Te Pūrongo ā-tau o Hato Hone St John

Hato Hone St John Annual Report 2025/2026



Hato Hone St John


St John
NATASHA
INCIDENT
SUPPORT

Whakapakari ake
We make it better

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

Our 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 720,925 emergency calls and we treated or transported 567,962 patients. Thank you to our Ambulance Service Purchasers – ACC and Health New Zealand. We look forward to continuing to work with you as we make life-changing differences with our communities now and into the future.

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 136,808 tamariki via our St John in Schools programme, provided peace of mind for 59,710 of our elderly and vulnerable with our medical alarm service, and completed 93,371 Waka Ora Health Shuttle client trips.

Ihirangi
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Tā tatou moemoeā | Our vision

Ko te mana ora ōrite
Enhanced health and wellbeing for all

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

Kotahi ngā whāinga | Our shared goals

- Cardiac arrest survival
- Falls prevention and response

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



Piritaha

We stand side by side

Priory Board (as at June 2026)



John Whitehead
Chair of the Priory Board



Brendan Wood
Deputy Chair of the Priory Board



Dr TeUrikore Biddle
Priory Board Member



Stephen Crombie
Priory Board Member



Kate Lopez
Advisor to the Priory Board



Amit Prasad
Priory Board Member



Paula Rose
Priory Board Member



Chris Watson
Priory Board Member

Executive Leadership Team



Peter Bradley
Chief Executive



Mihi Blair
Deputy Chief Executive
Māori Health & Engagement



Cameron Brill
Deputy Chief Executive
Corporate Operations



Emma Butler
Deputy Chief Executive
People



Ziena Jalil
Deputy Chief Executive
Strategy & Executive Operations



Pete Loveridge
Deputy Chief Executive
Community Health



Jon Moores
Deputy Chief Executive
Clinical Services



Dan Ohs
Deputy Chief Executive
Ambulance Operations



Michelle Teirney
Deputy Chief Executive
Finance & Business Insights

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

Saving lives

720,925
emergency calls for an ambulance

567,962
patients treated and/or transported by ambulance personnel

87,031
people received scheduled transport

4,362
events attended



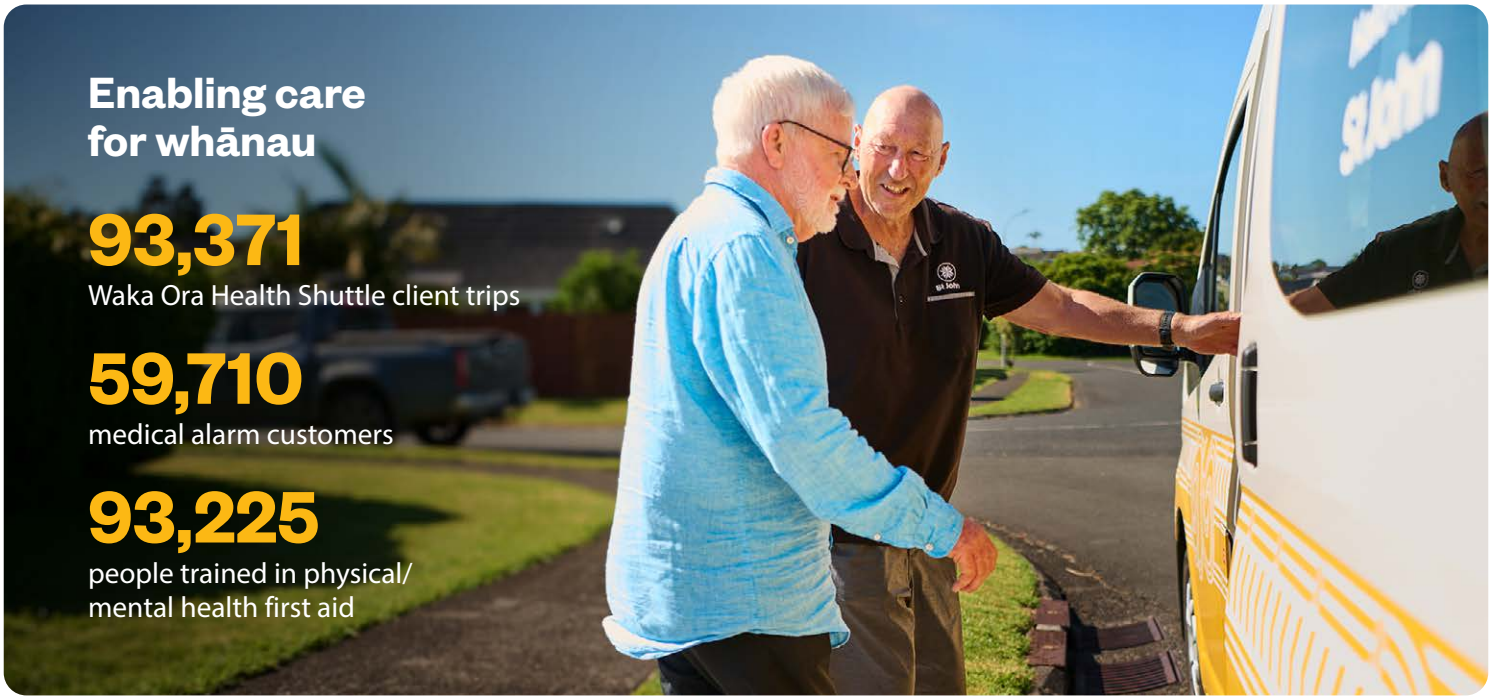


Building confident communities

136,808
tamariki participated in St John in Schools

2,638
youth members

978
Hato Hone St John defibrillators in communities



Enabling care for whānau

93,371
Waka Ora Health Shuttle client trips

59,710
medical alarm customers

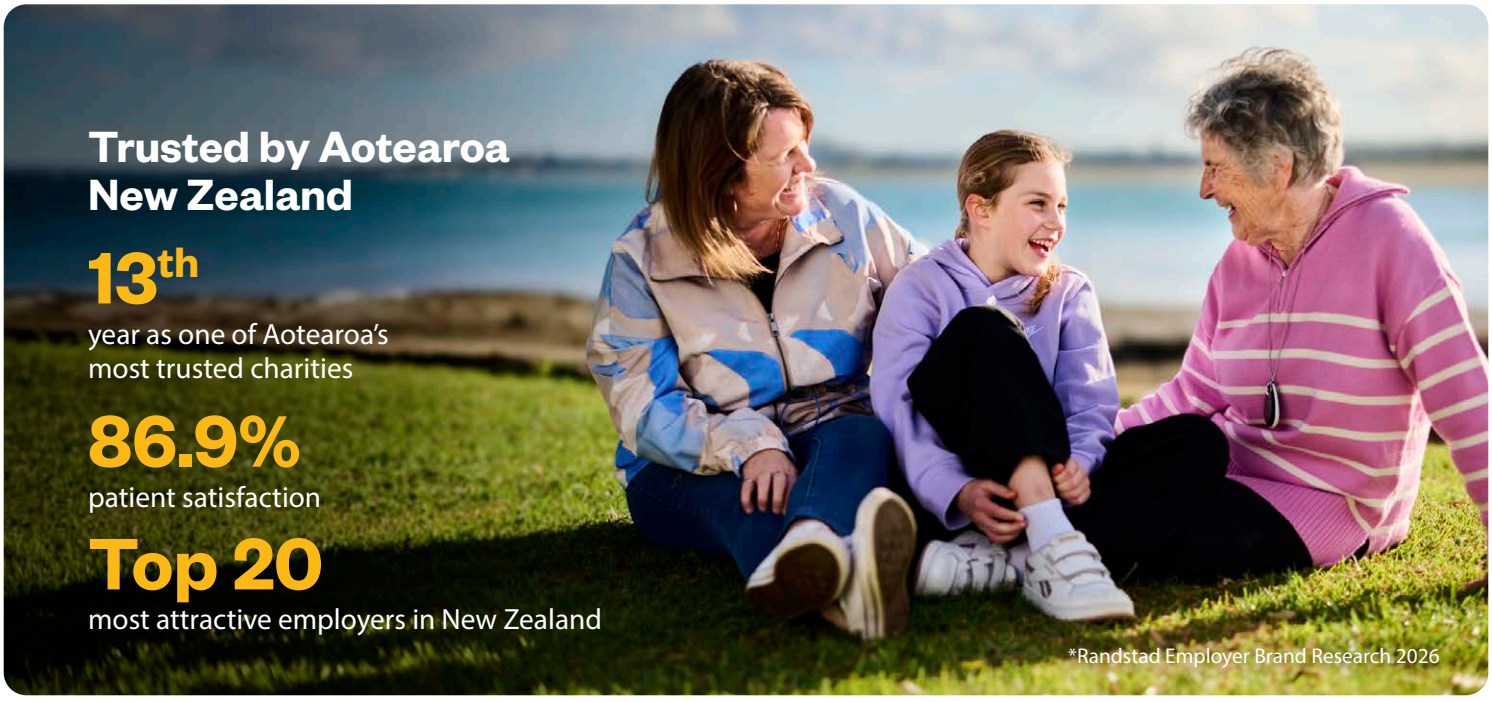
93,225
people trained in physical/ mental health first aid

Our people in action

3,470
Hato Hone St John paid staff

7,853
total volunteers

2,133
ambulance volunteers



Trusted by Aotearoa New Zealand

13th
year as one of Aotearoa's most trusted charities

86.9%
patient satisfaction

Top 20
most attractive employers in New Zealand

*Randstad Employer Brand Research 2026



Pūrongo nō te Kai Whakahaere Matua

Chancellor's *Report*

I have just served my sixth and final year as Chancellor and Chair of Hato Hone St John, and what a privilege it was to have my term extended through October. This gave me valuable time to help progress programmes that are close to my heart, and an opportunity to spend extra time in our communities, speaking to our wonderful people.

A warm welcome to Brendan Wood

I am currently getting ready to hand over the baton to Chancellor (Designate) Brendan Wood, KStJ DSD ED. Brendan brings governance, leadership, and extensive healthcare experience, underpinned by a distinguished career in paramedicine, education, and military service. He has served the Order with distinction for 50 years and has been recognised as a Knight of the Order of St John.

Programmes that remain close to my heart

Our Connected Communities project aims to provide clarity to the roles and responsibilities of our local teams, and to better connect them to Hato Hone St John's national mission. Our volunteers and committees are central to how the community experiences Hato Hone St John, and we want to empower them to do their best work in enhancing health and wellbeing wherever they serve.

Earlier this year, we made the difficult decision to transition our Hospital and Therapy Pet volunteers to partner organisations to focus on health education, access, and monitoring in line with the refreshed Community Health strategy. Thanks to support from hospitals around the motu, most of our hospital volunteers will continue their important mahi under the care of those individual hospitals. We've also secured a partnership with Canine Friends, who will support the transition of volunteers who wish to remain in Therapy Pet roles.

I've been involved in the ongoing advocacy work to negotiate a new Emergency Ambulance Services contract for the next four years. It has been an honour to be part of the conversation, and I hope that we can secure a contract that will reduce reliance on our reserves, increase our operational sustainability, and enable new community health initiatives.

St John International

I attended the Grand Council in Canberra in September 2025 where the theme was 'Building a Sustainable St John'. We discussed how we sustain the 'family of charities' to deliver the mission, and how we jointly utilise our strength as a global family. It was wonderful to connect with our international whānau – we always learn something new from each other, but equally it's reassuring to know we have a shared mission to bring us together.

On 23 June, I concluded my term with the Trustees Executive Committee. It has been a privilege to have a seat at this international table representing Hato Hone St John, and it has deepened my understanding of the impact our work has globally.

Priory Chapter and Priory Board

In Priory Chapter, Ken Williamson's term ended and Kelvan Smith made the decision to stand down. I would like to extend my appreciation to them both for their valuable contributions and ongoing support of Priory Chapter.

The first terms of Peter Tranter and Cate Fraser, Shaun Greaves, and Lorna Evans also concluded on 23 June. Peter and Cate have been reappointed for a second term and Priory Chapter approved Lorna Evans as an additional Priory Chapter member. She will retain the portfolio of Hospitaller. Shaun stood for election for a second term and was re-elected. My congratulations to you all.

In Priory Board, Brent Nielsen and Alma Hong both departed, while Paula Rose's term was renewed. Te Urikore Biddle and Stephen Crombie joined as Board members, and Kate Lopez as Priory Board Advisor.

It was with sadness that we had to farewell Priory Board member, Maxine Moana-Tuwhangai MNZM JP, who passed away in 2025. Maxine was a valued member of the Priory Board who made wonderful contributions to our mahi.

I also want to acknowledge the passing of John Strachan GCStJ, who served our organisation locally and globally for 60 years.

Our thoughts remain with both Maxine's and John's whānau.

A fond farewell

As I sign off this report for the final time, I want to take a moment to thank our Order Members, Governors, Priory Officers, Region Boards, Area Committees, volunteers, management and staff, as well as community partners, funders, and donors. The demand for our services may continue to increase, but I know you will rise to the occasion, because it is your firm belief that your communities deserve enhanced health and wellbeing. Your passion and dedication in working towards this goal is what makes this organisation so remarkable.



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



Pūrongo nō te Tumu Whakahaere

Chief Executive's *Report*

Kia ora tātou,
Once again, it's time for me to reflect on the year that's been here at Hato Hone St John. I signed off last year by mentioning that we had refreshed our organisational strategy, *Manaaki Ora*, to see us through to 2035 and 150 years of St John in Aotearoa New Zealand. The past 12 months have seen us embrace our strategy by focusing on what matters most so we can have the biggest impact on our patients and our communities.

Meeting the needs of our communities

We continue to align our services with the needs of the people of Aotearoa New Zealand. Whether it's through the work we are doing to reach our rural communities, or our commitment to health equity for Māori, our strategy reminds us that different communities have different needs.

In September, we welcomed our Deputy Chief Executive for Māori Health and Engagement, Mihi Blair, Ngāti Whatua. Mihi's appointment has enabled progress in workforce development, iwi engagement, and cultural capability programmes focused on improving health outcomes for Māori.

Our shared goals in action – Falls prevention and response and Out of Hospital Cardiac arrest survival

New Zealand's ageing population brings higher rates of falls. As one of our shared goals, we created our new April Falls campaign with our partner agencies, supporting those most at risk to stay safe, strong and independent for longer. Through a coordinated focus on falls prevention, we saw significant improvements in falls referrals and ran many falls education sessions nationwide.

Our second shared goal is cardiac arrest survival. With the out of hospital cardiac arrest survival rate still sitting at 11%, we want to improve this. CPR education and equitable access to AEDs are two components we can influence, and our annual Shocktober campaign aims to tackle this head on. Through the 2025 campaign, more than 29,000 New Zealanders learned how to respond in the event of sudden cardiac arrest, almost doubling our goal of 15,000. There's more to do here, and we're determined to see improved survival rates over the coming years.

Future proofing our infrastructure

Once again, our Light the Way Annual Appeal focused on the build and repair of critical ambulance stations. Ensuring our teams have fit-for-purpose facilities supports their wellbeing, strengthens our operational sustainability, and helps ensure we can continue to be there for our communities.

Securing additional investment in our infrastructure is a focus for our next four-year contract with our Purchasers, ACC and Health New Zealand. Ahead of this, we appreciated the Government's pre-Budget announcement in May, which included funding for two new large ambulance station hubs in Auckland.

Meaningful stakeholder relationships

Over the last two years, we've worked hard to build strong relationships with our key stakeholders, partner agencies, and with senior officials at Health New Zealand, ACC, and Government more broadly. These relationships have been important, as we look to share some of the good work that we do and understand how we can better support the health system and the work of other key agencies.

I cannot think of a time since I've been Chief Executive when we've had such positive engagement with Ministers, the Prime Minister and, importantly for us, the Minister of Health. This has resulted in a shared understanding of health priorities, the role we play, the challenges we face, and the difference we can make to support improved patient outcomes.

Trust and recognition

In May, we were honoured to be recognised as one of New Zealand's Most Trusted Charities in the Reader's Digest annual Trusted Brand Awards for the 13th time. This recognition reflects the confidence New Zealanders place in Hato Hone St John when they need help the most. Throughout the year, our people were also recognised across several industry awards, reflecting the expertise and commitment our teams bring every day.

Thank you

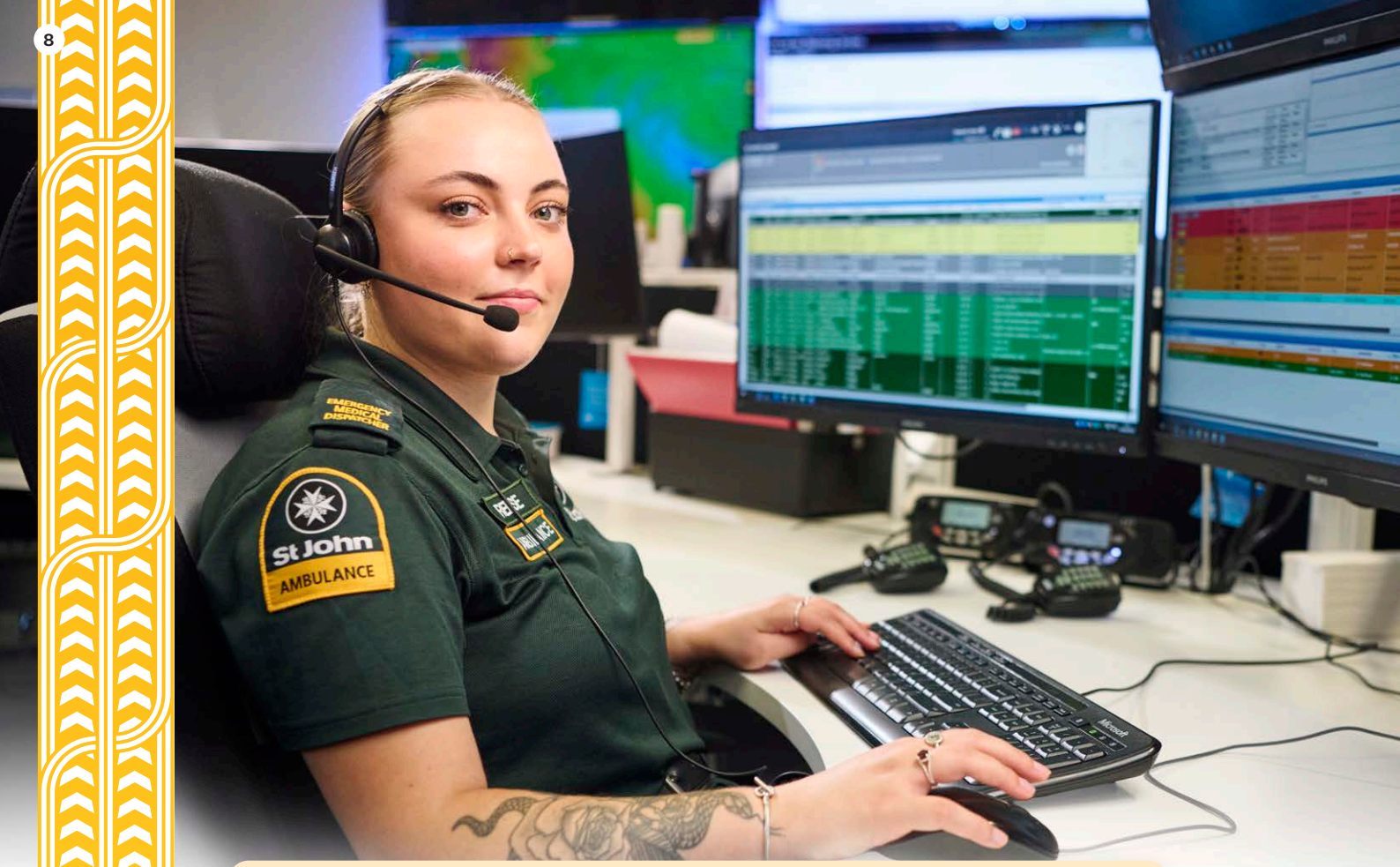
I feel a deep sense of gratitude, respect and pride when I reflect on the dedication and hard work of our 3,470 paid staff and our 7,853 volunteers. They contribute an incredible amount towards achieving our vision of enhanced health and wellbeing for all, and whatever their role, they deserve thanks for all that they do.

A special mention to departing Chancellor John Whitehead, who is about to conclude his sixth and final year in the role. John has been a fantastic advocate for all that we do, and I can't thank him enough for the support he has given me, and the impact he has made.

A final big thank you must go to our Ambulance Service Purchasers, ACC and Health New Zealand; our health partners and key stakeholders; and our emergency service partners, Wellington Free Ambulance, Fire and Emergency New Zealand and New Zealand Police. To all our partners, supporters and donors, thank you. We look forward to working with you as we continue to make life-changing differences in our communities well into the future.



Peter Bradley CBE KStJ,
Chief Executive/Tumu Whakarae



Over the next few pages, we take a closer look at our achievements from the past year under each of our strategic aims.

Whakapakari i te hauora mō ngā tāngata katoa, mā te tiaki rangatira me ngā ratonga whakahirahira

Improving health for all through excellent care and services

Everyone in Aotearoa New Zealand deserves care that is safe, timely, and meets their needs. We're committed to providing care that makes a real difference, grounded in clinical excellence and a deep understanding of what our communities need.

The needs of our communities are changing, and the pace of that change will increase over the next decade. By 2036, more than one in five New Zealanders will be aged 65 or older, more people will be living at home with long-term health conditions, frailty and complex needs, and the wider health system will be under growing pressure. As an organisation, we are well placed to respond. We are present in communities across the country, 24 hours a day, and trusted by the people we serve.

He Rautaki Waka Manaaki, our Ambulance Service Strategy 2025–2035, recognises that a modern ambulance service must do more than respond and transport. It needs to connect patients with the wider health system, and deliver the right care, in the right place, at the right time.

In FY26, 720,925 calls were made to 111, resulting in 567,962 incidents for Hato Hone St John, 14.1% more than in FY21. Despite this increase, our people have continued to adapt how care is delivered and preserve ambulance capacity for those with the greatest need. This year, we responded to 63% of PURPLE (suspected cardiac or respiratory arrest) incidents within six minutes, up from 52% in 2021. For RED (immediately life threatening) incidents, we achieved 48.3%, up from 44.7% in 2021.

Clinicians in our Integrated Operations Centre are helping patients get access to the right care through our secondary triage 'Hear and Advise' process. A paramedic or nurse assesses suitable

patients by phone or video, then provides clinical advice or connects them with a more appropriate service, without the need for an ambulance. This year, nearly 40,000 incidents were safely managed through Hear and Advise, a 66% increase on the previous year.

We introduced the Clinical Support Officer Navigator initiative this year, known as "NAV", to provide earlier clinical review for suitable 111 calls. Positioned immediately after 111 Call Handling is complete, NAV enables selected incidents to be reviewed before an ambulance is dispatched, strengthening clinical oversight and helping preserve ambulance capacity for life-threatening and time-critical emergencies. The NAV project won the Excellence in Technology category at the 2026 Council of Ambulance Authorities Awards for Excellence as well as the overall Star Award, which recognises the most innovative and groundbreaking initiative selected from category winners across ambulance services in Australia, New Zealand and Papua New Guinea.

For patients requiring face-to-face assessment, Extended Care Paramedics (ECPs) deliver complex low-acuity care in homes and communities. These highly skilled paramedics are dispatched selectively to low-acuity incidents for patients that can be safely managed in the home rather than be transported to hospital, reducing avoidable emergency department presentations and keeping ambulances available for time-critical emergencies.

Our Clinical Insights and Research team released our inaugural Emergency Airway Registry Report, providing the first national analysis of pre-hospital airway interventions undertaken by Hato Hone St John paramedics. Covering 4,409 cases, the report establishes an important baseline for clinical education, research and quality improvement. We also published the fourth National ST-elevation myocardial infarction (STEMI) Report, reviewing the treatment of 1,474 patients. It showed continued improvement in access to time-critical treatment while identifying ongoing inequities for Māori, rural communities, and people living in areas of higher deprivation. Together, these reports provide evidence that informs the way we develop our clinical practice and educate our people.

We are focused on delivering patient-centred care supported by our clinical governance framework, workforce capability, and evidence-based practice. Patient satisfaction remained high across our Emergency Ambulance Service at 86.9%. For the second year in a row, we were also ranked as New Zealand's number one work-based industry training provider for programme completion.

We completed substantial updates to our Clinical Practice Guidelines based on evidence and expert medical advice from a nationwide Ambulance Sector Working Group. The changes reflect contemporary evidence and expert clinical review. We also developed learning resources to help personnel understand and apply the changes in clinical practice through our continuing education programme.

This year we also launched our Community Health strategy, Tā tātou Rautaki Hauora Hāpori, with a focus on three prevention and wellness areas – health education, health access, and health monitoring. Our Community Health team is made up of more than 4,500 dedicated people – both paid and volunteer – who work together to positively impact the lives of New Zealanders.

As a connector within the health system, we help people to stay well and linked to care. To show how we're working towards our vision within New Zealand communities, we launched our Enabling care for all New Zealanders campaign which showcases the real, everyday impact of our Community Health services, including Caring Caller, Waka Ora Health Shuttle, and Telecare programmes. Our Caring Callers provide friendship and connection, our Waka Ora Health Shuttles help people get to essential appointments and our Telecare team continues to equip medical alarm users with greater confidence to continue living independently for longer.

Clarity Insight's (independent researcher) Telecare Segmentation Quantitative Research findings released in October 2025 showed that Hato Hone St John was New Zealand's most recognised medical alarm provider. We were thrilled to see that 65% of New Zealanders are more likely to choose us over other personal medical alarm providers. The research also found that 52% of surveyed users are much more likely to act promptly on health warning signs because they have a St John Medical Alarm.





Whakapūmau i te tōkeketanga mō ngā Māori

Committing to equity for Māori

Together, we're shaping services that are culturally grounded, inclusive, and deliver meaningful health outcomes for tāngata Māori | Māori people across Aotearoa.

Kia roa te ora o āku mokopuna | May the lives of our descendants be longer than ours.

In FY26, Māori patients accounted for 22% of ambulance responses, with demand increasing by 1.8% from FY25. We are improving culturally safe models of care and using data to target services where inequities are greatest. Equity is being built into how services are designed, commissioned, and delivered.

Māori workforce representation increased this year, particularly through our Residential Emergency Medical Technician (R-EMT) training programme, a key talent pipeline into our organisation. Māori represented an average of 19% of recruits across four recent R-EMT cohorts. We were privileged to have cohorts tekau mā rima and tekau mā ono welcomed by way of pōwhiri at Ōrākei Marae.

Overall, Māori recruitment increased, with 230 Māori joining the organisation compared with 166 the previous year, supported by a 51% increase in Māori applicants. Māori workforce representation increased from 7.6% to 8.4% of paid staff by the end of Q3, driven by R-EMT and workforce pathway initiatives such as Te Awa Haapai.

Te Awa Haapai is a kaupapa Māori driven relationship between Hato Hone St John and Waikato-Tainui that provides a culturally grounded pathway into emergency care through the First Responder programme. The initiative was established to strengthen community resilience, create meaningful opportunities for Māori, and develop future pathways into Hato Hone St John. Throughout FY26, Te Awa Haapai achieved 100% learner retention, with all tauira | students successfully progressing. Throughout the programme, tauira completed foundational learning, participated in wānanga, gained operational experience, and were introduced to a range of future pathways across Hato Hone St John, including Event Health Services, Patient Transfer Services, and frontline emergency ambulance opportunities. A governance group has been established to support sustainability and oversight

of this kaupapa Māori ambulance workforce pathway. In June, Hato Hone St John and Waikato-Tainui came together at Hopuhopu to celebrate the inaugural Te Awa Haapai cohort, recognising the achievements of 10 tauira students who have successfully completed this part of the journey through the programme.

This year, Hato Hone St John launched the Ngāti Hine First Aid Programme, with first aid training delivered in te reo Māori for the first time. Courses were held at marae across the Ngāti Hine rohe, and one of the two trainers recruited whakapapa to Ngāti Hine. Kāhui Mauaka and Community Health worked alongside Ngāti Hine Health Trust to develop a course tailored for 150 kōhanga kaimahi and whānau. Delivery began in May 2026, supported by te reo Māori resources, Ngāti Hine branded first aid kits, and AEDs with instructions in te reo Māori. The programme reflects Ngāti Hine aspirations and aims to build whānau confidence and first aid knowledge through an approach that can be sustained into the future.

Our work to build strong relationships with iwi over the past year has resulted in the success of a number of key initiatives and projects. This includes Eke Manaaki, our iwi ambulance membership partnership that was co-designed with Waikato-Tainui to make it easier for Māori to access emergency ambulance services. We are also working alongside iwi in the community on other initiatives, including Manaaki Mamao, a programme that manages hypertension amongst high-risk Māori and Pacific patients.

Hato Hone St John was proud to be represented by various teams at Waitangi Day this year including our Kāhui Mauaka and Community Health teams, with support from of our Te rōpū o Te Manawaora of Kaikohe, and our Event Health Services and Emergency Ambulance Service teams from Northland and Auckland. The teams supported whakawhanaungatanga, ensuring our presence was meaningful, respectful, and grounded in kaupapa Māori. Our presence at Waitangi highlights our commitment to fostering genuine connections with iwi Māori and deepening our understanding of the history of Te Tiriti o Waitangi, both of which are critical to shaping services that are culturally grounded, inclusive, and deliver meaningful health outcomes for tāngata Māori.

In Q4, one of our organisation's taonga, our Aka Whiri app, was upgraded with new content and a fresh look to support our Māori cultural confidence journey. The re-launch saw changes to the design and included new content such as tikanga principles, quizzes, and more karakia and waiata to support our kaimahi towards their cultural capability development. This is a vital resource for Hato Hone St John as it empowers our people to build cultural confidence in real time and normalise te reo Māori throughout our communities.

Our Te Aka Kawa framework was developed and endorsed by Tāhuhu Komiti, providing organisational guidance on tikanga and kawa to support culturally safe practice across Hato Hone St John. Te Aka Kawa is a practical, living guide designed to help navigate tikanga in day-to-day work – a resource to support and uplift, which recognises that every kaimahi brings their own experiences, strengths, and identity to Hato Hone St John. ●

R-EMT pōwhiri at Ōrākei Marae





Mahitahi kia whai hua ake

Partnering for greater impact

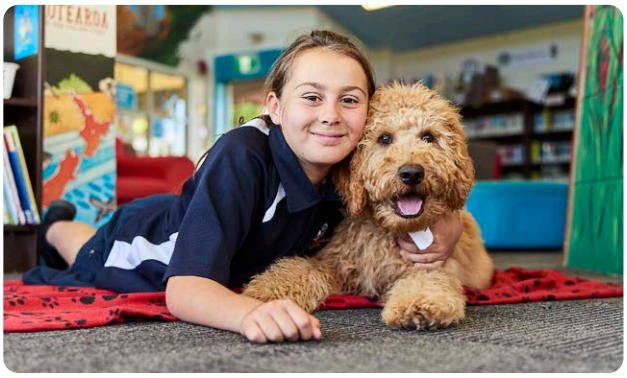
We're stronger when we work side by side to make life-changing differences. By joining forces with others across the motu | country and around the world, we can amplify our impact and reach more people in new, better ways.

Hato Hone St John works closely with Fire and Emergency New Zealand through first response and co-response arrangements across Aotearoa New Zealand. First response sees Fire and Emergency crews trained as First Responders in rural and remote communities to enable them to respond when an ambulance may be some distance away, while co-response brings both organisations together at specific incidents such as cardiac arrest, where each contributes complementary capability. In FY26, 10,960 incidents included either a FENZ first or co-response. This work is supported by a Memorandum of Understanding that provides a clear framework for how our organisations work together. By coordinating our response and making the best use of shared capability, we can support safer, more effective outcomes for patients and communities across the motu.

We're working alongside Health New Zealand | Te Whatu Ora and ACC on the Rural Unplanned Urgent Care project pilot, with services established in Tākaka and Te Kūiti and work progressing in Twizel. The project aims to tackle healthcare inequities faced by rural communities and includes a review of the Primary Response in Medical Emergency (PRIME) service. We've provided clinical and operational insights, focusing on improving emergency response capabilities and supporting the integration of primary, urgent, and emergency care in rural areas.

We signed a Memorandum of Understanding with New Zealand Police, strengthening the framework for collaboration between our organisations. The agreement supports clearer and more consistent ways of working together when Police and ambulance personnel respond to incidents and care for patients.

Our Patient Transfer Services team worked in partnership with Health New Zealand and Starship to co-design and commission New Zealand's first dedicated paediatric patient transfer ambulance. The vehicle has been purpose built to best support tamariki during transfers, providing a child-focused, welcoming, and interactive interior environment. It has also been designed to maximise clinical use, with increased cabin and seating space for specialist intensive care retrieval teams and improved access to patients during transfer.



Our work as part of the Public Safety Network (PSN) programme continued this year. The PSN is implementing a new communications network for Hato Hone St John and Wellington Free Ambulance, Fire and Emergency and New Zealand Police frontline responders in New Zealand. Work is currently focussed on the Land Mobile Radio Project, a new resilient and secure digital radio network with improved coverage along with new radio terminals and portables. This year we were the first agency to complete PSN vehicle fleet installation fit out with new radio equipment, which will be able to work on the new digital radio network due to go live in 2027.

We partnered with NZ Police to be their exclusive First Aid Training provider, developing a programme for 10,000 police built specifically around Police operational realities. The course is taught by EMTs and paramedics and supported by new clinical guidance in the Police CheckPoint app. Our team expects to deliver more than 600 courses annually, making this one of the largest and most logistically complex training programmes we've ever run.

Partnership has been a vital part of our Connected Communities project, our vehicle for reimagining how our Community Engagement model works, ensuring it remains relevant, effective, and connected to our mission. Engagement has been broad, deep, and multi-channel, highlighting a range of issues and opportunities. Overwhelmingly these come from a shared commitment to Hato Hone St John and the services it provides communities. After hearing over 3,500 pieces of feedback from volunteers and paid staff, we are in a co-design phase which will help us to confirm our new way of working and ways to implement it.

This year we communicated the difficult decision to transition our Friends of the Emergency Department (FEDs) and Therapy Pets programmes over to other providers to support our focus on prevention and wellness in our communities. Thanks to support from hospitals around the motu, many of our FED volunteers will continue their important mahi under the care of those individual hospitals. To mark the end of an era and celebrate our wonderful volunteers, FEDs appreciation events were held at hospitals around Aotearoa, a fitting way to show how valued they are by hospitals, patients, and whānau. We were also happy to confirm a partnership with Canine Friends, who are supporting the transition of volunteers who wish to remain in Therapy Pets roles. This approach has been guided by feedback from our volunteers, and a focus on maintaining continuity of service in our communities where possible. For volunteers who do not wish to transition to Canine Friends, we've worked to explore alternative options, including local partnerships or direct transfers. Both FED and Therapy Pet volunteers were gifted a commemorative pin to wear on their uniforms going forward and a memory book reflecting on the incredible impact of the service over the years.

We strengthened our engagement with Government, hosting the Prime Minister and other Ministers and Members of Parliament, and organising six ambulance observer shifts. This engagement included 12 ministerial meetings alongside meetings with other Members of Parliament, 20 stakeholder and influencer meetings and 16 policy submissions, substantially strengthening the organisation's public-policy voice. We also held our first Annual Review event at Parliament, hosted by the Associate Health Minister and attended by approximately 80 stakeholders.

Media sentiment was exceptionally strong, averaging 95.2% positive across the year despite sustained reactive and high-risk issues. We achieved more than 170 items of media coverage across national and regional broadcast, print and digital news channels, with a combined potential audience of 6.5 million. This media coverage was generated across nine key campaigns including our Out of Hospital Cardiac Arrest report, Shocktober, April Falls, our national ambulance data release, New Year's Eve workload, Annual Appeal, summer safety, winter wellness, and violence and aggression awareness initiative.

Our Iwi Engagement database grew to over 152 active relationships, ensuring a trusted conduit to help land our health and wellbeing educational messaging in the most effective way. To ensure this work continues, we are currently developing our Aka Here Tangata Iwi Engagement Action Plan and are working on strengthening partnerships across Te Tai Tokerau, Northland, Waikato, Te Tai Rāwhiti, East Coast and Te Wai Pounamu, South Island.





Whakamana tō tātou iwi, kia puāwai ai

Empowering our people to thrive

Our people are the heart of everything we do. We are working to build a culture where everyone feels safe, valued, and empowered to grow – where learning is encouraged, and wellbeing is a shared priority.

Our People team supported 3,100 hires this year, including 1,480 paid employees and 1,620 volunteers. Alongside this, we recognised 1,323 members representing 8,920 years of service and held two investitures honouring 48 people. We also introduced a strengthened honours-assessment framework and enhanced the efficiency of our honours and service award processes to recognise more of our people in a timely way.

We announced the relaunch of our Residential Emergency Medical Technician (R-EMT) programme in September 2025 in response to increasing vacancy rates, which were placing pressure on our people and services. The R-EMT programme is a proactive and sustainable investment in our future workforce, delivering capable clinicians and opening the door to a meaningful career in the ambulance service. The six-month, full-time, paid training programme blends theory, simulation, and real-world clinical practice. In FY26, we received 1,000 applications, resulting in four intakes of 25 successful applicants each. In April, we celebrated the graduates of two cohorts with whānau, representatives from Ngāti Whatua, our executive leadership team, and Health Minister Hon Simeon Brown. In total, 41 participants graduated and are now supporting Auckland, Coastal Lakes, Waikato, Central, Canterbury and Southland Otago.

We introduced a new Ambulance Operations Auckland roster this year, designed to better align personnel and ambulance availability with patterns of demand. The change supports more effective deployment of the region's workforce and greater operational resilience.

We significantly reduced frontline vacancies. Our Auckland Emergency Ambulance Services (EAS) vacancy dropped to 7.5% at year-end, compared with approximately 20% earlier in the year. We also recruited our full planned number of 111 Call Handlers and our Primary Triage vacancy was reduced to zero.

Our Workbook Automation Project was shortlisted as a finalist in the Excellence in Technology category at the CAA Awards for Excellence. This project uses carefully governed AI-enabled support to reduce the manual burden of workbook marking

and release clinical educator time for teaching and learner support. Workbook Automation is a strong example of using technology, clinical insight and service-led design to solve real operational challenges, freeing and empowering our people to prioritise patients and the health and wellbeing of their communities.

The Virtual Computer Aided Dispatch (CAD) project went live, enabling Ambulance Operations personnel to complete skill sign-offs in an operational context and undertake a virtual interview at their local station, reducing some of the travel and anxiety associated with clinical assessment.

We delivered virtual Continuing Clinical Education to 2,545 personnel this year, increasing the reach, flexibility, and consistency of clinical learning. This was supported by educational resources including Clinical Focus, Education Station, Coffee and Cases, and Expert-Ease. We also updated our First Responder Field Guide and co-response guidance to support safe and consistent patient care.

We developed and implemented a new 111 Call Handler induction programme with a redesigned curriculum and assessment framework. Work is underway to have the programme recognised for credits towards an NZQA Level 3 certificate. We also progressed the redevelopment of mentor education for personnel supporting others within our Ambulance Communication Centres.

The time our people spent using our online learning, growth, and development tool – Aspire – doubled compared with the previous year, with 1,100 eLearning modules completed per month and a 4.5/5 rating for confidence in applying eLearning. We had 115 new users on average access Aspire each month, showing our people's commitment to ongoing learning and development.

We onboarded a new Member Assistance Programme for our people, with new resources including a wellbeing portal, modular programmes, access to rongoa Māori, and online health and wellbeing assessments. We also secured a partnership with Fitness Passport as a new benefit for our people, with more than 500 members and their whānau already signed up. The partnership is helping make health and wellbeing more accessible for our staff and volunteers by reducing barriers of cost and convenience.

This year was International Volunteer Year (IVY), a global celebration of the power of volunteering to uplift communities. For Hato Hone St John, this further recognises what we know to be true: our volunteers are at the heart of our mission. IVY gave us an opportunity to meaningfully recognise and celebrate volunteer contributions, acknowledging impacts at individual, organisational, and community levels. To mark the year, we enhanced our internal Time to Shine Volunteering Awards, strengthening our recognition of volunteers' diverse contributions and commitment. We also introduced a new visual identity and supporting resources to help teams deliver genuine, meaningful volunteer recognition.

Our people were recognised across a number of industry awards during the year. Our Customer Service Centre was named Contact Centre of the Year in the Not-For-Profit category at the 2025 New Zealand CRM Contact Centre Awards, as well as receiving the Most Outstanding Customer Service Representative award (Ailine Faukafa), while the Property team received the Emerging Facilities Management Professional of the Year award (Amy Johnson) at the 2026 Facilities Management Association Awards.





Kia ū tonu te pūtea me ngā whakahaere pai, mō apōpō anō hoki

Achieving financial and operational sustainability

To keep delivering for the people of Aotearoa New Zealand tomorrow, we must act wisely today. We're making deliberate, future focused choices to ensure long term sustainability so we can reach more people and remain a trusted partner for generations to come.

Financial sustainability is important for ensuring we can be there for New Zealanders in the moments that matter most. To this end, we are pleased to report a total comprehensive surplus for the year of $22.5 million. This is a significant achievement, and one which has been supported by a considered effort across the organisation to manage costs, drive greater efficiencies, and lift revenue.

As we welcome these results, we also acknowledge that much of the surplus has come from savings that will not be available to us next year and fundraising revenue which is not guaranteed and often for specific purposes.

Over the five years to 30 June 2026, we reported an average annual comprehensive surplus of $4.6 million relative to total expenditure of $2.7 billion. We have also been carrying increasing debt to meet our fleet and property needs, and our liquidity remains under pressure with external borrowings increasing from $27.7 million in 2021 to $52.5 million in 2026.

While financial results have strengthened in recent years, there remains a need for significant capital investment in ambulance fleet replacement, ambulance stations, clinical equipment, communications technology, and other critical infrastructure to support growing demand for services.

We are continuing to advocate for a sustainable funding model that recognises the full cost of a modern national ambulance service, including its people, fleet, property and technology. A resilient ambulance service is essential not only to emergency response, but also to the wider health system and the communities we serve.

Operational efficiencies this year included changes to our Integrated Operations Centre and the introduction of a 24/7 Duty Manager. This

brought together emergency call-taking and dispatch coordination, Emergency Management, Secondary Triage and Air Operations, Patient Transfer Services transport coordination, and the systems that support these functions. Our Integrated Operations Centre has enabled local leadership to manage low- and mid-level incident escalations in the appropriate way without routinely activating a full Emergency Operations Centre structure.

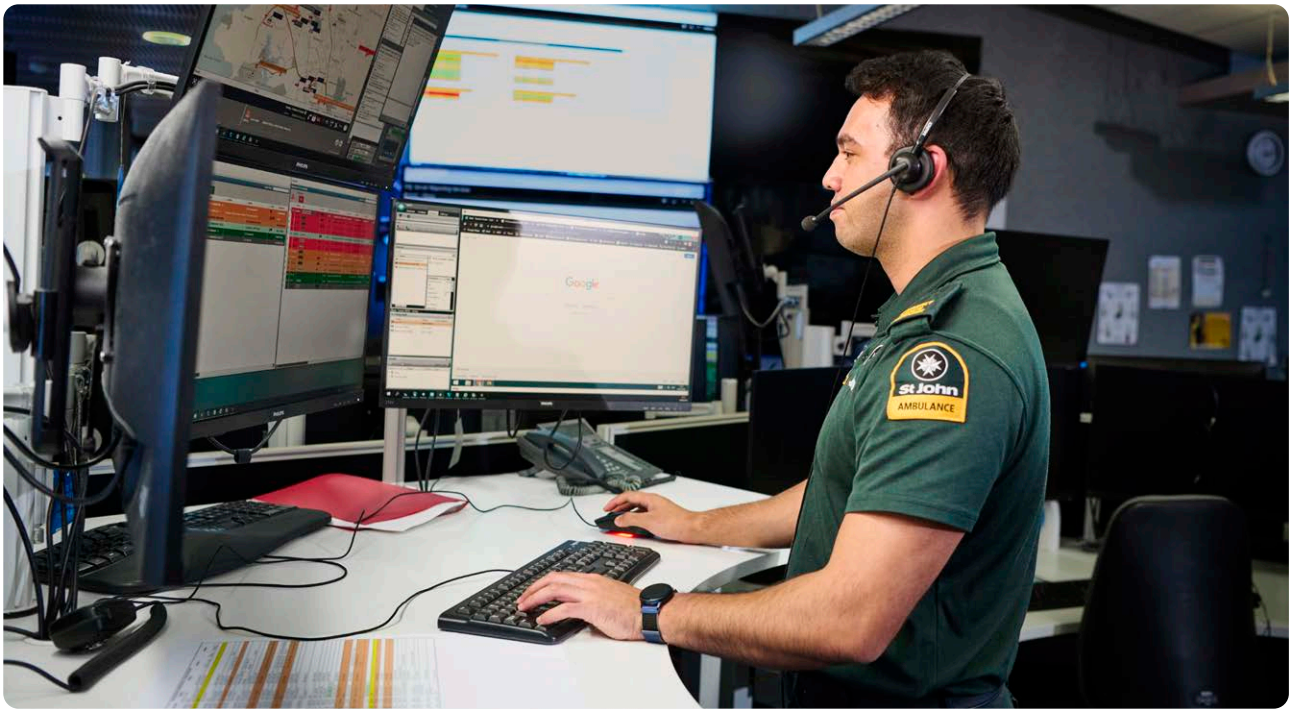
We implemented an Availability and Messaging System (AMS) to modernise the way we mobilise volunteer responders and support faster and more effective mobilisation of volunteer resources to emergency incidents. AMS provides dispatchers with real-time visibility of volunteer availability and responses, while giving volunteers greater flexibility to manage their availability and coordinate their response. It also provides managers with improved visibility of station availability and volunteer contributions. The system was rolled out to 110 First Response stations and 23 Major Incident Support Team sites, and has delivered a sustained increase in volunteer response rates, exceeding the KPI target for the first time. Volunteer response rates increased by 28% from Q1 2025 to 2026 year-to-date.*

Ensuring our infrastructure is fit for purpose, now and into the future, continues to be a major focus. Our ambulance teams need and deserve safe places to work, rest, and recuperate so they can best serve our communities. Proactively working to upgrade and build stations is key to our operational sustainability.

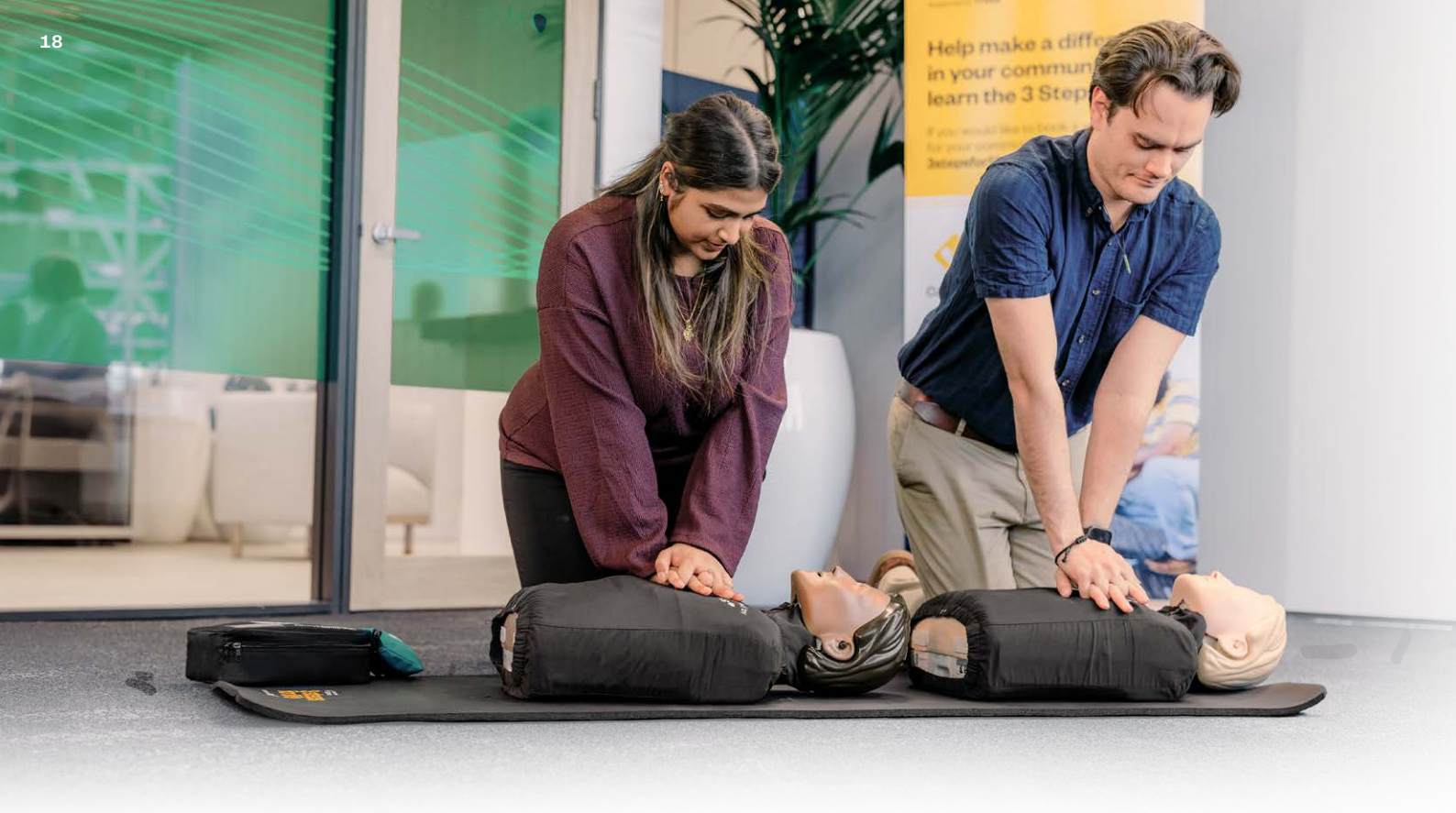
This year we successfully delivered $6.5m of new ambulance stations that replaced dilapidated and earthquake prone buildings in Waihi, Riversdale, and Pahiatua, enhancing emergency response capability and delivery of ambulance services within these communities. We also advanced $1m of design and consenting work on new ambulance stations working collaboratively with project stakeholders. This included achieving key project milestones for the Invercargill, Palmerston North, and Whangārei developments with completion of demolition works, enabling the sites to be "shovel ready" for construction.

Work to improve the safety of our infrastructure continued, with major works including roof replacements completed at Waimate and Whakatane, and work started at Mt Roskill and Alexandra. Security improvements took place across eight stations and phase one of upgraded access controllers was completed across the country. Significant renovation was undertaken across Mt Wellington, New Lynn, Feilding, and Balclutha stations, with other upgrades such as new generators, heat pumps, fences, garage doors, and carpet completed across a total of 30 sites. Improving and upgrading our stations and infrastructure is a long-term piece of work – we still have work to do on over 50 sites, and this will continue to be a priority for us in the coming years.

We introduced two electric frontline manager response vehicles, enabling us to test electric vehicle performance in an operational setting. These vehicles are beginning to provide practical insights into charging, range, and operational requirements as we explore opportunities to reduce emissions from our fleet. Alongside this, we also delivered 48 new ambulance vehicles and rolled out 20 response-capable RAV4s, boosting our fleet to ensure we have the right vehicles to support our teams and communities.



* Percentage increase calculated by comparing the average volunteer response rate in Q1 2025 with the 2026 year-to-date average.



Kotahi ngā whāinga
Our shared goals

To help achieve our vision of enhanced health and wellbeing for all, we are working towards two shared goals: improving survival from cardiac arrest and preventing falls. By working side by side across the Ambulance Service and Community Health, and with our partners and communities, we can make a greater difference for people across Aotearoa New Zealand.

Improving cardiac arrest survival

Only 11% of people in Aotearoa New Zealand who experience cardiac arrest in the community survive. Reuniting more whānau with their loved ones is one of the most immediate and life-saving ways we can make a difference.

This year, we continued to progress our Out-of-Hospital Cardiac Arrest Survival Improvement Strategy, focused on strengthening every link in the chain of survival: earlier recognition, early CPR and defibrillation, rapid community response, and excellent clinical care.

Our 2025 Shocktober campaign, sponsored by MAS, encouraged people across the motu to learn how to call 111, start CPR, and use a defibrillator. The campaign theme, 'Learn for your loved one', was informed by our Out-of-Hospital Cardiac Arrest Report, which showed that 72% of cardiac arrests occurring outside hospital happened in a person's home.

This year, we almost doubled our Shocktober target, training 29,000 people in the "3 Steps for Life". Volunteers delivered training in schools and communities, partners hosted local events, survivors shared their stories, and media organisations helped educate the public.

Equity remains central to this work because cardiac-arrest outcomes are not experienced equally across communities. A particular focus for Shocktober and research by our Clinical Evaluation, Research and Insights team has been increasing CPR confidence and access to defibrillators in South Auckland. We are also giving greater attention to CPR and defibrillation for women, recognising the barriers that can affect whether women receive timely assistance.

The Out-of-Hospital Cardiac Arrest Report showed that 81% of witnessed cardiac arrests received bystander CPR and 42% of cardiac events were accepted by at least one GoodSAM responder. GoodSAM alerts trained volunteers when someone nearby may be experiencing cardiac arrest, enabling them to provide basic life support before emergency services arrive. We have worked to strengthen the programme, support responder safety and wellbeing, and encourage more trained volunteers to respond.

We are also working to improve cardiac-arrest recognition within the Integrated Operations Centre and strengthen





community defibrillation. This includes improving AED visibility, accessibility, guardianship and rescue readiness, and connecting suitable devices to emergency response systems.

We are working alongside Health New Zealand | Te Whatu Ora, Wellington Free Ambulance, Fire and Emergency New Zealand, Surf Life Saving New Zealand, the New Zealand Resuscitation Council, community organisations and our local Area Committees. This coordinated approach supports sustained improvement across the chain of survival.

Building the confidence to respond starts with education. This year, we made a submission to the Ministry of Education advocating for CPR and defibrillator training to be included in the school physical education curriculum from Year 7.

Preventing falls

Falls are one of the most common reasons older people call 111, accounting for more than 50,000 ambulance attendances each year.

Across Ambulance Operations and Community Health, we connect with thousands of older people every day. Our organisation-wide Falls Prevention and Response Strategy aims to help people remain safe, well, and active through education, appropriate referrals, and the right care and follow-up when ambulance crews attend a fall.

Our first April Falls campaign brought together ACC, Wellington Free Ambulance, Osteoporosis New Zealand, community and healthcare providers, and teams across Hato Hone St John. Across the motu, we hosted 38 falls-prevention events with 1,761 participants, providing practical advice about falls risks, strength and balance, and available local support. For people unable to attend, a dedicated media campaign shared practical advice through television, radio, print and online coverage, reaching an estimated audience of more than 950,000.

During April, referrals of at-risk patients and customers to falls-prevention services increased by 69% compared with March. We are continuing to strengthen workforce capability and referral pathways across the Integrated Operations Centre and Community Health, with work underway to introduce referral capability for Patient Transfer Services.

Our partnership with ACC enabled the development and distribution of approximately 20,000 Standing Stronger Together falls-prevention booklets to internal teams, general practices, hospitals, allied health providers, fracture liaison services and community organisations. We also worked with local providers and groups such as the Te Waipounamu Falls Coalition to better connect ambulance care with prevention, strength-and-balance, and recovery support.

Equity is embedded within the strategy, including a focus on earlier intervention for Māori and Pacific peoples. We are working with Kāhui Mauaka and Taurite Tū to ensure programme delivery reflects Māori perspectives, priorities and aspirations, and to provide a for-Māori, by-Māori falls-prevention pathway.



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

Ryman Healthcare

Hato Hone St John was chosen as Ryman Healthcare's official charity partner for 2025/2026 and over the course of the year, our teams visited every Ryman retirement village across Aotearoa New Zealand. Throughout these visits we built connections with residents and staff through interactive presentations, 'Save Your Teddy' sessions for visiting grandchildren, and lifesaving '3 Steps for Life' workshops. Ryman's residents and team members were supportive, going above and beyond for us through a variety of fundraising initiatives including bake sales, movie nights, market days, raffles, quizzes, and themed dress-up days. Supported by matched donations from Ryman Head Office, these combined efforts raised an extraordinary $520,517 for Hato Hone St John.
Our partnership with Ryman showcases our shared commitment to caring for our communities, supporting healthy ageing, and ensuring critical help is always within reach when our whānau need it most.



Pizza Hut

Pizza Hut has been supporting Hato Hone St John for more than five years, and in FY26, they contributed a total of $161,122 to assist vital operations across the country. The team generously supported our Light the Way Annual Appeal, with their 'Raising Dough' campaign generating more than $34,000 through Limo pizza sales and corporate matching. Pizza Hut also helped equip our Event Health Services Motorsport Medics with purpose-designed protective uniforms and they covered shipping costs to deliver recycled uniforms to St John Solomon Islands. Through our partnership, Pizza Hut also directly supported our frontline teams during our most high-demand months. In FY26, they contributed $40,000 towards essential winter welfare including meals, snacks, drinks, and pizza shouts to help keep our Ambulance Operations crews fuelled.



Annual Appeal partner support

Our corporate partners and supporters got right behind our 2026 Light the Way Annual Appeal, raising a total of $688,272 (including $253,324 in Giving Day matching funds). A huge thank you to BYD Auto NZ, who auctioned a custom vehicle and donated funds for every vehicle registered during the month, contributing $243,000 (including $94,600 in Giving Day matching funds) toward our ambulance station rebuilds and repairs. Z Energy contributed $171,000 (including $84,000 in Giving Day matching funds) through donations of 50c from every coffee sold during one of the Appeal weeks. Thanks also to Pizza Hut, ASB, MAS, Noel Leeming, Makana Chocolates and a collection of businesses who got behind our Annual Appeal this year as well as the businesses who donated more than $50,000 worth of items for the Trade Me fundraising auctions. All these incredible partners were integral to making this our best Annual Appeal to date.



He mihi maioha ki ō mātou hoa mahi
Sincere *thank you* to our partners

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Nā koutou, nā tātou, ka tutuki
We couldn't do it without our donors

In FY26, our supporters contributed an incredible $60.2 million through fundraising and supporter-generated income. Together, our fundraising programmes generated vital funding that helped provide frontline teams with the training, equipment, and stations they need to serve communities across Aotearoa New Zealand.

Celebrating its 10-year milestone, our Regular Giving programme, Team Green, now includes more than 19,000 active monthly donors, many of whom were recruited through our Face-to-Face fundraising programme. Team Green contributes more than $7 million annually in sustainable funding to support our emergency ambulance service.

Direct Mail appeals generated $6.4 million this year, including a record-breaking Christmas Appeal that raised more than $1.9 million from generous donations. A key driver of this success was the launch of the Kōwhai Collective, whose members created a matching fund that inspired even greater generosity. Funds raised helped purchase two new ambulances and lifesaving equipment, with donors who gave $1,000 or more recognised on a special ambulance decal.

A highlight of the year was our Light the Way Annual Appeal, which raised $4.4 million towards 10 priority ambulance station builds and repairs, including $2.2 million raised during Giving Day. The appeal united high value donors, direct mail supporters, volunteers, retail stores, schools, businesses, local communities, and the wider New Zealand public. Waihi and Ōamaru are powerful examples of the impact of Light the Way, with donor support helping bring these long-awaited ambulance stations to life for local ambulance crews and the communities they serve. Our Waihi station opened in late 2025 and Ōamaru, which is located on land generously donated by Janice and Ray Walker, is now on track to open its doors early 2027, providing a fit-for-purpose home base for local crews, with additional station projects underway and planned.



High value donations contributed $20 million towards ambulance stations, vehicles, and Health Shuttles, while Gifts in Wills contributed $19 million. Together with $5.5 million from trusts and foundations, these contributions delivered significant impact for communities across Aotearoa New Zealand.

The Ambulance Membership programme contributed more than $12 million, with iwi partnerships helping extend the programme's reach into more communities across Aotearoa New Zealand. Together with community fundraising through local events, service clubs, schools, and businesses, these initiatives strengthen local support for Hato Hone St John.

One of our standout fundraising revenue achievements included a ninth donated ambulance from the Chan family. Since 2016, the Chans have gifted emergency vehicles for service in various locations across the country, including frontline emergency ambulances, first response units, a rapid response unit, and a patient transfer service ambulance. This latest donation will serve the people of Invercargill and surrounding communities.

As we celebrate another strong fundraising year, we also acknowledge that fundraising revenue can sometimes be tagged and cannot be relied on to cover our operating costs. We are working hard as an organisation to build our financial sustainability through a range of ways to ensure we continue to meet the needs of New Zealanders during the moments that matter most, while continuing to honour the wishes of our generous donors.

Ōamaru station build



Waihi station



He mihi maioha ki ō mātou kaituku koha
Sincere *thank you* to our donors

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 2025/26 year. These include:

45South Community Foundation – Impact 100
Advance Ashburton Community Foundation
AHU Community Trust
Akarana Community Trust
Alan La Roche MBE
Andrew & Karen Hart
Aoraki Foundation
Aotearoa Gaming Trust
Aylene Hobson Memorial Trust proudly managed by Perpetual Guardian
Ballantyne Charitable Trust, proudly managed by Perpetual Guardian
Braided Rivers Community Trust Ashburton
BV and DB Taylor Family Trust
C J Gerzon
Caroline Lind
Chris Harding
Chris and Lorraine Rawson
Christchurch Casinos Charitable Community Trust
Christchurch City Council Capital Endowment Fund
Collen McKay
Combined Service Clubs of Southland Medical Trust
Diane Gallien
Douglas & Donna Hurst
Dunedin Casino Charitable Trust
Dunedin City Council
DV Bryant Trust
EL & BM Robinson Charitable Trust proudly managed by Perpetual Guardian
Elegant Kiwi Homes
Estate of Ernest Hyman Davis and Ted & Mollie Carr proudly managed by Perpetual Guardian
Estate of Emma Agnes Sellars, proudly managed by Public Trust
Findex Community Trust
Gallagher Charitable Trust
George Chan MNZM and Laura Chan
Geyser Community Foundation – Allan & Jan Sewell Family Fund
Geyser Community Foundation – Sam Millward Fund
Glenice & John Gallagher Foundation
Grace & Frank Gillanders Charitable Trust
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Grassroots Trust Central Limited
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Ian & Gloria Hurst
Ian Russell
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Kathleen Dorothy Kirkby Charitable Trust, proudly managed by Perpetual Guardian
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Kiwi Gaming Foundation Limited
Korean Business Community Foundation
L W Nelson Trust managed by Public Trust
Laurie and Mabel Jenkins Charitable Trust proudly managed by Perpetual Guardian
Lions Club of Christchurch Chinese
Louisa and Patrick Emmett Murphy Foundation managed by Public Trust
M & B Pearson
Mainpower Community Fund
Manjula & Amrat Lad
Margaret & Nicky Johnston
Marlborough District Council
Maurice Paykel Charitable Trust
Mercury Kawerau Community Fund
Morris McFall
Napier City Council
Nelson City Council
Network Tasman Charitable Trust – The Peter Malone Community Grants Scheme
New Horizon Community Trust
New Zealand Community Trust
New Zealand Gujarati Sports and Cultural Association
NR & JH Thomson Charitable Trust proudly managed by Perpetual Guardian
Otago Community Trust
Oxford Sports Trust
PA Blackmore Trust, proudly managed by Perpetual Guardian
Pamela Webb Charitable Trust, proudly managed by Perpetual Guardian
Pelorus Trust
Phyllis Eyre Charitable Trust proudly managed by Perpetual Guardian
PowerNet
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Ray and Trish Marx
Rolly & Margaret Burnett
Ron & Sheryl Johns
Ronald Feaver
Rosemary Platt
Rotary – Rotorua West
Rotary Club of Pakuranga
Roy Owen Dixey Trust, proudly managed by Public Trust
Ryan Perpetual Charitable Trust proudly managed by Perpetual Guardian
San Keung Yu and Karen Yu
Selwyn District Council
Sittlington
South Canterbury Trusts, proudly managed by Perpetual Guardian
Southland District Council
St Joans Trust proudly managed by Perpetual Guardian
Steve Nicholls
Stewart Family Trust, proudly managed by Perpetual Guardian
Susanne & Leo Paalvast
Tasman District Council
Terry and Marg Troughton and family
The Alan White Family Trust
The Ann *Pauline* Smeaton Charitable Trust
The Bamford family
The Bassetts
The Cusack Charitable Trust, proudly managed by Perpetual Guardian
The Dr. Marjorie Barclay Trust
The Greenlea Foundation Trust
The Jones Foundation
The Kingdom Foundation proudly managed by Perpetual Guardian
The Lion Foundation
The Manchester Unity Welfare Trust Board
The Neil Penwarden Foundation
The Ranchhod Group
The Reed Charitable Trust managed by Public Trust
The Robert and Barbara Stewart Charitable Trust
The Sexton family
The West Coast Community Trust
Timaru District Council
TimeFiler
Trevor Wilson Charitable Trust
Trinity Lands Limited
Trust Waikato
Valder Ohinemuri Charitable Trust Inc
Vivienne Ruth Atchison Estate proudly managed by Perpetual Guardian
W A & E M Anderson Memorial Trust, proudly managed by Perpetual Guardian
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Waikato Regional Council Community Transport Grant Fund
Warwick Jones and family
Wayne and Chloe Wright
We Care Community Trust
Whitehall Fruitpackers
William Downie Stewart Charitable Trust
Withiel Fund Charitable Trust
Acorn Foundation – Supported by the following Funds:
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Ray & Elva Shepherd Fund
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Legacy gifts from the following Estates:

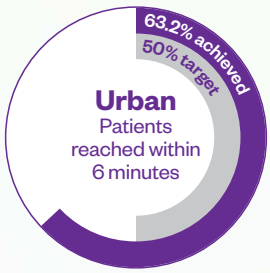
Alan Witty
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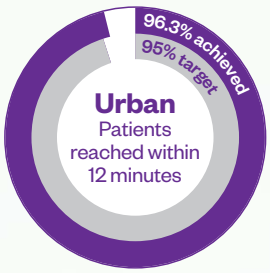
Our ambulance response times in 2025/26

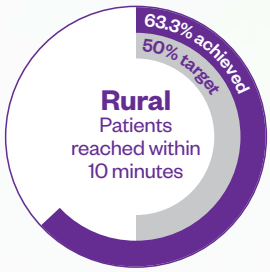
Hato Hone St John measures ambulance response times against national performance targets for our most critical incidents. Targets vary by incident priority and location. For example, in urban areas the target for PURPLE (suspected cardiac or respiratory arrest) patients is 50% within six minutes and 95% within twelve minutes. Targets are longer in rural areas, reflecting distance.

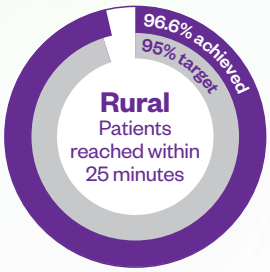
PURPLE incidents

Suspected cardiac or respiratory arrest





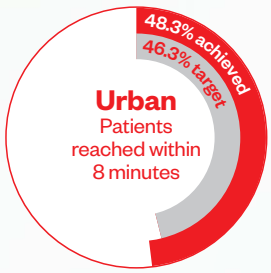


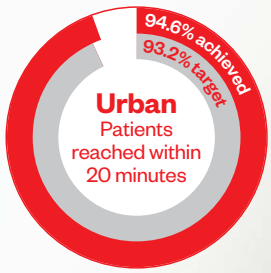


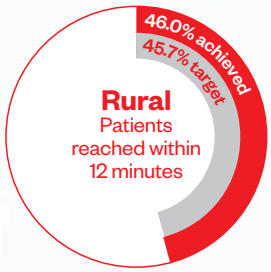
In 2025/26, all PURPLE targets were exceeded. We reached 63.2% of urban patients within six minutes and 63.3% of rural patients within ten minutes, compared with 61.8% and 60.2% respectively last year.

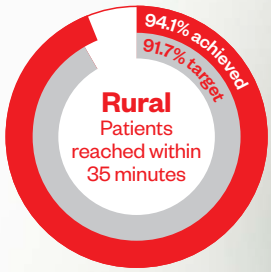
RED incidents

Life- or limb-threatening, or otherwise time critical









We reached 48.3% of urban RED patients within eight minutes and 46.0% of rural RED patients within twelve minutes. These were improvements of 4.2 and 2.1 percentage points respectively on last year.



111-call answering

Our service level agreement requires 95% of 111 calls to be answered within 15 seconds. During 2025/26, there were 720,925 emergency ambulance calls to 111. Of these, 92.0% were answered within 15 seconds, compared with 91.4% last year. While the service level agreement target was not fully achieved, performance improved despite a 4.7% increase in calls.




HATO HONE
ST JOHN
AMBULANCE
PZK881
Hato Hone
St John

Statement of service *performance*

For the period ended 30 June 2026



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 Aotearoa New Zealand.

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

The purpose of Hato Hone St John is to make life-changing differences with our communities.

Our Ambulance Service provides efficient and effective care

With a skilled and compassionate workforce, including thousands of dedicated volunteers, we provide high-quality emergency and urgent care that saves lives and supports the health and wellbeing of people living in Aotearoa New Zealand.

Our role extends beyond emergency response. We respond to 111 calls, provide clinical advice over the phone, assess and treat patients at the scene, and refer or transport them to appropriate services according to their needs. These approaches support care at home or in the community where appropriate and help preserve emergency ambulance capacity for those who need it most. We also provide health transport and non-emergency clinical support to the wider health sector. We are committed to delivering a service that is clinically excellent, efficient, inclusive and connected to the communities we serve.

The environment we operate in is constantly changing, and we must adapt. More people are calling 111, and their needs are increasingly complex. Some population groups continue to face barriers to care, the health workforce is under pressure, and infrastructure needs renewal. There are also opportunities for stronger integration with the wider health system.

Purpose of our ambulance service

To deliver equitable, high-quality emergency response, urgent care, and health transport, ensuring people across Aotearoa New Zealand receive the right care, in the right place, at the right time.

Our role in healthcare

Our Ambulance Service focuses on excellence in four key areas:

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

We are committed to making a difference every day and ensuring people across Aotearoa New Zealand can continue to rely on us for generations to come.

Measure	Why this is important	2024/25	2025/26	Target* (if applicable)
Patient Experience: Overall Satisfaction (survey score – between 1–10)	› 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.	85.9%	86.9%**	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.	91.4%	92.0%	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 agreed 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.	61.8%	63.2%	50.0%
PURPLE Urban 12-minute response time		96.1%	96.3%	95.0%
PURPLE Rural 10-minute response time		60.2%	63.3%	50.0%
PURPLE Rural 25-minute response time		97.0%	96.6%	95.0%
RED Urban 8-minute response time		44.1%	48.3%	46.3%
RED Urban 20-minute response time		93.6%	94.6%	93.2%
RED Rural 12-minute response time		43.9%	46.0%	45.7%
RED Rural 35-minute response time		94.9%	94.1%	91.7%

*Based on agreed targets within the Agreement for Services Contract with Health NZ and ACC.
**Number of Respondents = 3,846 (2024/25 = 1,516)

Measure	Why this is important	2024/25	2025/26
Emergency ambulance calls answered to 111	› Calls answered by 111 are vital for saving lives, providing timely medical assistance. Call volumes are 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.	688,378	720,925
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.	549,150	567,962
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.	47.3%	47.7%
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.	85,291	87,031
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.	2,906	4,362
We treated people at events, concerts, and festivals (number of people)	› 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.	13,233	12,877

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

Our Community Health team is meeting local needs

For over 140 years, Hato Hone St John has proudly served communities across Aotearoa New Zealand. Today our Community Health team is made up of more than 4,500 dedicated people – both paid and volunteer – who work together to positively impact the lives of fellow New Zealanders each year. Side by side with others, we partner to meet the evolving and unique health needs of communities across the motu | country. Our preventative healthcare services and connection within the health system help people to stay well and linked to care. This mahi | work also supports our ambulance service – strengthening community response in an emergency and providing alternative care options.

Purpose of Community Health

To help communities nurture healthier futures.

Our focus is prevention and wellness

We put our energy into three areas where we know our work makes a difference:

1. **Health education**
   Through education, training, and our programmes for tamariki | children and rangatahi | youth, we equip individuals and communities with the knowledge, skills, and confidence to take charge of their own health and wellbeing and support others – every day as well as in an emergency.
2. **Health access**
   We make it easier for people to get the care they need by tackling the things that get in the way of enhanced health and wellbeing – like access to life-changing support.
3. **Health monitoring**
   We support people to track their health and detect risks early, so they feel confident and in control. By having more health data and information and a greater understanding of their condition, New Zealanders can work with their whānau, GP, and other health professionals to put a plan in place and take informed steps to stay well.

Measure	Why this is important	2024/25	2025/26	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.	97.3%	97.4%*	90.0%
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.	94,631	93,371	97,583
Knowledge of first aid, leadership and the essential life skills taught in our St John in Schools and Cadet programmes strengthen the resilience of the children who take part and, consequently, that of their communities (number of participants)	› 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.	110,102	136,808	100,000
Young people learn first aid, leadership, and essential life skills through our Youth Programme		3,047	2,638	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 provide 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	47	50
We help people feel connected through our programme (number of clients)	› 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.	688	723	–

*Number of Respondents = 7,341 (2024/25 = 4,032)

Measure	Why this is important	2024/25	2025/26	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.	60,396	59,710	62,196
Number of people enrolled in First Aid Training	› Appropriate first aid can mean the difference between life and death.	96,730	93,225	96,559
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.	5	5	5
Number of Ambulances Fundraised		44	49	50

We are committed to Māori health equity

Hato Hone St John aspires to be recognised as an organisation where Māori have equitable access, experiences, and health outcomes, supported by enduring partnerships, culturally responsive services, and shared organisational leadership.

Purpose of our Aka Strategy

Our Aka Strategy sets out a path where Māori health equity solutions are developed by Māori, for Māori, and with a Māori worldview at its heart. Committing to health equity for Māori is a strategic aim and focus for Hato Hone St John. To tackle the inequities within our communities, we need to provide Māori with timely access and quality services to help with their healthcare needs.

Together we've created practical solutions to achieve better health outcomes for Māori, including providing transport to attend medical appointments, providing ambulance subscription schemes, or providing and increasing frontline resources in areas of high need such as South Auckland. As our Aka Strategy reached its final year, it provided an opportunity to reflect and understand the learnings of the mahi undertaken. Our strategy offered an innovative, community and tikanga-based approach that enabled Hato Hone St John to demonstrate leadership in fairness and equity. This mahi reflects our commitment to the principles of Te Tiriti o Waitangi.

How we achieve this

As a primary health sector gateway and gatekeeper, Hato Hone St John accepts the responsibility to ensure Māori access our services as easily as all people living in Aotearoa New Zealand. To do this, we are adapting our services to enhance rangatiratanga. We work together as a team to partner with iwi and Hauora Māori providers to develop better referral pathways to deliver health services to Māori and ensure a more proactive, frequent, and richer experience when managing their medical conditions.

We are building workforce knowledge so Māori have positive experiences and our Māori communities and partners are respected, heard, and meaningfully involved. We're also addressing Māori health equity through new ambulance memberships, including Eke Manaaki (Iwi Ambulance Membership), onboarding 2,136 kaumātua in 2026 (2025: 2,117).

Measure	Why this is important	2024/25	2025/26	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.	52%	47%**	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.	59%	57%**	–

*Per brand surveys provided by The Industry Group
**Number of Respondents = 1,254 (2024/25 = 1,044)

Our volunteers are critical to our success

Hato Hone St John volunteers are at the heart of who we are. Our volunteers span our emergency ambulance service, event first aid, community programmes, education and more.

Purpose of our volunteers

Hato Hone St John has 7,853 volunteers across Aotearoa New Zealand who help make life-changing differences with our communities. Volunteers bring passion, commitment and skills, strengthening communities through trust and connection. Together, united by a shared purpose, we help more people, make a positive difference, and improve health and wellbeing for all.

How we achieve this in a practical sense

Hato Hone St John volunteers contribute millions of hours annually across services including ambulance operations, events, community health, governance, archiving, youth, chaplaincy and many more.

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 12 October 2026.



John Whitehead CNZM, GCStJ
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 2025/26

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 $393.6 million against ambulance total operating costs of $457.8 million and capital investment of $20.1 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 Integrated Operations 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 $2.6 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 $5.8 million was provided by Health NZ and ACC for both critical ICT projects and the Clinical Hub expansion.
- In 2025–26 we received $5.4 million in one off cost pressure funding from Health NZ and ACC. We also received $0.4 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 $1,153 (incl GST).*
- Part charge revenue from our medical alarm activities where the ambulance service responds to alarm users' 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 2025/26 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 $491.9 million.
- The cost per incident increased 7.3% over 2025/26 due to inflation and additional frontline staffing from newly created Crown funded roles.
- After Government funding and net part charge income, the Emergency Ambulance Services and Health Services groups had a combined financial deficit of ($14.2) million.
- The total operating costs for HHStJ, including all services and programmes, were $604.9 million.

*Based on 456,665 emergency incidents a year (2025/26 data).

Funding sources and *destinations*

Emergency Ambulance Services

Based on Hato Hone St John financial results for the 2025/26 financial year

Summary

Annual Operational Cost to Serve 2025–26

$457.8m

and capital expenditure of

$20.1m

For Emergency Ambulance Services

$443.0m
Annual Income 2025–26

($14.8m)
Funding Deficit supported by Community Health, Fundraising & HHStJ Reserves

Revenue

$393.6m
Crown Funding

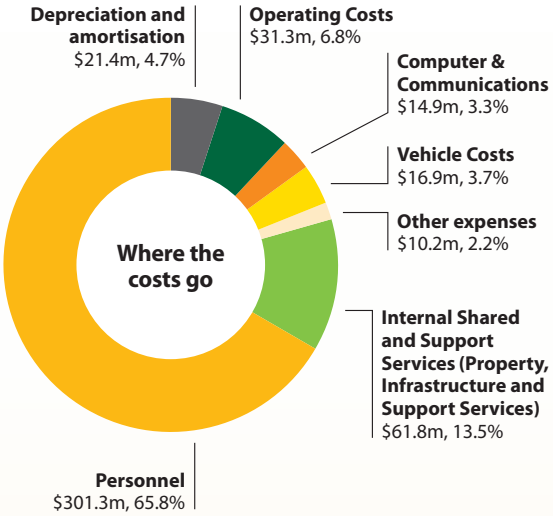
$13.3m
Ambulance Membership and Telecare Part Charge

$22.3m
Public Part Charge

$13.8m
Other Income

($14.8m)
Emergency Ambulance Services Deficit

Expenses



Health Services

Based on Hato Hone St John financial results for the 2025/26 financial year

Summary

Annual Cost to Serve 2025–26

$34.2m

For Health Services

$34.8m
Annual Income 2025–26

$0.6m
Health Services Surplus

Revenue

$24.3m
Patient Transfer Service Income

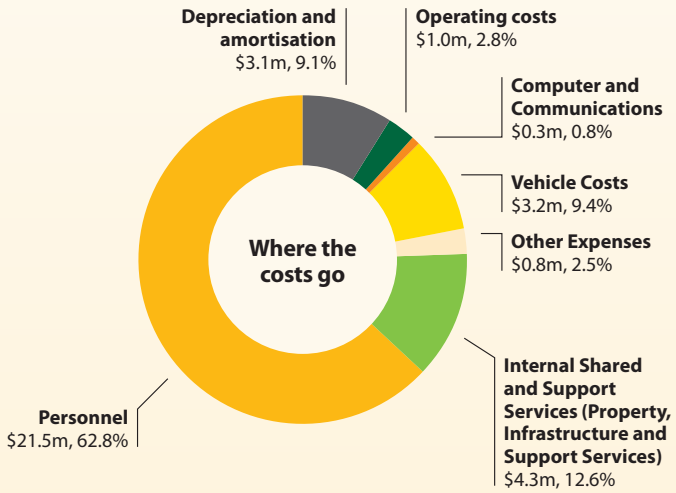
$3.8m
Private Hire Income

$6.0m
Events Income

$0.7m
Other Income

$0.6m
Health Services Surplus

Expenses



Community Health and Fundraising

Based on Hato Hone St John financial results for the 2025/26 financial year

Summary

Annual Cost to Serve 2025–26

$123.8m

Community Health and Fundraising

$149.5m
Annual Income 2025–26

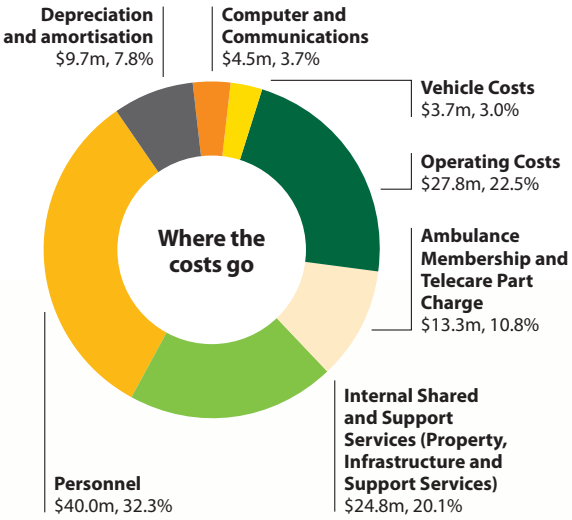
$25.7m
Surplus supporting HHStJ Services

53.1%
Customer Activities Income (Medical Alarms, Training, Ambulance Membership and Product Sales)

36.1%
Fundraising

10.8%
Retail Stores and Other Income

Expenses



Revenue

$79.4m
Customer Activities

$53.9m
Fundraising

$15.3m
Retail Stores

$0.9m
Other Income

$25.7m
Community Health and Fundraising Surplus



Financial commentary

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

Year-end overview 2025–26

Financial sustainability is important for ensuring we can be there for New Zealanders throughout the country. We are pleased to report a total comprehensive surplus for the year of $22.5 million, which includes a deficit of $14.8 million for the Ambulance Service. While this is a good performance overall and better than our anticipated financial result, we need to acknowledge that much of this surplus has come from savings that will not be available to us next year, and fundraising revenue which is not guaranteed and often for specific purposes such as capital donations and property fundraising.

Over the five years to 30 June 2026, Hato Hone St John reported an average annual comprehensive surplus of $4.6 million relative to total expenditure of $2.7 billion. While financial results have strengthened in recent years, this performance should be viewed in the context of the significant investment required to sustain and develop essential health and emergency services across Aotearoa New Zealand.

We continue to face sustained financial pressures including cost increases across our supply base. Significant capital investment in ambulance fleet replacement, ambulance stations, clinical equipment, communications technology, and other critical infrastructure is needed to support growing demand for services. To help fund these investments, external borrowings increased from $27.7 million in 2021 to $52.5 million as at 30 June 2026. While we continue to advocate with our Purchasers for sustainable funding for our Ambulance service to address significant capital, repairs and maintenance needs, it is prudent that we manage our finances with a long-term view to remain resilient.

Hato Hone St John is deeply grateful for the generosity of donors and supporters throughout New Zealand, and we remain committed to honouring donor wishes. Many bequests and donations are received with specific donor intentions and are designated for future capital projects, ambulance vehicles, facilities, equipment, or other community initiatives. As a result, a significant proportion of these funds is reserved for these specified purposes and is not available for general operating activities.

Key performance summary

Revenue for the year was $624.9 million, an increase of $29.5 million. The uplift primarily reflects the impact of the revised Health New Zealand and ACC funding which addressed inflationary pressures associated with frontline personnel costs with total funding increasing $25.0 million. This included targeted funding to support specific projects and the expansion of the clinical hub. Part Charge income increased $4.3 million due to the fees increase ($98 to $125) from 1 July 2025. Commercial income increased $3.4 million due to higher telecare and ambulance membership. Patient transport services (PTS) income increased $1.4 million. Fundraising income decreased by $5.9 million compared with the prior year, reflecting exceptionally high bequest income received in 2024/25. Despite this decrease, bequest income in 2025/26 remained well above historical averages.

Expenditure increased by $37.3 million to $604.9 million compared against the previous financial year. Employee expenditure and benefits showed a $23.5 million (6.2%) increase, resulting from additional crown funded frontline roles employed during the year.

Business Unit Performance Overview

Ambulance Service

The Hato Hone St John Ambulance Service includes the Emergency Ambulance Service, Clinical Services and the Integrated Operations Centres. In 2025/26 these services recorded a deficit of $14.8 million, an improvement on the $17.8 million deficit reported in the previous year. Expenditure increased by $24.0 million (6.5%), reflecting continued investment in frontline service delivery and the resources required to meet growing demand for emergency healthcare services.

Demand for ambulance services continued to increase during the year. Nationally, 111 calls rose by 4.7%, while the Integrated Operations Centres managed a 5.8% increase in call volumes. Total incidents increased by 3.4%, with a greater proportion of patients receiving care through alternative clinical pathways, including hear-and-advise services, supporting appropriate and timely access to care.

Health Services

Health Services include inter-hospital transfers, non-emergency patient transport and event health services. In 2025/26, the service reported a surplus of $0.6 million, compared with a deficit of $0.1 million in the prior year. Revenue increased by $0.9 million (2.6%), reflecting continued demand for patient transfer and private hire services, while expenditure increased by only $0.2 million (0.8%).

Community Health

Community Health includes community-based programmes, such as *St John in Schools*, *Caring Caller*, and *Youth* programmes.

During 2025/26, Hato Hone St John invested $17.6 million in delivering these services across New Zealand, compared with $16.9 million in the previous year. This increased investment reflects growing community engagement and need for these programmes. Retail operations continued to play an important role in supporting these services, contributing $4.5 million during the year.

Customer Activities

Hato Hone St John operates a range of commercial and social enterprise activities that both deliver health benefits to customers and generate financial contributions that help support ambulance and community health programmes. In 2025/26, these activities contributed $6.1 million, compared with $6.9 million in the previous year. The decrease was primarily driven by higher personnel costs within training services.

Charitable gifting

Hato Hone St John is deeply grateful for the generous support received from individuals, businesses, community funders, and volunteers across Aotearoa New Zealand. This support, provided through donations, bequests, sponsorship, grants, and volunteer service, plays a vital role in enabling the organisation to deliver essential health and community services.

During the year, Hato Hone St John and its Area Committees received donations and bequests totalling $60.2 million, a decrease of $5.9 million compared with the previous year. This reflects the exceptionally high level of bequest income received in 2024/25. Despite the decrease, bequest income in 2025/26 remained well above historical averages. Many of these generous bequests are designated for future capital projects or other specific purposes.

By fundraising in local communities throughout Aotearoa New Zealand, Hato Hone St John provides funding for ongoing community activities, as well as supporting local capital projects. These contributions help fund new ambulance vehicles, ambulance equipment such as stretchers or defibrillators, and the replacement or maintenance of property facilities.

Key position summary

Balance sheet

A strong balance sheet is essential to Hato Hone St John's ability to deliver critical health and emergency services while investing for future community needs. At 30 June 2026, consolidated net assets totalled $299.9 million, an increase of $22.5 million over the prior year.

Cash, investments and infrastructure assets provide the foundation for service delivery across Aotearoa New Zealand. During the year, cash and investment balances strengthened, supporting future capital investment and organisational resilience. Property, plant and equipment, investment property and intangible assets totalled $306.7 million, reflecting the capital-intensive nature of our operations and the significant investment required in ambulance stations, fleet, communications systems, clinical equipment and technology.

The Group's current ratio is not yet at our minimum target of 1.0. However, it has improved since the prior year and highlights the importance of continued liquidity management. External borrowings have supported the delivery of strategic capital investments.

Reserves

Maintaining appropriate reserves is a key component of Hato Hone St John financial resilience. As a critical emergency service provider, reserves help ensure the organisation can respond to major incidents, support service continuity, and continue investing in the infrastructure required to meet the evolving health needs of New Zealand communities.

During 2025/26, Hato Hone St John invested approximately $36 million in capital expenditure. This is well below the investment required for ambulance stations, fleet, communications systems, clinical equipment and technology. Prudent stewardship of reserves, together with diversified funding sources, will help ensure these assets continue to support high-quality health and emergency services for future generations.

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 2026	Notes	2026 (000's)	2025 (000's)
Revenue			
Revenue from exchange transactions		564,638	529,250
Revenue from non exchange transactions			
Fundraising – operating		38,212	48,252
Fundraising – capital		22,034	17,924
Total revenue	(3)	**624,884**	**595,426**
Expenditure			
Cost of sales		2,248	2,130
Personnel	(4)	405,766	382,249
Operating expenses		106,151	96,247
Vehicles		24,309	23,759
Operating supplies		10,107	10,190
Other expenses		12,160	8,978
Depreciation and amortisation		39,696	39,461
Finance costs		4,421	4,549
Other gains/ (losses)			
Gain on sale of property, plant and equipment		141	1,040
Loss on sale of financial assets		(728)	(354)
Impairment of intangible assets and property, plant and equipment		(473)	–
Net surplus		**18,966**	**28,549**
Other comprehensive surplus		3,523	853
Total comprehensive surplus for the year		**22,489**	**29,402**

Summary consolidated statement of financial position As at 30 June 2026	Notes	2026 (000's)	2025 (000's)
Current assets		**90,273**	**82,880**
Property, plant and equipment	(5)	293,846	298,383
Intangible assets		10,354	11,297
Investment property		2,501	2,560
Investments		55,801	41,367
Total non-current assets		**362,502**	**353,607**
Total assets		**452,775**	**436,487**
Current liabilities		115,988	111,135
Non-current liabilities		36,875	47,929
Total liabilities		**152,863**	**159,064**
Net assets		**299,912**	**277,423**
Equity		**299,912**	**277,423**

Summary consolidated statement of changes in equity For the year ended 30 June 2026	Accumulated Surplus or (Deficit) (000's)	Fair Value Reserve (000's)	Other Reserves (000's)	Total (000's)
Opening balance 2025	**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**
Total comprehensive surplus for the year	18,966	3,523	–	22,489
Transfer (from)/to reserves	(1,729)	1,673	56	–
Balance 30 June 2026	**282,907**	**2,008**	**14,997**	**299,912**

Summary consolidated statement of cash flows For the year ended 30 June 2026	**2026 (000's)**	**2025 (000's)**
Net cash flows from operating activities	76,403	62,038
Net cash flows used in investing activities	(33,723)	(39,865)
Net cash flows used in financing activities	(18,672)	(11,933)
Net increase in cash	**24,008**	**10,240**
Cash and cash equivalents at the beginning of the year	37,123	26,883
Cash and cash equivalents at the end of the year	**61,131**	**37,123**

On behalf of the Priory Board, which authorised the issue of the summary consolidated financial statements on 12 October 2026.



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
Hato Hone St John Future Care Fund (incorporated 27 February 2026)

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 2026 which were approved by the Priory Board on 12 October 2026. 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 2026, the Group had a working capital deficit of $25.3m (2025: $28.3m) and total equity of $299.9m (2025: $277.4m). The Group has a surplus for the year of $19.0m compared to a $28.5m surplus in the prior year. The Group currently holds $55.8m (2025: $41.4m) of investments within 'Non-current assets', most of which are ringfenced for use in the longer term, but which can be liquidated with reasonable notice, if necessary to meet current obligations. Cash and cash equivalents increased by $24.0m (2025: $10.2m). Hato Hone St John is a not-for-profit charity, with a significant funding contract with Health New Zealand and ACC. Whilst the funding contract for the four years to 30 June 2030 is under negotiation, the parties have agreed to enter into a contract extension on previous terms and conditions until such time as the new funding contract is agreed. Payments under the contract remain uninterrupted. The Group financial statements are prepared on a going concern basis after due consideration of available cash, financing and investments, and the status of our ambulance services funding position.

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 non-specific 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 $13.3m (2025: $10.2m) 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.

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)
2026							
Income							
Transportation services	416,117	28,123	–	–	–	–	444,240
Commercial	–	51	79,379	–	–	–	79,430
Fundraising and retail stores	50	–	69,248	6,291	–	–	75,589
Rental and investment	99	–	–	529	–	3,728	4,356
Other	13,387	6,655	911	64	252	–	21,269
Total revenue	**429,653**	**34,829**	**149,538**	**6,884**	**252**	**3,728**	**624,884**
Transfer to capital related fundraising and grants	–	–	(4,541)	(6,291)	–	–	(10,832)
Segmental revenue	**429,653**	**34,829**	**144,997**	**593**	**252**	**3,728**	**614,052**
Expenditure							
Personnel	301,308	21,494	39,969	12,228	30,767	–	405,766
Depreciation and amortisation	21,434	3,123	9,657	5,339	135	8	39,696
Operating costs	63,118	4,456	34,668	26,485	13,288	5,221	147,236
Other expenses	10,055	853	1,252	–	–	–	12,160
Total expenses	**395,915**	**29,926**	**85,546**	**44,052**	**44,190**	**5,229**	**604,858**
Transfer to property related losses	–	–	–	(433)	–	–	(433)
Segmental expenses	**395,915**	**29,926**	**85,546**	**43,619**	**44,190**	**5,229**	**604,425**
Inter-segment transactions							
Ambulance membership and telecare part charge	13,339	–	(13,339)	–	–	–	–
Internal shared and support services	(61,799)	(4,300)	(24,843)	42,573	43,948	4,421	–
Business unit (deficit)/surplus for the year	**(14,722)**	**603**	**21,269**	**(453)**	**10**	**2,920**	**9,627**
Capital related fundraising and grants	–	–	4,541	5,858	–	–	10,399
(Loss)/gain on sale of property, plant and equipment	(48)	–	(76)	275	(10)	–	141
Loss on sale of financial assets	–	–	–	–	–	(728)	(728)
Net property impairments	–	–	(47)	–	(426)	–	(473)
Total (deficit)/surplus for the year	**(14,770)**	**603**	**25,687**	**5,680**	**(426)**	**2,192**	**18,966**
Business unit assets – Property, plant and equipment, intangible assets and investment property							
Total business unit assets	66,376	11,729	22,150	205,995	432	19	306,701

3(b) Business unit reporting – operating channel (Continued)

	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 capital related fundraising and grants	–	–	–	(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**
Capital related fundraising and grants	–	–	–	3,835	–	–	3,835
(Loss)/gain on sale of property, plant and equipment	(10)	–	–	1,050	–	–	1,040
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

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)
2026					
Revenue	30,518	27,426	24,894	542,046	624,884
Expenditure	(11,251)	(12,506)	(12,326)	(568,775)	(604,858)
Internal shared and support services	1,607	2,291	3,097	(6,995)	–
Transfer to property related fundraising and grants	(3,564)	(2,152)	(3,529)	(1,154)	(10,399)
Business unit surplus/(deficit) for the year	**17,310**	**15,059**	**12,136**	**(34,878)**	**9,627**
Capital related fundraising and grants	3,564	2,152	3,529	1,154	10,399
(Loss)/gain on sale of property, plant and equipment	(51)	(217)	(20)	429	141
Loss on sale of financial assets	–	–	–	(728)	(728)
Net property impairments	–	–	(47)	(426)	(473)
Total surplus/(deficit) for the year	**20,823**	**16,994**	**15,598**	**(34,449)**	**18,966**
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**
Capital related fundraising and grants	778	616	1,548	893	3,835
Gain on sale of property, plant and equipment	–	440	–	600	1,040
Loss on sale of financial assets	–	–	–	(354)	(354)
Total surplus/(deficit) for the year	**24,333**	**18,562**	**22,846**	**(37,192)**	**28,549**

4 Personnel costs

Personnel expenditure includes defined contribution plan expense of $14.5m (2025: $13.7m).

5 Property, plant and equipment

2026	Cost (000's)						
Asset class	Land	Buildings	Vehicles	Furniture, fixtures & equipment	Work In Progress	Heritage Assets	Total
Carrying value as at 1 July 2025	**56,732**	**131,956**	**52,461**	**50,257**	**6,777**	**200**	**298,383**
Additions	445	3,233	10,195	15,474	3,505	–	32,852
Disposals	–	(449)	(276)	(96)	–	–	(821)
Depreciation	–	(4,040)	(12,702)	(19,189)	–	–	(35,931)
Impairment	–	(47)	–	–	–	–	(47)
Transfers of Work In Progress	–	4,208	–	988	(5,196)	–	–
Transfers to Held for Sale assets	–	(590)	–	–	–	–	(590)
Carrying value as at 30 June 2026	**57,177**	**134,271**	**49,678**	**47,434**	**5,086**	**200**	**293,846**
Represented by:							
Cost	57,177	182,838	120,668	122,237	5,086	200	488,206
Accumulated depreciation and impairment	–	(48,567)	(70,990)	(74,803)	–	–	(194,360)
Carrying value as at 30 June 2026	**57,177**	**134,271**	**49,678**	**47,434**	**5,086**	**200**	**293,846**

2025	Cost (000's)						
Asset class	Land	Buildings	Vehicles	Furniture, fixtures & equipment	Work In Progress	Heritage Assets	Total
Carrying value as at 1 July 2024	**56,732**	**128,540**	**48,788**	**45,843**	**9,990**	**200**	**290,093**
Additions	–	2,682	16,524	20,547	4,897	–	44,650
Disposals	–	(3)	(287)	(4)	–	–	(294)
Depreciation	–	(3,970)	(12,564)	(19,532)	–	–	(36,066)
Impairment	–	–	–	–	–	–	–
Transfers of Work In Progress	–	4,707	–	3,403	(8,110)	–	–
Transfers to Held for Sale assets	–	–	–	–	–	–	–
Carrying value as at 30 June 2025	**56,732**	**131,956**	**52,461**	**50,257**	**6,777**	**200**	**298,383**
Represented by:							
Cost	56,732	186,807	147,803	115,939	6,777	200	514,258
Accumulated depreciation and impairment	–	(54,851)	(95,342)	(65,682)	–	–	(215,875)
Carrying value as at 30 June 2025	**56,732**	**131,956**	**52,461**	**50,257**	**6,777**	**200**	**298,383**

5(a) Impairment of property, plant and equipment and intangible assets

An impairment loss of $0.047m (2025: Nil) was recognised in the current financial year.

Title to 183 Douglas Street, Highfield, Timaru District was received as part of an estate that was bequeathed to Hato Hone St John. The property was initially recognised at its fair value, prior to being transferred to "Assets classified as held for sale" within "Current Assets", at which point an impairment of $0.047m was recognised.

The Hall at 92 Cuba Street Palmerston North was demolished in the current year. The property's book value of $0.199m was fully impaired in prior years.

5(b) Assets classified as held for sale

The property in Highfield, Timaru District noted above was classified as held for sale in the current year and will be sold before the end of the 2026 calendar year.

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 (2025: 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

	2026 (000's)	2025 (000's)
Non-cancellable operating lease payments		
Less than 1 year	9,883	10,728
Later than 1 year less than 5 years	24,408	25,322
Later than 5 years	33,747	34,694
Total leases	**68,038**	**70,744**

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

	2026 (000's)	2025 (000's)
Emergency ambulance and patient transfer vehicles	12,704	10,373
Property, plant and equipment	5,606	1,424
Total commitments	**18,310**	**11,797**

Capital commitments shown are for emergency ambulance and patient transfer vehicle purchases, and ambulance station developments which are authorised and contracted for but not provided for in the financial statements.

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.

	2026 (000's)	2025 (000's)
Lease premises guarantees	1,485	1,603
Total guarantees	**1,485**	**1,603**

10 Subsequent events

The funding contract with ACC and Health NZ (together 'the Purchasers', and with Hato Hone St John 'the Parties') expired on 30 June 2026, with negotiation ongoing for the Parties to enter a new agreement with a term 1 July 2026 to 30 June 2030. To mitigate cashflow and service disruption while negotiations proceed, the parties have agreed to enter into a contract extension on previous terms and conditions until such time as the new funding contract is agreed. Payments under the contract remain uninterrupted.

On 1 July 2026, the functions of the three Regional Trust Boards ('RTBs') transitioned to Region Boards which now operate as committees of the Priory Board. The RTBs will remain in place for a period following the transition to manage residual assets that cannot be immediately transferred, along with legacy donations. The current RTB members have been appointed to the relevant Region Board and will continue to carry out the same core roles and responsibilities. The assets and liabilities of the RTBs have been transferred to the Priory. This change simplifies the organisation's structure, whilst keeping everything that currently works well in place.

On 6 August 2026, the Employment Leave Act 2026 received Royal Assent and passed into law. The Act replaces the Holidays Act 2003 and makes significant changes to the way minimum leave entitlements are earned, taken and paid. The legislation becomes effective from 6 August 2028, until which time existing leave calculations continue to apply and no impact is expected on the financial statements.

Other than the above, there were no subsequent events which would materially affect the interpretation of these financial statements.

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 36 to 42 and the summary consolidated statement of service performance on pages 26 to 30. The complete set of summary consolidated financial statements comprises the summary consolidated statement of financial position as at 30 June 2026, 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 2026.

In our opinion, the accompanying summary consolidated performance report, on pages 36 to 42 and 26 to 30, 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 12 October 2026.

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). This service has 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.

Auckland, New Zealand
12 October 2026

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 2026 included on the entity's website. The Priory Board is 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 12 October 2026 to confirm the information included in the summary consolidated performance report presented on this website.

Ko te Mana Whakahaere me ngā Komiti Pū

Governance and key committees as at 23 June 2026

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 Most Rev Sir D J Moxon KNZM GCStJ MMCM

Chancellor
Mr T Budd GCStJ

Sub Prior
Dr M C Doré 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 GCStJ

Deputy Chancellor
Maj B P Wood *KStJ DSD ED

Bailiffs and Dame Grand Cross
Mr N B Darrow GCStJ
Mrs J A Hoban GCStJ
Dr S A Evans GCStJ
The Most Rev Sir D J Moxon KNZM GCStJ MMCM
Mr J H Whitehead CNZM GCStJ

Elected and Appointed Members
Mr R D Blundell KStJ
Ms C M Chan OStJ *
Mr G J Crowley OStJ
Mr C J Fraei OStJ *
Ms C A Fraser OStJ *
Mr S G Greaves OStJ *
Mrs L M Mosley CStJ
Mr P D Rankin CStJ
Mrs A M Rosamond OStJ
Mr K F Smith CStJ
Mr P G Tranter CStJ
Mr K J Williamson ONZM KStJ QSM JP

Priory Officers

Clinical Advisor
Dr D J Anderson ASM MStJ

Director of Ceremonies
Mr J D Wills KStJ

Hospitaller
Ms L Evans OStJ

Librarian
Mrs A M Rosamond OStJ

Medical Advisor
Dr D J Anderson ASM MStJ

Priory Dean
The Rt Rev R G Bay OStJ QSM

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

Cadet of the Year
Miss L G Wilson * (until 31 December 2025)
Miss Z R Campbell * (from 1 January 2026)

Priory Chapter Committees

Priory Honours Committee

Chair
Mr J H Whitehead CNZM GCStJ

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

Priory Nominations and Appointments Panel

Chair
Mr J H Whitehead CNZM GCStJ

Committee Members
Mr B M Blackbourn MStJ JP *
Mrs J A Hoban GCStJ
Ms C Scholes
Mr K I Williamson ONZM KStJ QSM JP
Maj B P Wood* KStJ DSD ED

Order Affairs Committee

Chair
Mrs J A Hoban GCStJ

Secretary
Mr P D Wood KStJ *

Committee Members
Mr G J Crowley OStJ
Mr M C Delaney OStJ JP * (from 1 February 2026)
Mr C J Fraei OStJ*
Ms N N Gini DStJ*
Mrs P J Hall MStJ
Mr G S Handy CStJ JP
Ms E McClure OStJ *
Mrs M A Rankin OStJ * (until 30 November 2025)
Mr P D Rankin CStJ
Mr P G Tranter CStJ
Ms C R Benson DStJ * (ex-officio)
Mr J H Whitehead CNZM GCStJ (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 * (until 5 September 2025)
Mr B S Sutton
Mr K I Williamson KStJ QSM JP
Mr J H Whitehead CNZM GCStJ (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
Ms R S Oakley
Mrs K S Sunckell CStJ
Mr R T Volmer
Mr N A Whitfield MStJ *
Mr J H Whitehead CNZM GCStJ (ex-officio)

Priory Board

Chair
Mr J H Whitehead CNZM GCStJ

Deputy Chair
Maj B P Wood* KStJ DSD ED

Board Members
Dr K T Biddle (from 17 April 2026)
Mr S K Crombie (from 17 April 2026)
Mrs W M A Hong (until 28 December 2025)
The late Ms G H M Moana-Tuwhangai MNZM JP (until 16 August 2025)
Mr B M Nielsen CStJ * (until 9 December 2025)
Mr A Prasad MStJ JP
Mrs P M Rose QSO CStJ
Mr C L Watson MStJ

Advisor to Priory Board
Miss K Lopez (from 17 April 2026)

Priory Board Committees

Clinical Governance Committee

Chair
Maj B P Wood* KStJ DSD ED

Committee Members
Dr D J Anderson ASM MStJ
Mr J E Butcher
Ms B J Hynes CStJ *
Miss K Lopez (from 4 May 2026)
The late Ms G H M Moana-Tuwhangai MNZM JP (until 16 August 2025)
Dr J E Moore CStJ
Mr A Prasad MStJ JP
Mr D M Spearing MStJ (until 30 November 2025)
Dr V J Thornton (until 30 November 2025)
Mr G C Tobin (Paramedic Attendee)
Mr J H Whitehead CNZM GCStJ(ex-officio)

Risk and Assurance Committee

Chair
Mr A Prasad MStJ JP

Committee Members
Ms S M Cumming ONZM DStJ
Mrs W M A Hong (until 28 December 2025)
Ms J Read QSO MStJ
Mr K F Smith CStJ
Mr J H Whitehead CNZM GCStJ

People and Capability Committee

Chair
Mrs P M Rose QSO CStJ

Committee Members
Mr P N Brown (until 31 August 2025)
Dr S E Collins (from 8 June 2026)
Mr P S Hughes (from 2 June 2026)
Ms L Hutchinson (until 4 May 2026)
Mr S Mataele
The late Ms G H M Moana-Tuwhangai MNZM JP (until 16 August 2025)
Mr C L Watson MStJ
Mr J H Whitehead CNZM GCStJ

Asset Management Committee

Chair
Mr C L Watson MStJ

Committee Members
Mr J D Butson
Mr S C Crombie (from 4 May 2026)
Mr D Henderson (from 13 May 2026)
Mr B M Nielsen CStJ * (until 9 December 2025)
Mr K Simpkin CStJ *
Mrs E Wansbrough
Mr J H Whitehead CNZM GCStJ (ex-officio)

Tāhuhu Advisory Komiti

Chair
The late Ms G H M Moana-Tuwhangai MNZM JP (until 16 August 2025)
Mr J H Whitehead CNZM GCStJ (Interim Chair from 17 August 2025)

Committee Members
The Rt Rev R G Bay OStJ QSM
Dr K T Biddle (from 4 May 2026)
Mr T R Gage
Mr J Kendrick MStJ
Mrs P M Rose QSO CStJ
Miss M Turrall
Mr J H Whitehead CNZM GCStJ (until 16 August 2025 and then Interim Chair)

Region Trust Boards

Northern Region

Chair
Mr W F Leech MStJ *

Elected and Appointed Members
Miss G M Atkinson MStJ *
Mr M R Crosbie CStJ
Mr J E Issott OStJ
Mr N B Roberts OStJ
Mr K E Shaw OStJ
Mr K Simpkin CStJ *
Ms E Tofilau-Tevaga (from 29 October 2025)
Dr A Zhu CStJ

Patron
Mr R D Blundell KStJ

Central Region

Chair
Mr G W Salmon KStJ

Elected and Appointed Members
Ms C J Abbott OStJ
Mr N A Beavers MStJ
Mr G H Burt
Dr J W Holland MStJ
Mr R M Hurrell MStJ
Mr A R Ludlow MStJ
Ms K M Missen MStJ * (from 9 March 2026)
Mr R R Sharma MStJ
Mrs C L Smith (from 9 March 2026)
Mr M G C Stephens MStJ VRD

Youth Governance Intern
Miss E N Ball *

South Island Region

Chair
Ms A A Shepherd CStJ

Elected and Appointed Members
Mr C J Blanchfield MStJ
Mrs P A Buchanan DStJ*
Mrs M P A Corkindale DStJ
Miss J D Gillespie OStJ *
Mr P W Hunt MStJ
Mr M MacKereth MStJ (until 29 August 2025)
Mr R D Morgan OStJ
Mrs T R Simonsen CStJ*
Mr D Storey (from 9 March 2026)
Mrs A C Tiffen MStJ
Mrs D Wilson

** 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, the Order of St John. 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 and Trustees' Executive Committee

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. Operating at a more managerial level is the Trustees' Executive Committee (TEC), which was established in 2018. TEC members are the Great Officers, between three and five Priory representatives (Priors or Chancellors) nominated by either their own Priory or the priories collectively, and additional members nominated by the Grand Council for a specific purpose. TEC can advise and make recommendations to the Grand Council and is responsible for providing the framework for establishments to carry out their work legally, safely, and in compliance with the purposes of the Order. John Whitehead CNZM GCStJ represented our region on TEC from 2020–2023.

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 GCStJ.

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.

Region Boards

Our Region 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.

In May, our Chancellor John Whitehead CNZM GCStJ was promoted to Bailiff Grand Cross of the Order. The Grade of Bailiff or Dame Grand Cross (Grade I) is limited to 35 individuals worldwide and is reserved for those who have demonstrated the highest standards of integrity, loyalty, and devotion to the Order through exceptional, sustained, and successful leadership. This accolade is richly deserved – John exemplifies the spirit of service to others, has worked tirelessly to further our vision and purpose, and brings the values of the Order and of Hato Hone St John to life.

We have a total of five Bailiffs and Dame Grand Crosses within Hato Hone St John – Neville Darrow GCStJ, Judith Hoban GCStJ, Steve Evans GCStJ, Archbishop Sir David Moxon, KNZM GCStJ MMCM and John Whitehead CNZM GCStJ.



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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Hato Hone St John