



The right care at the right time

ANNUAL REPORT 2012



St John

first to care



Health and well-being

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

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

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

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

The following core values guide us in achieving our mission

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

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

PROFESSIONALISM Achieving outcomes and standards, and continuously developing

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

Our strategic goals are:

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

The strategic goals are driven by programmes of work. The main themes running through the programmes of work are:

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

St John is continuing to adapt and innovate to meet changing health and community needs

St John's role as a professional healthcare and emergency services provider is evolving. We are continuing to seek improved responses to medical emergencies and accidents, better clinical results for patients and we are working to become more integrated with the healthcare sector. We are committed to providing ease and comfort for people injured or unwell.

In the last year our engagements with local communities continued to be our strength and our community programmes are vibrant and healthy. Our governance team is progressive, well-qualified, engaged and committed to St John's strategic direction. We are facing financial pressures and the challenge will be to ensure our capital and funding plans are sound. Our executive management team has been refreshed with new energy and capability. We have highly trained staff and volunteers.

St John is on a pathway that will transform ambulance services to ensure they continue to meet the needs of all New Zealanders. We are focused on achieving good community outcomes.

Striving for excellence

St John is a community-based charity with national presence and a turnover of approximately \$240 million. The Priory Trust Board, the governing body of the Order of St John in New Zealand, works to engender a community-engaged organisation with an achievement-focused "one St John" culture. We look for improvement, innovation and cooperation, founded in care and respect for others, based on our values of integrity, teamwork, professionalism and empathy.

In 2011/12 we have placed strong importance on robust performance reporting and monitoring based on objective and quantitative information. We support our Board and executive through training

and development courses and foster continuous improvement through self-appraisal processes. In 2011/12 our Organisational Excellence Programme, initiated in 2010, continued to drive our improvement pathway.

Future focused, resilient, sustainable

The legacy of the Canterbury earthquakes again focused the Board's attention this year. As well as highlighting the strength and resilience of our Canterbury members, out of the challenges have come new ideas for innovative ways of operating.

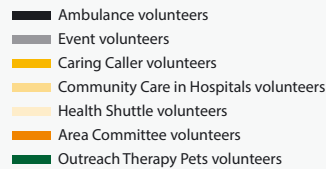
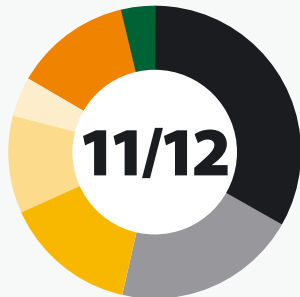
We are applying those ideas and learnings throughout the country – in our Northern, Central and South Island Regions. We now know more than ever the importance of locating our ambulance stations at sites likely to remain accessible through significant disaster. We recognise the need to have strong, resilient and new buildings to ensure the safety of our people and to meet our commitments as an accident and emergency healthcare provider.

As a result of the Canterbury earthquakes we are evaluating

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



VOLUNTEER MAKEUP 2011/12



**2,481 PAID STAFF
(INCLUDING
CASUALS) IN 2011/12**

**17,073 MEMBERS
IN 2011/12**

all of our buildings – as are many other organisations around New Zealand. Initial engineering evaluations have found that some of our buildings fall short of meeting our current requirements and may, after more detailed evaluation, require replacing, strengthening or modification. The costs will be considerable and a real drain on our reserves. We are planning for that, while also examining options and alternatives for some different solutions and ways of providing services – with others in the healthcare space – that will meet the changing needs of the people we serve.

Collaborating to care

St John's experience in Canterbury showed how valuable and important it is to collaborate with other first response services – Fire, Police, and other ambulance service providers – to facilitate the best patient care in times of real need. Looking to the future, we value highly our partnership arrangements with the District Health Boards, PHOs, the Ministry of Health and the Accident Compensation Corporation (ACC), especially as we develop new emergency service options and new healthcare service models.

Celebrating achievement

That St John is one of New Zealand's most trusted and reliable brands and one of the top three

most reputable not for profit organisations and that paramedics are among the most trusted professions, remains an honour and delight.

This year we celebrated the wonderful achievements of many hundreds of volunteers who contributed thousands of hours, specifically, to the Friends of the Emergency Department (FEDs) and Caring Caller services. Both celebrated significant anniversaries during the past year. The FEDs started 10 years ago and now more than 800 people lend a valuable helping hand in the emergency departments of most public hospitals. Caring Caller marked 15 years of service this year. Our members also supported the resounding success of our biggest national sporting event, Rugby World Cup 2011. Their effort was exceptional.

Leadership talent changes

In August 2011 we were delighted to welcome His Excellency Lt Gen The Rt Hon Sir Jerry Mateparae as our Prior, the highest leadership role in our organisation. I also pay tribute to the very wise Don Hunn who retired from the Priority Trust Board in May 2012. I thank outgoing Chief Executive Jaimes Wood for his strong contribution during the past 12 and a half years and welcome Peter Bradley to the role. Peter has extensive experience

managing the biggest ambulance service provider in the United Kingdom, the London Ambulance Service.

My thanks

St John is fortunate to have widespread community support for its operations and volunteers, and staff who go the extra mile in often very difficult situations to help their fellow New Zealanders. I salute you all and thank you for your great contributions. ■

Garry Wilson
Chancellor



Developing and growing partnerships and collaborations in health is a key strategy for us

St John is community-owned in the most profound way. Our infrastructure is built from funds raised by people in the community for the community. We are also trusted and respected, well-organised and well-prepared to face the future challenges in healthcare.

Introducing transformational change

Key to delivering services that meet customer needs saw us focus in the last year in understanding the demands of an ageing population. As people are now living longer, the health sector is seeing more patients with chronic health conditions and multiple conditions. This places more demands on ambulance services and these demands are increasingly challenging to sustain. Simply providing patient ambulance transfer services to hospitals is becoming too costly, increasing

hospital workloads and – most importantly – not necessarily providing the best patient outcomes.

To address these issues this year we launched a bold and innovative programme involving fundamental change to our ambulance delivery model. When followed through, this transformation programme will positively and significantly impact and add value to the health sector. It should place St John in New Zealand at the vanguard of ambulance service delivery – integrated with health – globally.

As the emergency specialist in the health sector, and with patient numbers growing, an ageing population and limited money, we will transform our service delivery model, innovate and integrate our services with our health partners in a way that is sustainable for the country.

Stakeholder, customer and community engagement

Developing and growing partnerships and collaborations in health is a key strategy for us. We recognise that we need to understand and be understood by all organisations that contribute to a well-functioning health system and to appreciate the experience and expertise that others can bring to our work.

Meanwhile, it is pleasing that we are now on the Government's radar as a key and strategic player in the health sector through our partnerships with the Ministry of Health, ACC, and the District Health Boards, and through strengthening our responsiveness to Māori with Te Ara Hato Hone – St John Pathway – which was taken a step further when I signed the MoU with Te Puni Kōkiri as we ended the financial year.

Our organisational improvements

We continually seek solid solutions to further unify our organisation and take it forward. Today we have a more unified, innovative and relevant organisation as

Executive Leadership Group. Back row from left to right: David Thomas, Jaimes Wood, Tom Dodd, Eddie Jackson, Gerry Fitzgerald, Peter McDowall. Front row from left to right: Michael Brooke, Sonya Gale, Gary Salmon, Brian Scott, Michael Boorer.



Our strategic challenges

In 2011 we revisited our strategic plan which involved identifying the key strategic challenges for St John in New Zealand. These challenges have given us a framework on which to set our strategic goals.

Those challenges are:

- **Role of St John:** Define and scope the future role of St John in New Zealand's health, social and community sectors.
- **Customer needs:** Understand increasing future customer needs and determine how best to meet them; who to serve, by what means; including through collaboration.
- **Funding and sustainability:** Pressures on traditional sources of funding (Government health spend and charitable donations) are reducing our ability to continue to deliver under the current funding model.
- **Service delivery:** Deliver services in relevant and efficient ways to meet changing customer needs.
- **Capability:** Understand future customer values, needs and service offerings and align and reflect in our leadership and workforce composition and culture.

a consequence of our people embracing change across a broad front in an incredible manner. It is heartening that so many of our members believe that we have made great progress in recent times.

We have proved that we can change quickly and effectively, and I hope everyone continues to embrace change – as the organisation continues to evolve – capturing every benefit we sensibly can from being contemporary and linked to external partners in health and the community. My constant message to our people in my time with St John has been “keep going out every day and work hard to earn the continuing trust and respect of the public, and never become complacent. We must work to earn that trust every day.”

Thanks and farewell

This annual review for the year ended 30 June 2012 is the last I had

the pleasure of preparing before leaving the organisation. My time at St John, making a difference for communities, has been tremendously rewarding. Looking back on the 12 and a half years that I have been Chief Executive, I am extraordinarily proud of what has been achieved, and I will always be an advocate for this incredible organisation that provides so much value for New Zealand communities.

The brief to me from the Priority Trust Board 12 and a half years ago was to “unify the organisation and prepare it to face future challenges”. The basic infrastructural changes – moving to one virtual communications centre, one accounting centre, one HR and payroll unit, one Information and Communication Technology support unit, and more – place us in an enviable position as an organisation with good centralised national resources. We have a geographic footprint that spans

New Zealand in a way that few if any other healthcare organisations do. Capitalising on and using our unique position strategically is obviously the key, and I believe our current plans and strategies have us on a path to achieve a successful future.

It would have been impossible to make the progress we have without the strength, courage, fortitude and wisdom of the three Chairmen/Chancellors with whom I have worked – Neville Darrow, Rob Fenwick and Garry Wilson.

My thanks go to past and present members of the Executive Leadership Group for their drive and dedication, and my best wishes go to my successor as Chief Executive, Peter Bradley. ■



Jaimes Wood

Chief Executive (1999-2012)





The best care

THE NUMBER OF PATIENTS TREATED INCREASED BY 7,530 IN THE LAST YEAR – TO 403,261 – A 2% INCREASE

ST JOHN MEMBERS ATTENDED MORE THAN 350,000 INCIDENTS LAST YEAR – A 4.2% (OR 14,000) INCREASE

THE VOLUME OF 111 CALLS FOR AN AMBULANCE WAS UP 3.8% ON LAST YEAR TO 366,509

St John provides ambulance services for approximately 90% of New Zealand's population. Each year paid and volunteer St John ambulance officers care for and save the lives of thousands of New Zealanders and visitors to the country.

St John paid and volunteer ambulance officers work in reactive and stressful health emergency and accident environments. Our members give first aid care at community and corporate events, we transfer patients between hospitals or from hospitals to home, and we coordinate and staff air ambulance flights and connections working with rescue helicopter services.

We also manage the PRIME (Primary Response in Medical Emergencies) service – a project funded by the Ministry of Health and ACC to provide both the coordinated response and appropriate management of emergencies in rural locations, utilising the skills of specially trained general practitioners and registered nurses.

To do all of this we support our ambulance officers by offering the best possible clinical education.

The current environment and challenges

We operate in a dynamic and – by its very nature – reactive environment. The Operations

function of St John is a critical component of the New Zealand health system. We base our activity on the needs of New Zealanders. The total cost for the Operations function for 2011/12 was in excess of \$170 million (factoring out internal costs but including ambulance services, Communication Centres, PRIME and clinical development; excluding volunteer costs and coverage of events).

The healthcare environment is changing rapidly to meet the demographic and economic challenges we face now and will continue to face in the future – that will require a level of resourcing that cannot be sustained with the current delivery model.

If St John is to stay vital and relevant in that environment we need to change our operating model to anticipate and accommodate those changes and the increasing demand for our services.

Acting primarily as a transport service taking patients to hospital is arguably too costly for the healthcare system as a whole and does not always provide the best outcome for patients.

Transforming ambulance services

Transforming our ambulance service operations to meet the

challenges in our health system has been a key focus for us this year. Recognising that we must innovate our services and processes and better integrate with our health partners, this year we progressed a five-year Operations Plan using ideas from St John members – through an innovative 'IDEAs' process (nearly 700 were submitted by 30 June 2012) – and health partners, to address how we establish a new model of service delivery. The process used has resulted in significant buy in from both internal and external audiences for the changes we intend to make in the coming years. It has also set a benchmark for consultation and collaboration for St John in New Zealand.

The framework for this Plan is to understand community, stakeholder, customer and patient needs, remotely assess patient needs and effectively manage referrals, assess patients and deliver effective treatment, promote health, well-being and the role of our teams, and connect patients to care.

The Plan details a large number of initiatives including:

- electronic patient report forms
- remote triage capability
- alternative care pathways
- new response and transport options

- new treatment options
- different models for different communities
- hub and spoke networks
- integration and partnerships.

Initiatives in 2011/12

With this transformation programme of work we intend to maximise efficiency and effectiveness in services we deliver, optimise our resources, and deliver more value added services to the health system. Examples of this in 2011/12 included improving our resource forecasting and better, more informed winter planning, rosters and consumables stocking policies.

A key initiative worked on in 2011/12 (launched in August 2012) was the new response system for ambulance services. The key objective here is to provide the most appropriate response to patients and make the best use of our resources. With the new system we are assigning ambulance resource based on getting the quickest response to immediately life threatening incidents – to the patients where response time is critical. This enables better use of resources and – most importantly – will provide the best outcome for patients.

Response time targets

By June 2012, 88.7% of ambulance

responses were with a fully crewed ambulance (i.e. double crewed) – this is a 0.7% decrease on the previous year and is due to increasing demand in areas reliant on volunteers.

In 2011/12 we hit the targets for potentially life threatening calls in both rural and remote areas and the 25 minute target for life threatening calls in remote areas. While the other targets were not achieved significant progress has been made against all targets, despite increasing levels of demand. St John has nine contracted ambulance response time targets, agreed with the Ministry of Health and with ACC and in line with New Zealand ambulance standards.

For immediately life threatening calls St John is contracted to arrive at:

- 50% of calls in urban areas within 8 minutes and 95% of calls within 20 minutes
- 50% of calls in rural areas within 12 minutes and 95% of calls within 30 minutes
- 50% of calls in remote areas within 25 minutes and 95% of calls within 60 minutes.

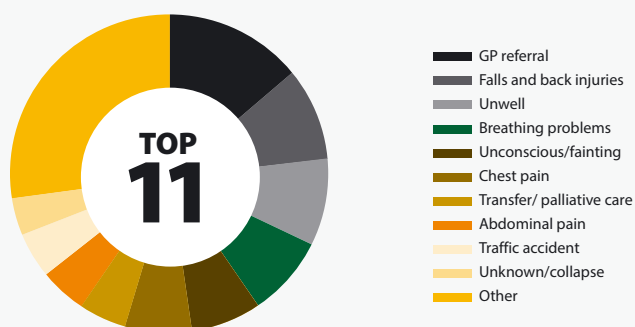
Ambulance Communication Centres

In the last year Telecom directed 1.14 million 111 calls to New Zealand's three emergency agencies. Of those calls 366,509 (32%) were 111 emergency calls for an ambulance. This is a 3.8% increase on the previous year. These calls were managed by 144 call takers and dispatchers.

Supporting Rugby World Cup

Rugby World Cup 2011 ran for 45 days in September and October 2011. St John played a vital role in the success of the tournament. We developed strategic resourcing plans for the event, worked closely with health and emergency services, and participated in a number of 'match fitness' training exercises.

TOP 11 EMERGENCY REASONS FOR PHONING 111 FOR AMBULANCE



Working in collaboration with Rugby World Cup NZ, for the tournament we deployed specialist units including golf carts, segways, bicycle paramedics, motorcycle and mobile first aid units. During the opening weekend St John was on duty at seven game venues and several fan zones, we treated 213 patients and transported 37 people to hospital. That Friday was one of the busiest days ever for our frontline teams in Auckland with a 32% increase in normal workload. Between 6.00pm Friday and 1.00am Saturday our Auckland Ambulance Communication Centre took more than 400 calls – twice the number they usually receive in that period on a Friday night.

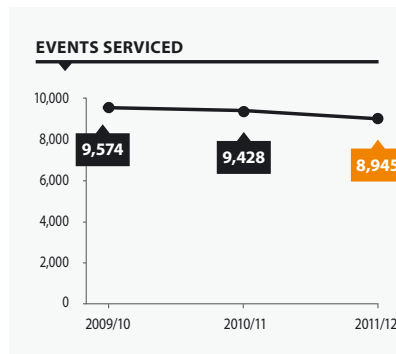
Clinical developments

New ambulance sector clinical practice guidelines were released at the end of 2011. New books and educational material were developed and distributed and incorporated into our learning modules. We have been working with the councils of the various medical colleges to incorporate their feedback into the new guidelines.

In 2011 we also reviewed and made changes to the Clinical function in St John to ensure clinical excellence is validated and supported by our clinical structure. We believe we have achieved that.

Training to complete a National Diploma in Ambulance Practice (Level 5) typically takes about two years part-time, involves 300 hours of online and classroom time, followed by clinical placement spent in the field. As part of our commitment to training and best practice St John covers the cost of training and uniforms for volunteers and paid staff up to paramedic level.

In March 2011 we introduced the first Clinical Desks into our Auckland Ambulance Communication Centre.



By July all three Communication Centres had Clinical Desks staffed by ALS (advanced life support) Paramedics whose role is to support ambulance officers with clinical decisions. They also support Communication Centre staff by reviewing jobs and recommending when a change in response or resource level would be appropriate.

CPR card world first

In a global first we piloted a CPR card developed by Laerdal to help improve cardiopulmonary resuscitation. The CPR card device is placed on the patient's chest, under the hand of the user and gives real-time visual feedback on the quality of CPR depth and rate of compressions. More than 1,400 St John members from 44 ambulance stations piloted the CPR card over four months from December 2011 to March 2012, picked because they responded to the most cardiac arrests in the previous 12 months.

A very busy summer

During summer 2011/12 the number of incidents we responded to peaked at 1,186 on 31 December and 1,374 on 1 January. Some locations had exceptionally higher emergency workloads, in the Bay of Plenty and East Cape (up 80%), in Northland (up 60%), and in Central Otago (up 75%). Sadly, the biggest surge over the New Year period involved attending the results of assaults. St John attended 77 assaults over the New Year period

and we provided care at 319 events during 23 December 2011 to 8 January 2012.

An increase to part charges for emergency ambulance services

In April 2012 we increased our Ambulance Service patient part charges. Patient part charges vary across the country and an additional amount of between \$4.00 and \$19.00 saw charges increase to either \$65.00 or \$80.00. The part charge applies to ambulance attendance and/or transport for medical emergencies, as well as accident related injuries that are older than 24 hours.

Urgent community care

The Urgent Community Care (UCC) service in Horowhenua that started in December 2010 as a trial has proved successful by reducing hospital admissions and being better for patients. In June this year Government extended funding for the scheme until January 2014. This service focuses on treating people in their own home – resulting in fewer people needing to make what can be a stressful and unnecessary trip to hospital.

The UCC service provides a 24 hour seven day a week response in the community via a team of specially trained St John paramedics with extended assessment and treatment skills. They work alongside MidCentral District Health Board, the local Primary Healthcare Organisation, doctors, district nurses, pharmacists, physiotherapists, and care facilities. We believe that this model of healthcare is an exemplar for the rest of the country. ■



“ Christchurch family grateful for expertise

When 15-month-old Liam Bond's eyes glazed over and he began shaking violently, his dad Chris thought his son was about to die in his arms.

"He'd had cold and flu-like symptoms, a little bit of a fever. We were staying with the in-laws at the time in Lincoln, just about ready to go to bed." Wendy Beaven, on duty that night at the Ambulance Communication Centre in Christchurch, answered the 111 call and provided the reassurance Chris needed until the paramedics arrived.

"It was the scariest moment of my life," Chris says. "Wendy was fantastic. I was very lucky to get her. When you have someone with such a special ability like Wendy, the relaxed and calming manner, it's very reassuring to know that someone like her is at the end of the phone.

"She said Liam was having a convulsion, he would keep shaking and when he finished, let him go to sleep. We

ended up spending a night in hospital and he had two more convulsions overnight."

Out of the many hundreds of calls Wendy deals with, she remembers the call from Chris. "He was really worried about his baby. My job was to keep him calm. He was responsive to what I was saying. Parents who have seizing babies do get quite distressed. The babies will often go blue and look like they're not breathing. You have to monitor their breathing closely."

Wendy farmed for 21 years and brought up three children before starting work at St John three years ago as a Communicator, after comprehensive training then working alongside a mentor. "I love the job," she says.

"We've been really busy this year. It's full on. You don't have a lot of time to think between calls. No call is the same. It's definitely not a routine job."

Liam had no ill effects from the seizure. A few weeks afterwards, Chris and Liam called in to see Wendy at work to say thanks. "It was brilliant," Wendy says. "I really appreciated it. In our job we don't get a lot of that. With over 250 calls a day, usually you finish a job and you're on to the next one. You don't hear what happens next.



A day and night with St John Ambulance Green Watch crew





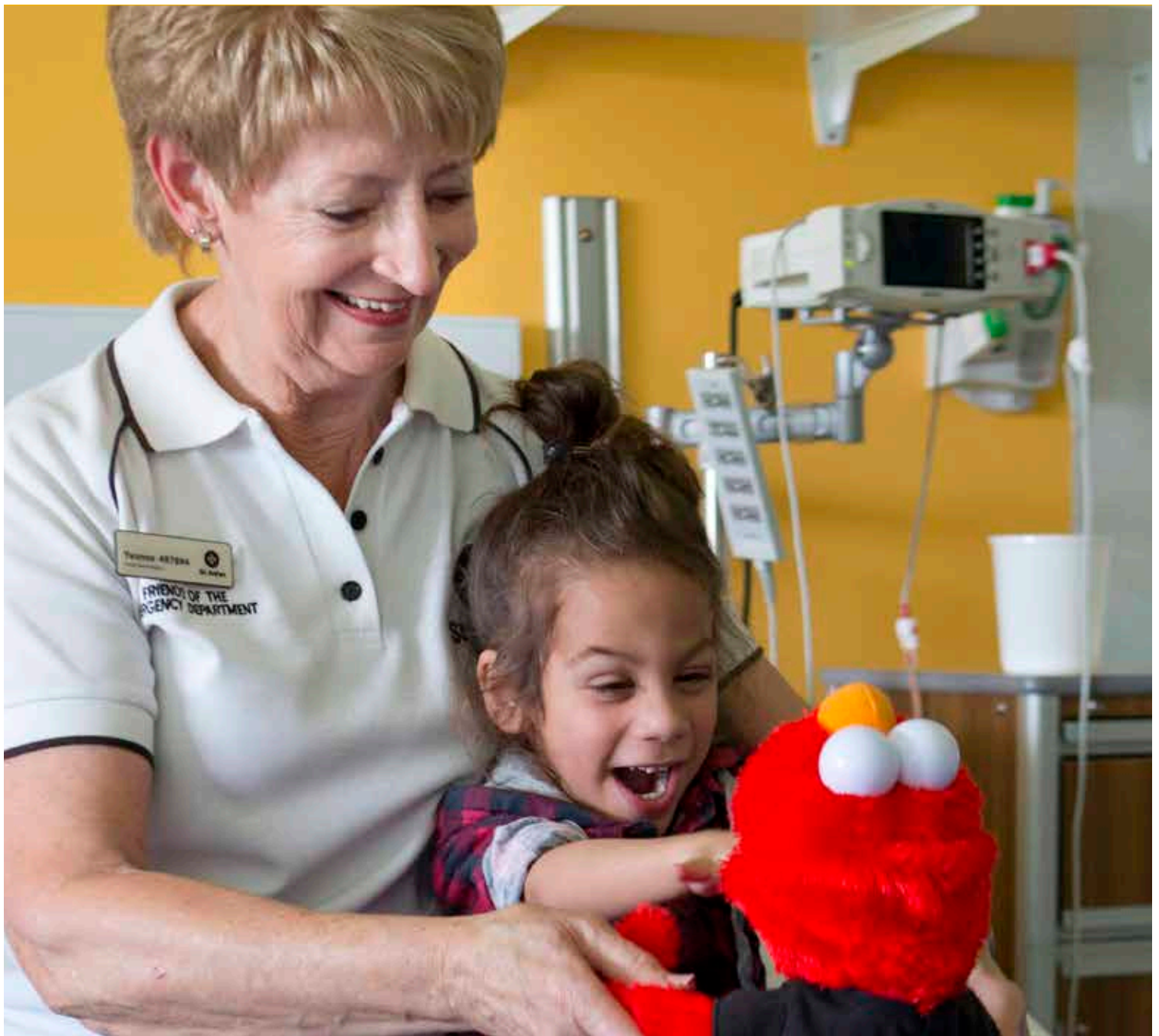
Southland Times chief photographer **Robyn Edie** spent a day and night shift with the St John Ambulance Green Watch crew at the Invercargill station. She found it inspiring to watch them at work, dealing with the constant buzz and movement, as callout after callout came from the communications centre. The staff showed incredible dedication and thoroughness on every call, no matter how trivial or serious.

Robyn was impressed by the compassion they showed to their patients, and their ability to put them at ease and empathise with them in what were often difficult situations. This group of ambulance officers hail from varied careers, backgrounds and life experiences but have found themselves drawn to the occupation – whether it be caring for their patients amid constant challenges thrown up by each job or the fact that every day appears to be different from the past. They also love being part of a tight-knit team, almost like a second family. ■



1 An ambulance waits empty in the sun-lit bay at Southland Hospital after transporting a patient;
 2 **FIELD MONITOR:** Craig Jones checks a patient's vital signs on the way to Southland Hospital;
 3 **GENTLE TOUCH:** Craig Jones and Linda Baxendine ready an elderly patient for transport to Southland Hospital;
 4 **TIME FOR A BREAK:** There's just enough time for, from left, Craig Jones, Aroha Paterson and Julie Corkery to have some food before another emergency call comes in; 5 **HANDS ON:** Rubber gloves provide the perfect replacement for paper to jot down observation notes in the field; 6 **INCOMING:** Julie Corkery updates the comms centre with a patient's status on the way to Southland Hospital;
 7 **ON THE MOVE:** Aroha Paterson is busy with a patient being transported to Southland Hospital;
 8 **FIRST RESPONSE:** Martin Patterson and Julie Corkery work on a patient in the back of an ambulance;
 9 **EMERGENCY:** The green watch ambulance crew has met a Gore ambulance crew at Edendale with a seriously ill child on board. The child is stabilised before being taken to Southland Hospital;
 10 **CHILD'S PLAY:** Linda Baxendine with some of the soft toys given to them by Lions clubs, to be handed out to younger patients. The clubs receive feedback to say who received the toy.





“ Health and well-being partners at Southland Hospital

A St John initiative started in October 2011 providing friendship and support for sick children and their families is working fabulously well.

Invercargill's Southland Hospital play and early learning specialist, Allana Bunting is helped in the children's ward by St John volunteers. Five volunteers work on a five-day roster for four hours per day. "It gives Allana the opportunity to do some one-on-one with other children on the ward," says Southern District Health Board Clinical Nurse Manager – Paediatrics Marie Irvine.

"It's fabulous, absolutely fabulous. We're the envy of other departments in the hospital."

St John volunteers provide practical help and support to children that makes a difference to their environment and to their recovery. "They're getting parents a cup of tea, organising food or looking after a sibling, sometimes just listening, sitting in the play room and talking to the parents, being someone who isn't assisting with the medical treatment of their children. It's about friendship."

St John volunteer Yvonne Officer helps in the children's ward, and also volunteers in the emergency department. She enjoys the calm and peaceful environment helping children and their families.

"It's lovely," Yvonne says "it makes you feel really needed when you see some of the little ones. We play games with the children, entertain them, sometimes they need to have a story read to them, or the parents who have been there overnight need a cup of tea so we make that. All the volunteers hope we are making a difference.



STATISTICS AND FACTS

The following statistics and facts give a snapshot of the size and shape of our work 1 July 2011-30 June 2012

	Total 2011/2012	Total 2010/2011	Increase/ decrease	Variance
111 emergency calls for an ambulance	366,509	352,985	13,524	3.8%
Emergency incidents attended	350,985	336,943	14,042	4.2%
Patients treated and transported by ambulance officers ¹	403,261	395,731	7,530	1.9%
Kilometres travelled by ambulances	18,282,971	17,969,358	313,613	1.7%
Ambulance and operational vehicles	610	610	0	0.0%
Ambulance stations	205	205	0	0.0%
Ambulance volunteers ²	2,782	2,540	242	9.5%
Events serviced	8,945	9,428	-483	-5.1%
Events volunteers	1,658	1,706	-48	-2.8%
People trained in first aid	57,825	58,303	-478	-0.8%
Children who participated in the St John Safe Kids programme	40,828	41,314	-486	-1.2%
Caring Caller clients	1,184	1,074	110	10.2%
Caring Caller volunteers ²	1,212	1,190	22	1.8%
Community Care in Hospitals volunteers ³	908	811	97	12.0%
Health Shuttle client trips	41,595	38,283	3,312	8.7%
Health shuttle volunteers	370	258	112	43.4%
Area Committee volunteers	1,115	1,181	-66	-5.6%
Therapy Pets volunteers	286	295	-9	-3.1%
Total volunteers ²	8,591	8,398	193	2.3%
Youth members (Penguins and Cadets – under 18)	5,848	5,996	-148	-2.5%
Youth Leaders (over 18)	979	966	13	1.3%
Paid staff (including casuals) ⁴	2,481	2,394	87	3.6%
Total members ²	17,073	16,875	198	1.2%

KEY 1 – Includes accident, medical, patient transfer and private hire
 2 – Includes National Office
 3 – Friends of the Emergency Department and Hospital Friends volunteers
 4 – Total paid staff – full time equivalent (FTE): 1,771; includes National Office

NB – Volunteer and paid staff numbers as at 30 June 2012
 – Some members have multiple roles
 – Italicised figures are updates/corrections on the 2011 Annual Report



Building independence and community resilience

St John works to help people remain living independently in their own home for as long as possible.

In support of the Government's emphasis on patient empowerment and self-health care management supported by the best use of information technology, we have begun work to develop new telehealth solutions. These support primary and secondary healthcare and create new and sustainable ways of managing patients in the community.

In the coming year St John will continue to work with Government, DHBs, PHOs, healthcare professionals and other partners in supporting the use of information technology and telehealth to provide appropriate platforms for more effective future community care.

Medical alarm demand

St John Medical Alarms have a unique point of difference because they provide a direct connection to St John. Our medical alarms are backed by the strength of our unique brand and reputation and the trust people have in us. St John is the biggest supplier of medical alarms in New Zealand and demand for St John monitored alarms is growing. The majority of New Zealand doctors tell us they would recommend a St John Medical Alarm to their patients.

Challenges and opportunities

The Government through the Ministry of Social Development (MSD) funds monitored medical alarms, with a subsidy for those eligible paid through the Disability Allowance. Most St John clients receive MSD funding. MSD this

year introduced new medical alarm accreditation funding standards for St John and other suppliers, requiring reduced pricing, greater compliance and an annual audit. St John passed the rigorous accreditation process, however, the new MSD regime has increased our medical alarm costs and reduced our revenue.

Our response to these challenges and has been to focus on being more efficient, improving the customer experience and adopt smarter, new technologies.

Our medical alarm Home Health Representatives now use handheld mobile tablets to connect over the Internet to our client database, speeding up information processing and providing a faster and more sophisticated customer service.

Not all our alarm clients have a telephone landline so we have been investigating cutting edge alarm systems that do not require a phone landline.

Chronic disease management

Using technology to remotely monitor the vital health signs of people who are chronically ill will be a significant medical advance for the modern, holistic healthcare we will provide in the future. We anticipate that St John telemonitoring services will allow chronically ill patients to be cared for in an efficient, less invasive way at home. This year we have been working with District Health Boards to develop a pilot for a simple, easy to use, end-to-end telemonitoring service for chronic disease management. This will allow patients to read their own vital signs in the comfort of their own home and share results with designated carers via the Internet.

Heart healthcare

Currently in New Zealand 80% of cardiac arrests occur outside of hospital. Use of an AED (automated external defibrillator) can increase the chance of survival by up to 40%. In 2011/12 we saw increasing demand for the AEDs we sell and for training to use them.

During Rugby World Cup 2011 Philips Healthcare donated AEDs to each of the 22 teams for the duration of the tournament; and these were then provided to St John to give back to local communities who hosted the teams. As a result defibrillators are placed in local swimming pools, shopping and visitor centres, a community house, stadium, council chambers and provided to community emergency response teams in locations from Whangarei to Invercargill.

Training in first aid saves lives

St John believes every New Zealander should have some first aid ability, at work and home.

Providing First Aid Level One training courses for the general public and businesses is one of our key activities, also earning revenue to subsidise some of our other activities.

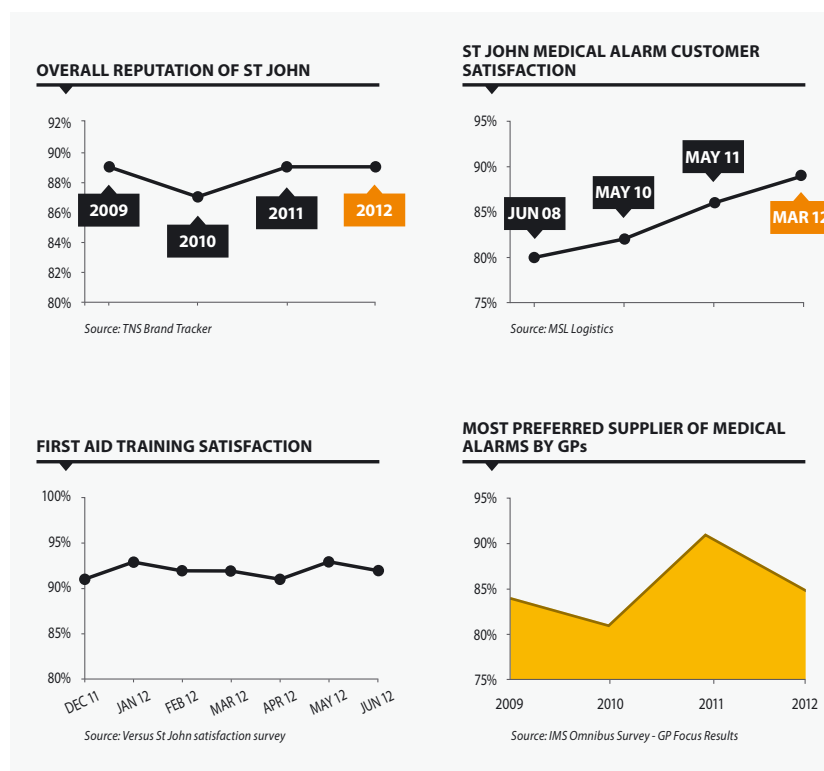
The first aid training courses run by St John assist businesses comply with their workplace safety obligations by teaching working people basic first aid. Our 120 qualified first aid tutors across the country this year delivered accredited nationally consistent first aid training to 57,825 adults.

St John first aid courses are very customer focused and monitored for quality through internal reviews and external audits. This year the New Zealand Qualifications Authority changed the emphasis of the first aid compliance requirements on businesses.

So though we are now teaching first aid to the same numbers as in the past, employees are now only required to attend a one-day course instead of two days. This has affected the revenue we earn through first aid training courses.

Safe Kids still strong

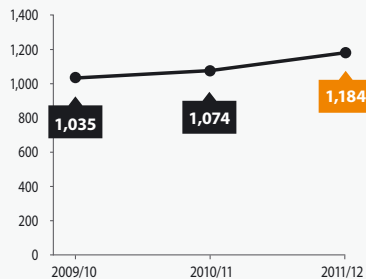
Through our interactive, practical school and pre-school Youth education programme, Safe Kids, we continue educating children about how to respond in an emergency, when to call 111, why we need ambulances, what they do and not to be scared of them. This year over 40,000 children to Year 8 learnt about St John and were taught some basic first aid skills appropriate to their age. Safe Kids is delivered under the health and physical education learning area of the New Zealand Curriculum. It is a long-running programme that we will review during the coming year to check for quality, relevance, strategic fit, and to see where improvements might be made. ■



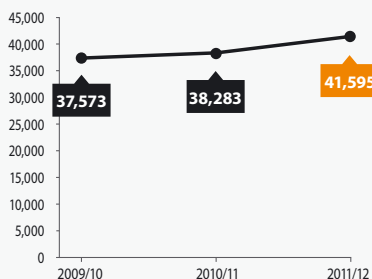


Empowering and caring for communities

CARING CALLER CLIENTS



HEALTH SHUTTLE CLIENT TRIPS



St John in New Zealand is a strong community with over 13,000 volunteer and Youth members supporting 145 local Area Committees in towns across the country. We are community-owned. Through St John, New Zealanders are empowered to help their own local communities with a range of targeted programmes. Kind support from many people allowed us to consolidate and grow our community programmes further this year.

Rural health shuttle service expands

Generous \$345,000 sponsorship from Four Square Supermarkets let us expand the St John Health Shuttle service in rural South Island communities over the last 12 months. St John Health Shuttles are a free community service transporting people to and from essential medical and health-related appointments. St John volunteers operate the Health Shuttles that are often used by older people who live alone and no longer drive, by people

too unwell to drive or those who cannot access other transport.

Our Health Shuttle services already supported South Island communities at Motueka, Marlborough, Lumsden, Otautau, Nelson, Gore and Winton. The Four Square sponsorship funded purchase and set up costs for Health Shuttles for rural areas where a real need was evident – in North Canterbury around Amberley and Culverden, in Central Otago with links to Dunedin, and in South Canterbury around Ashburton. Our partnership with Four Square has synergy for both our organisations, with a focus on people in rural areas where essential services can be limited or centralised in larger cities.

Help for hospital patients

Ten years ago St John volunteers started helping patients, relatives and staff in emergency departments at Auckland and North Shore hospitals. They became the Friends of the Emergency Department (FEDs). Now more than 800 FEDs help

on rostered shifts at hospital emergency departments throughout New Zealand. We celebrated the 10-year anniversary at a special event on 12 May 2012 in Auckland. Our Community Care in Hospitals volunteers (FEDs and Hospital Friends volunteers) now work in 23 hospitals around New Zealand.

After becoming the ambulance service provider for the Taranaki District Health Board (DHB) last year, we started the FEDs programme in New Plymouth in early in 2012. With support from Taranaki DHB that programme has quickly become successful.

Our Hospital Friends volunteers assist in hospital wards around the country, including at Invercargill Hospital where we have expanded into the children's ward.

Partners in blood pressure campaign

Raising public awareness about the dangers of high blood pressure is a great campaign for us to be involved in. On the fourth annual Blood Pressure Day, 12 May 2012,

300 St John volunteers offered free blood pressure readings for 17,000 people at 155 locations around the country. We collaborated with valued partners, the Stroke Foundation as lead organiser, Foodstuffs who provided locations, and Rotary who offered on-the-spot assistance. It was an incredible effort. About a third of strokes can be attributed to high blood pressure, which is treatable by lifestyle changes or medication. People with high readings were given information and advised to see their doctor.

New holiday programme partnership

Partnering with two eastern suburbs schools in Christchurch to pilot a St John school holiday programme had the double advantage of inspiring young people in disadvantaged areas with our youth curriculum and relieving their working parents. Building on the success of that pilot holiday programme, we expect to run more programmes like this in the future.

St John phone friends

Almost every day 1,200 St John

volunteer Caring Callers provide friendly phone support to 1,200 people who are living alone or housebound. Ryman Healthcare this year asked us to provide Caring Callers to people in their rest homes. Our free Caring Caller service connects people who need a friend, with people who have time to listen and chat. Caring Callers come from all walks of life and all ages. Our oldest Caring Caller is 101 years old, proving you are never too old to volunteer support over the phone, or help yourself through helping others.

Therapy pets delight

Dogs, cats, rabbits and miniature ponies are some of the St John pets bringing happiness and comfort to people we visit in rest homes, hospitals and care facilities through our community Outreach Pet Therapy programme. Operating in Auckland, Bay of Islands and Waihi about 300 volunteers visit nearly 300 establishments each month, including Starship children's hospital. We are very proud to partner with the Auckland SPCA to deliver this programme. ■

.....
Caring Caller Julie Atkinson featured in our television commercials.





“ The start of a career

Auckland St John Youth Leader Isaac McFarlane loves being involved in St John. “It feels good,” he says. “It feels right.”

When he joined St John as a 12-year-old Cadet Isaac says he was quiet and shy. Being involved in St John has “just completely brought me out of my shell. It’s made me take every opportunity.”

In 2012 Isaac – now 18 – was recognised as St John’s National Cadet of the Year for his skills and achievements. And in 2012 he also began a three year Auckland University of Technology degree in paramedicine and health science.

Through his involvement in St John Isaac has provided first aid care to others many times. He remembers that his very first real-life patient was an intoxicated man at Auckland’s Big Day Out three years ago. Isaac firmly believes his career will be in healthcare. “I would like to work for St John in New Zealand for a while and do post-graduate study in intensive care paramedicine.”

Mentoring and teaching other young people is a favourite activity for Isaac. He is particularly proud that in only two days he taught 30 young St John members the St John haka to be performed at an Auckland investiture attended by the Governor-General Sir Jerry Mateparae. “It was from scratch, from the ground up. Most of them had never done it before. That was a proud moment.”



“ Professional and trained in paramedicine

With experience as a volunteer ambulance officer for St John in Thames and Auckland, and a three-year health science degree nearly completed at Auckland University of Technology, Aucklander Bobby Fox is well on his way to being eminently qualified as a paramedic.

After finishing his commerce degree, Bobby, a former Muriwai Beach surf life saver, worked as a marketing researcher until deciding the office world was not for him. “I decided to start again, to follow my passion for helping people.”

“I’m definitely learning a lot through the degree – classroom theory with practical hands-on components – , and through volunteering with St John,” says Bobby, who also works part-time to cover expenses. The degree is my pathway but people can also volunteer and learn on the job.”

Every ambulance callout is different and often a learning experience, he says. “Most jobs aren’t actually a big emergency but each requires you to work out what the issue is. It’s a big problem-solving job.

After finishing his paramedicine degree, Bobby intends working for St John on permanent staff as a paramedic.



ENGAGING YOUNG PEOPLE



New Zealand's leading youth programme

When over 100 St John Youth Cadets and Leaders at our Youth Festival 2012 in Queenstown staged a surprise CPR 'flash mob' in the town, they were vibrant, excited and engaged. Doing CPR to the tune of "Staying Alive" showed their skills, energy and commitment to training. That short 'mob' event on 15 April was one of the most enjoyable and important aspects of the festival for our St John Youth teenagers and featured on Breakfast TV and is captured on You Tube and Facebook.

High energy and enthusiasm for new, relevant and consolidated Youth programmes characterised our Youth Plan strategic development initiatives throughout the year, focused on ensuring our Youth programmes are structured, purposeful, and developing our young people and leaders so their involvement in St John is meaningful and sustainable.

Nearly 6,000 children and young people aged from six years to 17 years participated in St John Youth volunteer activities across the country in the last year. Our Youth programmes aim to provide engaging and safe environments where children and young people

can learn first aid, healthcare, self-discipline, general life skills and leadership, while building self-esteem, self-confidence, a sense of belonging, and an appreciation for community, self-help training and volunteering.

New clinical pathway for Youth

Recognising and respecting the skills St John teenagers develop through their years of voluntary study and practice, we have committed to improvements to our clinical qualification framework. From 2012 our Youth members will be able to complete an Advanced First Aid course (first responder level) in order to obtain their First Aid Badge and to be eligible for the highly regarded Grand Prior's Award.

This is a significant curriculum change and puts the St John Youth qualification at an adult level. The clinical skills and qualifications young people obtain through St John will be more transparent, and better aligned with our ambulance operations and events support. Our young members will be able to transition seamlessly into the adult St John context once they turn 18. For some Youth members achieving the Advanced

First Aid qualification will be the beginning of a career in the health and medical sectors.

Our Youth and Clinical Development teams began in early 2012 planning to deliver the new course progressively during the second half of the year.

Welcoming new Youth members

This year we produced a fun, interactive induction DVD designed to welcome new Youth members. The DVD, initiated by one of our Youth project teams and produced in-house using volunteer talent, is given to new Penguins and Cadets to watch at home with their parents.

New leader mentor guide

Nurturing and mentoring our Youth leaders is vital to ensuring our programmes are sustainable. We could not run without the nearly 1,000 Youth Leaders who generously give their time to their local community. This year we produced a new mentoring guide and DVD to support and encourage new Youth leaders while they eased into their new role. Leaders often find that they learn and grow just as much as the Penguins and Cadets they lead. ■



Our fundraising environment

St John engages in fundraising activity to assist with funding ambulance and community services throughout New Zealand. In 2011/12 approximately 40% of funds were raised locally through the efforts of St John volunteers and generous supporters in the communities of our 145 Area Committees. The remainder was raised and received through organisational fundraising initiatives.

Key fundraising activities during the year included the annual St John Appeal in June, a Twinings Tea promotion, the Tour of New Zealand cycle ride, Matt Broad's run from Cape Reinga to Bluff, the promotion of the rebranding of Shell petrol stations to Z Energy,

and the sale of St John branded Crusaders jerseys. Substantial grants were also received to assist St John recover from the impact of the Christchurch earthquakes.

To the year 30 June 2012 St John received \$30.9 million from fundraising revenue (including subscription revenue from the St John Supporter Scheme).

Highlights from the year:

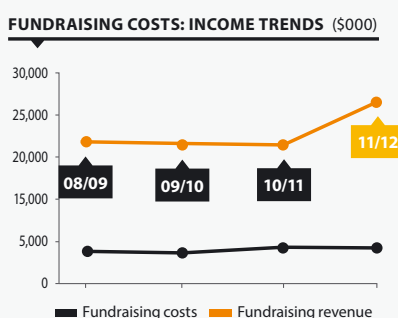
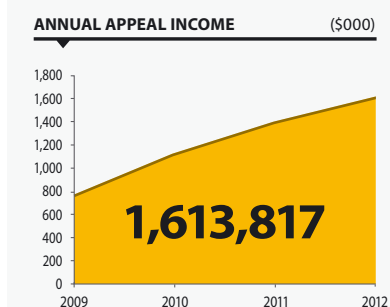
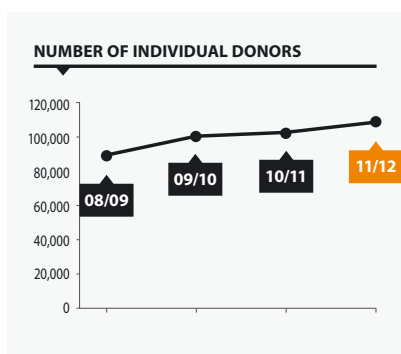
- **Bequests:** In the 2011/12 year \$4.7 million was received from contributions left to St John from donors through their wills.
- **Television campaign:** In 2011/12 we ran a television campaign specifically to convey the message that St John is a charity and to grow understanding and support of all the charitable services provided by St John. This was used as the basis for our 2012 Annual Appeal and proved to be very successful. More people donated and those who donated previously tended to give more.
- **Grants:** A total of \$10.1 million (including Area Committees) in contributions from grant

making trusts was expended during the year or held pending expenditure in accordance with grant-making requirements.

- **Business support:** The St John partnership with ASB has entered its fourth year – working together to build caring communities. In the last year ASB staff have supported our Annual Appeal and local and regional fundraising initiatives, joined a number of St John Area Committees, provided AEDs in high foot traffic areas in local communities, continued the first aid training on farms programme for their rural customers, and 33 have become St John Caring Callers.

Our fundraising strategy is focused on:

- creating the right environment that tells people we are a charity and increases awareness of all St John services
- evoking an emotion that inspires people to want to support St John
- making it easy by giving people choices as to how they support St John and then ensuring there are no impediments to their support
- engaging donors by understanding them, providing them with opportunities to be involved and communicating with them in ways and at levels they want.



Christchurch Earthquake Appeal Trust

The generosity of the Christchurch Earthquake Appeal Trust through the \$2.8 million grant to St John was a significant demonstration of support to our organisation.

As a result of this donation, St John was able to purchase

vital equipment and resources, including a custom-built deployable Command Unit. The new equipment was not merely to replace that which had been used and damaged in the earthquake response, but also to enhance the capability of the organisation in any significant event in the future.

The generous financial assistance provided to us by the Christchurch Earthquake Appeal Trust was greatly appreciated. It has enabled us to continue to support and care for the people of Christchurch in the aftermath of the earthquakes and, at the same time, be ready to respond again should an event of similar magnitude occur. ■

“ HEARTsafe community gets going

Joy Galloway is committed to St John and to Morrinsville's HEARTsafe project which this year put eight defibrillators into the town. Until recently she was also an ASB Banking Consultant. "If you were anywhere in town you could run to one and grab it," she says. "When you talk about some of the real life stories where one's actually saved someone, it's amazing."

In September last year Morrinsville became the first community in New Zealand to adopt the HEARTsafe vision to increase cardiac arrest survival rates, the number of people willing and able to use CPR and access to defibrillators. "It's been a big team effort," Joy says.

St John Morrinsville Area Committee Chairman Neil Rogers says people from across the community are on the HEARTsafe team including three from St John, a pharmacist, a paramedic and a manager from Countdown.

Neil expects that Morrinsville will soon be the first New Zealand community awarded HEARTsafe status once it gets 1,000 HEARTsafe points. "It's quite a big thing in America and England. We're three quarters of the way there." Points are gained for activities including the number of people in the community who know how to deliver CPR and the number of defibrillators and people trained to use them.

Neil, a former policeman, survived a heart attack in 1995 thanks to quick thinking by his wife and doctor who gave him CPR. His wife was a qualified caregiver, and had previously been a volunteer ambulance officer and CPR tutor for St John. "I was very lucky."





The support of Government and community

St John provides emergency ambulance services for nearly 90% of New Zealanders and to 97% of New Zealand's geographical area. We are strongly based in local communities and we rely on the goodwill of many people and organisations.

St John is a charity and we rely on financial and volunteer support from the community to help fund the range of services we provide to improve the health and well-being of all New Zealanders.

Government support for ambulance services

Contracts with the Ministry of Health, ACC and District Health Boards fund just under 80% of our ambulance service operating costs. Our ambulance services ran at an annual operating loss of \$14.9 million (after adjustments for one-off costs in 2011/12).

The community value of the contribution of our volunteers to

ambulance operations has been estimated as upwards of \$30 million per year.

The economic opportunity cost of St John's investment in the infrastructure of ambulance operations is estimated at \$19 million. A total estimated St John contribution of \$64 million is made annually to fund ambulance services.

Funding the shortfall

The operating shortfall is made up from community donations, fundraising, revenue from our commercial activities (first aid kits, first aid training, medical alarms and defibrillators), as well as income from emergency ambulance part charges. These activities also fund the delivery of non-ambulance services such as our Youth programmes, Friends of the Emergency Department, Hospital Friends, Caring Caller, St John Safe Kids and Outreach Therapy Pets.

Increasing demand

The demand for ambulance services is increasing and we have an extensive capital expenditure programme to replace vital equipment, as well as much needed building projects.

Our planned capital expenditure programme over the next three years is in excess of \$70 million. Government does not fund our capital expenditure programme.

Vital community support

Funding from community donations and fundraising (grants, donations, bequests and sponsorship) amounted to \$10.3 million for the year ending 30 June 2012.

The 145 St John Area Committees contribute significantly to the fundraising and maintenance of our buildings, vehicles and equipment that are vital to sustain the provision of emergency ambulance services in local communities. ■

EVENTS



Event medical services

In 2011/12 St John provided first aid and medical support at over 8,900 events across the country. We treated 21,707 incidents; 17,908 people we were able to treat at the event, 2,069 we referred to a doctor or clinic, 1,620 we took by ambulance to a hospital or clinic, 110 refused treatment.

Clockwise from right: Fieldays, Hamilton; Mardi Gras, Ohakune; Rugby World Cup, Auckland.



DONORS AND SUPPORTERS



Courtesy of The Nelson Mail

We acknowledge the contributions of the following individuals and organisations for their generous support during the 2011/12 year.

Associazione Italiana Ospedalita
Privata

ASB Bank Limited

Auckland City Council

Christchurch Earthquake
Appeal Trust – CEAT

Christchurch Sister Cities of
Seattle and Wuhan

David and Doreen Nicol
Charitable Trust

David Levene Charitable Trust

Easterland Community Trust

Estate of Ada Henderson

Estate of Alan Greoger Cleary

Estate of Alice Norma Willis

Estate of Alma Gorseline

Estate of Audrey Pearl

Brooks Simpson

Estate of Cecil Owen Henry Day

Estate of Constance Catherine
Holmes

Estate of Dinah Frances Gavin

Estate of Donovan Clowe

Estate of Ellen Martha Albert

Estate of Eric Glendinning Cowell

Estate of Florence Maureen

Louisa Ludwig

Estate of G M Lloyd

Estate of Graham Frederick Bines

Estate of James A Radcliffe

Estate of L Retter

Estate of Marjorie Ada Kaye

Estate of Maureen Jane Hobbs

Estate of Mona Lloyd

Estate of Monica Mannion

Estate of Ngaire Patricia Mills

Estate of Pamela Josephine
Redmond

Estate of Raymond Billings

Estate of Robin Randell

Estate of Ruby Alathae

Mignon McCarthy

Estate of Terese Catherine Foley

Estate of Walter Everard Reid

Estate of William James Adams

Estate of Zoe Butler

Foodco NZ Limited

Foodstuffs South Island

Community Trust

Four Square Supermarkets,
South Island

Four Winds Foundation

Goodman Fielder

GOPIO New Zealand Incorporated

Hawkins Construction

Heritage Hotels

Hugh C MacDiarmid

Hugh Green Foundation

J West Holdings Ltd

John A Gallagher

Jones Foundation

Jones Lang LaSalle

Joyce Fisher Charitable Trust

June, Lady Blundell

Keith Stanbury

Lewisham Foundation

Louis Crimp

Mainland Foundation

Marsh Ltd

Mediaworks

Monckton Charitable Trust

MRC Transmark

Muffin Break

N R Thompson Charitable Trust

NZ Community Trust

New Zealand Lottery Grants Board

New Zealand Rotary

Norman Miller

NZ Safety Ltd

Oxford Sports Trusts Inc

Perpetual Trustees

PGG Wrightson Ltd

Prime TV

Pub Charity

Rotary Club of Auckland

Harbourside

Sky TV

SKYCITY Hamilton

Community Trust

Southern Trust

Steel & Co

Tennis Auckland

TG McCarthy Trust

The Community Trust of Southland

The Lion Foundation

The Radio Network

The Trust Community

Foundation Limited

The Warehouse Limited

Tour of New Zealand

Trust of E L and B M Robinson

TVNZ

Waipa Networks

Wesfarmers Industrial and

Safety NZ Limited

WORK Communication



Taking care of business

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

Overall St John NZ reported a surplus of \$0.1 million for the July 2011 – June 2012 (2011/12) financial year, a minimal return on revenue and average assets employed. The surplus was an improvement on the previous year's deficit of \$2.3 million due to a number of factors.

St John NZ has continued to be impacted by the Canterbury earthquakes. The 2011/12 net impact is \$1.5 million of additional expenses, compared to \$4.6 million of additional expenses in 2010/11. In 2011/12 St John NZ further impaired its assets by \$0.5 million and incurred an additional \$2.6 million of repair and business interruption expense, a total impact of \$3.1 million. While an additional \$1.6 million of payments from insurers was received during the year, substantial claims remain outstanding and unresolved.

The other major extraordinary impact in 2011/12 was the \$2.8 million impairment of a property sold after balance date. Taking into consideration the impact of the earthquakes and the one-off property impairment, the underlying surplus for 2011/12 was \$4.3 million, compared to \$2.3 million in 2010/11.

Total consolidated operating revenue was \$237m, an increase of \$14 million or 6.3% over the previous year. Increases in operating revenue include:

- an additional \$1.5 million of Ministry of Health funding, up by 2% to \$75.9 million
- \$2.9 million additional income from emergency ambulance part charges and non-emergency ambulance

- transports
- \$5.6 million of additional income from grants, donations and bequests
- additional revenue from events of \$1.0 million including the impact of Rugby World Cup 2011
- \$1.0 million growth in commercial activities.

The only significant reduction was \$0.8 million in ACC income, now \$52.2 million.

Total operating expenditure was \$237 million, an increase of \$11.8 million or 5.2% over the previous year. Staff expenses showed a \$9.8 million increase due to the impact of increases in salaries and staff numbers, one-off restructuring costs and the full year impact of St John NZ taking on the Taranaki ambulance service in February 2011, from the local DHB.

The underlying surplus of \$4.3 million generated a 1.8% return on revenue for the year, significantly above the 1.0% for the previous year.

Over the last five years \$133 million has been spent improving St John NZ's core infrastructure and over \$70 million is budgeted over the next three financial years.

Balance sheet

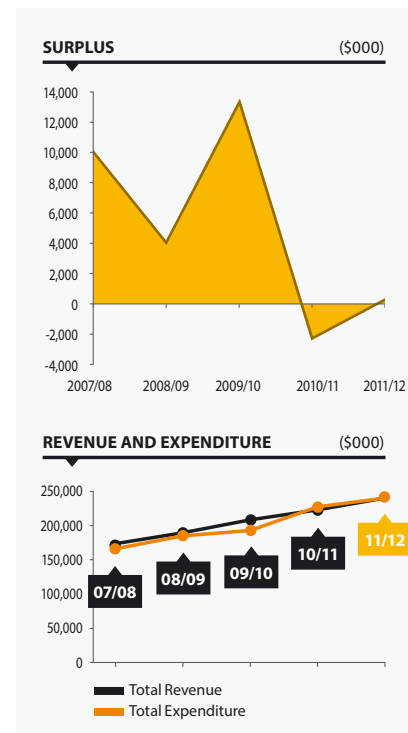
Consolidated net assets for St John NZ stand at \$265.9 million, \$0.1 million below the position at 30 June 2011.

Working capital decreased from \$54.3 million at 30 June 2011 to \$46.7 million at 30 June 2012, largely due to the extensive capital expenditure programme in 2011/12.

Property, plant and equipment

represent \$202.4 million or 76% of the net assets. These assets are used to support operations including the assets to provide emergency ambulance services. St John NZ has built up a substantial portfolio of land and buildings of \$151.1 million as at 30 June 2012 in part by working with communities throughout New Zealand to fundraise for various capital projects. St John NZ uses these assets to benefit communities throughout New Zealand.

St John NZ is committed to a programme of capital expenditure to ensure it has appropriate facilities and equipment to service the ongoing and increasing health needs of New Zealand communities. The approach to financial stewardship is risk averse and aims to continue building a strong and healthy balance sheet that will support the long-term financial sustainability



FINANCIAL COMMENTARY CONTINUED

of one of New Zealand's leading providers of health services. This is a prudent approach given the uncertainties around future funding increases both for core emergency ambulance services and for health services in general.

Cash requirements

At the end of the year St John NZ held a total of \$73.8 million of cash, made up of short and long term investments including \$27.4 million of cash or cash equivalents, \$38.7 million of term deposits and \$7.7 million of other investments.

St John faces a number of demands on its cash reserves. As an emergency services provider, St John NZ has an obligation to the nation to ensure that it is able to respond to a crisis as it did for Canterbury and its working capital has to be sufficient to enable it to respond to a national disaster. To this end St John NZ holds \$20 million – \$40 million cash and cash equivalents to cover this requirement.

St John NZ has significant ongoing capital expenditure demands. There are a number of regional and national projects, including significant technology projects, that need to be undertaken and the budget for the next three years is over \$70 million.

Following the Canterbury earthquakes, it was obvious that St John needed to ensure that all its key ambulance and operational buildings (including ambulance stations and Ambulance Communication Centres) were assessed to identify any that are earthquake prone as defined in the Building Act.

Although the review is incomplete it is already clear that a number of key facilities fall short of the standard required of an emergency service. The alterations required

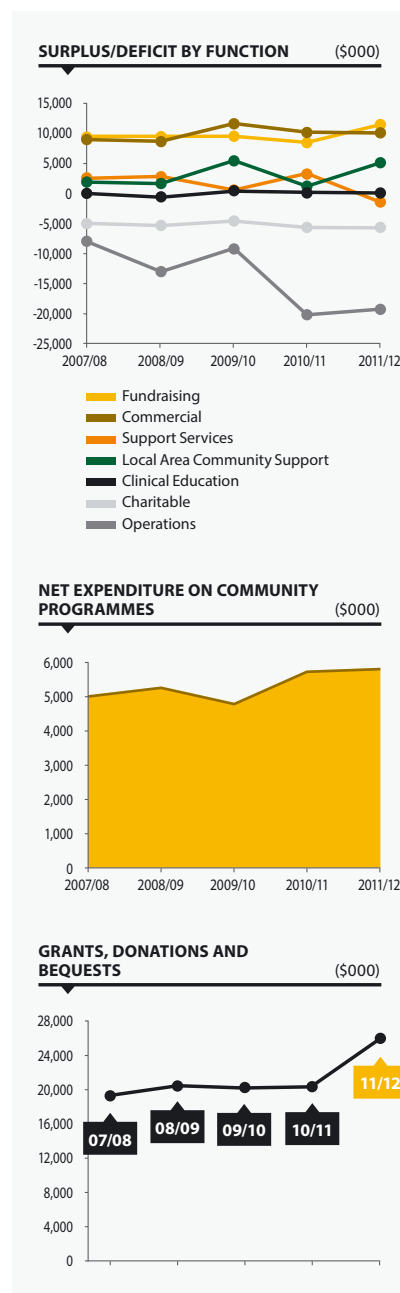
to meet these standards vary from minor modifications to disposal and relocation to a different site. To meet these needs an early estimate of a spend in the order of \$50 million – \$70 million may be required over the next 4-5 years. An independent engineering assessment of all of St John NZ's key operational buildings is underway. The detailed engineering assessment and subsequent strengthening work will ensure that St John NZ can meet appropriate earthquake building standards for an emergency service.

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

Our fleet of ambulances requires regular replacement to ensure that the vehicles are reliable, up-to-date and meet the latest medical, health and safety requirements. The cost of this is around \$7 million for the 45 ambulances requiring replacement each year.

Through fundraising in local communities throughout New Zealand, St John NZ's 145 Area Committees and five trusts contribute to funding mainly local capital projects and ongoing community activities. In total the Area Committees have \$41.6 million of cash and investments to meet these requirements.

Therefore St John NZ faces significant cash requirements to continue to operate sustainably and it is essential that it has adequate capital to meet its obligation to



the nation. It is worth noting that a proportion of the funds held have been earmarked for particular projects or as part of bequests and this represents cash held that cannot be diverted to meet other needs. This represents \$8.2 million as at 30 June 2012.

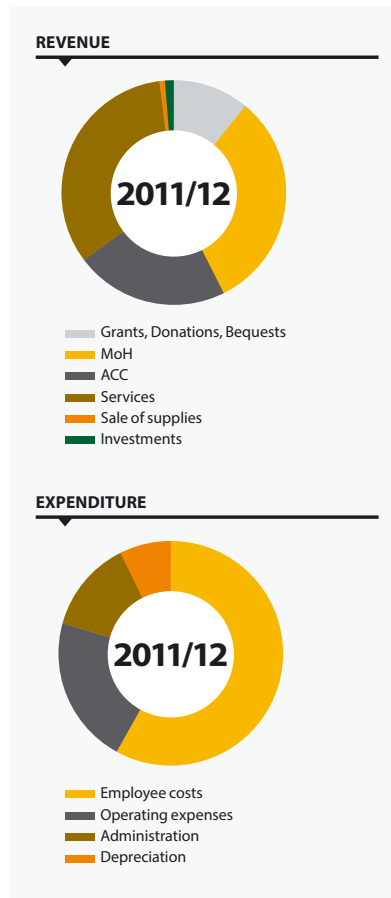
Ambulance operations

St John NZ operations include emergency ambulance services, ambulance communication centres, inter-hospital transfers, non-emergency ambulance

transports and events work. In the 2011/12 financial year the financial result for this group of activities was a deficit of \$19.2 million, \$16.4 million of which was directly attributable to emergency ambulance and communication centres, including net \$1.5 million of earthquake-related expenditure. The operating deficit is overstated due to these one-off costs and if these amounts are excluded, the deficit would be \$14.9 million. This level of deficit remains unsustainable and a significant project is underway to transform service delivery to reduce the call on community support for ambulance funding.

Community programmes

St John NZ community programmes include Friends of the Emergency Department, Hospital Friends, Caring Caller, Health Shuttles, St John Safe Kids, Outreach Therapy Pets and Youth programmes as well as partner activities such as the Blood Pressure Awareness Campaign. In the 2011/12 year \$5.8 million was invested in the delivery of these programmes across New Zealand (\$5.7 million in the previous year). These programmes contribute meaningfully to the health and well-being of many thousands of New Zealanders and the plan is to continue to build on these activities over the next year.



Commercial activities

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

these activities contributed \$10.0 million in the year (\$10.2 million in the previous year), although the surplus has been affected and will continue to be affected by the reduction in margins associated with our medical alarms business resulting from the Ministry of Social Development (MSD) reducing the prices by which they were prepared to subsidise medical alarms.

Charitable gifting

The work of St John NZ and the delivery of its community services is very reliant on the generosity of individuals, businesses and community funders who provide financial support through donations, bequests, sponsorship and grants. Overall St John NZ received donations of \$25.9 million during the year, an increase of \$5.6 million over the previous year, of which the community through Area Committees contributed \$10.4 million. Most of these donations were provided to support capital programmes (e.g. buying a new stretcher, ambulance equipment, ambulances or buildings) and are not available to support operational activities.

St John NZ also enjoys the support of several thousand volunteers and if their contribution was valued at normal commercial rates it would equate to an estimated contribution of in excess of \$30 million. ■

Five-year trends

	2007/08 (\$000)	2008/09 (\$000)	2009/10 (\$000)	2010/11 (\$000)	2011/12 (\$000)
Total Revenue	176,547	191,179	209,176	223,169	237,274
Total Expenditure	166,427	186,986	195,796	225,438	237,200
Net Surplus/(Deficit)	10,120	4,193	13,380	(2,269)	74
Assets					
Current assets	87,962	84,919	90,092	86,221	79,963
Property, plant and equipment	180,211	189,613	198,164	199,897	202,446
Other non-current assets	7,718	7,595	9,117	13,499	18,761
Total Assets	275,891	282,127	297,373	299,617	301,170
Liabilities					
Current liabilities	25,544	26,190	27,729	31,916	33,308
Non-current liabilities	50	1,447	1,558	1,709	1,944
Total Liabilities	25,594	27,637	29,287	33,625	35,252
Total Equity	250,297	254,490	268,086	265,992	265,918

FINANCIAL REPORT

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

Summary consolidated financial statements

30 June 2012

Summary consolidated statement of financial position			St John NZ (Consolidated)	
As at 30 June	2012 (\$000)	2011 (\$000)		
Current assets	79,963	86,221		
Property, plant and equipment	202,446	199,897		
Other non-current assets	18,761	13,499		
Total non-current assets	221,207	213,396		
Total assets	301,170	299,617		
Current liabilities	33,308	31,916		
Non-current liabilities	1,944	1,709		
Total liabilities	35,252	33,625		
Net assets	265,918	265,992		
Equity	265,918	265,992		

Summary consolidated statement of comprehensive income			St John NZ (Consolidated)	
For the year ended 30 June	2012 (\$000)	2011 (\$000)		
Revenue from grants, donations and bequests – operational	19,870	16,381		
Revenue from grants, donations and bequests – capital	6,049	3,928		
Revenue from the rendering of services	204,833	196,040		
Revenue from insurance (6)	1,583	1,701		
Revenue from the sale of supplies	1,791	1,727		
Investment income	3,148	3,392		
Total revenue	237,274	223,169		
Share in surplus of joint venture	300	159		
Employee costs	(137,733)	(127,920)		
Administrative costs	(31,878)	(31,029)		
Depreciation expense	(17,341)	(17,847)		
Impairment costs (6),(7)	(3,205)	(5,734)		
Reversal of impairment costs	–	9		
Amortisation expense	(2,091)	(1,325)		
Finance costs	(11)	(36)		
Other expenses	(45,241)	(41,715)		
Net surplus/(deficit)	74	(2,269)		
Other comprehensive (loss)/income for the year	(148)	175		
Total comprehensive loss for the year	(74)	(2,094)		

Summary consolidated statement of changes in equity			St John NZ (Consolidated)			
For the year ended 30 June	Retained Earnings (\$000)	Revaluation Reserve – Available for Sale Assets (\$000)	Revaluation Reserve – Rare Assets (\$000)	Other Reserves (\$000)	Total (\$000)	
Balance as at 1 July 2010	246,951	447	109	20,579	268,086	
Loss for the year	(2,269)	–	–	–	(2,269)	
Other comprehensive income	–	175	–	–	175	
Total comprehensive (loss)/income for the year	(2,269)	175	–	–	(2,094)	
Transfer from/(to) reserves	9,226	–	–	(9,226)	–	
Balance as at 1 July 2011	253,908	622	109	11,353	265,992	
Surplus for the year	74	–	–	–	74	
Other comprehensive loss	–	(148)	–	–	(148)	
Total comprehensive income/(loss) for the year	74	(148)	–	–	(74)	
Transfer from/(to) reserves	3,781	–	–	(3,781)	–	
Balance as at 30 June 2012	257,763	474	109	7,572	265,918	

Summary consolidated statement of cashflows For the year ended 30 June	St John NZ (Consolidated)	
	2012 (\$000)	2011 (\$000)
Net cash flows from operating activities	23,205	23,020
Net cash flows used in investing activities	(22,955)	(48,054)
Net increase/(decrease) in cash	250	(25,034)
Cash and cash equivalents at the beginning of the year	27,121	52,155
Cash and cash equivalents at the end of the year	27,371	27,121

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

On behalf of the Priory Trust Board, which authorised the issue of the summary consolidated financial statements on 1 October 2012.



Garry Wilson
Chairman



Tom Dodd
Acting Chief Executive (29 June to 24 September 2012)

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

Notes to the summary financial statements

For the year ended 30 June 2012

1 Summary of accounting policies

Statement of compliance and reporting group

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

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

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

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

These summary consolidated financial statements have been prepared in accordance with FRS-43 'Summary Financial Statements' and have been extracted from the audited full consolidated financial statements for the year ended 30 June 2012 which were approved by the Priory Trust Board on 1 October 2012. The summary consolidated financial statements can not be expected to provide as complete an understanding as provided by the full consolidated financial statements. For a full understanding of St John NZ's financial position and performance these summary consolidated financial statements should be read in conjunction with the audited full consolidated financial statements.

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

Accountant
St John National Office
PO Box 10 043
Wellington 6143

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

2 Commitments for expenditure	2012 (\$000)	2011 (\$000)
Capital commitments – property, plant and equipment	1,718	2,087
Total	1,718	2,087

3 Leases	2012 (\$000)	2011 (\$000)
Non-cancellable operating lease payments		
Less than 1 year	1,753	1,321
Later than 1 year less than 5 years	3,804	2,717
Later than 5 years	1,295	1,208
Total	6,852	5,246

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

Notes to the summary financial statements (continued)

For the year ended 30 June 2012

4 Contingent liabilities

A letter of credit is held with the bank to guarantee payroll payments to employees to a maximum of \$575,000 (2011: \$575,000).

St John NZ has no other contingent liabilities (2011: \$nil).

5 Related party disclosures

Related parties of National Office include subsidiaries of the National Office entity and the Regional Trust Boards which are under common control of The Priory in New Zealand of the Most Venerable Order of St John. Amounts owed from related parties totalled \$1,533,000 (2011: \$1,535,000) and to related parties totalled \$21,000 (2011: \$202,000). The balances are payable on demand with no interest. In addition, receipts from related parties totalled \$3,098,000 (2011: \$2,578,000) and payments to related parties totalled \$224,000 (2011: \$225,000).

E O Sullivan, who served as a Trustee of the Priory Trust Board until 30 June 2011 and who acted in the capacity of Chairman of the Risk and Audit Committee of the Priory Trust Board until 14 October 2010 and Chairman of the Trustees of one of the entities consolidated as part of St John NZ until 22 February 2012, was formerly also a Director of South Canterbury Finance Limited and a director of Raymond Sullivan McGlashan Law 'RSM'.

All St John NZ investments with South Canterbury Finance Limited were either withdrawn or repaid under the Government Retail Deposit Guarantee scheme during the 2010/11 financial year.

RSM has provided legal services to entities within St John NZ and St John NZ has invested \$914,217 (2011: \$1,103,442) in interest earning mortgage based investments and investment property through the nominee account, solicitors deposit account and /or brokered by and/or with clients of RSM, of which \$396,000 (2011: \$308,000) has been provided for.

S Cumming, who acts in the capacity of Chair of the Risk and Audit Committee of the Priory Trust Board is also a partner of KPMG. KPMG has provided professional services of \$55,200 (2011: \$nil) to the Parent during the financial year.

6 Continuing effects of the Canterbury earthquakes on financial results

The damage caused to many of the South Island Region's buildings and assets as a result of the earthquakes which hit Canterbury on 4 September 2010, 22 February 2011, 13 June 2011 and 23 December 2011 continue to impact on the financial results of the South Island Region. This includes additional business interruption costs and the necessary relocation of staff and equipment to alternative premises.

St John NZ has had structural engineers assess the affected buildings to ascertain whether there has been major structural damage and the likely cost of repairing these assets. In addition, an independent valuation of the land has been undertaken. St John NZ has also received a valuation of the fair value of the land and buildings, based on an undamaged basis, from a third party valuer, to assist the Trustees to determine whether a repair or rebuild is feasible. On the basis of this, St John NZ has determined the recoverable amount under a fair value basis and adjusted the carrying value of the affected assets accordingly.

St John NZ still concludes that certain of the buildings are impaired significantly and may have to be rebuilt. This year, St John has fully impaired a building which was only temporarily impaired last year by an additional \$457,714 (2011: \$5,597,000) as at balance date. In addition, repairs to other buildings have been identified and have either been repaired at a cost of \$38,000 (2011: \$152,000) or remain temporarily impaired until such time as a decision to repair them can be made (a further \$99,000).

Insurance

Substantial insurance claims covering both material damage and business interruption have been made as at balance date. The insurers have agreed to indemnify St John NZ for loss resulting from the earthquakes on 4 September 2010, 22 February 2011 and 13 June 2011 although the amounts payable have not been finalised. In the interim, the insurers have provided non-specific progress payments in this financial year amounting to \$1,195,296 (2011: \$1,695,692) against these claims. In addition, there has been a settlement of \$387,600 in respect to the Darfield site.

Nature of Assets Affected

Land

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

Buildings

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

Plant and equipment

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

Treatment

Expenditure incurred this financial year of \$2,562,856 (2011: \$1,358,587) relating to the costs of repairing the damage and also the additional costs caused by the business interruption have been recognised as an expense.

St John NZ is in continuing discussions with the insurers regarding substantial claims which are greater than the level of impairment within these financial statements. Insurance receipts of \$1.6 million have been included in the Statement of Comprehensive Income.

The actual amount recoverable from the insurers, once all negotiations are complete, may differ materially from the maximum amount claimed.

7 Subsequent events

On 30 August 2012, St John NZ entered into a conditional agreement for the purchase of a property. On the same date, St John NZ entered into a conditional agreement for the sale of one of its properties. The purchase of the property is conditional on the sale of its own property being successful. The impact of the sale has been reflected in the carrying amount of the relevant asset.

Other than noted above there are no other subsequent events requiring adjustment to the financial statements or disclosure.



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

Report on the Summary Financial Statements

The accompanying summary financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ('The Priory Trust Board') and subsidiaries ('the Group' or 'St John NZ (Consolidated)') on pages 30 to 32 which comprise the summary consolidated statement of financial position as at 30 June 2012, and the summary consolidated statement of comprehensive income, summary consolidated statement of changes in equity and summary consolidated statement of cash flows for the year then ended, and related notes, are derived from the audited consolidated financial statements of St John NZ (Consolidated) for the year ended 30 June 2012. We expressed an unmodified audit opinion on those financial statements in our report dated 1 October 2012.

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

This report is made solely to the Trustees of The Priory Trust Board, as a body, for the purpose of expressing an opinion on the summary financial statements for the year ended 30 June 2012. Our audit has been undertaken so that we might state to Trustees those matters we are required to state to them in an auditor's report on summary financial statements and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Trustees' Responsibility for the Summary Financial Statements

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

Auditor's Responsibility

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

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

Opinion

In our opinion, the summary financial statements derived from the audited consolidated financial statements of The Priory Trust Board and subsidiaries for the year ended 30 June 2012 are consistent, in all material respects, with those financial statements, in accordance with FRS-43: *Summary Financial Statements*.

Chartered Accountants
1 October 2012
Auckland, New Zealand

This audit report relates to the summary financial statements of St John NZ (Consolidated) for the year ended 30 June 2012 included on St John NZ (Consolidated)'s website. The Trustees are responsible for the maintenance and integrity of St John NZ (Consolidated)'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 financial statements since they were initially presented on the website. The audit report refers only to the summary financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these summary financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited summary financial statements and related audit report dated 1 October 2012 to confirm the information included in the audited summary financial statements presented on this website. Legislation in New Zealand governing the preparation and dissemination of financial statements and summary financial statements may differ from legislation in other jurisdictions.

GOVERNANCE

The International Order

Sovereign Head

Her Majesty The Queen

Grand Prior

His Royal Highness The Duke of Gloucester
KG GCVO GCStJ

Lord Prior

Professor A R Mellows OBE
GCStJ TD

The Priory in New Zealand

Priory Chapter

Prior

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

Chancellor

Mr G M Wilson KStJ

Chief Executive

Mr J D Wood OSTJ*

Bailiffs and Dame Grand Cross

June Lady Blundell ONZ QSO GCStJ
Mr N B Darrow GCStJ
Mr J A Strachan GCStJ

Elected and Appointed Members

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

Priory Officers

Priory Dean

The Ven M J Black CSTJ

Registrar

Mr J D Wills MStJ

Hospitaller

Mrs J A Hoban DSTJ

Director of Ceremonies

Mr P D Wood CSTJ

Medical Advisor

Mr I D S Civil MBE KStJ ED

Priory Trust Board

Chancellor

Mr G M Wilson KStJ

Chief Executive

Mr J D Wood OSTJ*

Regional Members

Mr R D Blundell OSTJ
Dr S A Evans KStJ
Mr G T Ridley CSTJ

Appointed Members

Mrs P E Beattie CSTJ
Mr I D S Civil MBE KStJ ED
Ms S Cumming
Mr D K Hunn CNZM (until 31 May 2012)
Dr S L Kletchko
Ms J M Norton
Mr L W Short
Mrs A J Stanes
Mr J G O Stubbs CSTJ

Subcommittees and Subsidiary Boards

Risk and Audit Committee

Chair

Ms S Cumming

Committee Members

Mr P M Legg OSTJ
Mr R E Pettitt CSTJ

Mr G M Wilson KStJ

Mr P W Young MStJ

Human Resources Committee

Chair

Mr D K Hunn CNZM (until 17 June 2012)

Ms J M Norton (from 18 June 2012)

Committee Members

Mr J A Gallagher CNZM KStJ JP

Dr S L Kletchko

Mr M J Spearman CSTJ

Mr A J M Wadams KStJ

Mr G M Wilson KStJ

Secretary – Human Resources Director

Mr T Dodd

Clinical Governance Committee

Chair

Mr I D S Civil MBE KStJ ED

Committee Members

Dr S A Evans KStJ

Mr D K Hunn CNZM (until 31 May 2012)

Dr R A Smith OSTJ

St John Emergency Communications Ltd

Chair

Mr G T Ridley CSTJ (from December 2011)

Directors

Mr P R Bradley CBE OSTJ (from 26 September)

Mr G M Wilson KStJ

Mr J D Wood OSTJ (until 29 June 2012)

Mr T Dodd (from 29 June to

26 September 2012)

Secretary – Finance and Administration Director

Mr M F Boorer MStJ JP (until 29 June 2012)

Mr M S Collins (from 29 June 2012)

Central Emergency Communications Ltd

Chair

Mr J D Wood OSTJ (until 29 June 2012)

Mr G T Ridley CSTJ (from 31 August 2012)

Directors

Mr R Martin

Ms R A McLeod

Mr G T Ridley CSTJ (from 17 October 2011)

Mr G M Wilson KStJ

Secretary – Finance and Administration Director

Mr M F Boorer MStJ JP (until 29 June 2012)

Mr M S Collins (from 29 June 2012)

St John NZ Ltd

Mr G M Wilson KStJ

Mr G T Ridley CSTJ (from 26 October 2011)

Mr E O Sullivan KStJ (until 6 July 2011)

Mr J D Wood OSTJ (until 29 June 2012)

* Until 29 June 2012. Tom Dodd Acting Chief Executive until 24 September 2012. Peter Bradley Chief Executive Officer from 24 September 2012.

Regional Trust Boards

Northern Region

Mr R D Blundell OSTJ
Mr I D S Civil MBE KStJ ED
Mr M R P Crosbie
Mr I L Dunn KStJ JP
Mr P G Macauley CSTJ
Mr T W Martin CSTJ
Mr L W Short
Mr M J Spearman CSTJ
Mrs A J Stanes
Mr A J M Wadams KStJ

Central Region

Mr D J Ashby OSTJ
Mr G Crowley MStJ
Mrs B A Durbin QSM JP
Dr S A Evans KStJ
Mr N K F Harris KStJ JP
Mr D C W Lang KStJ
Mr P M Legg OSTJ
Mr R P Sinclair CSTJ
Mr J G O Stubbs CSTJ
Mr R B Wheeler CSTJ
Mr K I Williamson OSTJ QSM JP

South Island Region

Mr G J Alexander OSTJ
Mrs P E Beattie CSTJ
Mrs J M Conroy
Mr G S R Eames KStJ
Mr J P Ferguson MStJ JP
Mr G J Gillespie CSTJ
Mr J A Hall KStJ
Mr A G Hide OSTJ
Mr M V F Jones KStJ QSM
Dr S L Kletchko (resigned January 2012)

Mr G J Mangin CSTJ
Mr R E Pettitt CSTJ
Mr G T Ridley CSTJ
Mr G R Stewart OSTJ
Mr J A White KStJ
Mr P W Young MStJ

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

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

Northern Region

Bay of Islands

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

Bream Bay (Ruakaka)

Chair – Steve Fraser
Treasurer – Janet Peak
Secretary – Sue Forsyth

Coromandel

Chair – Ray Hintz
Treasurer – Robyn Jones
Secretary – Robyn Jones

Doubtless Bay

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

Far North (Houhora)

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

Hauraki Plains (Ngatea)

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

Helensville

Chair – Jim Hayes
Treasurer – Robert Mckeown
Secretary – Nancy Head

Hibiscus Coast (Orewa)

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

Kaikōhe

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

Kaitiā

Chair – Eric Shackleton
Treasurer – Erin Collings
Secretary – Shona Shortland

Kerikeri

Chair – John Woolley
Treasurer – Patricia Shaw
Secretary – Patricia Shaw

Manukau (Howick)

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

Mercury Bay

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

North Hokianga (Kohukohu)

Chair – Helen Driver
Treasurer – Ann Stones
Secretary – Ann Stones

North Shore

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

Northern Wairoa (Dargaville)

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

Otamatea (Maungaturoto)

Chair – Wayne MacLennan
Treasurer – Pamela Foster
Secretary – Eileen Parsons

Paeroa

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

Papakura

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

Pukekohe

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

Russell

Chair – Raewyn Hanlon
Treasurer – Glenyce Fox
Secretary – Glenyce Fox

South Hokianga (Rawene)

Chair – Bill Carter
Treasurer – Garth Coulter
Secretary – Alexa Whaley

Tairua

Chair – Trevor Martin (Acting)
Secretary – Pat Kake
Treasurer – Pat Kake

Thames

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

Waiheke Island

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

Waihi

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

Waiuku

Chair – Kevan Lawrence
Treasurer – Linda Baker
Secretary – Joan O'Sullivan

Warkworth

Chair – Alan Boniface
Treasurer – Brian Russell
Secretary – Marion McDermott-Jones

Wellsford

Chair – Peter Corry
Treasurer – Kay Corry
Secretary – Jackie Thornborrow

West Auckland (Te Atatu South)

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

Whangamata

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

Whangarei

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

Central Region

Bennydale

Chair – Anne Kelly
Area Executive Officer – Judy Deed

Bush (in recess)

Cambridge

Chair – Henry Strong
Area Executive Officer – Julie Strong

Carterton

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

Dannevirke

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

Edgecumbe

Chair – Ray Brown
Area Executive Officer – Ray Brown

Featherston

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

Feilding

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

Foxton

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

Gisborne

Chair – Pat Naden
Area Executive Officer – Carnie Nelson

Greater Wellington District

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

Greytown

Chair – John Wells
Secretary – Bert Pedersen
Treasurer – Bert Pedersen

Hamilton

Chair – Paul Stuthridge
Area Executive Officer – Jeanne Carter

Hawera

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

Hawke's Bay

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

Hunterville

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

Huntly

Chair – Graeme Tait
Area Executive Officer – Claire Molloy

Inglewood

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

Katikati

Chair – Mike Williams
Area Executive Officer – Karen Gordon

Kawerau

Chair – Suzanne Hutchinson
Area Executive Officer – Suzanne Hutchinson

Kawhia

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

Levin

In recess at this time

Mangakino

Chair – Brian Hill
Area Executive Officer – Elva Lorenz

Martinborough

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

Marton

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

Masterton

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

Matamata

Chair – David Latham
Area Executive Officer – Geraldine Loveridge

Morrinsville

Chair – Neil Rogers
Area Executive Officer – Donna Ogden

Murupara

Chair – Ross Burns
Area Executive Officer – Robin Findon

Ngaruawahia

Chair – Tracey Powrie
Area Executive Officer – Vicki Ryan

North Taranaki

Chair – Doug Ashby
Area Administrator – Bruce McCardle

Ohura

Chair – Scott Gower
Area Executive Officer – Linda Mackinder

Opotiki

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

Opunake

Secretary – Nevis Brewer

Otaki

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

Otorohanga

Chair – Daphney King
Area Executive Officer – Sheena Tunbull

Palmerston North

Chair – Garry Goodman
Area Administrator – Toddy Greig
Helen please add

Patea/Waverley/Waitotara

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

Piopia

Chair – Doug Oliver
Area Executive Officer – Rose Young

Putaruru

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

Raglan

Chair – Neil Tapp
Area Executive Officer – Jan Tapp

Reporoa

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

Rotorua

Chair – Ross Burns
Area Executive Officer – Robin Findon

Ruatoria

Chair – Frances Manual Domb
Area Executive Officer – Aroha Matamua

Stratford

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

Tainui (Mokau)

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

Taumarunui

Chair – Jeremy Stubbs
Treasurer – Sandra Smit
Area Executive Officer –
Sandra Smit

Taupo

Chair – Michael Downard
Area Executive Officer –
Christina Keir

Tauranga

Chair – Jane Swainson
Area Executive Officer –
Richard Waterson

Te Aroha

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

Te Awamutu

Chair – Ross McGowan
Area Executive Officer –
Tracy Chisholm

Te Kauwhata

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

Te Kuiti

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

Te Puke

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

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

Chair – Elaine Hutchison
Area Executive Officer –
Pania McRoberts

Tokoroa

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

Tuwharetoa (Turangi)

Chair – Ian Read
Area Executive Officer –
Lynda Moss

Waimarino

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

Wairarapa

Regional Trust Board
representative – Barbara Durbin
Relationship Manager –
Clive Holmes

Wanganui

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

Whakatane

Chair – Lyn Price
Area Executive Officer –
Sandra Laing

South Island Region**Alexandra**

Chair – Patricia Shanks
Area-Executive Officer – Sandra
Skinner

Amuri

Chair – Donald McLean
Treasurer – Dennis Hall
Secretary – Maree Hare

Ashburton

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

Banks Peninsula

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

Bluff

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

Buller

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

Catlins

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

Chatham Islands

Chair – Glenise Day
Treasurer – Judeen Whaitiri

Cheviot

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

Christchurch

Chair – Graham Gillespie
Treasurer – Dorothy Couch
Secretary – Kimberley Barton

Clutha

Acting Chair – Racheal Gray
Area Executive Officer – Cheryl
Stevenson
Financial Advisor – David Tait

Cromwell

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

Cust/Oxford

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

Dunedin

Chair – Joyce Whyman
Area Executive Officer – Eileen
Stephen

Ellesmere

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

Fiordland

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

Geraldine

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

Golden Bay

Chair – Stuart Chalmers
Secretary – Belinda Barnes

Greymouth

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

Hokitika

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

Hokonui

Chair – John Mills
Area Executive Officer – Vicki Kelly

Invercargill

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

Kaipoi

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

Kaikoura

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

Lawrence

Chair – Marny Cameron
Treasurer – Mark Chapman
Secretary – Linda Howell

Mackenzie

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

Malvern

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

Maniototo

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

Marlborough

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

Mayfield

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

Methven

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

Milton

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

Motueka

Chair – Fred Wassell
Treasurer – Fiona Hodge

Nelson

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

Northern Southland

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

Oamaru

Chair – Jeanette Erikson
Area Executive Officer – Angela Fodie

Otautau

Chair – Peter Ayson
Treasurer – Janice Manson

Secretary – Christine Thomas

Rangiora

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

Reefton

Chair – Alistair Caddie
Treasurer – Jocelyn Archer

Riverton

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

Roxburgh

Chair – Doug Dance
Treasurer – Lyn Owens
Secretary – Gerardine Middlemiss

South Westland

Chair – Barbara O'Neill
Treasurer – Linda Pine
Secretary – Linda Pine

Taieri

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

Temuka

Chair – Peter Jones
Treasurer – Kathryn Calder
Secretary – Lance Scott

Timaru

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

Tokanui*

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

Tuatapere*

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

Twizel

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

Waimate

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

Waitaki

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

Wakatipu

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

Wanaka

Chair – Phill Hunt
Area Executive Officer – Barbara
Roxburgh

West Otago

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

Winton

Chair – Sam Dynes
Treasurer – Lyndsay McDonald
Secretary – Leslie Ellis

* Not St John Area Committee
but St John supported



Clockwise from right: FEDs 10 year anniversary celebration; St John Appeal week collection; Adidas Auckland Marathon 2011; first aid training; St John Medical Alarm client; a Caring Caller; Child First Aid training; Papamoa Beach emergency (courtesy of Bay of Plenty Times); Outreach Therapy Pets visit to Abano Rehabilitation.



Ways to support St John

A DONATION

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

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

A BEQUEST

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

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

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

JOIN OUR SUPPORTER SCHEME

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

VOLUNTEER

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



St John

first to care

ST JOHN NATIONAL OFFICE

St John House
114 The Terrace
PO Box 10043
Wellington 6143
Tel: 04 472 3600 or
0800 ST JOHN (0800 785 646)
enquiries@stjohn.org.nz

ST JOHN NORTHERN REGION

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

ST JOHN CENTRAL REGION

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

ST JOHN SOUTH ISLAND REGION

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

www.stjohn.org.nz

0800 STJOHN (0800 785 646)

Working Together



ASB