

## Annual Report 2013/14



**St John**  
first to care



# Health and wellbeing

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

St John staff (paid and volunteer) are on call, all hours, every day, caring for others. We're there to help in accident and medical emergencies. We provide innovative healthcare services to build resilient communities and keep New Zealanders well. And we support people to live independently for longer. We work in partnership to develop strong communities that care, share and volunteer. We are capable, reliable and trusted.

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

We are the largest primary care provider in New Zealand and have contact with more than 1 million people a year.

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

Providing ambulance services throughout New Zealand will always be a core activity for St John; we also play an increasing role in meeting the broader health needs of New Zealand communities.

\*The only areas where we do not provide emergency ambulance services are Wairarapa and Wellington although we provide other services such as St John First Aid Training, St John Medical Alarms, event medical services and Youth programmes.

# Our annual report for 2013/14

Our 2013-2018 Integrated Business Plan – the “One St John Plan” – outlines how we’ll achieve five key ambitions in five years. It describes how we will improve what we do for our patients, clients, customers, donors and our people.



## Right care, right time

**What we’ll do:**  
We’ll change the way we respond. From delivering patients to a place of care, to delivering the right care to our patients, first time.



## Local pathways

**What we’ll do:**  
We’ll become a hub for community health.



## Quality care

**What we’ll do:**  
We’ll embed a clinical focus in everything we do.



## Partner of choice

**What we’ll do:**  
We’ll be a preferred partner for anyone who wants to deliver care to the community.



## People prepared for change

**What we’ll do:**  
We’ll strengthen our people’s capability and capacity, and make St John a great place to work.

## One St John, together better

**I have loved the role and the people of St John – it has simply been an honour to be Chancellor of such a great organisation. I am happy to have been able to make a small contribution and to help take St John in New Zealand (and overseas) forward.**

### Six years as Chancellor

After six years with St John in the position of Chancellor, my term came to an end on St John's Day in June 2014.

After being asked to put my name forward for the role, and getting through what I would describe as a fairly rigorous appraisal, I was appointed as Chancellor on 1 March 2009. I had been associated with St John through my role as Deputy Chair of Wellington Free Ambulance and as a purchaser of St John services as Chief Executive Officer of ACC. I admit that when I joined as Chancellor, I knew the organisation well, but only as an 'outsider'. My time as an 'insider' has revealed to me the strengths of this unique, and special organisation that gets things done, in sensible, often innovative, and very practical ways.

This last year has been no exception but has been exceptional.

### Progress on a five-year plan

The initiatives and measure in our five-year Integrated Business Plan have kept us focused over the last financial year. In each of our key measures we have seen success. We are delivering a good value service

delivery model as evidenced by our patient satisfaction scores and the number of incidents resolved by clinical telephone advice.

Our focus on clinical excellence and reporting is front and centre of what we do. We have seen a change to a more transparent process in the reporting of incidents which are now published on the Ministry of Health website. Internal reporting has improved significantly seeing a healthy improvement in the numbers of self-reporting by our own staff, demonstrating a change in culture.

Our community engagement is strengthening; the HEARTsafe programme has grown from 5 to 30 communities and the number of clients served by community programmes increased by 21% this financial year.

The sustainability of our commercial activities remains strong – contribution margins for St John Medical Alarms, First Aid Training and First Aid Kits/AEDs were maintained despite a decline in medical alarm subsidies.

We are developing and investing in our people; the number of

reported health and safety incidents continues its overall downward trend, paid staff turnover continues to trend down, which is very low compared to external benchmarks, volunteer turnover is currently 15.1% against an ambitious target of 12% and the percentage of leadership positions occupied by women is continuing to rise and has gone above the target.

We are strengthening our charitable position with New Zealanders – fundraising revenue ended the year \$6.4 million higher than in 2012/13.

I would also like to say thank you to our key supporters ASB and The Lion Foundation for their ongoing support.

### Organisational excellence

St John continues to focus on organisational excellence. We do this by formally assessing and analysing our business practices and performance to identify opportunities for improvement. Through this approach we have implemented many new and improved practices over the last year such as; a monthly patient satisfaction survey; improved internal audit procedures and controls; updated risk management and compliance monitoring; and development of a Volunteer Sustainability Plan. St John measures its progress using the Baldrige Criteria for Performance Excellence – a recent assessment has confirmed we are well on track

**Priory Trust Board (as at September 2014). From left to right:** Geoff Ridley, Peter Young, Amanda Stanes, Jenni Norton, Jeremy Stubbs, Richard Blundell, Dr Steve Evans (*Chairman*), Ken Williamson, Souella Cumming, Lee Short. Absent: Ian Civil, Dr Lesley McTurk. NB Garry Wilson completed his term as Chairman 23 June 2014; Pauline Beattie resigned 25 November 2013; Joanne Conroy 16 December 2013 – 30 June 2014.



---

**The initiatives and measure in our five-year Integrated Business Plan have kept us focused over the last financial year. In each of our key measures we have seen success. We are delivering a good value service delivery model as evidenced by our patient satisfaction scores and the number of incidents resolved by clinical telephone advice.**

---

to achieve our excellence goals with strong progress being made over the last 2-3 years.

### Risk and governance

During the 2013/14 financial year we increased our focus on improving risk management capability. This has been based on the 'AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines' standard and orientated to cover St John's wide and complex operating environment. St John's risk management reporting has been actively used by the Prioity Trust Board to make strategic decisions and resource allocations to reduce our risk profile. Examples of this include the supply of back-up defibrillators in every ambulance and increasing frontline ambulance staff to improve patient safety and response times.

### Highlights

The highlights of my time at St John include:

- the continued very strong growth of the St John Youth programme where I've found my involvement with St John's youngsters enormously rewarding. I am particularly pleased to see the strong growth of the Youth programme in the Wellington region, where St John does not run the ambulance service
- the increased attention now being given to supporting and developing our volunteer teams. Volunteers are a strong part of

the life blood of St John and ensure we are soundly linked into the communities we serve. Without the support of our volunteers and the support of our communities, we would really struggle to deliver the service levels we target

- the continued growth of our charitable Friends of the Emergency Department, Hospital Friends, Caring Caller and Health Shuttle services, all run by strong groups of local community volunteers
- achieving increased awareness that St John is a diverse and complex business and, regardless of its charitable objectives, needs strong business disciplines to be run successfully. This has led us to doing things smarter, better and more sensibly – and to eliminate wasted efforts and resources. In the process, we have developed an organisation much more attuned to the needs of the communities it serves – and more able to handle the inevitable pressure of implementing necessary changes. We still have a way to go, but we are in better spaces

“ we have developed an organisation much more attuned to the needs of the communities it serves – and more able to handle the inevitable pressure of implementing necessary changes. ”

than we were a few years ago

- the effort the St John Senior Management Team has put into the new service provision strategies which are better understood by our staff, community supporters and, very importantly, by our donors.

### An association that will last

During my time with St John, I have immersed myself in all aspects of St John life, working with every business function and focused on a better St John. In addition, I have worked with ambulance service providers throughout New Zealand and I am pleased at the more collaborative, more trusting relationship St John, Wellington Free Ambulance and the Air Ambulance teams have. The new St John Chancellor Dr Steve Evans has asked me to continue to work on the Clinical Control Centre joint venture board, to build on those relationships.

I will continue my involvement with St John, initially on Chapter as past Chancellor and on the International Steering Committee.

I wish Steve and the St John governance and management teams well. St John has a good strategy, we are one year in and I am sure that with that focus, St John will continue to deliver benefits for patients, customers, partners and its people. ■



### Garry Wilson

Chancellor and Chair of Prioity Trust Board March 2009 – June 2014



## Looking to create a stronger, more integrated St John

**As I take up the role of St John New Zealand Chancellor I am looking forward to visiting St John people and facilities all over New Zealand at ground level and seeing them in their local communities at work, their community activities, and meeting their community stakeholders.**

### Continuous improvement

I am also looking forward to continuing to improve our governance structures so that they are strong and relevant and that those in these positions will be able to serve St John to the highest of their abilities, using their particular skill sets.

St John has a bright future ahead, especially in emergency care with electronic patient records and in primary health as a possible principle provider, especially in New Zealand's rural communities.

### Community focus

My goals for my term as Chancellor are:

- ensuring the best possible care for St John patients in New Zealand
- ensuring that St John Area Committees become integrated healthcare providers in their communities
- ensuring that St John Youth remains a vibrant and growing part of St John
- communicating to our people and the public the good news stories of St John activities and events and celebrating the heroes in those stories.

---

**St John has approximately 9,000 volunteers who have collectively contributed more than three million hours of service over the past year.**

---

**This includes our Caring Callers talking to their clients, Friends of the Emergency Department being there for those in hospitals across the country, the invaluable fundraising activities of our area committees and all the emergency responses of our dedicated volunteer ambulance officers.**

---

The role of Chancellor is a privileged appointment in New Zealand which I will look forward to carrying out. As Chair of the Priory Trust Board, I will be involved with my Board and the Executive Management Team, ensuring St John is heading in the right direction and taking on appropriate new opportunities.

### High patient care standards

This will include developing high patient care standards and looking

after and growing our Youth activities. Community programmes will be further developed and we will be focused on making St John a better place for our people – who carry out all our services so well. ■



**Steve Evans**

Chancellor and Chair of Priory Trust Board

“The role of Chancellor is a privileged appointment in New Zealand which I will look forward to carrying out.”



## Patients, people, performance

**This last year has seen St John focus on delivering the first year of our 2013-2018 Integrated Business Plan (IBP), and on securing a new funding model to help deal with current organisational priorities and more confidently prepare for the longer term.**



The support of our funding partner the Accident Compensation Corporation (ACC) to move from a 'fee-for-service' funding model – where St John invoices ACC for each accident related injury patient we transport – to paying a fixed share directly towards our ambulance activity, will support our aim of right care, right time. In the short term it enabled us to announce much needed additional frontline staff; in the longer term it will result in St John directly contributing to important ACC initiatives such as improved falls prevention, improving outcomes from spinal cord injuries and major trauma. ACC is also assisting us to progress initiatives aimed at improving Maori health outcomes, by funding Maori liaison roles in our three regions.

### 2013/14 objectives – delivered

The 2013/14 objectives for St John can be summarised as the following – all of which were delivered.

- Sign off and communicate the five-year strategic plan and all its parts (fleet management, long-term financial plan etc) throughout the organisation.
- Implement year one of the service delivery model (including the launch of the '111 Clinical Hub').
- Complete volunteer sustainability plans and ensure an improved focus on volunteering.
- Deliver a refreshed St John Supporter Scheme proposal ready for implementation in 2014/15.
- Achieve agreed financial targets (including a cost savings programme and the introduction of a long-term financial model).
- Achieve agreed national response time targets, 111 call answering and ambulance crewing levels. (NB not delivered for Orange 30 min and full crewing).
- Complete five-year Workforce Plan and deliver first year workforce plan targets.
- Introduce reporting on return of spontaneous circulation (ROSC) and cardiac arrest survival on discharge from hospital rates via and Out-of-Hospital Cardiac Arrest Registry – as part of a developing suite of Clinical Quality Indicators.
- Develop an agreed fundraising framework which includes a plan for regular giving, donor management (including high value) and a sponsorship/ partnership strategy.
- Achieve agreement with the Ministry of Health and ACC on a future funding model.
- Make St John a smoke free workplace.
- Introduce new operational uniforms and complete consultation regarding other St John uniforms.
- Ensure health, safety and wellness is a permanent agenda item at all management meetings at all levels.
- Support the work of the Order Affairs Committee in strengthening the Order of St John.

This was an ambitious list and I am immensely proud of our achievements and the work we do. These achievements were possible because of our attention to transforming our service delivery model, on having our patients at the centre of what we do, on the engagement and satisfaction of our people, and on measuring – and continuously improving on – what we do. This is done in an environment of increasing demand for our services, and a growing, ageing population, with more chronic health needs.



**Executive Management Team (as at September 2014).** From left to right: Martin Catterall (Chief Information Officer), David Thomas (General Manager South Island Region), Dr Sharon Kletchko (General Manager Central Region), Peter Loveridge (Director of Commercial Services), Darrin Goulding (Strategy and Government Relations Director), Peter Bradley (Chief Executive Officer), Neil Porteous (General Manager Northern Region), Norma Lane (Clinical and Community Programmes Director), Gary Connolly (Chief Financial Officer), Michael Brooke (Operations Director), Tom Dodd (HR and Order Matters Director).

NB: Michael Collins (Chief Financial Officer) to 6 July 2014; Peter McDowall (ICT Director) to 31 October 2013; Gary Salmon (General Manager Northern Region) to 2 February 2014.

## Patient focus

In addition to the increased transparency of our reporting of clinical incidents (so we can learn from them), the introduction of a new approach to managing non-urgent incidents in Auckland (the '111 Clinical Hub'), and new Clinical Quality Indicators and Clinical Practice Guidelines, 2013/14 saw us increase our focus on listening to our patients.

With the introduction of monthly emergency ambulance patient satisfaction surveys (in October 2013), and quarterly focus groups, we have had formal feedback on the quality and care of our ambulance services from over 600 people.

For additional insights, we now regularly feature 'patient' stories – and patients – in our Board and management meetings.

**Over the next 12 months:** This information will be key for our 2014/15 work plans.

## Public expectation, perception and trust

Over the last year, the formal feedback described above, the feedback that our frontline and customer/client facing staff receive, and that reflected in the media – not always accurately or fully – has highlighted the need to ensure

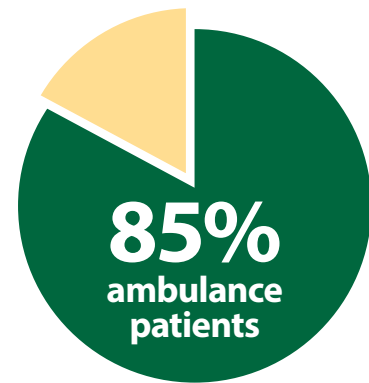
we take opportunities to explain how we work and the rationale for new initiatives. Additional customer research has shown that New Zealanders do accept that non urgent, non life threatening issues don't necessarily need an ambulance response. However, the expectation that many have, is that this will always be an option and any other suggestion of an alternative response is unacceptable and a denial of a basic service.

**Over the next 12 months:** We will use a number of approaches, including social media, to manage public expectation and to reassure the public that we are motivated by providing the right care at the right time.

## Staff engagement and satisfaction

The engagement and satisfaction of St John staff is critical to the success of St John in New Zealand. The results of the staff 'Taking the Pulse' survey, which involved over 4,200 of our people and provided a clear temperature check and a blueprint for initiatives in 2013/14 which included:

- the introduction of Continuing Management Education programme



**85%**  
ambulance  
patients  
**very satisfied**  
with St John service  
(up from 82%  
Oct 13/Jan 14)

**97%**  
of ambulance patients  
rate their 'trust and  
confidence' in St John  
ambulance staff as  
**high/very high**



- the development of a Volunteer Sustainability Plan
- an internal campaign to get the five-year Integrated Business Plan into the heads, hands, hearts and minds of our staff – a campaign designed by our staff, along the theme of “One St John, together better”
- a ‘values refresh’ initiative where staff ‘have their say’ to determine the behaviours needed to achieve that plan and to affect positive change
- the introduction of Territory Managers, a new tier of ambulance service management responsible for a cluster of stations and teams, dedicated to people management rather than a composite role that also involved responding to emergency calls
- the introduction of Clinical Development Managers to work specifically on clinical strategies and integrated care across New Zealand.

**Over the next 12 months:** We will have a focus on embedding the behaviours expected of people working for our organisation.

### Measurement and continuous improvement

Working with our health and technology partners, over the last year we have learnt more about the impact of what we do and about the experience of our patients.

- Ambulance patients account for 36% of emergency department (ED) attendances and 64% of bed days.
- 18% of ambulance patients have attended an ED four or more times in the past year.
- 80% of COPD (chronic obstructive pulmonary disease) patients, 73% of UTI (urinary tract infection) patients and 66% of CHF (congestive heart failure) patients are brought in to hospital by ambulance.

Over the last year this has informed our work on alternative health pathways, understanding the health needs of Maori, Pasifika and other high risk patient groups, on ensuring elderly fallers receive a falls assessment and referral, and formalising reporting arrangements for vulnerable children and adult cases.

**Over the next 12 months:** We will work with our Health partners on implementing new trauma, stroke and cardiac destination pathways.

### Improving outcomes from cardiac arrest – a team effort

Innovations in ambulance service provision over the last few years have produced significant improvements in patient care and during my time back at St John I have been pleased to see numerous examples of excellent patient care and practice across the country. Our aim now is to be able to evidence that what we do, does make a difference by introducing a number of clinical quality measures. One of the most important outcome measures for an ambulance service is being able to measure cardiac arrest survival to discharge, and I am delighted that we have been able to publish our first ever report showing these results.

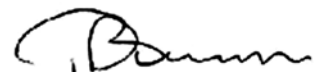
In St John, improving outcomes from cardiac arrest is a team effort. Our 111 call takers, our public first aid trainers and our frontline staff, all play a part in improving survival. And increasingly partner agencies such as the New Zealand Fire Service are ensuring that patients in cardiac arrest are reached in

the shortest time possible by responders trained in CPR and with access to a defibrillator. Furthermore, community directed programmes such as the HEARTsafe initiative are providing CPR training to the community as well as providing ready access to defibrillators. The whole focus is to provide the right care at the right time by providing faster response times, having the right people on scene, ready access to a defibrillator as quickly as possible – leading to a greater chance of survival.

I believe that the publication of this report, will act as a real catalyst for further improvements in out of hospital cardiac arrest survival to discharge, what a great opportunity this presents for us all.

### The year ahead

In the year ahead there can be no change in emphasis – it must remain on our patients, our people, and our performance. The success of three initiatives will also be key – the introduction of electronic patient report forms, the biggest recruitment of frontline staff in St John’s history, and working with the 140+ St John Area Committees on a new model to deliver community health programmes. These initiatives – and all St John does – require good engagement with our health partners and a commitment to better health outcomes, together. ■



Peter Bradley CBE  
Chief Executive Officer

“These initiatives – and all St John does – require good engagement with our health partners and a commitment to better health outcomes, together.”



## The following statistics and facts give a snapshot of the size and shape of our work 1 July 2013 – 30 June 2014

	Total 2013/14	Total 2012/13	Increase/ decrease	Variance
111 emergency calls for an ambulance	437,970	414,714	23,256	5.6%
Emergency incidents attended	365,097	351,730	13,367	3.8%
Patients treated <sup>1</sup>	425,295	415,832	9,463	2.3%
Kilometres travelled by ambulances	19,398,278	18,793,436	604,842	3.2%
Ambulance and operational vehicles	696	715	-19	-2.7%
Ambulance stations	200	200	0	0.0%
Ambulance volunteers <sup>2</sup>	3,057	2,958	99	3.3%
Ambulance paid personnel	1,471	1,344	127	9.4%
Events serviced	7,329	7,772	-443	-5.7%
Events volunteers	1,621	1,686	-65	-3.9%
People trained in first aid	66,096	65,832	264	0.4%
Children who participated in the St John Safe Kids programme	37,289	40,937	-3,648	-8.9%
Caring Caller clients	1,462	1,214	248	20.4%
Caring Caller volunteers <sup>2</sup>	1,196	1,250	-54	-4.3%
Community Care in Hospitals volunteers <sup>3</sup>	911	910	1	0.1%
Health Shuttle client trips	56,328	51,846	4,482	8.6%
Health Shuttle volunteers	581	502	79	15.7%
Area committee volunteers	1,105	1,198	-93	-7.8%
Therapy Pets volunteers	313	345	-32	-9.3%
Total volunteers <sup>2</sup>	9,138	8,996	142	1.6%
Youth members (Penguins and Cadets – under 18)	6,651	6,382	269	4.2%
Youth Leaders (over 18)	1,017	996	21	2.1%
Paid personnel (including casuals) <sup>4</sup>	2,698	2,531	167	6.6%
Total personnel <sup>2</sup>	18,691	17,657	1,034	5.9%

**KEY** 1 – Includes accident, medical, patient transfer and private hire; also includes patients treated at scene  
 2 – Includes National Headquarters  
 3 – Friends of the Emergency Department and Hospital Friends volunteers  
 4 – Total paid personnel – full time equivalent (FTE): 1,875; includes National Headquarters

**NB** Some personnel have multiple roles  
 Italicised figures have been updated since 2012/13 annual report

## AMBITION #1



# Right care, right time

## What we'll do:

We'll change the way we respond. From delivering patients to a place of care, to delivering the right care to our patients, first time.

## How we'll do it:

Our new service delivery model will let us choose the best way to help from a wider pool of non-emergency community healthcare facilities, and leave ambulance to focus on the emergency, acute calls.

Above: Lauren Albrey  
Health Emergency Planning Manager

## Here if you need us. There when you really need us.

Highlights of the last year include:

### Response time and full crewing performance

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. Performance improvements reflect the activity and focus applied to achieving these targets through



the provision of data, advice, and suggestions for new deployment plans and adjustments to rosters.

## Performance Targets

The table below shows St John's responses to 3 types of incidents:

- immediately life threatening ("Purple")
- immediately life threatening or time critical ("Red")
- and to urgent / potentially serious but not immediately life threatening incidents ("Orange").

Purple and red	50% Target			95% Target		
	Urban	Rural	Remote	Urban	Rural	Remote
<b>Contractual target</b>	50% in 8 minutes	50% in 12 minutes	50% in 25 minutes	95% in 20 minutes	95% in 30 minutes	95% in 60 minutes
<b>FYTD</b>	53.7%	51.1%	55.4%	94.9%	92.8%	91.9%
<b>Purple and red % of total volume</b>	42.8%	43.0%	41.6%	42.8%	43.0%	41.6%

Orange	80% Target		
	Urban	Rural	Remote
<b>Contractual target</b>	80% in 20 minutes	80% in 30 minutes	80% in 60 minutes
<b>FYTD</b>	76.0%	83.1%	90.0%
<b>Orange % of total volume</b>	26.0%	25.0%	23.0%

The table below shows St John's responses to the most urgent incidents:

District	Percentage of urban purple and red incidents responded to within 8 minutes			Percentage of rural purple and red incidents responded to within 12 minutes		
	12 months ending June-13	12 months ending June-14	Improvement	12 months ending June-13	12 months ending June-14	Improvement
<b>Auckland</b>	44.3%	46.8%	<b>2.5%</b>	38.9%	40.3%	<b>1.4%</b>
<b>Bay of Plenty</b>	51.8%	53.2%	<b>1.4%</b>	53.0%	53.3%	<b>0.3%</b>
<b>Canterbury</b>	45.4%	51.7%	<b>6.3%</b>	27.7%	33.7%	<b>6.0%</b>
<b>Hauraki / Coromandel</b>	–	–	–	59.6%	61.9%	<b>2.3%</b>
<b>Hawke's Bay</b>	69.1%	69.1%	<b>0.0%</b>	58.5%	59.0%	<b>0.5%</b>
<b>Manawatu</b>	63.5%	64.1%	<b>0.6%</b>	54.9%	55.7%	<b>0.8%</b>
<b>Northland</b>	57.2%	57.3%	<b>0.1%</b>	38.6%	38.8%	<b>0.2%</b>
<b>Southland Lakes</b>	73.3%	80.6%	<b>7.3%</b>	56.1%	58.4%	<b>2.3%</b>
<b>Taranaki</b>	59.2%	59.7%	<b>0.5%</b>	51.6%	53.9%	<b>2.3%</b>
<b>Tasman</b>	56.5%	65.0%	<b>8.5%</b>	57.4%	58.4%	<b>1.0%</b>
<b>Waikato</b>	55.1%	54.3%	<b>-0.8%</b>	56.3%	55.6%	<b>-0.8%</b>
<b>Waitaki</b>	63.3%	65.4%	<b>2.1%</b>	54.1%	54.7%	<b>0.6%</b>
<b>National</b>	51.1%	53.7%	<b>2.6%</b>	50.1%	51.1%	<b>1.0%</b>

### Clinical telephone advice

- 0.85% (1,298 people) incidents were resolved by clinical telephone advice. Was 0.22% 12 months ago.
- 4.7% of ambulance patients transported (13,766 people) went to non-ED treatment facilities. Aiming for 5%.

This will improve as the latest St John Clinical Procedures and Guidelines beds in and as the benefits of new patient pathways, patient care plan development and the '111 Clinical Hub' in Auckland are realised.

### Clinical Control Centres

The name of the St John managed centres was changed this year (from Emergency Ambulance Communications Centres) to reflect the work that is done by the Centres; where resources other than ambulances are utilised, the function is more than communications, and there is a clinical focus.

Initiatives over the last 12 months have focused on ensuring not only that we meet our contracted call answering targets but that we also meet the expectations of the public when they call 111 and ask for "ambulance".

### TOP 11 REASONS FOR PHONING 111 FOR AMBULANCE – TOTAL 2013/14 – REPRESENTING 62% OF TOTAL 111 CALLS FOR AMBULANCE

Chief Complaint	Number of 111 calls
1 GP Referral	52,487
2 Sick Person (non-specific)	33,854
3 Falls/Back Injuries	32,294
4 Breathing Problems	29,864
5 Chest Pain	27,027
6 Unconscious/ Passing Out	26,722
7 Abdominal Pain/ Problems	15,660
8 Unknown Problem (third party calling)	14,425
9 Traumatic Injuries	14,166
10 Convulsions/Fitting	12,432
11 Traffic Accidents	11,777

**Those initiatives included:**

- introducing a standard recorded exit statement for 111 calls – which saves 17 seconds per call, which sees an extra 3 hours per day for call takers to spend on 111 calls
- Patient Transfer Service (PTS) vehicles being assigned to Purple incidents in Auckland
- the creation or review of key Standard Operating Procedures for dispatch protocols, call handling responsibilities, emergency call taking and address verification, secondary triage/assessment, NZ Fire Service response, radio communication and patient centered deployment
- updated helicopter deployment protocols – where the general rule is the most appropriate air resource to manage the incident must

be utilised. This may not necessarily be the closest air resource

- the efficient move to dispatch Taranaki 111 calls from the Christchurch Control Centre to free up Wellington Centre staff for training and development opportunities
- technology improvements to provide resilience and create efficiency – specifically the replacement of old and redundant radio control terminals to provide flexibility, increased robustness and future capabilities to the radio network, auto-call answering in our Clinical Control Centres for faster pick up, and most significantly software enhancements to the key infrastructure of the three centres – the Computer-Aided Dispatch (CAD) system.

and Pukekohe.

- 57 funded by St John (announced February 2014) – \$4 million a year from fundraising and commercial activities
- 82 from additional ACC funding – \$5.5 million a year
- 19 from additional MoH funding – \$1.3 million.

**New frontline role**

Sixteen of the roles will be new Emergency Medical Assistants (EMAs). As part of our five-year workforce plan to achieve full crewing, St John is establishing this new frontline paid role to be rostered as a second crew member to work alongside Paramedics and Emergency Medical Technicians in specific parts of the country. EMAs will assist paramedics and Emergency Medical Technicians with clinical care under supervision, patient handling, the use and operational readiness of equipment and the vehicle, and administrative tasks.

**Increased frontline resourcing**

St John is increasing frontline staff numbers by 158 paid staff in 35 locations across New Zealand. This patient-focused move will improve service response times, reduce

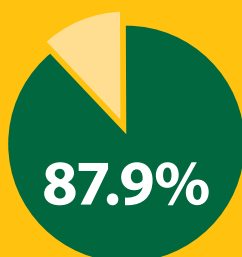
single crewing levels and improve patient and staff safety. These new roles will address full crewing issues in Christchurch, Dunedin, Hamilton, Palmerston North, Napier, Mt Maunganui, Tauranga, Waimakariri

**Electronic Patient Report Forms (ePRF)**

St John is leading this work for the ambulance sector, with the support of the Ministry of Health



**We go to an additional 4,498** seriously ill or injured people in urban areas, within 8 minutes



**of ambulance responses** were fully crewed (target 90%)

In Canterbury we got to **940** people faster than in the previous year

and ACC. This is a key component and facilitator of the Ministry of Health's strategy for integrated care; it will create the first national repository of patient information for ambulance patients.

We are approaching the pilot stage and the current plan is that the live, Samsung tablet-based solution will be introduced progressively throughout the country, with the exception of the Wellington and Wairarapa regions (as these will be managed by Wellington Free Ambulance) between March and July 2015.

ePRFs will:

- replace our existing paper-based clinical record
- enable digital capture and transmission of patient clinical records directly from the ambulance to healthcare sector partners
- enable better clinical decisions and improve patient outcomes and provide continuity of care
- improve the quality and usability of information at patient admission
- provide a platform for our staff to access future shared records or plans
- provide population health data
- comply with the Health Information Privacy Code.

### **Mobile Data Terminal (MDT) replacement**

Hand in hand with the ePRF project has been the replacement of MDTs in all St John and Wellington Free Ambulance frontline vehicles. The new MDT device is also a Samsung tablet. Staff use the MDT to communicate their status during a response and whether they're available or not to accept jobs. It provides location information to the Clinical Control Centre for real time reporting and provides GPS navigation functionality for the ambulance crew.

## **New frontline uniform**

**more functional,  
durable, comfortable,  
cost effective**

**internationally  
recognised colour  
associated with  
medical care**

**saving over \$130  
per uniform kit ...  
\$400,000 over three  
years**

### **A second defibrillator for every ambulance**

Defibrillators are a multi-faceted, complicated piece of vital equipment – which we estimate we use with around 70% of our patients. Because of this, in the last year we have added a second/back-up defibrillator in each of our ambulances – it is good practice and it makes sense to do that.

In addition to defibrillating (shocking) patients, we use the defibrillators to monitor heart rhythm, blood pressure, oxygen saturation and confirming the placement of a tube in an airway.

### **New frontline management structure**

We've established 41 Territory Managers supporting a cluster of stations and teams to work better with local health and emergency services partners.

### **In partnership with Fire**

Over the past year the New Zealand Fire Service (NZFS) and St John have been rethinking the way they respond to medical emergencies to ensure the best response for patients and negotiating a new Memorandum of Understanding.



There are currently two types of response:

#### **1. Fire Service co-response**

From December 2013 the NZFS is requested by St John to co-respond – i.e. with an ambulance – to the most time critical (Purple) incidents (cardiac and respiratory arrests). The objective is to use all resources available to respond to these small number of time critical medical emergencies. St John receives approximately 11 of these calls each day – 1% of the emergency incidents St John attends each year.

#### **2. Fire Service first response**

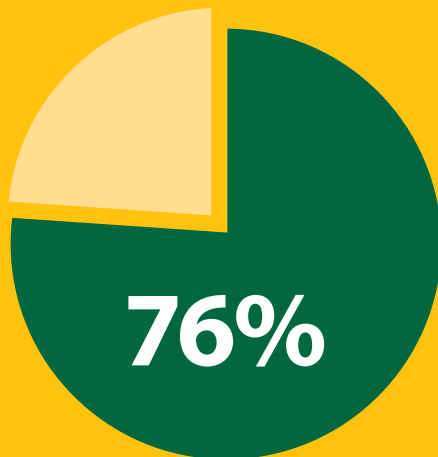
There are 37 volunteer brigades trained to provide a higher level of care, who can be called on to be the medical first responder for St John. They are dispatched by St John to all Purple incidents in their area and may also be dispatched to other incidents where their proximity, staff and/or equipment would improve patient outcomes. They will always be backed with the closest available ambulance.

- 160,511 Purple and Red calls in 2013/14
- NZFS attended 2.3% (3,692)
- NZFS arrived first for 1.1%. ■

## AMBITION #1

**94.6%**  
of 111 calls for ambulance  
answered within 15 seconds  
(average across the year)

**23,256**  
increase  
in 111 calls



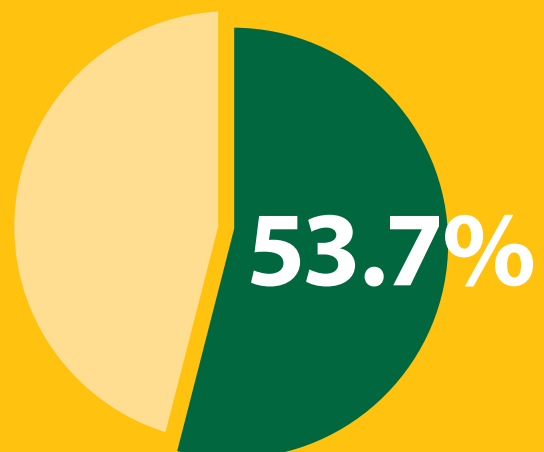
of Orange urban incidents  
reached in 20 minutes  
(target 80%)

**226**  
more frontline ambulance staff

**13,367**  
(3.8%) increase  
in incidents attended

**1,471**  
ambulance paid personnel  
(up 127 on 2012/13)

**3,057**  
ambulance volunteers  
(up 99 on 2012/13)



of Purple and Red urban  
incidents reached in  
8 minutes (target 50%)



# Local pathways

## What we'll do:

We'll become a hub for community health.

## How we'll do it:

We'll work closely with communities at a grass roots level to create local pathways to patients care.

We'll deliver targeted local health solutions by supporting community driven initiatives.

---

## All around New Zealand, 24 hours a day, and 365 days a year St John teams care for others.

---

Highlights of the year include:

### St John in Schools –

A redeveloped rebranded programme, for pre-school and school-aged children, to develop their confidence in an emergency environment by teaching them how to respond.

**HEARTSafe** – Now in 30 centres, encouraging communities to install AEDs (automated external defibrillators), train people to use them, and increase the number of people who know CPR.



**Youth development** – This year we launched the Area Youth Manager Training programme and we've seen 423 Youth Cadets complete the redeveloped Leadership Development Training.

**Youth success** – New Zealand won the Commonwealth Cadet Shield at this year's International Cadet Camp, held in Sydney in January 2014.

**Youth clinical pathway** – We now have a full pathway from Penguin to Paramedic. ■



**AMBITION #2**

We're there to help in accident and medical emergencies. And we believe that it's important to develop strong resilient communities to help people live independently, get the social connection they need and remain healthy and well. Our charitable community programmes that focus on that are:

**Friends of the Emergency Department** – FED volunteers provide comfort to patients in hospital and emergency departments.

**Caring Callers** – Our volunteers offer a telephone friendship service to support lonely or isolated people and regularly check that everything is OK.

**Youth** – St John Youth programmes focus on teaching first aid, healthcare, leadership and life skills.

**Health shuttles** – Free Health Shuttles help people with health or mobility problems attend medical appointments.

**Events** – We provide first aid and emergency care services at events around New Zealand.

**Area Committees**

In 149 communities across New Zealand, St John Area Committees work with local stakeholders to plan and provide St John programmes, manage stations and vehicles, and promote St John services. Area committees raise funds to do this and support St John paid and volunteer staff who deliver these services. They are an integral part of the St John team and vital in their communities. ■

**New Russell  
Health Shuttle**

**New Tuakau  
Youth Division**

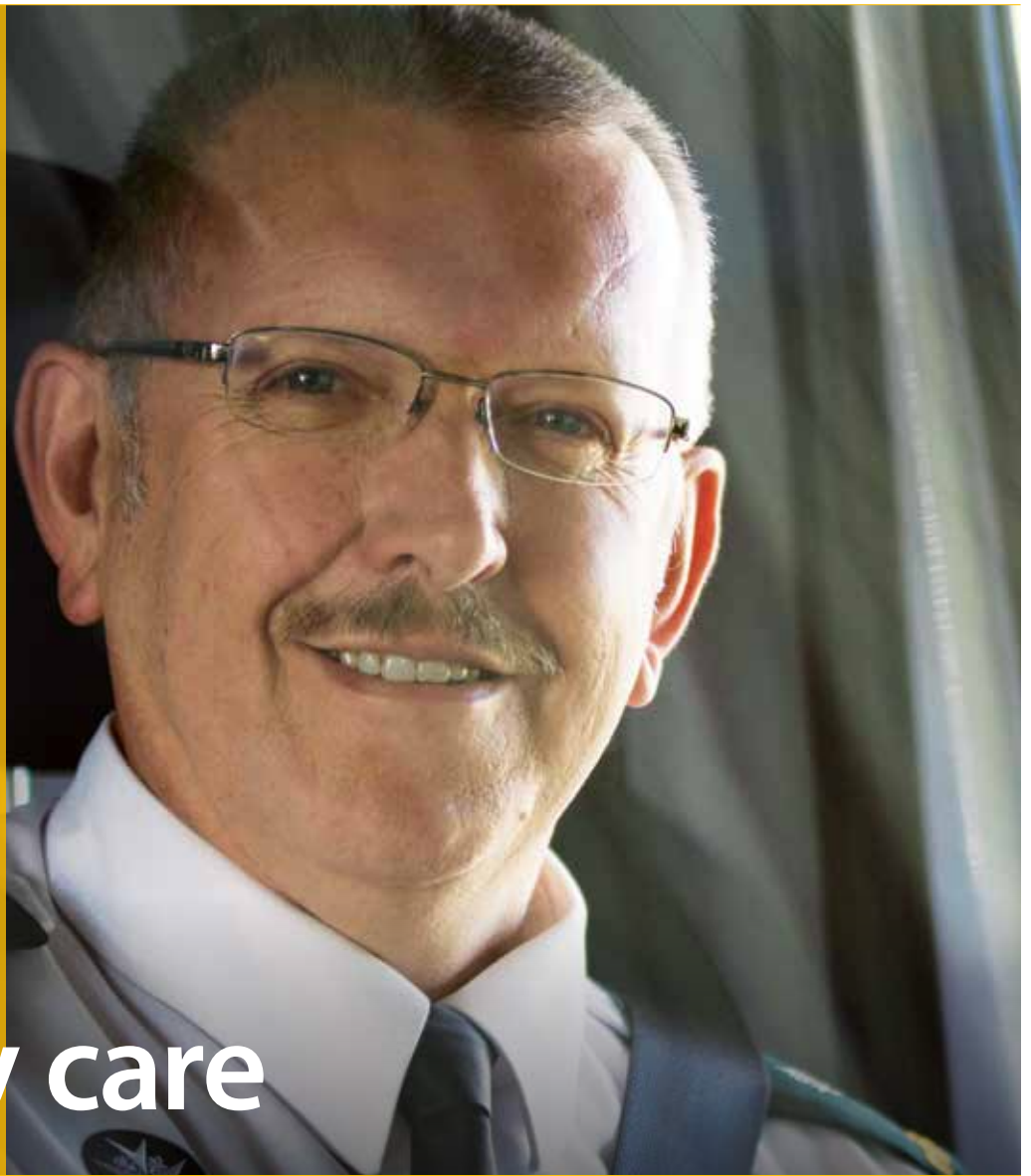


**149**  
area  
committees

**Community Carers** – St John volunteers in Whangamata provide non-clinical care and support to rest home residents and their visiting families/friends. Other rural communities are looking to introduce this service.

**Therapy Pets** – A joint initiative between St John and the Auckland SPCA. Volunteers and their pets visit rest homes, hospitals and other health services to reduce the stress and fear associated with illness.

**New Invercargill Op Shop**



# Quality care

## What we'll do:

We'll embed a clinical focus in everything we do.

## How we'll do it:

We'll create a clinical hub to support dispatch and ambulance staff with specialist advice when it's needed. We'll develop a set of key clinical performance measures to keep us on track.

Above: Steve Yanko  
District Operations Manager Manawatu

## Improving the quality and safety of our care and services is at the heart of all our new initiatives.

Highlights of the last year include:

### New approach to managing non-urgent incidents in Auckland

In Auckland there are over 125,000 111 calls for ambulance each year. Over 30% of those are for issues that aren't urgent or life threatening – they're for minor complaints, 'low acuity' calls for issues like flu, sore throats, fevers, headaches and earache.

There are better – and often faster – ways of managing these



calls for patients, that also free up ambulance resources to focus on the increasing number of 'high acuity' urgent and life threatening incidents.

To help connect patients to the right care at the right time, in May 2014 St John introduced a new initiative in Auckland. This sees a combination of St John Intensive Care Paramedics, and nurses provided

by Homecare Medical, doing enhanced\* clinical assessment of low acuity calls for callers from within the Auckland DHB regions.

This means that when a 111 call for an ambulance has been triaged – by the St John Medical Priority Dispatch System (MPDS) – as low acuity a nurse or paramedic will phone the patient back, gather additional information, and advise them on the most appropriate care, via the most appropriate pathway. Options will include self-care, referral to a general practitioner or Primary Health Organisation, referral to a private Accident and Medical centre, or St John responding with an ambulance or alternative vehicle to treat the patient without transporting them to an emergency department (ED).

The objective is to connect low acuity callers to the right care, to reduce the number of ambulance responses to these calls and to reduce the number of low acuity

patients who are taken to Auckland EDs. Currently there are over 90,000 presentations at Auckland EDs by ambulance – the aim is to reduce those presentations by 6,000 (16 a day) over the next 12 months.

### Changes to St John practice levels

We have aligned the three levels of practice (previously called Basic, Intermediate and Advanced Life Support – BLS, ILS, ALS) to the nationally consistent levels of Emergency Medical Technician, Paramedic and Intensive Care Paramedic. Each of these three practice levels have clearly defined scopes of practice and meet national sector consistency. At a practical level, this consistency assists to resource jobs with the right practice levels e.g. sending a paramedic in the past may have meant a BLS Paramedic or an ILS Paramedic which are two different practice levels. Understandably this is a patient safety and quality issue

and getting this right, consistent and less confusing supports our objectives of quality care and right care. Paramedics are now required to complete a degree based university course.

### Publication of the first St John Out of Hospital Cardiac Arrest Annual Report

One of the most important measures for an ambulance service is being able to measure cardiac arrest survival to discharge i.e. the number of people who were treated for a cardiac arrest by ambulance officers, transported to a hospital and were subsequently discharged alive.

St John's first annual cardiac arrest report reveals resuscitation rates in New Zealand are surpassing those of comparable ambulance services internationally.

Of the 38 people who are treated for a cardiac arrest by St John each week, 11 are successfully

## Here if you need us. There when you really need us.

In a medical emergency you should never think twice about calling 111. If an ambulance is required, we will get one to you. But because over 30% of the 125,000 calls we receive in Auckland every year are for things like cramp, earache and trouble sleeping, we've introduced a new, better initiative for getting the best care to these people. That way, we can have ambulances available for when they're really needed.

If you call 111 you'll be asked a series of questions to quickly and efficiently determine what's wrong, so that we can work out the best response. If you call from Auckland and your call isn't life-threatening, this might be a nurse or paramedic from our control room calling you back within 30 minutes to talk things through

in more detail. This will help ensure you get the right care – which could be medical advice over the phone, making an appointment for you with your GP, visiting an Accident and Medical centre or a pharmacy. An ambulance may not be required.

We've introduced this proven, international system in Auckland to help people with calls that aren't life-threatening get the right care. It allows us to make sure we're there for the increasing number of people with urgent, life-threatening calls when they really need us. It's not about saving money; it's about saving lives.

Remember, if there's an emergency you should never think twice about calling 111. As always, your care is our priority.



Go to [www.stjohn.org.nz/111](http://www.stjohn.org.nz/111) for more information.



From 1 July to 31 August 2014 in Auckland nurses gave advice to 3,100 111 callers with non-urgent issues;

23% (700 people) didn't result in an ambulance needing to be sent

& another 17% (527) didn't go on to an ED, when an ambulance crew was sent following initial advice by the nurses

resuscitated and transported to hospital. Six of those people will later be discharged – that's a 15% survival rate which is comparable to, or even better than, rates of a number of other ambulance services internationally.

St John crews assisted 2,740 people who had a cardiac arrest in their home or community in the nine months to 30 June 2014. Ambulance officers attempted resuscitation on 1,313 of those (adults) and 30% were admitted to hospital – 15% of those people were later discharged.

That figure compares very well to organisations that St John benchmarks itself against:

- London Ambulance Service (4,466 people; 31% admitted, 9% discharged)
- South Western Ambulance Service in the UK (2,635 people; 25% admitted, 8% discharged)
- Ambulance Victoria in Australia (2,561 people; 30% admitted, 10% discharged)
- Wellington Free Ambulance (201 people; 48% admitted, 18% discharged).

The findings from this first report will inform our training and our strategies, to help us improve patient outcomes from cardiac arrest. Specifically what we'd like to see in New Zealand is an increase in the number of people who

are trained in CPR and prepared to help in an emergency and we need more defibrillators in public places. Almost 20% of all cardiac arrests occur in public and it is very encouraging to see that in 56% of cardiac arrests that occurred in public and were witnessed, a bystander performed CPR. Internationally, this is a great figure that we'd like to improve on. Only 3% of people received defibrillation by a bystander.

### **A more transparent process in the reporting of incidents**

St John provides quarterly updates on 'Reportable Events' to the National Ambulance Sector Office (NASO) a joint office between the Ministry of Health and ACC whose function is to progress the New Zealand Ambulance Service Strategy. Reportable events are incidents that have been investigated because they have resulted in harm to, or the death of, a patient. The report also covers 'near misses' – an incident which under different circumstances could have caused harm to a patient but did not. These reports are published on the Ministry of Health website.

- In 2013/14 there were 27 SAC\*\* 1 and 2 reportable events (22 in 2012/13) – a 23% increase, which signals an improvement in reporting and just 0.006% of the 440,000 111 calls for ambulance received in the year.

- The 12-month average is 2.25 incidents a month.

St John aims to have an open and transparent culture of reporting where we actively encourage the reporting of incidents – especially near-miss events. This is so we can learn, share lessons and so that we can continuously improve the quality and safety of our care and services. Often our patients are in crisis/emergency situations and our interventions or omissions need to be considered in that context.

### **Mobile application to support the rollout and ongoing application of Clinical Procedures and Guidelines (CPGs)**

This is enhancing clinical safety by providing an efficient tool for frontline staff to easily and rapidly access treatment protocols, pharmacological information and checklists to support safe clinical decision making. It is also easily updated with the latest clinical information for our over 4,400 ambulance staff.

In the rapidly evolving field of paramedicine, one particularly useful tool is the drug calculator, which enables the user to select the patient's weight, the drug (or medicine) they wish to administer, the circumstance (reason for administration – for example asthma), and route (method) of administration.

At the recent Council of Ambulance Authorities awards in Darwin the St John Clinical Procedures and Guidelines mobile app won the clinical capability category. ■



\* for non-urgent, not serious or immediately life threatening calls requiring an ambulance St John responds as soon as possible – depending on other emergencies in the area – and this may take up to 2 hours.

\*\*the Severity Assessment Code (SAC) is a numerical rating which defines the severity of an adverse event and as a consequence the required level of reporting and investigation to be undertaken for the event.

## AMBITION #3



**20%**

of cardiac arrests  
occur in public

**In 56%**

of cardiac arrests that  
occurred in public and  
were witnessed,  
**a bystander performed CPR**

Of the  
**38 people**

who are treated for a cardiac  
arrest by St John each week,

**11 are  
successfully  
resuscitated**

and transported to hospital.  
6 of them will later be  
discharged –

**that's a 15%  
survival rate**

which is comparable to, or  
even better than, rates of a  
number of other ambulance  
services internationally

**Only 3%**

received defibrillation  
by a bystander

In the last 12 months

**191**

St John ambulance  
officers completed a  
National Diploma in  
Ambulance Practice

414 trained as  
First Responders



## Partner of choice

### What we'll do:

We'll be a preferred partner for anyone who wants to deliver care to the community.

### How we'll do it:

We'll partner effectively with other primary care and emergency service providers as an integrated part of community healthcare. We'll be the partner of choice for donors who want to see good done in the community. People will choose our products and services because of the strength of our brand and who we are – they include St John Supporter Scheme subscribers and the 6,000+ young people who choose our programmes.

**Above: Iris Keat**  
Friends of the Emergency Department  
Team Leader, Palmerston North

---

**For every adult St John person delivering a service or care, there are 25 people standing behind them helping them do that, who are either donors or supporters.**

---

Highlights of the year include:

### A strong, trusted brand

This year we have introduced a 'charity of choice' measure in our annual research to evaluate our performance against 11 other key New Zealand charities. The benchmark measure sees St John as the number one charity of choice based on a number of different inputs such as



Ainsley and her family have signed up to the St John Supporter Scheme.

importance to New Zealand, trust, and alignment to values.

### St John Medical Alarms growth

This year we have been able to support more people than ever to

live independently in their homes.

This is reflected in an additional 10,000 new medical alarm clients across the year with a strong lift in demand after the MSD re-accreditation process, as clients chose St John when other suppliers lost accreditation. This growth is helping offset the revenue impact of the MSD reduction in pricing.

This year we introduced a wireless alarm – particularly suited to clients without a telephone landline and those with ultra-fast broadband in their homes. We are working on a number of innovations including a new falls pendant that identifies when a client has fallen by measuring sudden changes in movement, and improved wireless alarms to enable a greater monitoring range in the home.

### More New Zealanders than last year were trained in first aid

St John ran nearly 6,000 public

courses, which equates to more than 10,000 extra student hours. We have also actively promoted to the health sector our more advanced resuscitation courses, demonstrating our depth of expertise and product offering. We have continued to develop our strategic intent to develop long, sustainable relationships with key partners such as the NZ Fire Service.

### A better customer experience

Paperless contracts, streamlining our financial processes, scoping a new St John customer portal, and a training management system will improve experiences for our customers and potential customers over the next 12 months.

### St John CPR App accessible in a heartbeat

CPR, or cardiopulmonary resuscitation, pumps oxygen-rich blood from the lungs to the rest of

the body and brain, and can be the difference between life and death.

St John wants everyone to have immediate access to these fundamental lifesaving skills and introduced a new free CPR app this year for iPhone, Android and Windows phones. It has innovative features such as beeping and vibrating 'CPR Timing Assist' to help with consistent chest compressions and instructions spoken aloud. It also includes adult, child and infant CPR tutorials.

### The generosity of New Zealanders

Growth in giving through the online environment has increased dramatically over the last 12 months:

- donors can now pledge ongoing regular monthly gifts
- people can subscribe to the St John Supporter Scheme and renew online

**\$35.6**  
million  
fundraising  
revenue

(includes Supporter Scheme subscriptions)



### Fundraising income



- Individual donations
- Corporate support
- Trusts and grants
- Supporter Scheme subscriptions
- Bequests



**KEEP  
CALM  
AND  
SAVE  
LIVES**

**\$2.2**  
million  
raised in the  
2014 Appeal

- communication and giving has been adapted to mobile technology.

Use of third-party fundraising sites like Everyday Hero and Fundraise Online are increasing in popularity giving individuals and groups an easy way to promote fundraising events amongst friends and family.

### St John Supporters

The Supporter Scheme has been updated with a more flexible pricing structure and cover for new-born babies. Nearly 286,000 New Zealanders are St John Supporters and receive free medical emergency attendance, free emergency ambulance transport if required in a medical emergency and for accident related injuries more than 24 hours old (ACC usually covers those less than 24 hours old).

### Grants

- **The Lion Foundation** has generously supported St John since 2004. This year 10 ambulances were purchased and distributed throughout the country.
- **New Zealand Lottery Grants Board** this year contributed to nationwide programme costs for St John Health Shuttle services, the HEARTsafe Coordinator position, the 2015 St John National Youth Festival competition and to three Safe Kids Tutor salaries.

Additional grants from a number of trusts were received during the year and we acknowledge their contributions in the Donors and Supporters page of this report.

### Key Business Partners

- **Foodstuffs South Island Ltd** continues to support the Friends of the Emergency Department in Invercargill, Dunedin, Timaru, Christchurch, Blenheim and Nelson hospitals. They also make similar contributions to St John



## ASB and St John in partnership for 6 years

### 28 ASB Caring Callers

### 29 ASB staff on St John Area Committees

## ASB customers and 200 ASB teams raised over \$351,000 for the 2014 Appeal. This was double the amount raised in 2013

## ASB purchased 140 defibrillators – one for each branch

## St John and ASB are working on free public CPR and AED workshops in 79 ASB branches

Hospital Friends in Invercargill (Children's Service), Dunedin (Oncology and Hospital Hosts), Oamaru and Gore hospitals.

- **Four Square Supermarkets (Foodstuffs)** continued to support the South Island Health Shuttle service in Central Otago, Ashburton, North Canterbury, Wakatipu and Invercargill.
- **Generation Homes Christchurch** last year donated \$1,000 to the purchase of a new ambulance, for every home sold in Canterbury. They are also actively involved with the local Youth division.
- **NZ Safety Ltd and Blackwoods Protector Ltd** sell St John First Aid Kits. This year they both gave a percentage of the sales for the month of April to the St John Appeal. New Zealand Safety also donated the proceeds from their annual Golf Day to St John Northern Region.
- **PGG Wrightson** through their Cash for Communities programme supported by local farmers, contributed funds to 43 St John Area Committees for local initiatives.
- **Outward Bound** supported St John by offering scholarships to St John members from across the country. ■



## AMBITION #4



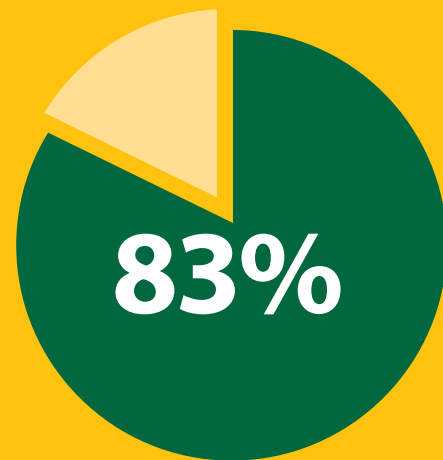
St John voted  
Reader's Digest  
**most trusted  
charity**  
this year

# Over 66,000

people trained in first aid  
= 5,827 courses  
= 455,000 student hours ...  
up 10,000 hours on last year

# 34%

increase in Facebook likes  
(over 7,000)



– rate St John as very good  
or excellent (trust, service  
performance, success in the  
community)\*

– say St John is the most important  
charity... by a considerable  
margin of 28%\*

## St John the preferred medical alarm provider for 89% of GPs<sup>+</sup>

(one of only four accredited  
Ministry of Social Development  
(MSD) medical alarm providers)

# 46,000

app downloads\*\*  
St John CPR app free from the  
iTunes store, Google Play and  
WindowsPhone.com

# Nearly half

the new ambulances needed this  
year were donated by generous  
individuals, estates, grant-making  
trusts and companies

\*TNS Brand Tracker 2014

\*\*As at 30 September 2014

+ IMS GP Omnibus Survey June 2014

# People prepared for change

## What we'll do:

We'll strengthen our people's capability and capacity, and make St John a great place to work.

## How we'll do it:

We'll invest in knowledge and skills, provide career pathways and professional development, grow our volunteer numbers, and increase the support they're given.

## To support the ambitions of our strategic plan and to continue to provide the services we do, we must value, promote and support effective volunteering.

Highlights of the last year include:

### Volunteer sustainability strategy

We have relatively high satisfaction levels with volunteers; our volunteer turnover (14%) is lower than the NZ company average for employees (17%).

In the last year St John committed to invest \$300,000 in volunteer reward and recognition programmes, and \$500,000 to support year one initiatives of a



Volunteer Sustainability Strategy that include:

1. volunteer recruitment and induction – ensuring best practice plus resource to focus on it
2. training for managers of volunteers – developing a specific training course
3. investing in volunteer reward and recognition – we've already increased the reimbursement rate and mileage. ■

## AMBITION #5

# 1,017

**Youth leaders**  
made a  
positive impact

on the lives of our  
6,651 Cadets and  
young Penguins

# 1,105

**area committee members**  
supported local  
communities

# 3,057

**volunteer ambulance  
officers**

helped towards the  
365,097 emergency  
incidents that were  
attended by  
ambulance crews

# 911

**friends of the  
emergency department  
and hospital friends  
volunteers**

helped patient families  
and loved ones in  
emergency departments  
and hospital wards across  
the country

# 60

**volunteers in  
governance roles**

helped shape the  
future of  
St John

## Investment and support from Government and community

**Contracts with the Ministry of Health (to respond to medical emergencies), ACC (to respond to personal injuries) and District Health Boards (for patient transfer services) fund just under 70% of our ambulance service operating costs (e.g. staff and costs).**

### What is the Government funding for St John ambulance services?

- A fixed payment from the Ministry of Health to respond to patients who need emergency medical treatment (not caused by trauma). In 2013/14 that was approximately \$61 million.
- A fee for service by ACC for emergency transport / treatment for a claimant's personal injuries. In 2013/14 that totalled approximately \$48 million.
- The Ministry of Health also provides St John with fixed funding for PRIME (Primary Response in Medical Emergencies) services (where GPs provide a co-response to medical emergencies in rural areas) and to enhance health sector responses in medical emergencies. In 2013/14 that totalled approximately \$1.8 million.
- In addition the Ministry of Health and ACC provide funding for the running costs associated with the Clinical Control Centres in Auckland and Christchurch which are operated by St John. The Clinical Control Centres are where 111 calls go. Emergency Medical Dispatchers there coordinate all land, water and air ambulance services. In 2013/14 this amounted to \$16.5 million (MoH \$10.5 million, ACC \$6.0 million).
- The Ministry of Health and ACC also provide funding for the Wellington Clinical Control Centre – operated in a joint venture (with shared income and costs) between St John and Wellington Free Ambulance.
- The Government does not provide funding for St John capital expenditure (for ambulances and other vehicles, for clinical and emergency equipment, for ambulance stations).

### How is the ambulance service operating shortfall funded?

The operating shortfall is made up from:-

- fundraising (including from the St John Supporter Scheme), community donations, bequests, grants and commercial partnerships

- revenue from our commercial activities (first aid kits, first aid training, medical alarms and defibrillator sales)
- income from emergency ambulance part charges.

### What does it actually cost to run St John ambulance services?

In the 2013/14 financial year the operating costs were \$187 million.

In 2013/14 the financial result for the ambulance service group of activities was a deficit of around \$15.5 million (if we factor in the contribution of fundraising; if not, this deficit is \$23.7 million).

### How much does it cost to run the *whole* organisation i.e. all the services that St John offers?

In the 2013/14 financial year the total operating costs for St John were approximately \$238 million.

In 2013/14 the financial result was a surplus of \$3.9 million after removing the financial impact of the Canterbury earthquakes. This includes a total fundraising contribution of over \$25 million including income from the St John Supporter Scheme.

### How are those *other* St John services funded?

Fundraising (including from the St John Supporter Scheme), community donations, bequests, grants and commercial partnerships plus revenue from our commercial activities (first aid kits, first aid training, medical alarms and defibrillators) fund:

- St John's community/ charitable programmes (our Youth programmes, Friends of the Emergency Department, Hospital Friends, Health Shuttles, Caring Caller, St John In Schools, Community Carers and Outreach Therapy Pets)
- non-emergency ambulance services (event medical services and patient transfer services)
- capital items (ambulances and operational vehicles, vital equipment, ambulance stations and other building projects).

### St John's cash reserves look healthy... is that right?

- St John's cash reserves are in line with organisations (both charitable and commercial) of a similar size and turnover.

- It is important to have financial reserves to support our long-term financial stability – given the uncertainties around future funding increases, the increasing demand for our services and an extensive capital expenditure programme (to match demand and also to ensure St John properties meet earthquake strengthening standards).
- The bulk of our capital (75%) is in assets such as land, 200 ambulance stations and other buildings and operational assets such as 700 ambulances and operational vehicles, and equipment.
- To give some perspective it costs over \$200,000 to buy and equip an ambulance; it costs approximately \$1 million a year to equip and full crew an ambulance.

#### Why doesn't St John use those cash reserves?

We do use those funds. We use them to fund capital items e.g. to replace vital equipment, to buy ambulances and other vehicles, to purchase emergency equipment and to build and equip ambulance stations.

We also use those funds to finance key initiatives that will benefit our patients and the health sector.

#### Why isn't the St John Ambulance Service fully Government funded?

The Government doesn't fully fund primary care.

In addition, communities have a longstanding history of establishing ambulance services locally and seeking funding from their community and from Government. The first ambulance services were purely voluntary services and have evolved to a mix of voluntary and paid work. The voluntary component contributes to a strong sense of community ownership and investment.

#### Why is St John a charity?

St John is a charity because everything we do is focused on benefiting New Zealanders through the range of charitable services we offer – that are in addition to those we are contracted by the Government – but not fully funded to provide.

#### Why does St John have a part charge for emergency ambulance services?

Our ambulance service operating costs are not fully funded by Government – the part charge is a contribution to this shortfall in funding.

The average cost of an emergency ambulance job is around \$545\*. The part charge of \$88 reflects just 16% of the total cost. ■

\*This includes all of the costs to provide the necessary capacity to respond to emergencies, including the cost of the Clinical Control Centres, averaged across the volume of chargeable jobs (based on 2012/13 information).



of our ambulance service operating costs are funded by contracts with MoH, ACC and DHBs

In the 2013/14 financial year those operating costs were

**\$187**  
million

The community value of the contribution of our volunteers to ambulance operations has been estimated as upwards of

**\$30**  
million per year

## With your support

We gratefully acknowledge the contributions of the wide range of individuals and organisations for their generous support during the 2013/14 year. These include:

ABB Limited – Auckland  
 Acorn Foundation – Ray & Elva Shepherd Fund  
 Alpha Charitable Trust  
 ASB Bank Limited  
 Auckland Timber Industry  
 Bay of Islands CBANZ  
 Blackwoods Protector Ltd  
 D M & N R Broady Trust  
 Ted & Mollie Carr Endowment Fund  
 Central Lakes Trust  
 Combined Inner Wheel Clubs of Invercargill (Fibre Octave)  
 Community Organisation Grants Scheme (COGS)  
 Community Trust of Southland  
 Dunedin Heritage Fund  
 Elizabeth Ball Charitable Trust  
 Endeavour Community Foundation  
 Estate of Dorothy Edith Adam  
 Estate of Isobel Christina Agnew  
 Estate of Anthony Edward Ambrose  
 Estate of Frances Armstrong  
 Estate of Irene May Atherton  
 Estate of Samuel John Atkins  
 Estate of Norma Alison Auld  
 Estate of Betty Barman  
 Estate of Ralph William Blenkinsop  
 Estate of Tui Marion Blumhardt  
 Estate of Gordon Butland  
 Estate of Joan Winifred Cattermole  
 Estate of Robert Frank Cattermole  
 Estate of Judith Ann Clark  
 Estate of Margaret McDonald Clow  
 Estate of Cuthbertson Family Trust  
 Estate of Marjory Maude Davis  
 Estate of Coral Margaret Dell  
 Estate of William & Gwenda Sybil Dick 1990 Charitable Trust  
 Estate of Amy Duncan  
 Estate of Herbert Dunn  
 Estate of Wayne Lawrence England  
 Estate of Pamela Janet Fletcher  
 Estate of Dorothy Frisken  
 Estate of Leonard Llewellyn Griffiths  
 Estate of Yvonne Angelle Dorothy Griffiths  
 Estate of Brian Glynn-Jones  
 Estate of Beryl Hallett  
 Estate of Dorothy Margaret Hedges  
 Estate of H J W Hedges Trust  
 Estate of Frederick Ernest Holroyd  
 Estate of Mabel Rena Hore  
 Estate of Ruth Annie Howie  
 Estate of Zara Julia Hutter  
 Estate of Frances Alice Johns  
 Estate of Lois Glendenning Ellison Johnson  
 Estate of Ian Johnstone  
 Estate of Thelma Judd  
 Estate of Alfred John Keech  
 Estate of Daphne and Terry Leonard  
 Estate of Eric Lesley  
 Estate of William John Lundie  
 Estate of Noeline Esther McAllister  
 Estate of Noelene McIlroy  
 Estate of Gordon William McVey  
 Estate of Paul Holmes Messer  
 Estate of Henrietta Millar  
 Estate of Percival Thomas Mulligan  
 Estate of Catherine Lorimer Murie  
 Estate of Russell Alistair Page  
 Estate of Eileen Joyce Pilgrim  
 Estate of Myrtle Mary Elizabeth Powles  
 Estate of Stanley Victor Ratley Trust  
 Estate of Kenneth Reeves  
 Estate of Mary Ellen Reeves  
 Estate of B Rippon  
 Estate of Joyce Mary Roberts  
 Estate of Audrey Emely Robinson  
 Estate of EL & BM Robinson Charitable Trust  
 Estate of Barry Rollo  
 Estate of Dulcie Beatrice Routhan  
 Estate of Shona Anne Rowley  
 Estate of Henk Scheffer  
 Estate of Edward Henry Schofield  
 Estate of Agnes Thelma Scott  
 Estate of Evelyn Florence Scott  
 Estate of John Sheehan  
 Estate of Robert Sherwood Trust  
 Estate of Chrissie Skinner  
 Estate of Patsy Smaill  
 Estate of Arnold Meredith Smith  
 Estate of Kenneth Stanley Steeple  
 Estate of Margaret Stephens  
 Estate of Josephine May Stonell  
 Estate of Charlie Tate  
 Estate of Barry Ian Todd  
 Estate of Augustinus Johannes Visser  
 Estate of Joy Weigren  
 Estate of Fenton Williams  
 Estate of Eva Annie Wilson  
 Estate of I B Wright  
 Estate of Martien Maria Wynen  
 First Light Community Foundation  
 Fonterra Grassroots Trust  
 Foodstuffs South Island Community Trust  
 Forest Industry Contractors Association (FICA)  
 Four Square Supermarkets, South Island  
 Four Winds Foundation  
 Gallagher Charitable Trust Board  
 Glenice and John Gallagher Foundation  
 Generation Homes Christchurch South  
 Geysers Community Foundation – Alan & Jan Sewell Family Fund  
 Grassroots Trust  
 Greenlea Foundation Trust  
 Gus Fisher Charitable Trust  
 Hurunui Race Day Committee  
 ILT Foundation  
 Infinity Foundation Ltd  
 Jomac Group  
 Jones Foundation  
 Kelliher Charitable Trust  
 J N Lemon Charitable Trust  
 Julienne Lindsay  
 Linwood Bowling Club  
 Lions Club of Clinton  
 Lions Club of Remuera  
 Lions Club of Tauranga Harbour City Ladies  
 Annabelle Lo  
 Lyssacht-Watt Trust  
 Mackay Strathnaver Trust  
 Marjorie Barclay Trust  
 Mac Madsen  
 Laurence McCool  
 Methodist Church NZ  
 New Plymouth District Council  
 New Zealand Community Trust  
 New Zealand Lottery Grants Board  
 New Zealand Safety Ltd  
 Oceania Healthcare  
 Calista Olson  
 Otago Motor Club Trust  
 Outward Bound Trust  
 Oxford Sports Trust Inc.  
 Pelorous Trust  
 Phyllis Petchell  
 PGG Wrightson Ltd  
 Powerco Wanganui Trust  
 Pub Charity  
 Leona Relf  
 C & M Rendle Family Trust  
 Rodmor No.2 Charitable Trust  
 Rotary Club of Christchurch  
 Ruapehu Alpine Lifts Ltd  
 Rural Contractors Ltd  
 Shell Todd Oil Services Limited  
 Sir John Logan Campbell Residuary Trust  
 SKYCITY Hamilton Community Trust  
 G Stacey  
 R Stansell  
 Starlight Foundation  
 Tait Communications  
 Taiwanese Business Association of New Zealand  
 Taranaki Electricity Trust  
 Taumarunui Silver Band  
 Tauranga Energy Consumer Trust  
 Thomas George Macarthy Trust  
 The Canterbury Community Trust  
 The Christchurch Mayoral Earthquake Relief Fund  
 The Joan Mayes Charitable Trust  
 The Lion Foundation  
 The Southern Trust  
 The Trust House Foundation  
 The Trusts Community Foundation  
 The Warehouse  
 The Whakatane Chartered Club Inc  
 James and Mabel Thorburn Family Charitable Trust  
 David Todd  
 Transpower Community Care Fund  
 Trevor Wilson Charitable Trust  
 Trillian Trust  
 Trust Waikato  
 TSB Community Trust  
 Tui G  
 Tukete Charitable Trust  
 Mrs Patricia Turnbull  
 Phillip Verry Charitable Trust  
 WEL Energy Trust  
 Graeme and Olive West Trust  
 J West Holdings Ltd  
 N Young  
 Z Energy Ltd ■

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

### Year-end overview

St John NZ's underlying surplus was \$3.9 million for the financial year July 2013 – June 2014 (2013/14) after removing the financial impact of the Canterbury earthquakes (e.g. insurance proceeds and costs), representing a minimal return on assets employed. This compares to the \$1.2 million underlying surplus for July 2012 – June 2013 (2012/13), again adjusted to remove the impact of the earthquakes.

The reported surplus was \$3.8 million in 2013/14, including \$0.1 million net additional expenditure resulting from work to repair or demolish three buildings within the Christchurch CBD which were extensively damaged during the 2011 earthquakes. This compared to the reported surplus in 2012/13 of \$7.6 million which was adjusted to exclude \$6.4 million net additional income largely resulting from the final settlement of insurance claims.

Operating revenue was \$242.0 million, an increase of \$9.0 million (3.8%) over the previous year (excluding insurance proceeds), primarily due to a \$6.4 million increase in grant, donation and bequest income in the year. The grant, donation and bequest income is critical to help fund St John's operational deficit and the uncertain value and timing of this funding reduces the certainty of St John's financial position. Operating expenditure was \$238.2 million, an increase of \$6.1 million (2.6%) over the previous year. Employee benefits showed an \$8.0 million (5.7%) increase due to increased staffing and the impact of annual salary increases.

### Ambulance services

St John NZ ambulance services include emergency ambulance services, Clinical Control Centres, inter-hospital transfers, non-emergency ambulance transports. In the 2013/14 financial year the financial result for this group of activities was a deficit of \$23.7 million. St John expenditure on this group of activities increased \$7.2 million (4.0%) over the previous year despite an increase in the number of emergency incidents attended of 5.6%

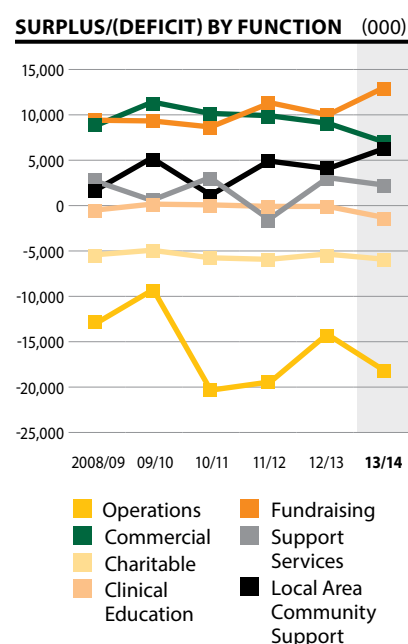
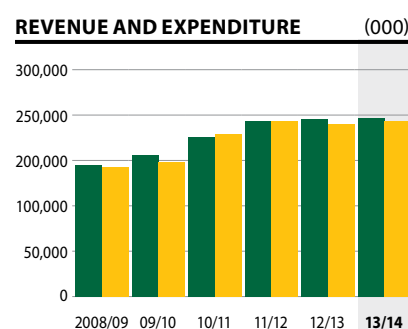
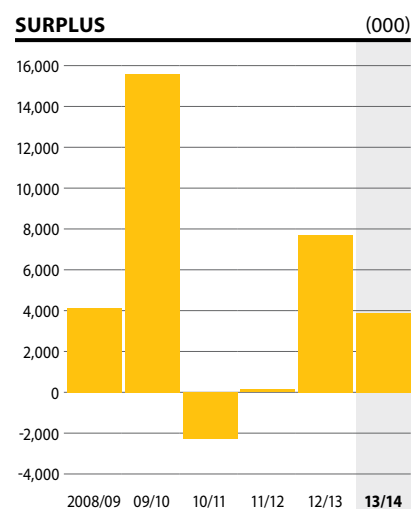
### Community programmes

St John NZ community programmes include Friends of the Emergency Department, Hospital Friends, Caring Caller, Health Shuttles, St John Safe Kids, Outreach Therapy Pets, Community Carers, and Youth programmes. In the 2013/14 year St John expenditure on the delivery of these programmes across New Zealand increased 13.1% to \$5.8 million (\$5.1 million in the previous year).

### Commercial activities

St John NZ has a range of services and products marketed on a commercial basis. These services deliver value to customers and provide a contribution that can be applied to funding ambulance services and community programmes.

The contribution from these activities was \$7.1 million in the 2013/14 year (\$9.3 million in the previous year). This decrease, principally associated with the medical alarms business, is the result of a reduction in the subsidy for medical alarms provided by the Ministry of Social Development and ongoing competitive pressures in this commercial space.



### 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.

By fundraising in local communities throughout New Zealand, St John's 149 area committees and five trusts contribute to funding ongoing community activities as well as supporting mainly local capital projects (e.g. buying a new ambulance, paying for ambulance equipment such as stretchers or defibrillators, or contributing towards the maintenance or replacement of buildings).

Overall St John – including its area committees – received donations of \$29.4 million during the year (an increase of \$6.4 million over the previous year). Almost \$1 million of the year-on-year increase is related to the shift of the St John Appeal from 24 June in 2013 to 18 April in 2014, meaning the current year's donation income benefited on a one-off basis from the recognition of income from two St John Appeals.

### Balance sheet

Consolidated net assets for St John NZ stand at \$277.2 million, \$3.7 million above the position at 30 June 2013.

Working capital decreased from \$52.2 million at 30 June 2013 to \$44.3 million at 30 June 2014, mainly due to a reduction in debtors from the receipt of a one-off insurance receivable of \$6.7 million related to the Canterbury earthquakes included in last year's result, and an increase in trade creditors.

Property, plant and equipment represents \$212.9 million (77%) of total net assets, reflecting the capital intensive nature of the

emergency ambulance service and community programmes operated by St John. This capital base has predominantly been funded by the fundraising efforts of communities throughout New Zealand, along with the bequests of individuals and families and with businesses supporting the work of St John. St John has land and buildings accounted at \$156.5 million as at 30 June 2014.

At the end of the 2013/14 financial year St John held a total of \$72.5 million in cash of which \$52.6 million is held within community-based area committees. This is made up of short-term and long-term investments including \$28.6 million in cash or cash equivalents, \$34.8 million of term deposits and \$9.1 million of other investments.

The balance sheet position is vital to ensure St John can continue to meet its operational obligations and maintains some certainty in its ability to deliver longer term capital requirements, for which it faces a number of demands on its cash reserves.

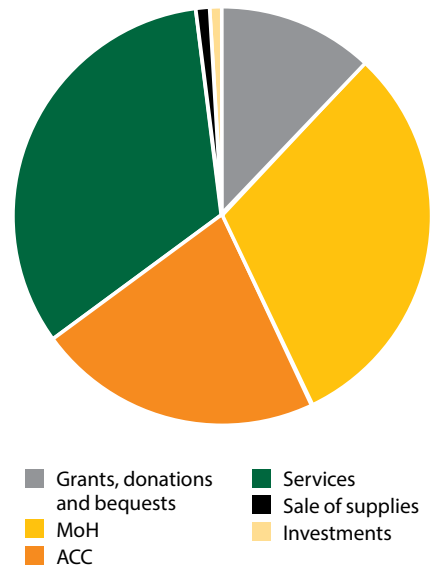
### Future calls on cash reserves

St John NZ must remain committed to a programme of investment 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 and making use of a strong and healthy balance sheet to support the long-term financial sustainability of one of New Zealand's leading providers of health services. This is considered a prudent approach given the uncertainties around future funding increases both for core emergency ambulance services and for health services in general.

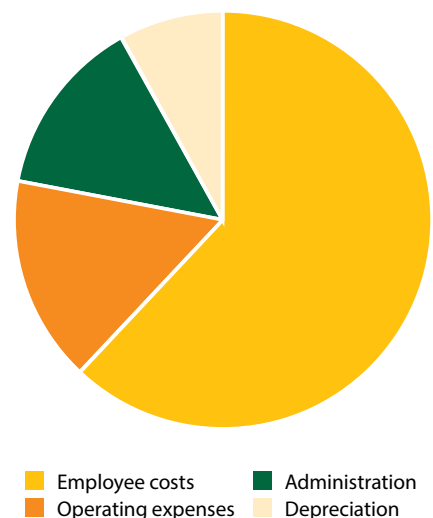
### Investment to support ambulance services

St John has approved funding

### REVENUE 2013-14



### EXPENDITURE 2013-14



for 57 additional paid ambulance staff in a number of locations across New Zealand. This amounts to a commitment of \$4 million, from fundraising and commercial activities. St John will also be investing in excess of \$1 million more each year from 2014/15 on ICT running costs to improve resilience and ensure that infrastructure is appropriately placed to support St John's activities including the Clinical Control Centres.



### Ongoing working capital requirements

As an emergency service provider, St John needs to ensure that it is both operationally and financially capable of responding to a crisis, as it did for the Canterbury earthquakes, and this preparedness includes holding sufficient working capital. It is also worth noting that a proportion of the funds held have been earmarked for particular projects or may be part of tagged grants or bequests where the funds cannot be diverted to meet other needs. At 30 June 2014 \$3.0 million was held on this basis. In addition, significant general reserves are earmarked for future building projects as part of the national property strategy and to undertake necessary reinforcing of earthquake prone buildings.

### Capital expenditure to support current and future initiatives

There are a number of regional and national projects, including significant technology projects, that need to be undertaken and the budget for these over the next three years is over \$110 million. Over the last five years \$153.4 million has been spent improving St John's core infrastructure.

Some of the large projects already underway include:

- *Key infrastructure projects:* implementation of an improved

digital patient care record system (ePRF), and replacement of vehicle communications systems. These projects will support new models of patient care, increase efficiency and an improved customer experience. They represent an investment of over \$12 million.

- *Replacement of key operational assets:* an ongoing programme to ensure that our equipment is up-to-date and meets the latest medical, health and safety requirements. For example, the St John ambulance fleet requires regular replacement to ensure that all vehicles are reliable and up-to-date. The cost of this is in excess of \$7 million each year for the replacement of around 40 ambulances and other operational vehicles.
- *Property strategy:* St John is continuing to develop a national property strategy to support the development of our new service delivery model. As part of this programme St John is ensuring that all its key ambulance and operational buildings meet the standards required of an emergency service.

### Earthquake engineering assessment programme

St John's property strategy includes a programme of building

strengthening evaluations, with remedial work to follow over a period of 15 years, ahead of legislative requirements.

The independent engineering assessment of all of St John NZ's key operational buildings to identify those that are earthquake prone (as defined in the Building Act) is progressing well and 287 Earthquake Initial Evaluation Procedures (EIEP) reviews were completed in 2012/13. This revealed that 158 properties warranted further examination and to date eight buildings have been strengthened and four demolished whilst a further 75 buildings have had detailed engineering evaluations completed. This demonstrates sound progress on our portfolio with those buildings with the lowest rating being addressed first.

The alterations required to meet earthquake standards can vary from minor modifications to current buildings, to property disposal and relocation to a different site. The updated expenditure is in the order of \$10 million which may be required over the next 4-5 years. The remedial work is expected to take place over a period of 15 years, ahead of legislative requirements. ■

Five-year trends	2009/10 (\$000)	2010/11 (\$000)	2011/12 (\$000)	2012/13 (\$000)	2013/14 (\$000)
<b>Total Revenue</b>	<b>209,176</b>	<b>223,169</b>	<b>237,274</b>	<b>239,755</b>	<b>242,046</b>
<b>Total Expenditure</b>	<b>195,796</b>	<b>225,438</b>	<b>237,200</b>	<b>232,177</b>	<b>238,242</b>
<b>Net Surplus/(Deficit)</b>	<b>13,380</b>	<b>(2,269)</b>	<b>74</b>	<b>7,578</b>	<b>3,804</b>
<b>Assets</b>					
Current assets	90,092	86,221	79,963	84,042	79,182
Property, plant and equipment	198,164	199,897	202,446	206,796	212,889
Other non-current assets	9,117	13,499	18,762	17,056	22,895
<b>Total Assets</b>	<b>297,373</b>	<b>299,617</b>	<b>301,171</b>	<b>307,894</b>	<b>314,966</b>
<b>Liabilities</b>					
Current	27,729	31,916	33,308	31,861	34,923
Non-current liabilities	1,558	1,709	1,944	2,474	2,803
<b>Total Liabilities</b>	<b>29,287</b>	<b>33,625</b>	<b>35,252</b>	<b>34,335</b>	<b>37,726</b>
<b>Total Equity</b>	<b>268,086</b>	<b>265,992</b>	<b>265,918</b>	<b>273,559</b>	<b>277,240</b>

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

## Summary consolidated financial statements

30 June 2014

Summary consolidated statement of financial position As at 30 June	St John NZ (Consolidated)	
	2014 (\$000)	2013 (\$000)
<b>Current assets</b>	<b>79,182</b>	84,042
Property, plant and equipment	212,889	206,796
Other non-current assets	22,895	17,056
<b>Total non-current assets</b>	<b>235,784</b>	223,852
<b>Total assets</b>	<b>314,966</b>	307,894
Current liabilities	34,923	31,861
Non-current liabilities	2,803	2,474
<b>Total liabilities</b>	<b>37,726</b>	34,335
<b>Net assets</b>	<b>277,240</b>	273,559
<b>Equity</b>	<b>277,240</b>	273,559

Summary consolidated statement of comprehensive income For the year ended 30 June	St John NZ (Consolidated)	
	2014 (\$000)	2013 (\$000)
Revenue from grants, donations and bequests – operational	25,202	17,767
Revenue from grants, donations and bequests – capital	4,183	5,204
Revenue from the rendering of services	207,877	205,601
Revenue from insurance	(6)	6,676
Revenue from the sale of supplies	1,908	1,578
Investment income	2,876	2,929
<b>Total revenue</b>	<b>242,046</b>	239,755
Share in surplus of joint venture	424	328
Employee costs	(148,945)	(140,883)
Administrative costs	(33,403)	(31,441)
Depreciation expense	(18,334)	(18,150)
Impairment costs	(202)	(1)
Reversal of impairment	(6)	96
Amortisation expense	(2,836)	(2,762)
Finance costs	(15)	(12)
Other expenses	(35,806)	(39,352)
<b>Net surplus</b>	<b>3,804</b>	7,578
Other comprehensive income/(loss) for the year	(122)	63
<b>Total comprehensive income/(loss) for the year</b>	<b>3,682</b>	7,641

Summary consolidated statement of changes in equity For the year ended 30 June	St John NZ (Consolidated)					Total (\$000)
	Retained Earnings (\$000)	Revaluation Reserve – Available for Sale Assets (\$000)	Revaluation Reserve – Rare Assets (\$000)	Other Reserves (\$000)		
<b>Balance as at 1 July 2012</b>	257,763	474	109	7,572		265,918
Surplus for the year	7,578	-	-	-		7,578
Other comprehensive loss	-	63	-	-		63
Total comprehensive income/(loss) for the year	7,578	63	-	-		7,641
Transfer from/(to) reserves	790	-	-	(790)		-
<b>Balance as at 1 July 2013</b>	266,131	537	109	6,782		273,559
Surplus for the year	3,804	-	-	-		3,804
Other comprehensive income	-	(122)	-	-		(122)
Total comprehensive income for the year	3,804	(122)	-	-		3,682
Transfer from/(to) reserves	2,715	-	-	(2,715)		-
<b>Balance as at 30 June 2014</b>	272,650	415	109	4,067		277,240

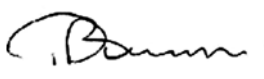
Summary consolidated statement of cashflows For the year ended 30 June	St John NZ (Consolidated)	
	2014 (\$000)	2013 (\$000)
Net cash flows from operating activities	32,692	21,969
Net cash flows used in investing activities	(35,041)	(18,763)
Net increase/(decrease) in cash	(2,349)	3,206
Cash and cash equivalents at the beginning of the year	30,577	27,371
Cash and cash equivalents at the end of the year	28,228	30,577

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 29 September 2014.



**Souella Cumming**  
Trustee



**Peter Bradley CBE**  
Chief Executive Officer

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

## Notes to the summary financial statements

For the year ended 30 June 2014

### 1 Summary of accounting policies

#### Statement of compliance and reporting group

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

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

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

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

These summary consolidated financial statements have been prepared in accordance with FRS-43 'Summary Financial Statements' and have been extracted from the audited full consolidated financial statements for the year ended 30 June 2014 which were approved by the Priory Trust Board on 29 September 2014. The summary consolidated financial statements can not be expected to provide as complete an understanding as provided by the full consolidated financial statements. For a full understanding of St John NZ's financial position and performance these summary consolidated financial statements should be read in conjunction with the audited full consolidated financial statements.

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

Accountant  
St John National Office  
Private Bag 14902  
Auckland 1741

The reporting currency is New Zealand Dollars rounded to the nearest thousand.

2 Commitments for expenditure	2014 (\$000)	2013 (\$000)
Capital commitments – property, plant and equipment	4,263	3,368
<b>Total</b>	<b>4,263</b>	<b>3,368</b>

## › Notes to the summary financial statements (continued)

For the year ended 30 June 2014

<b>3 Leases</b>	<b>2014</b>	<b>2013</b>
	(\$000)	(\$000)
<b>Non-cancellable operating lease payments</b>		
Less than 1 year	<b>2,040</b>	2,145
Later than 1 year less than 5 years	<b>4,033</b>	4,486
Later than 5 years	<b>3,270</b>	2,555
<b>Total</b>	<b>9,343</b>	<b>9,186</b>

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

### 4 Contingent liabilities

A letter of credit is held with the bank to guarantee payroll payments to employees to a maximum of \$475,000 (2013: \$475,000).

On 2 March 2012, the entity entered into a Memorandum of Encumbrance in relation to a grant for a new building such that if the building does not continue to be used to provide ambulance services and advisory services in primary healthcare and related fields serving the community of Gisborne and its environs then the entity would be liable to make a payment of \$20,000 (2013: \$20,000).

St John NZ has no other contingent liabilities (2013: 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 \$927,000 (2013: \$1,108,000) and to related parties totalled \$51,000 (2013: \$26,000). The balances are payable on demand with no interest. In addition, receipts from related parties totalled \$2,732,000 (2013: \$2,924,000) and payments to related parties totalled \$215,000 (2013: \$223,000).

### 6 Continuing effects of the Canterbury earthquakes on financial results

The damage caused to many of St John NZ's South Island Region buildings and assets as a result of the earthquakes which hit Canterbury on 4 September 2010, 22 February 2011, 13 June 2011 and 23 December 2011 resulted in the need to impair the carrying value of certain buildings and assets.

Previously St John NZ has, after taking advice from structural engineers and independent valuers, concluded that certain of the entity's buildings were impaired significantly and may have to be sold, demolished, rebuilt or repaired. During this financial year several of the buildings which were impaired have been either demolished or repaired such that as at 30 June 2014, St John NZ has only one building fully impaired to the value of \$707,714 (2013: \$6,053,714). In addition a number of other buildings remain temporarily impaired by a further \$99,000 (2013: \$99,000), until such time as a decision to repair can be made.

#### Insurance

As at 30 June 2013 St John NZ had fully settled its insurance claims covering both material damage and business interruption with \$6,676,000 being included in total comprehensive income for 2012/13. Of this amount \$6,201,792 was received in this financial year.

#### Nature of assets affected

Land

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

Buildings

The buildings at 150 St Asaph Street, 174 Durham Street and 22 Helenca Avenue in Christchurch were extensively damaged as a result of the Canterbury earthquakes. During this financial year the property and fit out at 150 St Asaph Street which had been impaired to the value of \$3,132,000 has been demolished. Part of the property and fit out at 174 Durham Street which had been impaired to the value of \$1,274,050 has been demolished with the remainder of the building being repaired at a cost of \$852,255. As such, impairment of \$874,950 for the repaired portion of the building has been reversed. As at 30 June 2014 the building at 22 Helenca Avenue was still fully impaired \$707,714 (2013: \$707,714). Subsequent to Balance Date this property has been sold. A property at Darfield was also extensively damaged and a settlement of \$387,600 was received in 2011/12 in respect of this site. Additionally a number of other smaller sites have received damage and have already been repaired or may be repaired in the future.

#### Plant and equipment

Miscellaneous plant and equipment items that had been impaired to the value of \$100,000 have now been disposed of.

#### Treatment

Expenditure of \$1,005,440 (2013: \$217,513) has been incurred this year. This comprises cost for demolishing 150 St Asaph Street and part of 174 Durham Street (\$153,185) and repairing the remainder of 174 Durham Street (\$852,255).

Insurance cash receipts of \$6,201,792 were received in this financial year but were included in total comprehensive income in 2012-13.

### 7 Subsequent events

On 18 July 2014, South Island Region entered into an agreement for the sale of the property at 22 Helenca Avenue for \$382,500 which completed on 29 August 2014.

On 17 June 2014, Northern Region entered into an agreement for the purchase of a property at 42 Moir Street, Mangawhai for \$330,000 which completed on 11 July 2014.

On 20 August 2014, ACC announced its decision to move to capacity funding for emergency road ambulance services.



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

**Report on the Summary Financial Statements**

The accompanying summary financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ('The Priory Trust Board') and its controlled entities ('the Group' or 'St John NZ (Consolidated)') on pages 33 to 35, which comprise the summary consolidated statement of financial position as at 30 June 2014, 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 2014. We expressed an unmodified audit opinion on those financial statements in our report dated 29 September 2014.

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 2014. Our audit has been undertaken so that we might state to the 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 information technology services and indirect tax advice, we have no relationship with or interests in The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and group. These services have not impaired our independence of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and group.

**Opinion**

In our opinion, the summary financial statements derived from the audited consolidated financial statements of The Priory Trust Board and its controlled entities for the year ended 30 June 2014 are consistent, in all material respects, with those financial statements, in accordance with FRS-43: *Summary Financial Statements*.

**Chartered Accountants**  
29 September 2014  
Auckland, New Zealand

This audit report relates to the summary financial statements of St John NZ (Consolidated) for the year ended 30 June 2014 included on St John NZ (Consolidated)'s website. The Trustees are responsible for the maintenance and integrity of St John NZ (Consolidated) website. We have not been engaged to report on the integrity of St John NZ (Consolidated)'s website. We accept no responsibility for any changes that may have occurred to the summary financial statements since they were initially presented on the website. The audit report refers only to the summary financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these summary financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited summary financial statements and related audit report dated 30 June 2014 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.

**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 \*  
Doctor N R Conn AO GCStJ +

**Prelate**

The Right Reverend J Nicholls GCStJ

**Sub Prior**

Mr S J Shilson LVO GCStJ

**The Priory in New Zealand****Priory Chapter****Prior**

His Excellency Lt Gen The Rt Hon Sir J Mateparae GNZM QSO KStJ Chancellor  
Mr G M Wilson KStJ \*  
Dr S A Evans KStJ +

**Bailiffs and Dames Grand Cross**

Mr N B Darrow GCStJ  
Mrs J A Hoban GCStJ  
Mr J A Strachan GCStJ

**Priory Secretary**

Mr P R Bradley CBE OStJ

**Elected and Appointed Members**

Mr J W Bain CStJ +  
Mrs M P A Corkindale CStJ +  
Mr T M Dick KStJ JP \*  
Mr I L Dunn KStJ JP  
Mrs T H Gibbens OStJ  
Ms B A Greenaway CStJ +  
Mr J A Hall KStJ  
Mrs S M Hennessy DStJ \*  
Mr I M Lauder CStJ  
Mr P G Macauley CStJ  
Mr M T McEvedy QSO KStJ JP \*  
Mrs S G MacLean DStJ  
Mr B M Nielsen CStJ  
Mr M J Spearman CStJ \*  
Mr R B Wheeler KStJ +  
Major B P Wood CStJ DSD

**Priory Officers****Priory Dean**

The Ven M J Black CStJ

**Hospitaller**

Mrs J A Hoban GCStJ

**Medical Advisor**

Mr I D S Civil MBE KStJ ED

**Director of Ceremonies**

Mr P D Wood KStJ  
(resigned 6 March 2014)  
Mr I J Rae KStJ +

**Volunteer Advisor**

Mr P D Rankin MStJ

**Registrar**

Mr J D Wills MStJ

**Priory Chapter Committees****Priory Honours Committee****Chair**

Mr G M Wilson KStJ

**Committee Members**

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

**Priory Nominations Committee****Chair**

Mr G M Wilson KStJ

**Committee Members**

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

**Order Affairs Committee****Chair**

Mr J A Strachan GCStJ

**Committee Members**

Mrs S M Hennessy DStJ  
Mrs J A Hoban GCStJ  
Mrs S G MacLean DStJ  
Ms S Parkinson OStJ  
Mr J D Wills MStJ  
Mr P D Wood KStJ  
(resigned 6 March 2014)

**Secretary**

Mr I J Rae KStJ

**Rules Committee****Chair**

Mr D J Swallow KStJ

**Committee Members**

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

**Volunteer Support Group****Chair**

Mr P D Rankin MStJ

**Committee Members**

Mrs L Govenlock  
Mr C Jones MStJ  
Mr C Laufale  
Mr D Ohs  
Mr D Rowland OStJ  
Mrs S Wilson

**Priory Trust Board****Chancellor**

Mr G M Wilson KStJ \*  
Dr S A Evans KStJ +

**Regional Members**

Mrs P E Beattie CStJ  
(resigned 25 November 2013)  
Mr R D Blundell KStJ  
Mrs J M Conroy  
(from 16 December 2013 to 30 June 2014)  
Mr G T Ridley CStJ  
Mr L W Short MStJ  
Mr J G O Stubbs CStJ +  
Mr K I Williamson OStJ QSM JP +  
Mr P W Young CStJ

**Appointed Members**

Mr I D S Civil MBE KStJ ED  
Ms S M Cumming OStJ  
Dr L McTurk  
(from 3 November 2013)  
Ms J M Norton  
Mrs A J Stanes OStJ

**Priory Trust Board Subcommittees****Clinical Governance Committee****Chair**

Mr I D S Civil MBE KStJ ED

**Committee Members**

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

**Remuneration and Appointments Committee****Chair**

Ms J M Norton

**Committee Members**

Mr J A Gallagher CNZM KStJ JP  
Mr M J Spearman CStJ  
Mr A J M Wadams KStJ  
Mr G M Wilson KStJ

**Secretary**

Mr T Dodd MStJ

**Risk and Audit Committee****Chair**

Ms S M Cumming OStJ

**Committee Members**

Dr S A Evans KStJ +  
Mr P M Legg CStJ  
(resigned 4 March 2014)  
Dr L McTurk (from 4 March 2014)  
Mr L W Short MStJ  
Mr G M Wilson KStJ \*  
Mr P W Young CStJ

**Subsidiary Boards****St John Emergency Communications Ltd****Chair**

Mr G T Ridley CStJ

**Directors**

Mr P R Bradley CBE OStJ  
Mr G M Wilson KStJ

**Secretary**

Mr M S Collins  
(resigned 8 August 2014)  
Mr S M Will  
(from 10 October 2014)

**Central Emergency Communications Ltd****Chair**

Mr G T Ridley CStJ

**Directors**

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

**Secretary**

Mr M S Collins  
(resigned 8 August 2014)  
Mr S M Will  
(from 10 October 2014)

\* indicates the person's term ended 23 June 2014 (the end of the triennium).  
+ indicates that the person's term commenced 24 June 2014 (the beginning of the new triennium).

**Regional Trust Boards****Northern Region****Chair**

Mr R D Blundell KStJ

**Elected Members**

Mr D Aro +  
Mr J W Bain CStJ +  
Mr M R Crosbie OStJ  
Mr I L Dunn KStJ JP  
Mr S J Franklin +  
Mr C I Fraser MStJ +  
Mr P G Macauley CStJ \*  
Mr T W Martin CStJ \*  
Mr M J Spearman CStJ \*

**Appointed Members**

Mr L N E Bunt +

Mr I D S Civil MBE KStJ ED \*  
Mr L W Short MStJ  
Mrs A J Stanes OStJ +  
Dr V J Thornton +  
Mr A J M Wadams KStJ \*

**Central Region****Chair**

Dr S A Evans KStJ \*  
Mr J G O Stubbs CStJ +

**Elected Members**

Mr D J Ashby OStJ  
Mr R E Burns MStJ +  
Mrs B A Durbin QSM JP  
Mr N K F Harris KStJ JP \*  
Mr D C W Lang KStJ \*

Mr P M Legg CStJ \*  
Mrs H L Price CStJ +  
Mr R P Sinclair CStJ  
Mr P R Stuthridge OStJ +  
Mr R B Wheeler KStJ

**Appointed Members**

Mr G J Crowley MStJ  
Miss A Moroney  
Mr K I Williamson OStJ QSM JP

**South Island Region****Chair**

Mr G T Ridley CStJ

**Elected Members**

Mr K R Adams CStJ +

Mr G J Alexander OStJ  
Mrs J M Conroy  
Mr G S R Eames KStJ  
Mr G J Gillespie CStJ  
Mr J M Hanrahan CStJ \*  
Mr A G Hide CStJ  
Mr R E Horwell MStJ  
Mr G J Mangin CStJ \*  
Mr G R Stewart MStJ \*  
Mr J A White KStJ \*

**Appointed Members**

Mrs P E Beattie CStJ  
Mr J A Hall KStJ \*  
Mr R E Pettitt CStJ  
(resigned 12 December 2013)  
Mr P W Young CStJ

# Get involved

## Business support

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

To discuss how your business can support St John call 0800 ST JOHN (785 646) and ask for the Head of Partnerships, email [fundraising@stjohn.org.nz](mailto:fundraising@stjohn.org.nz) or complete a business supporters form on our website [www.stjohn.org.nz](http://www.stjohn.org.nz).

## A donation

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

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

## Become a regular donor

Monthly regular donations help St John to recruit, train and support paid and volunteer teams around the country to ensure we are able to respond to needs as they arise. Your regular donation can be automated through a recurring credit card or debit card arrangement via:

- our website [www.stjohn.org.nz](http://www.stjohn.org.nz) (select "Support Us", the "Donate to St John" tab and choose the "recurring donation" option)
- or phone 0800 ST JOHN (0800 785 646).

## Leave a gift in your will

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.

## Do a St John First Aid course

Everybody should have some level of first aid ability, because accidents and medical emergencies can happen anywhere at any time. St John First Aid courses give you the knowledge and confidence to provide effective first aid whenever it's needed. Take a look at the full range of St John first aid and resuscitation courses, so that you can choose the learning experience that best matches your needs.



**St John**

first to care

**ST JOHN NATIONAL HEADQUARTERS**

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

**ST JOHN NORTHERN REGION  
HEADQUARTERS**

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

**ST JOHN CENTRAL REGION  
HEADQUARTERS**

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

**ST JOHN IN WELLINGTON**

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

**ST JOHN SOUTH ISLAND REGION  
HEADQUARTERS**

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

**[www.stjohn.org.nz](http://www.stjohn.org.nz)**

**0800 STJOHN (0800 785 646)**

**[enquiries@stjohn.org.nz](mailto:enquiries@stjohn.org.nz)**

**Follow St John:**



[www.facebook.com/StJohnNewZealand](http://www.facebook.com/StJohnNewZealand)



[twitter.com/StJohnNZ](https://twitter.com/StJohnNZ)



[www.linkedin.com/company/st-john-new-zealand](http://www.linkedin.com/company/st-john-new-zealand)

Working Together



**ASB**