that we might state to the Priory Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Priory Board as a body, for our audit work, for this report, or for the opinions we have formed.

Deloitte Limited

Auckland, New Zealand
6 October 2025

This audit report relates to the summary consolidated performance report of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ('The Order of St John New Zealand') and its subsidiaries (the 'Group') for the year ended 30 June 2025 included on the entity's website. The Priory Board responsible for the maintenance and integrity of the Entity's website. We have not been engaged to report on the integrity of the Entity's website. We accept no responsibility for any changes that may have occurred to the summary consolidated performance report since they were initially presented on the website. The audit report refers only to the summary consolidated performance report named above. It does not provide an opinion on any other information which may have been hyperlinked to/from the summary consolidated performance report. 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 summary consolidated performance report and related audit report dated 6 October 2025 to confirm the information included in the summary consolidated performance report presented on this website.

Serving *communities* ACROSS AOTEAROA NEW ZEALAND

Hato Hone St John

To find out more about what Hato Hone St John does in communities around Aotearoa New Zealand or to support:

stjohn.org.nz
0800 ST JOHN (0800 785 646)
info@stjohn.org.nz

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