St John is on a journey towards becoming a truly integral part of New Zealand’s community health care solution of the future. Our vision is enhanced health and wellbeing for all New Zealanders.

Our five Values guide how we do things together as One St John.

**We have Open Minds – Whakahangahanga**
Listen openly. Encourage ideas. Welcome feedback.

**We Make it Better – Whakawerohoria**
Find solutions – Step up. Own it. Do it.

**We do the Right Thing – Whakaaro Tika**
Take responsibility. Make the tough calls. Think of others.

**We stand Side by Side – Whakakoha**
Respect, value and support what others contribute.

**We are Straight Up – Whakapono**
Act with honesty, courage and kindness.
St John is a charitable organisation providing emergency ambulance services to nearly 90% of New Zealanders in 97% of New Zealand’s geographic locations.

The St John ambulance service is the emergency arm of the health sector, responding to more than 506,000 111 calls for an ambulance in the last year. Our 2,170 paid staff, 9,232 volunteers and 7,456 youth members touch more than 1 million people each year. On call around the clock, St John cares for others, every day.

St John is playing an increasing role in meeting the broader health needs of New Zealanders. We have a portfolio of complementary health services that are designed to make communities more resilient; and we work in partnership to develop strong communities that care, share and volunteer. We are capable, reliable, and trusted.

St John is four years into our 2013–2018 Integrated Business Plan (IBP) – the One St John Plan. The IBP describes how we will improve what we do for our patients, clients, customers, donors and our people over five years. In this report, we highlight significant achievements and milestones in our five key ambition areas.

**Right care, right time**

We’re changing the way we respond. From delivering patients to a place of care, to delivering the right care to our patients, first time.

**Local pathways**

We’re becoming a hub for community health.

**Quality care**

We’re embedding a clinical focus in everything we do.

**Partner of choice**

We’re becoming a preferred partner for anyone who wants to deliver care to the community.

**People prepared for change**

We’re strengthening the capability and capacity of our people, and making St John a great place to work.

**The Bigger Picture**

The Integrated Business Plan and our five ambitions are illustrated visually in The Bigger Picture, on pages 22 and 23.
Here for the community

It has been a privilege to serve the community for the past year as Chancellor – a year of significant achievements for St John in New Zealand.

St John is enriched by the diverse range of services we provide and by the people who provide them; our paid staff, volunteers, youth members, and Order members. This report tracks the achievements of St John against our five-year Integrated Business Plan, and as we reflect on the year we can be proud of the progress we have made against our ambitions, together with all the supporters who helped us to get there.

“The support from Government to fund additional ambulance staff for full crewing of our ambulances is a significant achievement. Along with our renewed focus on community programmes, we are making sure the services we provide are relevant and meet the needs of our communities and the people we serve.”

St John has been voted The Most Trusted Charity by New Zealanders for the fourth consecutive year. We never take this trust for granted, and are privileged to be able to have the impact we do in the community.

I have seen this impact through the many facets of St John as a charity, as a first-rate ambulance service, and as a business providing healthcare training, support and equipment.

As St John faces increasing demands for our services and rising costs, we continue to invest in technology and systems to increase our efficiency, while providing quality and relevant care to the communities and people we serve. St John’s strong clinical focus and commitment to the right care, at the right time for our patients meant we could keep our Emergency Department presentations at 2012/2013 levels, despite a 25% growth in ambulance demand.

As always, I am humbled by how New Zealanders rally to support us. One of our greatest success stories over the past year is our Team Green regular giving programme. We saw 121% growth, with regular givers increasing from 3,262 to 7,216 supporters during the year.

We also saw considerable success in the programmes that are often most visible in our communities, such as 3 Steps for Life, and ASB St John in Schools. Our health shuttle trips increased by 4.2% to 74,824, and our St John Youth programme celebrated its 90th year.

As we did in last year’s report, we recognise the achievements of our Northern, Central and Southern Regions and other key areas of activity. We are proud of the work our volunteers and staff have undertaken and the success of our programmes and services.

Dr Steve Evans, Chancellor

CHANCELLOR’S REPORT

18,556
St John paid and volunteer personnel

506,290
111 emergency ambulance calls

74,824
health shuttle trips
Congratulations to Ella McClure, National Cadet of the Year.

Her Excellency The Rt Hon Dame Patsy Reddy with Dr Steve Evans at the investiture ceremony.

South Island regions. The commitment and energy of our 1,294 volunteers serving on 145 area committees across our regions is an essential contribution to their communities and to St John.

**Refreshing times for the Order**

It has been an amazing year of progress and activity for the Priory of St John in New Zealand. Order Affairs hosted several significant international events, and worked through the Triennial election process to refresh many of our committees. I welcome the new members to our boards and committees, and thank all those who have served during the past three years for their contribution to the work of the Order.

We were very pleased to welcome the Prior, Her Excellency The Rt Hon Dame Patsy Reddy, GNZM, QSO, DStJ, to her first St John Investiture in Wellington during the year. After being welcomed with a karanga, she was formally inducted as Prior by the Chancellor.

I take this opportunity to thank sincerely all the folk who make up St John in New Zealand for their time, skill, energy and dedication to the Priory of St John in New Zealand.

Your time and energy is valued and much appreciated.

*Dr Steve Evans*, Chancellor and Chair of Priory Trust Board

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*Priory Trust Board (as at June 2017).* From left to right: Geoff Ridley, Souella Cumming, Julian Butson, Ken Williamson, John Whitehead, Dr. Steve Evans, Lesley McTurk, Rachel Brooke, Joanne Conroy, Peter Young, Grant Crowley (absent: Vanessa Thornton).
Celebrating the heart of St John: our people, our communities, and our supporters

Throughout the pages of this Annual Report, we highlight how St John has touched the lives of hundreds of thousands of New Zealanders over the last year. We acknowledge the significant contribution our staff and volunteers make, day in and day out, the support of the public and of our generous donors – and we outline the many ways we are working to enhance our care and service to our communities.

This last year, we answered over half a million emergency calls, and treated or transported 469,850 patients. We opened a flagship hub in Christchurch, and we provided medical alarm services to 41,691 customers.

We were there to assist the people of Kaikoura in the immediate aftermath of the earthquake, and we rolled out a National Air Desk to help coordinate the dispatching of helicopters to hard to reach areas promptly – crucial for incidents like Kaikoura.

“Demand for our services has never been greater, and St John is privileged to be able to serve the communities who support us so generously. We are here for life, and we are here for you – side by side.”

But the most significant development was the Government funding review into ambulance services. In May it was announced that St John would receive more than $100 million over the next four years to double crew all emergency ambulances. This investment in over 400 additional ambulance staff will benefit patients and improve the safety and effectiveness of our ambulance staff while also providing certainty that we can meet the continued growth in demand for our services.

We also focused on our culture and the diversity of our people, establishing a Diversity and Inclusion Council to help understand and champion the wider needs and perspectives of all our people. We are proud to have earned the Rainbow Tick accreditation in January.

Better ways to serve

We introduced alternative pathways for our patients, too, with a focus on enabling capability and community health. As part of this focus, St John delivered 3 Steps for Life and the AED on marae programme for nearly 1,000 people across New Zealand.

Our ASB St John in Schools programme continued to grow, with 132,092 children taught vital life-saving skills this year (an increase of 19.4%).

We invested in people and processes to provide the right care at the right time, increasing the coverage of our 111 Clinical Hub across most of New Zealand. Now with nurses and paramedics sit alongside our emergency Clinical Control Centre staff to provide clinical advice for non-urgent callers. We also went live with national pathways for spinal cord injury and major trauma, taking patients straight to the most appropriate hospital for their injury.

St John depends on multiple revenue streams to fund our ambulance service and community health programmes, and we saw strong growth in our commercial ventures with eleven new opportunity shops, and we trained a record 82,143 people in first aid.
As we come towards the end of our five-year Integrated Business Plan, our focus is turning increasingly towards supporting our people; from their health, safety and wellbeing, to building strong relationships with our unions and listening to, and engaging with, our diverse groups of staff, volunteers and youth to help ensure they all have rich and rewarding experiences with St John.

To all our staff, volunteers, supporters and customers, thank you for showing us your ‘hearts of gold’ this year. I’d particularly like to acknowledge those we work with side by side: Ministry of Health, ACC, District Health Boards and Fire and Emergency New Zealand. Without their support and collaboration, we couldn’t do what we do for New Zealanders.

The same goes for our key partners: ASB, Z Energy, Hyundai, New Zealand Lotteries, Air New Zealand, and many others who so generously help to fund our community programmes, our life-saving equipment, and our vehicles.

While our very successful annual fundraising campaign has come and gone, the support and encouragement of New Zealanders, and the commitment and dedication of our people across St John, remains as strong as ever. I thank you all, and look forward to exciting times ahead for our great organisation.

Peter Bradley, Chief Executive Officer/Tumu Whakarae

Executive Management Team (as at September 2017). From left to right: Sarah Manley (Director of Community Health Services), Darrin Goulding (Director of Strategy and Governance), Sue Steen (Human Resources Director), Cameron Brill (Chief Information Officer), Peter Bradley (Chief Executive Officer), Gwen Green (General Manager Northern Region), Gary Connolly (Chief Financial Officer), Peter Loveridge (Director of Customer and Services), Megan Wiltshire (Director of Communications and Engagement), David Thomas (General Manager South Island Region), Andrew Boyd (General Manager Central Region), Norma Lane (Director of Clinical Operations).
The following statistics and facts give a snapshot of our work between 1 July 2016 and 30 June 2017.

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Total 2016/17</th>
<th>Total 2015/16</th>
<th>Increase/Decrease</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>111 emergency calls for an ambulance¹</td>
<td>506,290</td>
<td>482,002</td>
<td>24,288</td>
<td>5%</td>
</tr>
<tr>
<td>Emergency incidents attended</td>
<td>389,350</td>
<td>382,325</td>
<td>7,025</td>
<td>1.8%</td>
</tr>
<tr>
<td>Non-emergency incidents attended</td>
<td>79,505</td>
<td>78,525</td>
<td>980</td>
<td>1.2%</td>
</tr>
<tr>
<td>Events serviced</td>
<td>5,712</td>
<td>6,133</td>
<td>-421</td>
<td>-6.9%</td>
</tr>
<tr>
<td>Patients treated or transported by ambulance officers</td>
<td>469,850</td>
<td>437,978</td>
<td>31,872</td>
<td>7.3%</td>
</tr>
<tr>
<td>Ambulances and operational vehicles</td>
<td>655</td>
<td>696</td>
<td>-41</td>
<td>-5.9%</td>
</tr>
<tr>
<td>People trained in first aid</td>
<td>82,143</td>
<td>76,844</td>
<td>5,299</td>
<td>6.9%</td>
</tr>
<tr>
<td>Medical alarm customers</td>
<td>41,691</td>
<td>40,797</td>
<td>894</td>
<td>2.2%</td>
</tr>
<tr>
<td>Children who participated in the ASB St John in Schools programme</td>
<td>132,092</td>
<td>110,560</td>
<td>21,532</td>
<td>19.4%</td>
</tr>
<tr>
<td>Caring Caller clients</td>
<td>1,259</td>
<td>1,306</td>
<td>-47</td>
<td>-3.6%</td>
</tr>
<tr>
<td>Health Shuttle client trips</td>
<td>74,824</td>
<td>71,780</td>
<td>3,044</td>
<td>4.2%</td>
</tr>
<tr>
<td>Youth Members</td>
<td>6,337</td>
<td>6,312</td>
<td>25</td>
<td>0.4%</td>
</tr>
<tr>
<td>Youth Leaders</td>
<td>1,119</td>
<td>1,169</td>
<td>-50</td>
<td>-4.3%</td>
</tr>
<tr>
<td>Order Members</td>
<td>1,675</td>
<td>1,710</td>
<td>-35</td>
<td>-2%</td>
</tr>
<tr>
<td>Area Committee volunteers</td>
<td>1,294</td>
<td>1,280</td>
<td>14</td>
<td>1.1%</td>
</tr>
<tr>
<td>Health Shuttle volunteers</td>
<td>612</td>
<td>615</td>
<td>-3</td>
<td>-4.9%</td>
</tr>
<tr>
<td>Caring Caller volunteers</td>
<td>865</td>
<td>976</td>
<td>-111</td>
<td>-11.4%</td>
</tr>
<tr>
<td>Community Care in Hospitals volunteers²</td>
<td>800</td>
<td>791</td>
<td>9</td>
<td>1.1%</td>
</tr>
<tr>
<td>Opportunity Shop volunteers</td>
<td>1,098</td>
<td>826</td>
<td>272</td>
<td>32.1%</td>
</tr>
<tr>
<td>Clinical volunteers (headcount)⁴</td>
<td>3,504</td>
<td>3,684</td>
<td>-180</td>
<td>-4.9%</td>
</tr>
<tr>
<td>Clinical paid personnel (FTE)³,⁵</td>
<td>1,163</td>
<td>1,161</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Total paid personnel (FTE)³,⁵</td>
<td>2,170</td>
<td>2,083</td>
<td>87</td>
<td>4.2%</td>
</tr>
<tr>
<td>Total volunteers (headcount)⁵</td>
<td>3,033</td>
<td>3,139</td>
<td>-106</td>
<td>-3.4%</td>
</tr>
<tr>
<td>Total personnel (headcount)¹</td>
<td>9,232</td>
<td>9,288</td>
<td>-56</td>
<td>-0.6%</td>
</tr>
<tr>
<td>Total personnel (headcount)¹</td>
<td>18,556</td>
<td>18,291</td>
<td>265</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

¹ National total of 111 ambulance calls in the three Clinical Control Centres, excludes multiple calls
² Friends of the Emergency Department and Hospital Friends
³ Includes national headquarters
⁴ Full time equivalent
⁵ Does not include vacant roles

Volunteer and paid personnel as at 30 June 2017. Some personnel have multiple roles but appear just once in total personnel (headcount).
Side by Side

Benefitting ambulance officers and our patients
Government funding boost creates 430 frontline jobs

In May 2017, St John welcomed the news that more than $100 million will be included in the budget to provide double crewing of all emergency ambulance responses over the next four years.

The result of several years of hard work with the Ministry of Health and ACC, the package also introduced a new sustainable funding model to increase St John’s baseline funding to meet growing demand.

The implementation of double crewing has begun, with early adopter sites identified in Te Awamutu, Taupo and Turangi. Feedback to date from both staff and communities has been overwhelmingly positive. One size does not fit all, and we will be working with staff and local communities over the next four years to ensure we get it right.

Ending single crewing has been a priority for several years. Being able to plan for this with certainty is one of the most significant developments in our ambulance service history. We will be able to recruit an additional 430 frontline jobs* and provide rural New Zealand with the same crewing levels as urban areas – a move that will save more lives and make it safer for our crews.

St John will still need to fund more than 25 per cent of our costs through donations, and will continue to rely on the generosity of New Zealanders to maintain services and continue improving.

‘Hands off our Ambos’ anti-assault campaign

St John ran one of our most successful social media campaigns during the 2016 festive season. The campaign shone a spotlight on abuse and assault of ambulance officers while going about their life-saving work. The message was unequivocal: abuse would not be tolerated, and prosecutions would be sought.

St John ambulance officers receive training to help them recognise dangerous situations and have processes to withdraw or not enter until back up arrives. Double crewing will mitigate some of the risk, but we need the public to respect our profession. Simply, ambulance officers can’t save their lives if they are trying to protect their own.

The campaign came in the wake of a year where frontline ambulance officers were physically and verbally abused nearly 3,000 times. Up to 10 incidents a month were serious enough for ambulance officers to need hospitalisation and ongoing treatment. Half of all ambulance abuse and assaults involved alcohol and recreational drug use, while 15% could be attributed to mental health issues. Mostly they occurred in Auckland, Christchurch, Hamilton metropolitan centres.

At the heart of the campaign was a video featuring three ambulance officers sharing their real-life experiences of assault, with a re-enactment filmed with two paramedics and actors. The key message from our staff over the course of the campaign was: “I can’t save you if I’m having to save myself.”

*distribution list located on inside rear cover of this report.
St John response to the Kaikoura earthquake

At two minutes after midnight on Monday, 14 November 2016, a 7.8 magnitude earthquake struck the South Island. It was New Zealand’s biggest large scale emergency disaster since the 2010 and 2011 Canterbury earthquakes, and it was rapidly escalated to national level. A strong focus on emergency planning, and the lessons learned in Canterbury, meant the St John team was ready to respond quickly and effectively when the quake hit.

St John’s National Crisis Coordination Centre was activated in the early hours of Monday morning. Director of Clinical Operations Norma Lane led the coordination, working closely with Civil Defence, Government and emergency and health agencies. Local St John Emergency Operation Centres were set up in the South Island to manage the response locally.

In Kaikoura, around 2,000 locals and 1,000 tourists were cut off without power, water, or telecommunications. Despite damage to the Kaikoura Ambulance Station, we had two fully crewed ambulances operating, with 22 personnel on the ground. Extra personnel were transported in by helicopter, and air ambulance cover was maintained 24/7.

Kaikoura St John ambulance volunteers Sara van Reenen (left) and Ginnaya Macdonald moved their families to higher ground before heading back in the dark to get the ambulances out of the damaged station and help with the rescue and recovery effort. Credit: Fairfax Media New Zealand Ltd

Two days after the quake, 10 St John ambulance officers supported a large-scale evacuation of those trapped in Kaikoura to naval vessel HMNZS Canterbury. At a national level, St John continued to monitor and assess the situation in Canterbury, Kaikoura, and surrounding affected areas, moving and deploying staff as needed during the transition from rescue and response to the recovery phase.

St John acknowledges the commitment, work and efforts of our people right across the organisation in supporting our national frontline response – from ambulance and operations personnel through to community volunteers, office workers and support staff.

The National Crisis Coordination Centre team in action shortly after the quake struck.
National Air Desk – improving our responsiveness

In February 2017, a two-year long trial to centralise the co-ordination and dispatch of national air ambulance helicopter services got underway. The trial is funded by the Ministry of Health and ACC, providing more than $500,000 a year. It is the result of collaboration between St John, Wellington Free Ambulance and the Air Rescue Group.

The Air Desk team works closely with land-based response teams, and will be particularly valuable in situations where accessibility for land-based crew is difficult (such as the Kaikoura earthquake) or where there are many patients.

The Air Desk service is based in the Auckland Clinical Control Centre, and staffed by two Clinical Support Officers (CSOs) 15 hours a day, seven days a week. Air Desk staff assess calls for service to help ensure the right types of helicopters are dispatched to the right situations around the country. They coordinate and dispatch the right type of helicopters, based on evaluations of the locations and terrain they’re going to, weather conditions and patient requirements.

Upgrading our CAD infrastructure

St John’s Health Transport System Computer Aided Dispatch (CAD) was launched in Auckland during October 2016. This new software system enables better planning and smarter, faster dispatching of our Patient Transfer Service (PTS) vehicles. It features an online portal that allows District Health Boards to book PTS vehicles directly, reducing calls to St John for manual bookings.

The Auckland rollout was very successful, and the system is being progressively rolled out to other DHBs around the country.

The CAD upgrade is part of a significant investment in upgrading the technical infrastructure for all our clinical control centres to enhance our overall responsiveness and business resilience.
Over the last five years, around $160 million has been spent improving St John’s core infrastructure.

With the infrastructure put in place over the last few years and continued investment in technology, St John has enhanced integration between dispatch systems as well as our business continuity plan, patient care records, and improved pathways initiatives.

**Emergency caller location**

From 2 May 2017, the Ministry of Business, Innovation and Employment implemented an emergency caller location system that helps determine the location of a caller when 111 is dialled from a mobile handset. Authorised Emergency Service Providers such as St John, Wellington Free Ambulance, New Zealand Police and Fire and Emergency New Zealand are allowed to use this location information to respond to the emergency as quickly as possible. Since implementation, St John’s Clinical Control Centres have seen a small but significant reduction in average call handling time (prior to entering the St John Emergency Ambulance Service (EAS) dispatch queue) of around six seconds.

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### How quickly we responded to purple and red incidents in 2016/17*

<table>
<thead>
<tr>
<th>Purple incidents</th>
<th>50% target</th>
<th>95% target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>Performance targets</td>
<td>50% in 6 minutes</td>
<td>50% in 10 minutes</td>
</tr>
<tr>
<td>What we achieved</td>
<td>53.1%</td>
<td>58.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Red incidents</th>
<th>50% target</th>
<th>95% target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>Performance targets</td>
<td>50% in 8 minutes</td>
<td>50% in 12 minutes</td>
</tr>
<tr>
<td>What we achieved</td>
<td>51.8%</td>
<td>50.2%</td>
</tr>
</tbody>
</table>

### Our response times around New Zealand

<table>
<thead>
<tr>
<th>District</th>
<th>Percentage of incidents responded to within 6 minutes</th>
<th>Percentage of incidents responded to within 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improvement</td>
<td>2015/16</td>
</tr>
<tr>
<td>Northland</td>
<td>42.7%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Auckland</td>
<td>53.7%</td>
<td>51.3%</td>
</tr>
<tr>
<td>Central West</td>
<td>51.0%</td>
<td>53.7%</td>
</tr>
<tr>
<td>Central East</td>
<td>44.6%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Central South</td>
<td>52.0%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Tasman</td>
<td>60.2%</td>
<td>62.7%</td>
</tr>
<tr>
<td>Canterbury</td>
<td>52.0%</td>
<td>52.7%</td>
</tr>
<tr>
<td>Southland/Otago</td>
<td>64.7%</td>
<td>61.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District</th>
<th>Percentage of incidents responded to within 10 minutes</th>
<th>Percentage of incidents responded to within 12 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improvement</td>
<td>2015/16</td>
</tr>
<tr>
<td>Northland</td>
<td>51.0%</td>
<td>42.7%</td>
</tr>
<tr>
<td>Auckland</td>
<td>49.3%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Central West</td>
<td>59.8%</td>
<td>64.9%</td>
</tr>
<tr>
<td>Central East</td>
<td>45.9%</td>
<td>54.7%</td>
</tr>
<tr>
<td>Central South</td>
<td>69.6%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Tasman</td>
<td>67.6%</td>
<td>67.6%</td>
</tr>
<tr>
<td>Canterbury</td>
<td>52.7%</td>
<td>60.8%</td>
</tr>
<tr>
<td>Southland/Otago</td>
<td>70.5%</td>
<td>76.5%</td>
</tr>
</tbody>
</table>

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*The increase in the number of patients St John responded to over the past year had a significant impact on our capacity to respond quickly. In addition to the increased workload, the introduction of electronic patient report forms (ePRF) – which increased turnaround times – and our focus on frontline fatigue reduction with less broken meal breaks – impacted our capacity.

Also of note, we implemented changes in Key Performance Indicators (KPIs) this year so data is not completely comparative with last year’s. These changes will be fully reflected in next year’s 2018 Annual Report.
At the end of November 2016, St John began rolling out our new Generation 2, single stretcher ambulance. With many innovative and practical features, it has been designed to keep ambulance officers safer as they treat and transport patients, and enhance patient comfort.

The biggest change is the single stretcher configuration; reflecting less than 1% of ambulance transports involving more than one patient. The configuration is efficient, cost effective, and gives the ambulance officers more room to treat the patient in transit, as well as more storage space for life-saving equipment.

The most revolutionary new feature is the automated Powerload Stryker Stretcher System. With a 318kg capacity, it will substantially reduce the number of times paramedics need to lift patients, and reduce lifting injuries. Last year, St John ambulance officers suffered up to 10 lifting injuries each month, with a quarter involving stretchers.

The new ambulance is the result of the valuable feedback from our ambulance officers, the best features from current models, and the innovative components and practices from ambulance services internationally. In the 12 months following their introduction, 43 ambulances were rolled out to stations across the country.

180-degree LED emergency lights

Safer seating design, enabling ambulance officers to stay buckled in while attending the patient

Electric side steps

High definition forward and rear facing cameras

Reversing sensors
Supporting our volunteers and community programmes

St John acknowledges the talent and dedication of the 9,232 volunteers over the past year who, every day, carried out a range of services in communities throughout the country. They are the backbone of our community programmes creating local pathways to patients’ care, and supporting the health, wellbeing and independence of New Zealanders.

This is the third year of implementing initiatives from the St John Volunteer Sustainability Strategy, our guide to improving how we bring volunteers into our organisation, and how we make the experience even more enjoyable and rewarding for them.

This year the focuses were on improved communication; ensuring greater diversity among our people; more accessible clinical training; reward and recognition; promoting more flexible volunteering opportunities; along with better fatigue management, particularly through the double crewing initiative.

Taking the Pulse

St John had the largest ever number of volunteer responses to our ‘Taking the Pulse’ annual survey in the last year, with 4% increase in overall engagement, and an 84% satisfaction score in volunteer experience (a new measure).

“Thanks to the Volunteer Support team and our amazing volunteers – those who operate our ambulances, our Youth leaders who are the leaders of tomorrow, and those in our Community Health Services and Fellowship Groups. You are all the lifeblood of the organisation, and without you all we wouldn’t be St John.”

– Phil Rankin, St John Volunteer Advisor

3 Steps for Life and AEDs in marae

Māori are 1.8 times more likely to be diagnosed with heart disease than other ethnicities, increasing their risk of cardiac arrest. St John developed a Marae Cardiac Arrest Programme using the 3 Steps for Life Programme, and has been working with marae around New Zealand to support training and access to automated external defibrillators (AEDs).

Since the programme’s launch in June 2016, St John’s Pou Takawaenga (Māori Liaison Officers) have engaged with more than 60 marae, delivering 3 Steps for Life training sessions to nearly 1,000 people. St John was also able to purchase 50 AEDs for marae across New Zealand, an initiative that aligns with our Te Ara Hato Hone strategy.

This year we established two new Māori advisory roles. One is focused on Community Health Services, and the other has a clinical focus, supporting our

> 11 new opportunity shops (40 in total)
> 3 Steps for Life programme delivered to nearly 1,000 people on marae
> 7,456 youth members

Local pathways

AMBITION 2

AMBITION 2

Local pathways
Right Care Right Time initiatives. Planning is underway for engagement with 50 marae across the country in the coming year. Our Māori advisors will continue to work together with marae to ensure all marae throughout Aotearoa have access to AEDs and training in CPR and AED use.

St John has engaged with more than 60 marae, delivering 3 Steps for Life training sessions to nearly 1,000 people.

3 Steps for Life:
1. Call 111
2. Start CPR
3. Use an AED

Volunteer highlights

3,504 clinically trained frontline volunteers helped at 389,350 emergency incidents

Providing medical services at 5,712 community events

1,294 area committee members supported local communities

612 volunteers operated our Health Shuttles on 74,824 trips to take people to health-related appointments

1,259 people received regular phone calls from Caring Callers

800 Friends in Emergency Departments helped patient families and loved ones in hospitals across the country

1,119 Youth Leaders made a positive impact on the lives of 6,337 young penguins and cadets

135 shifts over 10 days of the World Masters Games, committing at least 2,200 hours to the international event hosted in Auckland
New St John opportunity shops bring value to communities

Our network of St John Opportunity Shops has grown considerably, from 29 at the end of June last year to 40 at the end of June 2017. With several more stores in the pipeline, our opportunity shops are an important platform to raise awareness of St John and engage with the community. Whether donating goods, volunteering in-store, purchasing pre-loved bargains or picking up a first aid kit, opportunity shops offer many ways for people to support St John at a local level.

Thanks to our 1,098 opportunity shop volunteers and our local area committees – you are making a substantial difference in funding our community programmes and life-saving services.

The stores have become a significant revenue stream for St John, helping to facilitate local St John Youth programmes, purchase new ambulances, health shuttles and equipment.

A new role of National Retail Manager was created during the year to support the growth and business objectives of our opportunity shops.

New stores were opened in Hamilton, Oamaru, Ashburton, Christchurch, Porirua, New Plymouth, Waiuku, Otaki, Nelson and Westport. Over the next three years, St John is planning to grow the network to 60 stores countrywide.

St John Youth programme

This year, we celebrated 90 years of St John Youth in New Zealand. With 6,337 youth members across the country, our Youth programme continues to attract dedicated young people with a sense of community and purpose.

The milestone, officially marked on 2 May, was part of celebrations at the Youth Festival in Wanganui over the weekend of 21–24 April. It was also the launch of St John’s new Youth Strategy, Shaping our Future.

The strategy was developed with the voices of our young people, led by District Cadets of the Year. Some of the key themes outlined in the strategy are:

- authentic contribution, empowerment and voice of young people
- confident, capable leaders focused on positive youth development
- embrace tradition; fostering diversity and inclusiveness
- effective communication and community engagement
- a high quality, relevant and equally resourced programme
- health, first aid and a culture of excellence is at the centre of what we do
- youth volunteer and workforce planning.

“I am passionate about ensuring the voices of our rangatahi are not only heard, but acted on. A real highlight was being a part of ‘Shaping our Future’. This was also the first year of the St John Youth Advisory Panel, another incredible way we can advocate for the youngest members of our organisation.

I finish my term with a greater appreciation for our volunteers. Thank you for challenging our mindset and teaching us the huge commitment it takes to make a difference.”

– Ella McClure, St John Youth National Cadet of the Year, 2017.
National rollout of the 111 Clinical Hub

The Clinical Hub is a secondary triage process designed to safely and effectively help patients who do not need to be transported to an emergency department. Registered nurses and paramedics, working alongside dispatchers in our 111 control centres, carry out in-depth assessments on selected callers to identify alternative care pathways.

In the 2014/15 year, the 111 Clinical Hub was successfully piloted in Auckland before being rolled out into the Northland, Waikato and Wellington District Health Board areas. Over the 2016/17 period, the rollout continued across New Zealand with Nelson-Marlborough, Hawkes Bay, and Bay of Plenty launched in March. Lakes District and Tairawhiti DHB areas followed in June. This equates to 72.5% of the DHB area coverage.

During this process, relationships with our partners and stakeholders such as Homecare Medical (whose nurses work in our 111 Clinical Control Centres), DHBs, Primary Health Organisations (PHOs) and the Ministry of Health has continued to strengthen.

The 111 Clinical Hub has had a significant impact on the number of ambulance presentations to Emergency Departments. Over the last year, the Clinical Hub team triaged 33,303 incidents, an increase of 1,496 incidents from last year. The number of patients treated without needing an ambulance or transport to hospital increased by 1,860, while the number of ED direct transports were reduced by 461. Importantly, getting the right clinical input has meant some low priority callers were upgraded to high acuity cases due to the rigour of our clinical triage system.

Arranging the right care at the right time for callers with non-urgent conditions reduces demand on our frontline staff, enabling more ambulances to reach patients with time-critical and life-threatening injuries or conditions faster.

Safe and Well Pathways

St John embarked on a programme of work in 2015, piloted in Nelson, to provide referral pathways where ambulance personnel attend lower acuity incidents. These ‘Safe and Well’ pathways come into effect when patients have been...
assessed as safe to stay at home, but may have healthcare or social needs that are not being met. This is often the case in isolated areas where patients are not part of a regular health support system. The St John ambulance team is uniquely placed to be able to identify the kind of support each person would benefit from.

The Safe and Well Pathways programme continues to expand as St John works with stakeholders such as District Health Boards and other health providers across the country. Regions where the programme has been rolled out include Nelson Bays, Northland, and Western Bay of Plenty. In February 2017, the programme was transitioned into the Electronic Patient Report Form system for better information sharing between St John and health service providers.

National Pathways for Spinal Cord Injury and Major Trauma

The successful Spinal Cord Injury Destination Policy was implemented in July 2015, where smaller hospitals are bypassed to transport patients with suspected spinal cord injury directly to specialist centres. St John transports approximately 15 people a year under this pathway, and it has continued to produce better outcomes for these patients.

In March 2017, St John implemented a Major Trauma Destination Policy, in partnership with the National Major Trauma Clinical Network for patients with major trauma. The policy enables ambulance personnel to identify patients with major trauma using standard triage criteria, and to transport the patient directly to a designated major trauma hospital. This has enabled faster access to operating theatres, intensive care facilities and other specialist services for patients with life-threatening injuries.

The pathways are a joint initiative between the Ministry of Health and ACC. Before the system was implemented, around 200 patients a year were transferred from smaller hospitals to major trauma centres. Under this policy, around 2,000 patients per year with major trauma will be transported directly to a major trauma hospital.

e-Patient Report Forms

Electronic Patient Report forms (ePRFs) have revolutionised the way information is shared between St John and major health service providers at DHBs and primary care providers. The technology has also enabled St John to collect accurate and timely data, with focused reporting and audits to see how we are doing in particular areas of clinical significance.

In the year to June 2017, 437,384 ePRFs were created indicating 333,316 unique patients based on NHI numbers (some ePRF forms did not include NHI numbers).

Continuing clinical education

St John’s Clinical Practice and Planning team ensures staff have access to clinical support and advice through a clinical desk in our three clinical control centres. They also make sure staff with a clinical practice level receive continuing clinical education (CCE).

This year the team provided 9,639 instances of clinical advice and support to staff in the field, a 37% increase on the previous financial year.

<table>
<thead>
<tr>
<th>Meeting targets for continuing clinical education</th>
<th>First Responders</th>
<th>Emergency Medical Technicians</th>
<th>Paramedics</th>
<th>Intensive Care Paramedics</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCE Day One (1 July 2016–31 December 2016)</td>
<td>56.04%</td>
<td>83.45%</td>
<td>93.06%</td>
<td>90.7%</td>
</tr>
<tr>
<td>CCE Day Two (1 July 2016–31 December 2016)</td>
<td>54.94%</td>
<td>76.86%</td>
<td>86.54%</td>
<td>82.27%</td>
</tr>
<tr>
<td>CCE Day Three (1 Jan 2017–30 June 2017)</td>
<td>60.29%</td>
<td>94.26%</td>
<td>98.16%</td>
<td>97.97%</td>
</tr>
</tbody>
</table>

Targets for completion of CCE: 50% for First Responders, 80% for personnel with Authority to Practice (ATP).
St John again voted New Zealand’s Most Trusted Charity

In a ringing endorsement from New Zealanders, St John was again named Most Trusted Charity in the Reader’s Digest Most Trusted Brands survey 2017. We were proud and humbled to receive such recognition for the fourth year in a row.

The Most Trusted Brands is an annual independent survey commissioned by Reader’s Digest and carried out by Roy Morgan Research, who polled a representative sample of 1,400 New Zealanders.

New Zealanders show us their heart of gold

Generous New Zealanders showed their support for their most trusted charity with donations of $32.2 million during the last year.

Our annual appeal, themed ‘Heart of Gold’ resonated with our communities, partner organisations, schools, opportunity shops and many businesses and individuals enthusiastically rallying behind the campaign. It was a resounding success, reaching our target of $2.2 million towards new ambulances and life-saving medical equipment.

We are grateful to all those individuals, corporates and trusts who donate, provide grants or make bequests to St John. We would not be able to maintain our high level of service without them (see our full list of Donors and Supporters overleaf). We also acknowledge the exceptional generosity of individuals who donated ambulances during the year.

St John’s 145 area committees continued to host numerous fundraising events to contribute to community activities or funds for ambulances, stretchers and defibrillators.

“Trust is incredibly important to St John and we never take it for granted. This award says that not only does the New Zealand public value how we care for them, but they also trust St John to use public donations carefully.”

– Peter Bradley, CEO St John

Partner of choice

$32.2 million in donations
New record for Supporter Scheme with over 149,000 supporters
121% growth in regular giving programme
Supporter Scheme sets new record
St John Supporter Scheme continued to grow to over 149,000 members. Members receive free ambulance services in the event of a medical emergency, and when you join you can be assured that you, your loved ones and your ambulance bills are all taken care of.

We joined the Supporter Scheme because we didn’t want to worry about the cost of an ambulance in a medical emergency. When you have kids, it’s all about peace of mind.”
– Matthew

Team Green
Our Team Green regular giving programme was rolled out nationally during the year. St John thanks the regular donors who have joined Team Green. Donations go directly towards providing critical backup for St John frontline services such as training, support, and equipment.

During the year, we saw a 52% growth year on year with 2,980 incremental active regular giving donors, growing from 5,250 to 8,230 within the course of FY17.

First choice for quality first aid
82,143 New Zealanders were trained in first aid this year, a growth of 6.9% on the previous period. We maintained our focus on high quality standards, achieving record scores of over 90% in customer satisfaction rating. A highlight was the opening of our new training facility in Christchurch in March as part of the new ambulance and we continued to work with a range of large organisations to deliver first aid training around the country.

Comprehensive solutions for medical alarm customers
During the 2016/17 period, St John was re-accredited for another two years with the Ministry of Social Development, which provides funding for medical alarms for those who qualify.

As part of a three-year programme, we teamed up with the Accident Compensation Corporation (ACC) to prevent falls and accidents, and keep people safe and well in their homes. 10,033 of our customers were offered a free ‘Home Safety Check’ as part of our annual service visits, and 7,160 customers took their Telecare Home Health Representative up on the offer.

During the year, St John also began developing a pilot for a more comprehensive medical alarm care package, working with Nurse Maude.

Key business partners
We are continually grateful for the enthusiastic involvement of key New Zealand businesses who host and sponsor activities to support the work of St John.

ASB partnership
ASB has been St John’s major partner since 2008, supporting our organisation through a range of targeted activities. The focus for the year included naming rights support for ASB St John in Schools, our programme that teaches pre- and primary school children the skills and confidence to act in an emergency, along with several fundraising initiatives that raised over $280,000.

These included an annual calf sale, auction items, and a trial for contactless payments for donations during our Heart of Gold Annual Appeal.

Z Energy partnership
Z Energy, with its more than 200 Z fuel stations, joined together to support our Heart of Gold Annual Appeal, taking donations at every counter.

Thanks to the invaluable support of our other business partners
Our annual appeal was enthusiastically supported by Hyundai and Isuzu, with both organisations using their dealer network and airport sites to promote the appeal. The Briscoes Group of 83 stores nationwide were also eager participants, showing their heart of gold for St John.

ASB was at the heart of another very successful Toy Ambulance campaign, which resulted in a new Generation 2 ambulance donated to the Dunedin area. The ambulance was delivered wrapped before its unveiling.
We gratefully acknowledge the contributions of the wide range of individuals and organisations who supported St John so generously during the 2016/17 year. These include:

A Mason
Acorn Charitable Trust
AJ Russell Holdings Ltd
Alan and Christine Gaudin
Allwright Foundation
Alpha Charitable Trust
Archibald Louden
Arthur Frederick William and
Jessie May Jones Foundation
ASB
Audrey Simpson Trust Fund
Ballantyne Charitable Trust
Beecroft Foundation
Bernard and Margaret Pearson
Blue Sky Community Trust
Blues Water Community Trust
Bruce Plested
C S Luney Charitable Trust
Calista Olsen
Catherine Finlayson
Charles and Phillip Deibert Trust
Chas and Cynthia Smith
Children Investments
Chirstchurch Casino Charitable
Trust
Chrstchurch Chinese Lions Club
Colin and Audrey Wapp
Commerce Club (Canty) Inc
Community Trust of Southland
Constellation Communities Trust
Cyril McFadzien
David McConnell
Dia – Community Organisation
Grants Scheme
Diane Hunt
Dunedin City Council
ECS
Eunice Marsh
Evelyn Fawkes
Farmland Lobster Co Ltd
First Light Community
Foundation
First Sovereign Trust
Fonterra Grass Roots Fund
Foodstuffs South Island
Community Trust
Four Winds Foundation
Foursquare Supermarkets
Frank and Margaret Whiteley
Charitable Trust
Gore Pakete Lions Club
Graham Glazunis
Grassroots Trust
Grumitt Sisters Charitable Trust
H J Wilson Charitable Trust
Harcourts – Rolleston Four
Seasons Realty Ltd
Hawke's Bay Foundation Grants
2016
Holcim Ltd
Huon Love
ILF Foundation
Infinity Foundation
Inner Wheel Club of Queenstown
Invercargill City Council
Invercargill Licensing Trust
J J Urquhart Family Trust
J N Lemon Charitable Trust
Jacobus Geerlings
James and Mabel Thorburn
Charitable Trust
Janet Hanna
Jenny and Mike Ballantyne
Jim and Betty Flett
Joyce Fisher Charitable Trust
June McPherson
Kaihoke Town and Country
Women's Club
Kaye Ihaka
Ken and Judy Forster
L. Hayward
Les Mcgregory
Lions Club Mangoni
Lions Club Waianakauru Inc
Lloyd and Cath Christie
Lois Mcfarlane Charitable Trust
Lois Odering
Lotteries Grants Board
Lottery Community Grants
Lyttelton Port of Christchurch –
Parent Account
MacKenzie Properties Limited
Mainland Foundation Limited
Mangawhai Senior Citizens
Association Inc
Mason Lawrie Law
Mataka Residents Association
Maurice Playford
McCarty Transport
Mitchell Daysh Ltd
Moffat New Zealand
Mt Wellington Charitable Trust
Mt Wellington Foundation Ltd
Myrt & Irwin
Neil Holmes
Nelson City Council
Network Tasman Trust
New Zealand Community
Foundation
New Zealand Community Trust
North and South Trust
Northland Regional Council
NZ Community Post
NZCT
Ohaupo Bowling Club
Online Republic Limited
Orangebox Limited
Original Foods
Pelorus Trust
Penelope Kernohan
Peter and Ursula Gooby
Phillip Penny Charitable Trust
Port Nelson Limited
PowerNet Ltd
Pub Charity Limited
Queenstown and Southern NZ
Realty Ltd
Redwood Trust
Restaurant Association
Robert Steele
Rotary Club of Otaki
Ruitonu Energy Charitable Trust
Roy Adams
Royston Health Trust
Shane Boulton
Sharina Lopez Family Trust
Sir John Logan Campbell
Residuary Estate
SKYCITY Hamilton Community
Trust
SKYCITY Queenstown Casino
Community Trust
Southbase Construction
Southen Indoor Charity Dog Trial
Southland District Council
Southland Provincial Rural
Women
Southland Service Clubs Medical
Charitable Trust
Spreydon Bowling Club
St Joans Charitable Trust
Stanley Ratley Trust
Tasman District Council
Tasman Smith Charitable Trust
Te Mangia Livestock Ltd
Ted & Mollie Carr Endowment
Fund
The Elizabeth Ball Charitable Trust
The Hoggard Matrimonial Trust
The John and Elsie Walsh Trust
The Ken Waterman Charitable
Trust
The Lion Foundation
The Lion's Club of Beavertown
Blenheim
The Otawa Family Trust
The Reed Charitable Trust
The Southern Trust
The Trevor Wilson Charitable
Trust
The Trusts Community
Foundation
The Trusts Million Dollar Mission
The Valley Roar
Thomas George Macarthy Trust
Trillian Trust
Trinity Lands Ltd
Trust Wakato Grants
Tuakau Charitable Trust
Tyne Trust
Ulysses Club Canterbury
Vera Isabel Craig Trust
W Duncan Bickley Trust
Waiakea Valley Lions Club
Waikae Dreams
WEL Energy Trust Community
Support
Wendy Crawford
West Coast Community Trust
William Walsmy
Youthtown
Z Energy – Good in the Hood

Legacy gifts from the
following Estates

Ada Rae Herd
Aileen Jennings
Arini Ruth Brown
Alan "Laddie" Hope
Alan D Harvey
Albert McCracken
Alexander Thomson
Alison Margaret Kay
Allister Miller
Allan Cairns-White
Allan Leonard Trembath
Annie Doreen Shearer
Anonymous
Arthur Pelley
Audrey Simpson Trust Fund
Audrey Valmai Batchelor
Barry Rollo
Basil Eric Wheatley
Beryl McKenzie
Betty Lorraine Greer
Brian Arthur Jeffries
C G Tate Charitable Trust
Catherine Finlayson
Catherine Smith
Charles and Philip Deibert Trust
Charlie Catt
Daisy Kennedy
Daphne Lois Bann
David Reid Currie
Doris Elizabeth Millar
Doris Elizabeth Greenal
Doris Mildred Partridge
Dorothy Frisken
Dulcie Noeline Dick
Edith Irene Adamson
Eileen Thompson
Elizabeth Skerritt
Elise Barrett
Elvarettta Orr
Florence Phene Cope
Freda Robertson
Frederick David Lawrence
Geoffrey Bowskill
Gerard Zoete
Gerardus Wod
Graeme Neil Langford
Harrison Hellyer
Hazelene Fae Mullaly
Hendrik Van Andel
Henry Allan Patrick Barker
Iris Odell Skeggs
Jack Stevens
Jean Thomas
Jeanette Tomlin
Jenny Rae Anderson
John Anthony Day
Joy Alice Roberts
June McPherson
Kathleen Margaret Hickey
Kay Baker
Kenneth Walters
Lenore Mary Thornton
Letitia Huntsman
Lois Gray
Lorna Morrison
Margaret Churchill
Margaret Evelyn Darragh
Margaret Greenall
Margaret Mary Rogers
Margaret Howard
Marinus Stolph
Mary Hastie
Maureen Margaret Ponsonby
Maurice Playford
Michael James Pettifar
Monk Family Charitable Trust
Morris James Corlett
Muriel Waite
Murray Wilson McClatchy
Nigel George Wilson
Noel Short
Nola Wolfe
Phyllis Campbell
Quenton McLean Smith
Raymond Moran Woods
Reginald Joseph McCabe
Rita Knight
Robert Steele
Rosie Carseldine
Rowena Emily Dunn
Ruth Florence Hay
Selwyn Watkins
Shirley Maureen Jeppe
Shona Mary Herron
Spencer Wong
Stanley Greaves
Stephen James Kollat,
The John and Elsie Walsh Trust
The Monk Family Charitable
Trusting
Vinnetta Mary White
W A & E M Anderson Memorial
Trust
Wayne Bradshawe
Wesley Matthew White
William Johan Schornagel
William Donald Stewart Armidge
William Neoph Costelloe
William Peter Drafflin
William Stevenson Broughton
Winifred Mary Ann Laycock
Zara J Hutter
Zolka Buckman

We respect the privacy of our donors. We have included the names of those who we know are happy to be acknowledged and thanked in this report. We would also like to extend our sincere gratitude to those who wish to remain anonymous or we were unable to make contact with to seek permission.
The Bigger Picture

The Bigger Picture represents St John’s five year Integrated Business Plan. It outlines our five key ambitions and how we plan to achieve them in the New Zealand context.
Diversity and Inclusion

New Zealand is becoming increasingly multicultural. As such, St John is stepping up to ensure we embrace a diverse and inclusive working environment, where everyone, regardless of their differences, feels welcome, included and equal.

While we have initiatives in place such as increasing the balance of women in leadership roles, increasing Māori in our workforce, and becoming Rainbow Tick accredited, we are looking to take diversity and inclusion to the next level.

The St John Diversity and Inclusion Council has been set up to ensure the voice of our people helps guide and deliver our diversity work plan, and ensure that we continue to embrace and celebrate the diversity of our people and the communities that we serve.

Pride in our Rainbow Tick

St John joined the Rainbow Tick programme last year to gain a greater appreciation of what we are doing for our ‘Rainbow’ or LGBTTI (lesbian, gay, bisexual, transgender, takatāpui and intersex) people, how we can improve, and how to ensure St John is a safe, welcoming and inclusive place for people of diverse gender identity and sexual orientation to work and volunteer. We received the Rainbow Tick accreditation in January, in recognition that St John is a workplace that understands, values and welcomes sexual and gender diversity.

Te Ara Hato Hone 2015-2020 – St John Māori Strategy

Te Ara Hato Hone 2015 – 2020 contributes to St John’s overarching strategic framework for enhanced health and wellbeing for all New Zealanders, and addresses our specific obligations to the Crown for Māori health outcomes. At its heart is Te Tiriti o Waitangi, the Treaty of Waitangi.

Celebrating the presentation of our Rainbow Tick certificate

Established Diversity and Inclusion Council

84% of our volunteers experience satisfaction in their St John roles

Two new Māori community health and clinical advisors
Tāhuhu, the Māori advisory group to the Executive Management Team, alongside dedicated Māori liaison roles (Pou Takawenga) in each of our three regions, advises and guides our work in the strategy’s three key focus areas: Māori health initiatives, community engagement, and organisational leadership. To ensure that we build our engagement in the critical health initiatives area, two new advisors have been appointed in Māori clinical and community health roles.

The National Marae Out of Hospital Cardiac Arrest (OHCA) project project (see page 14) continues to grow, with community engagement, training in CPR and access to defibrillators happening in marae across the country.

We continue to improve the uptake of the Mauri Ora cultural competence course among our staff. With elements of tikanga in our key meetings and increased use and visibility of Te Reo on our communication channels and on our new ambulances, we are steadily increasing the resources St John has available in Te Reo.

**Taking the Pulse**

The past year has seen record engagement in our Taking the Pulse surveys, internal briefings and forums. As we further embed St John’s values, we have focused on listening to our volunteers and paid staff to ensure we are ‘doing the right thing’, ‘side by side’. 4,700 questionnaires were returned, with over 6,000 individual feedback comments as well as over 2,000 St John people engaged in our internal communications research offering direct feedback on how we can make things better.

The Auckland Pride Parade in February was an opportunity to proudly demonstrate St John’s commitment to building a culture where people are comfortable to be their true self.

**Volunteer Sustainability Strategy**

As an organisation known for its volunteers, St John continues to work on ways to improve how we recognise the contribution and engage with our volunteers. Last year, St John had the largest ever number of volunteer responses to our Taking the Pulse survey. The overall engagement score of 78% was up 4% from 74% the year before. We also introduced a new measure for ‘Experience’ and gained a satisfaction score of 84%.

This positive response reflects that the initiatives St John has implemented in the third year since launching our Volunteer Sustainability Strategy and Plan are working well. The work of the Volunteer Support Unit, and the Volunteer Support Group, along with the support and buy-in of each St John function, has meant we have seen great progress for the goals and objectives of each year of the Volunteer Sustainability strategy and the associated annual plans.
Supporting communities

Catering to Northern Region’s unique cultural diversity has been a key priority this year, with a focus on building new relationships with ethnic communities and better reflecting the demographics of the region we serve.

Our 5,200 paid and volunteer St John members are saving lives and helping people every day, from Cape Reinga in the north to Coromandel and Hauraki in the south. We have 47 ambulance stations located throughout the region. To help raise funds for our local operations, vehicles and equipment, we have 34 area committees, run by volunteers.

We saw growth across all our community programmes, particularly ASB St John in Schools, where 60,924 children learned first aid skills that could help save a life. We also welcomed our first ASB St John in Schools educator, who is fluent in Te Reo Māori.

Our volunteers have made more health shuttle trips and comforted more caring caller clients than ever before. Likewise, our Friends of the Emergency Department (FED) volunteers have continued to assist patients in seven hospitals region-wide.

A ‘Safe & Well’ pilot was launched in Kaitaia, where we are working with Northland District Health Board, Kaitaia Hospital and local healthcare providers to refer patients for follow-up care. The programme gives ambulance staff more choices when they visit patients who need extra services.

148,744 emergency incidents attended

187,084 patients treated or transported by ambulance officers

8,804 health shuttle trips
to stay well, helping vulnerable people avoid future ambulance call-outs and emergency department visits.

**Our people**

The final quarter was particularly busy for Northern Region, with the area committee triennium elections shaping our future in local communities. Our area committees are stronger than ever, and we are grateful for the selfless work they do as the ‘face’ of St John throughout the region.

Area committees played an important role in the success of our fast-growing St John Opportunity Shop network, a valuable fundraising stream for Northern Region. We welcomed the region’s 20th opportunity shop in Waiuku in March.

**Fundraising**

More than 100 schools, businesses and community groups throughout Northern Region were involved with the ‘Heart of Gold’, Annual Appeal, raising a record $612,764 to improve our services. Over $6 million was raised through our bequest programme, with generous supporters choosing to leave a gift to St John in their wills.

Thanks to generous donations, we secured 13 new state-of-the-art Generation 2 ambulances. We also secured funding towards a new health shuttle in West Auckland through The Trusts Million Dollar Mission, which will help more people get to essential medical appointments.

With government funding secured, we look forward to adding 101 new ambulance and clinical control centre (CCC) staff in our region over the next four years.

**First aid**

Demand continues to increase for our first aid courses, with new locations and times added in 2016/17, and our medical alarm customer base is also on the rise – 11,728 people in Northern Region using this service. Our operational and events teams have continued to provide medical cover at the region’s largest events, including World Master’s Games 2017, where they were responsible for the medical care of 25,000 athletes.

"Thank you to our many corporate and community supporters, who enable St John to fulfil its mission – to step forward whenever help is needed, for better, for life. We couldn’t do it without you.”

– Gwen Green, Northern Regional General Manager
Central Region

The 4,431 volunteers and paid staff of the St John Central Region provide a rapidly growing ambulance service and community programmes to a region that extends from Mercer in the north to Wairarapa in the south and encompasses the East and West Coast of the central North Island, the Waikato, Bay of Plenty, Taranaki and Hawkes Bay. Community programmes are also run in the Wellington and Wairarapa district.

coping with the increase, the service was also at the forefront of the four-year double-crewing rollout to cater for the wellbeing of our ambulance staff and better support patients. Ambulance stations at Te Awamutu, Taupo and Turangi kicked-off the project, which is now spreading throughout New Zealand.

Supporting communities

Working in the community, and with the community, St John services have gone from strength to strength. The ASB St John in Schools initiative reached 32,902 students with messages of home safety, and the knowledge of what to do in an emergency.

The health shuttles service expanded with the addition of a Tokoroa service starting during the year. Across the region, 50,665 trips were provided.

ST JOHN REGIONAL HIGHLIGHTS

132,883 emergency incidents attended

157,414 patients treated or transported by ambulance officers

50,665 health shuttle trips
Fundraising

The region has attracting unprecedented support with the generous donation of seven ambulances, and a growing number of people on our regular giving programme who are donating on a monthly basis.

Area committees opened new opportunity shops in Porirua and New Plymouth strengthening our face in the community and boosting fundraising.

Area committee support

The Wellington Area Committee launched our latest Friends of the Emergency Department (FED) service in Hutt hospital.

Area committees continued to work with the regional property team to rehabilitate buildings and design and build new stations. Two notable projects were the completion of the Katikati Ambulance Station, and the start of the Tauranga Ambulance Hub.

St John Youth in the Central Region did us proud during Annual Appeal week.

17,322 medical alarm customers
446 area committee volunteers
32,902 children participated in ASB St John in Schools

Care and support – St John opened a Friends of Emergency Department service at Hutt Valley Hospital.

New Plymouth Opportunity Shop opening.

Tauranga’s helicopter open day was a popular event.
Christchurch ambulance hub in Christchurch’s CBD, which is proving a beacon for the hub model in New Zealand.

In November 2017, regional HQ staff will move into the new Justice and Emergency Services Precinct in Christchurch CBD.

This past year, 178 of our students took part in 24 first responder courses, the minimum requirement needed for St John Clinical and Operational requirements.

**Supporting the community**

Our community programmes team launched the Sovereigns Awards, a new premier youth award, and nearly 40,000 children took part in the ASB St John in Schools programme.

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With over 150,000km$^2$ to cover, the St John South Island team travels more than 4.5 million kilometres across the region in a typical year. With 6,137 paid and volunteer members, we focus on providing prompt, quality ambulance services, and promote health and wellbeing in our communities. The South Island team has a network of 83 ambulance stations.

**Our people**

The South Island team has celebrated many achievements year. These have included new buildings across the region, eight new opportunity shops, and the

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**ST JOHN REGIONAL HIGHLIGHTS**

- 107,691 emergency incidents attended
- 122,650 patients treated or transported by ambulance officers
- 15,355 health shuttle trips
More than 15,000 people were transported to their health appointments using our health shuttles around the South Island region.

**Fundraising and sponsorship**

We acknowledge our businesses and corporate partners who supported the work of St John this year: PowerNet, Z Energy, Foodstuffs South Island and Four Square Supermarkets, South Island. Their generosity meant we were able to provide a number of services across the region, including health shuttles, ASB St John in Schools, first aid training and AEDs in a variety of locations.

The fundraising team held over 20 key donor events, attended by more than 530 people who got a closer look at our St John operations.

**Proud achievements for St John Youth**

This year we celebrated the 90th anniversary of St John Youth in New Zealand. The South Island teams had a very successful year. Ella McClure, from Ellesmere, was named Cadet of the Year, the Canterbury team was named National Youth Champions for the fifth year in a row at the National Youth Festival and competitions in Wanganui, and 75 new leaders were appointed in our Youth Division.

Then Prime Minister Bill English and National Cadet of the Year Ella McClure cut the ribbon to open the New Christchurch ambulance hub, using ambulance shears.
These summary consolidated financial statements incorporate the financial statements of more than 150 St John NZ entities

**Year-end overview 2016/17**

St John NZ’s reported performance was a deficit of $7 million. St John NZ’s underlying deficit (after taking account of unusual or one off items) was $9.9 million for the financial year July 2016 – June 2017 (2016/17), representing continued utilisation of surplus reserves generated in previous years for improved service delivery and to maintain service delivery in light of growing demand on services. This compares to the $8.8 million underlying deficit for July 2015 – June 2016 (2015/16).

In May 2017 it was announced that St John will receive more than $100 million over the next four years to double crew all emergency ambulances, while introducing a sustainable funding model to increase our baseline funding and to support future growth and demand on our services. This is the largest funding investment St John has ever received and means we will be recruiting 430 additional frontline staff over the next four years. The funding package raises our baseline funding level from 69% to almost 74% over the next four years, however fundraising and commercial services will remain a necessary part of our funding model in order to cover the more than 25% of our remaining costs.

**Underlying performance**

The trustees and management of St John understand the importance of reported performance meeting accounting standards, particularly the ability of external parties to make comparisons to other similar public benefit entities, and assurance that there is integrity in our reporting approach. However, we believe, also, that an underlying financial performance measurement can significantly assist public stakeholders and donors to better understand what is happening in the organisation; where goods donated for capital purposes, or one-off transactions such as the impacts in recent years of large post balance date bequests, or impairments to buildings can make it difficult to compare performance between years, or the underlying financial status of St John.

In referring to underlying performance we acknowledge our obligation to show how we have derived this result (see table on page 33).

This year’s deficit performance was particularly improved by capital grants relating to several large building projects, along with the significant donation of replacement defibrillators in its second year of capital replacement. The underlying
performance highlights the volatility and dependency of St John's financial performance as a charity based on the outstanding and humbling support of the New Zealand public.

Key performance summary
Revenue increased by 2.8% to $275.6 million when compared against the previous financial year. On an underlying basis, operating revenue excluding property related fundraising and donated defibrillators was $272.8 million, up $9.8 million (3.8%) on the previous year, primarily due to performance of commercial activities up $2.7 million (5.6%) on the previous year, fundraising up $3.9 million (14.7%) excluding one-offs, and increased income of $1.5m (31.9%) from our expanded network of opportunity shops.

Expenditure increased by 4% to $282.5 million when compared against the previous financial year. On an underlying basis, operating expenditure excluding depreciation, amortisation, and interest was $256.6 million, up $9.8 million (4%) on the previous year.

Employee benefits showed a $5.2 million (3.0%) increase, resulting from a small increase in FTE numbers and salary increases, including the impact of the settlement of the Emergency and Other Transportation Services employee collective agreement.

The below commentary refers to the Group consolidated summary statement of financial performance by business unit.

Emergency and other transportation
St John NZ ambulance services include emergency ambulance services, Clinical Control Centres, inter-hospital transfers and non-emergency ambulance transports. In the 2016/17 financial year, the financial result for this group of activities was a deficit of $30.8 million, up from $29.8 million in the prior year. St John expenditure on this group of activities increased $3.8 million (2.1%), particularly driven by investment to support increased activities, including introduction of effective clinical pathways and focus on improving health and safety outcomes for our patients and staff.

In comparison, the income in this group of activities grew by $3.3 million, up 1.9% on the prior year. This was mainly due to increased activity and part charge increase on ambulance services, and including one-offs such as funding for the extension of the Clinical Hub across the whole of the country.

The number of incidents grew 3.3% over 2015/16 and by
1.7% for incidents attended. Incidents attended by single crewed vehicles reduced to 8.8% in 2016/17 down from 9.8% in 2015/16. The number of 111 calls presented to St John increased 6.6% to 405,969 in 2016/17.

Community services
St John NZ community services includes the traditional community based programmes e.g. Friends of the Emergency Department, Hospital Friends, Caring Caller, Health Shuttles, ASB St John in Schools, Community Carers, and Youth programmes, and additionally includes Events and opportunity shops. In the 2016/17 year the deficit from the delivery of these programmes across New Zealand was $9.3 million ($8.8 million in the previous year).

As part of its community activities St John has continued to grow the number of opportunity shops within communities across New Zealand from 29 in 2015/16 to 40 in 2016/17, with revenues increasing from $4.7 million in 2015/16 to $6.2 million in 2016/17.

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 $10.0 million in the 2016/17 year.

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. As an organisation we remain astounded and humbled by the continuing generosity of the public of New Zealand in their support of St John both financially and through their provision of time and expertise as volunteers.

By fundraising in local communities throughout New Zealand, St John’s 145 area committees and four 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).

Reflecting its status as Most Trusted Charity in New Zealand for the fourth year in a row, St John – including its area committees – received donations of $32.2 million during the year (an increase of $0.8 million over the previous year). This included $1.3 million of income in relation to donated defibrillators.

Balance sheet
Consolidated net assets for St John NZ stand at $258.7 million, $6.8 million below the position at 30 June 2016.

Underlying working capital (excluding assets held for sale) decreased from $26.2 million at 30 June 2016 to $15.9 million at 30 June 2017, with a reduction in cash and investments held as current assets of $3.2 million.

Property, plant and equipment, investment property and intangible assets represents $236.8 million (91.6%) 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 $165.2 million as at 30 June 2017.

At the end of the 2016/17 financial year St John held a total of $21.9 million in cash (a reduction of $4.5 million on prior year, with some of the decrease in cash used to purchase longer term financial investments). $15.7 million of this cash is held within community-based area committees. In addition, St John has financial investments made up of short-term and long-term investments of $30.6 million (an increase of $3 million on the prior year), including $25.3 million of
term deposits and $5.3 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 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. There is increasing demand on St John’s reserves which have reduced by $9.2 million in the last two years as we have invested in improvements to our core infrastructure (e.g. ambulances, defibrillators, our Computer Aided Dispatch (CAD) systems for both emergency services and patient transfer services, and the ambulance hub in Christchurch). Future reserves will be required to fund additional investment. For example, we will have to undertake a programme of work to ensure that all of St John’s buildings are earthquake strengthened where necessary, along with improvements in our fleet to improve service to transported patients. In addition we continue to review our Property Strategy to ensure that our buildings are fit for purpose.

**On-going capital requirements**

As an emergency service provider, St John needs to ensure that it is both operationally and financially capable of responding to a civil emergency, as it did for the Canterbury and Kaikoura 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 2017 $3.2 million of reserves are restricted by granting bodies or specific bequests. In addition there are a number of regional and national projects, including significant technology projects, that need to be undertaken and the budget for these and operational capital commitments over the next three years is over $100 million. Over the last five years around $160 million has been spent improving St John’s core infrastructure.
Investment and support from Government and the community in 2016/17

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.

**Government contribution to the St John emergency ambulance services**
- A fixed payment of around $61.7 million from the Ministry of Health to respond to patients who need emergency medical treatment (not caused by trauma).
- A fixed payment of around $57 million from ACC for emergency transport and treatment for a claimant’s personal injuries.
- Funding of $10.9 million from the Ministry of Health and $6.2 million from ACC to operate the St John Clinical Control Centres in Auckland and Christchurch, where 111 ambulance calls are answered, and land, water and air ambulance services are dispatched. The Ministry of Health and ACC also fund the Wellington Clinical Control Centre, operated as a joint venture between St John and Wellington Free Ambulance.
- Fixed funding of $1.8 million from the Ministry of Health for PRIME (Primary Response in Medical Emergencies) services, a network of GPs who provide a co-response to medical emergencies in rural areas, enhancing emergency care in those communities.
- Fixed funding of $2.25 million for Clinical Hub, funded by the Ministry of Health and ACC.
- Fixed funding of around $1.1 million from the Ministry of Health for Emergency Management, to enhance health preparedness for major emergencies in New Zealand through advancing planning, training and equipping of the Emergency Ambulance Service, and the integration of planning with other health sector organisations.
- No funding is provided by the Government for St John capital expenditure, including purchasing and equipping ambulances and other vehicles, and building and maintaining ambulance stations.

**Contributions from the community**
- Fundraising income from community donations, bequests, grants, commercial partnerships and the St John Supporter Scheme.
- Revenue from our commercial activities, including first aid training, medical alarm customers, and sales of first aid kits and defibrillators.
- Income from emergency ambulance part charges and other transportation services.
- St John charges a part charge to patients who are treated by an ambulance officer or are transported in an ambulance because of a medical emergency. This is similar to the GP co-payment. On 1 August 2016 the part charge increased from $88 to $98 (incl GST). The cost to St John of a typical emergency ambulance call out is around $600 (incl GST).*

*Based on 399,110 emergency incidents a year (2016/17 data).

**The cost of operating St John’s ambulance services in the 2016/17 financial year**
- The operating costs of the ambulance service group were $218 million.
- After Government funding and net part charge income, the emergency ambulance service group of activities had a financial deficit of $30.8 million.

The total operating costs for St John, including all services and programmes were $283 million.

**St John is a charity**
St John is a charity because in addition to the emergency ambulance services we are contracted by the Government to provide, we also provide a range of charitable programmes that benefit New Zealanders:
- a range of Youth programmes, including ASB St John in Schools
- programmes that support people in hospital, including Friends of the Emergency Department (FEDs) and Hospital Friends
- programmes that support our communities, including Health Shuttles, Caring Callers, Community Carers and 3 Steps for Life.

These programmes are funded by community donations, including the St John Supporter Scheme, bequests, grants and commercial partnerships, plus revenue from our commercial activities, including first aid kits, first aid training, medical alarms and defibrillators.
## Summary consolidated financial statements

### Summary consolidated statement of financial position

<table>
<thead>
<tr>
<th></th>
<th>2017 (000's)</th>
<th>2016 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>58,182</td>
<td>64,451</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>13,897</td>
<td>14,900</td>
</tr>
<tr>
<td>Investment Property</td>
<td>3,866</td>
<td>3,540</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>9,446</td>
<td>7,699</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>246,255</td>
<td>241,829</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>304,437</td>
<td>306,280</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>42,309</td>
<td>37,422</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td>3,473</td>
<td>3,396</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>45,782</td>
<td>40,818</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>258,655</td>
<td>265,462</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td>258,655</td>
<td>265,462</td>
</tr>
</tbody>
</table>

### Summary consolidated statement of comprehensive revenue and expense

<table>
<thead>
<tr>
<th></th>
<th>2017 (000's)</th>
<th>2016 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from exchange transactions</td>
<td>243,469</td>
<td>236,824</td>
</tr>
<tr>
<td>Revenue from non exchange transactions</td>
<td>32,155</td>
<td>31,331</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>275,624</td>
<td>268,155</td>
</tr>
<tr>
<td><strong>Share in surplus/(deficit) of joint venture, accounted for using the equity method</strong></td>
<td>(B)</td>
<td>71</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of sales</td>
<td>2,164</td>
<td>1,730</td>
</tr>
<tr>
<td>Finance costs</td>
<td>9</td>
<td>64</td>
</tr>
<tr>
<td>Personnel</td>
<td>177,544</td>
<td>172,373</td>
</tr>
<tr>
<td>Vehicles</td>
<td>9,838</td>
<td>9,241</td>
</tr>
<tr>
<td>Operating supplies</td>
<td>6,223</td>
<td>5,638</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>54,964</td>
<td>52,095</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>25,929</td>
<td>24,892</td>
</tr>
<tr>
<td>Other expenses</td>
<td>5,848</td>
<td>5,693</td>
</tr>
<tr>
<td><strong>Other gains/ (losses)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain/(loss) on sale of property, plant and equipment</td>
<td>33</td>
<td>62</td>
</tr>
<tr>
<td>Gain/(loss) on sale of financial assets</td>
<td>(160)</td>
<td>(137)</td>
</tr>
<tr>
<td>Reversal of impairment of property, plant and equipment</td>
<td>(B)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Net (deficit)</strong></td>
<td>(7,030)</td>
<td>(2,461)</td>
</tr>
<tr>
<td><strong>Other comprehensive surplus/(deficit)</strong></td>
<td>223</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total comprehensive (deficit)/surplus for the year</strong></td>
<td>(6,807)</td>
<td>(2,426)</td>
</tr>
</tbody>
</table>
### Summary consolidated statement of changes in equity
For the year ended 30 June 2017

<table>
<thead>
<tr>
<th></th>
<th>Accumulated Surpluses or (Deficits) (000's)</th>
<th>Available for sale assets revaluation reserve (000's)</th>
<th>Heritage assets revaluation reserve (000's)</th>
<th>Other Reserves (000's)</th>
<th>Total (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening balance 2016</strong></td>
<td>263,163</td>
<td>489</td>
<td>109</td>
<td>4,127</td>
<td>267,888</td>
</tr>
<tr>
<td><strong>Total comprehensive (deficit)/surplus for the year</strong></td>
<td>(2,461)</td>
<td>35</td>
<td>–</td>
<td>–</td>
<td>(2,426)</td>
</tr>
<tr>
<td><strong>Transfer to/(from) reserves</strong></td>
<td>(10)</td>
<td>–</td>
<td>–</td>
<td>10</td>
<td>–</td>
</tr>
<tr>
<td><strong>Balance 30 June 2016</strong></td>
<td>260,692</td>
<td>524</td>
<td>109</td>
<td>4,137</td>
<td>265,462</td>
</tr>
<tr>
<td><strong>Total comprehensive (deficit)/surplus for the year</strong></td>
<td>(7,030)</td>
<td>223</td>
<td>–</td>
<td>–</td>
<td>(6,807)</td>
</tr>
<tr>
<td><strong>Transfer to/(from) reserves</strong></td>
<td>59</td>
<td>–</td>
<td>–</td>
<td>(59)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Balance 30 June 2017</strong></td>
<td>253,721</td>
<td>747</td>
<td>109</td>
<td>4,078</td>
<td>258,655</td>
</tr>
</tbody>
</table>

### Summary consolidated statement of cash flows
For the year ended 30 June 2017

<table>
<thead>
<tr>
<th></th>
<th>2017 (000's)</th>
<th>2016 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net cash flows from operating activities</strong></td>
<td>24,564</td>
<td>15,445</td>
</tr>
<tr>
<td><strong>Net cash flows used in investing activities</strong></td>
<td>(29,065)</td>
<td>(17,894)</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash</strong></td>
<td>(4,501)</td>
<td>(2,449)</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the beginning of the year</strong></td>
<td>26,410</td>
<td>28,859</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the end of the year</strong></td>
<td>21,909</td>
<td>26,410</td>
</tr>
</tbody>
</table>

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 13 November 2017.

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**Drs Steve Evans**, Chancellor  
**Peter Bradley** Chief Executive Officer

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

### Notes to the summary financial statements

1. **Summary of accounting policies**

   **Statement of compliance and reporting group**

   These summary consolidated financial statements have been extracted from the audited full consolidated financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ('Parent'), and its subsidiaries and controlled entities 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 controlled entities) being The Order of St John Northern Region Trust Board, The Order of St John Central Regional Trust Board, The Order of St John South Island Region Trust Board, six trusts and St John Emergency Communications Limited (and its joint venture, Central Emergency Communications Limited).

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

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

   These summary consolidated financial statements have been prepared in accordance with PBE FRS-43 'Summary Financial Statements' and have been extracted from the audited full consolidated financial statements for the year ended 30 June 2017 which were approved by the Priory Trust Board on 13 November 2017. 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 Headquarters
   Private Bag 14902
   Auckland 1741

   The reporting currency is New Zealand Dollars rounded to the nearest thousand.
2 Business unit information

Operating business units are reported in a manner consistent with the internal reporting provided to the Chief Executive Officer. Management has determined the operating business units based on the reports reviewed by the chief decision makers that are used to assess performance and allocate resources. Generally revenues and expenses are apportioned to each unit on a direct basis plus an allocation of nonspecific and overhead costs proportional from organisational support functions and shared service functions based on activity drivers most applicable to the underlying support or service. The determination of the activity drivers and the allocation by management involves some subjective management judgement of the variable complexity of functional activity, for example Human Resource activity ratio is higher in Emergency and Other Transportation due to the complexity of the HR support compared to Commercial and Fundraising.

Besides the apportionment of shared and support service costs the other major apportionment between the business units relates to $8.3m (2016: $7m) in internal recovery by Emergency and Other Transportation from Commercial and Fundraising related to the part charge for utilisation of 111 medical ambulance responses to medical alarm customers or St John Supporter Scheme members.

2a) Description of business units

Emergency and Other Transportation Services represents the provision of ambulance services including 111 emergency ambulance response services and associated clinical control centres, along with inter-hospital transfers and non-emergency ambulance transportation. In addition the expenditure of this business unit includes the delivery of clinical continuing educational training to support front line paid and volunteer ambulance staff in the provision of emergency first response services to the New Zealand public.

Commercial and Fundraising represents the provision of services on a commercial basis but which are still in alignment with the St John ethos of supporting the well being of New Zealanders including medical alarms to provide security and assistance, and training services that support health and safety outcomes within New Zealand work places as well as enhancing first aid resiliency within communities of New Zealand. Fundraising represents the outstanding and humbling charitable gifting provided by New Zealanders to support the services of St John.

Community Services represents services provided principally within communities significantly through the support of volunteers and a smaller degree of direct income dependency, including services such as Community Events Services, ASB St John in Schools, free community health services, opportunity shops, and a national youth programme.

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

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

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

2b) Business unit reporting – operating channel

<table>
<thead>
<tr>
<th></th>
<th>Emergency and Other Transportation (000's)</th>
<th>Commercial and Fundraising (000's)</th>
<th>Community Services (000's)</th>
<th>Property and Infrastructure (000's)</th>
<th>Shared and Support Services (000's)</th>
<th>Investments (000's)</th>
<th>Total (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2017</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation services</td>
<td>172,654</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>172,654</td>
</tr>
<tr>
<td>Commercial</td>
<td>–</td>
<td>49,835</td>
<td>32</td>
<td>–</td>
<td></td>
<td></td>
<td>49,867</td>
</tr>
<tr>
<td>Fundraising and op shops</td>
<td>–</td>
<td>27,576</td>
<td>7,989</td>
<td>–</td>
<td>1,299</td>
<td>–</td>
<td>36,864</td>
</tr>
<tr>
<td>Rental and investment</td>
<td>–</td>
<td>–</td>
<td>954</td>
<td>30</td>
<td>1,513</td>
<td>–</td>
<td>2,497</td>
</tr>
<tr>
<td>Other</td>
<td>6,162</td>
<td>420</td>
<td>5,435</td>
<td>172</td>
<td>42</td>
<td>–</td>
<td>12,231</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>178,816</td>
<td>77,831</td>
<td>13,456</td>
<td>1,126</td>
<td>1,371</td>
<td>1,513</td>
<td>274,113</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>132,957</td>
<td>12,948</td>
<td>7,690</td>
<td>7,468</td>
<td>16,481</td>
<td>–</td>
<td>177,544</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>16,417</td>
<td>2,927</td>
<td>837</td>
<td>4,157</td>
<td>1,591</td>
<td>–</td>
<td>25,929</td>
</tr>
<tr>
<td>Operating costs</td>
<td>32,377</td>
<td>12,294</td>
<td>7,231</td>
<td>10,305</td>
<td>11,151</td>
<td>–</td>
<td>73,358</td>
</tr>
<tr>
<td>Other expenses</td>
<td>5,228</td>
<td>281</td>
<td>280</td>
<td>–</td>
<td>59</td>
<td>–</td>
<td>5,848</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>186,979</td>
<td>28,450</td>
<td>16,038</td>
<td>21,930</td>
<td>29,282</td>
<td>–</td>
<td>282,679</td>
</tr>
<tr>
<td><strong>Inter-segment transactions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Part Charge</td>
<td>8,272</td>
<td>(8,272)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Internal Shared and Support Services</td>
<td>(30,903)</td>
<td>(12,431)</td>
<td>(6,680)</td>
<td>20,804</td>
<td>29,210</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Business unit (deficit)/surplus for the year</strong></td>
<td>(30,794)</td>
<td>28,678</td>
<td>(9,262)</td>
<td>–</td>
<td>1,299</td>
<td>1,513</td>
<td>(8,566)</td>
</tr>
<tr>
<td>Property related Fundraising and Grants</td>
<td>–</td>
<td>–</td>
<td>1,536</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>1,536</td>
</tr>
<tr>
<td>Net Property Impairments</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total (deficit)/surplus for the year</strong></td>
<td>(30,794)</td>
<td>28,678</td>
<td>(9,262)</td>
<td>1,536</td>
<td>1,299</td>
<td>1,513</td>
<td>(7,030)</td>
</tr>
<tr>
<td><strong>Business unit assets – Property, plant and equipment, intangible assets and investment property</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total business unit assets</td>
<td>54,548</td>
<td>6,013</td>
<td>2,244</td>
<td>171,010</td>
<td>2,994</td>
<td>–</td>
<td>236,809</td>
</tr>
</tbody>
</table>
Emergency and Other Transportation (000's)

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation services</td>
<td>170,341</td>
<td>171,234</td>
<td>172,345</td>
<td>173,567</td>
<td>174,890</td>
</tr>
<tr>
<td>Commercial</td>
<td>–</td>
<td>47,167</td>
<td>48,756</td>
<td>50,438</td>
<td>52,217</td>
</tr>
<tr>
<td>Fundraising and op shops</td>
<td>–</td>
<td>26,011</td>
<td>25,812</td>
<td>25,923</td>
<td>26,135</td>
</tr>
<tr>
<td>Rental and investment</td>
<td>–</td>
<td>1,221</td>
<td>1,257</td>
<td>1,294</td>
<td>1,332</td>
</tr>
<tr>
<td>Other</td>
<td>5,145</td>
<td>5,552</td>
<td>5,781</td>
<td>5,758</td>
<td>5,985</td>
</tr>
<tr>
<td>Total income</td>
<td>175,486</td>
<td>174,958</td>
<td>175,858</td>
<td>176,812</td>
<td>178,030</td>
</tr>
</tbody>
</table>

Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>131,544</td>
<td>132,756</td>
<td>134,160</td>
<td>135,680</td>
<td>137,280</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>15,800</td>
<td>15,900</td>
<td>15,950</td>
<td>16,000</td>
<td>16,050</td>
</tr>
<tr>
<td>Operating costs</td>
<td>30,559</td>
<td>31,650</td>
<td>32,750</td>
<td>33,850</td>
<td>34,950</td>
</tr>
<tr>
<td>Other expenses</td>
<td>5,268</td>
<td>5,678</td>
<td>5,867</td>
<td>6,057</td>
<td>6,247</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>183,171</td>
<td>185,984</td>
<td>188,827</td>
<td>191,757</td>
<td>194,667</td>
</tr>
</tbody>
</table>

Inter-segment transactions

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Part Charge</td>
<td>6,995</td>
<td>6,995</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Internal Shared and Support Services</td>
<td>(29,110)</td>
<td>(13,427)</td>
<td>(5,864)</td>
<td>19,261</td>
<td>29,140</td>
</tr>
<tr>
<td>Business unit (deficit)/surplus for the year</td>
<td>(29,800)</td>
<td>29,885</td>
<td>(8,764)</td>
<td>–</td>
<td>2,120</td>
</tr>
</tbody>
</table>

Property related Fundraising and Grants | –       | –       | 854     | –       | 854     |

Net Property Impairments | –       | –       | 1,114   | –       | 1,114   |

Total (deficit)/surplus for the year | (29,800) | 29,885  | (8,764) | 1,968   | 2,120   |

2(c) Business unit information – regional divisions

St John operates under a national regional structure. The Group includes the National Office and emergency 111 Clinical Control Centres in Auckland and Christchurch, plus the Northern, Central and South Island regions and associated area committees responsible for the ambulance stations. The Northern region is based in the North Island and consists of the area north of the Bombays, plus the Coromandel peninsula. The Central region is based in the North Island and consists of the area south of the Bombays, excluding the Coromandel peninsula and parts of the Wellington area under the responsibility of the Wellington Free Ambulance Service. The South Island region covers the entire South Island.
3 Personnel costs
Personnel expenditure includes defined contribution plan expense of $4 million (2016: $3.8 million).

4 Commitments for expenditure

<table>
<thead>
<tr>
<th></th>
<th>2017 (000's)</th>
<th>2016 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital commitments – property, plant and equipment</td>
<td>4,053</td>
<td>4,604</td>
</tr>
<tr>
<td>Total commitments</td>
<td>4,053</td>
<td>4,604</td>
</tr>
</tbody>
</table>

5 Leases

<table>
<thead>
<tr>
<th></th>
<th>2017 (000's)</th>
<th>2016 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-cancellable operating lease payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>3,677</td>
<td>2,838</td>
</tr>
<tr>
<td>Later than 1 year less than 5 years</td>
<td>9,729</td>
<td>7,081</td>
</tr>
<tr>
<td>Later than 5 years</td>
<td>3,760</td>
<td>3,547</td>
</tr>
<tr>
<td>Total leases</td>
<td>17,166</td>
<td>13,466</td>
</tr>
</tbody>
</table>

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

6 Contingent liabilities
The Group does not recognise a contingent liability, but discloses details of any contingencies in the notes to the financial statements, unless the possibility of an outflow of resources embodying economic benefits or service potential is remote.

A letter of credit is held with Westpac New Zealand Limited to guarantee payroll payments to employees to a maximum of $nil (2016: $475,000).

There are no other contingent liabilities at balance date (2016: $nil).

7 Related party disclosures
The Group regards a related party as a person (including their immediate family members) or an entity with the ability to exert control individually or jointly, or to exercise significant influence over the Group, or vice versa. The related parties disclosures are St John and the Regional Trust Boards which are under the common control of The Priory in New Zealand of the Venerable Order of the Hospital of St John of Jerusalem. Related party trading balances are payable on demand. Related party loans and advances are interest bearing at nil% (2016: 3.91%). The Group has not recorded any impairment of receivables relating to amounts owed by related parties during 2017 (2016: nil). This assessment is undertaken each financial year through examining the financial position of the related party and the market in which the related party operates.
8 Property, plant and equipment

### 2017 Cost (000’s)

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Opening book value</th>
<th>Acquisitions</th>
<th>Transfers</th>
<th>Disposals</th>
<th>Revaluation</th>
<th>Impairments</th>
<th>Closing book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>51,224</td>
<td>975</td>
<td>–</td>
<td>(40)</td>
<td>–</td>
<td>–</td>
<td>52,159</td>
</tr>
<tr>
<td>Buildings</td>
<td>129,432</td>
<td>7,580</td>
<td>(318)</td>
<td>(185)</td>
<td>–</td>
<td>–</td>
<td>136,309</td>
</tr>
<tr>
<td>Vehicles</td>
<td>98,129</td>
<td>7,534</td>
<td>–</td>
<td>(5,361)</td>
<td>–</td>
<td>–</td>
<td>100,302</td>
</tr>
<tr>
<td>Furniture, fixtures &amp; equipment</td>
<td>99,756</td>
<td>10,582</td>
<td>–</td>
<td>(4,974)</td>
<td>–</td>
<td>–</td>
<td>105,364</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>378,541</td>
<td>26,671</td>
<td>(518)</td>
<td>(10,560)</td>
<td>–</td>
<td>–</td>
<td>394,134</td>
</tr>
<tr>
<td>Heritage assets</td>
<td>200</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>200</td>
</tr>
<tr>
<td>Total historic cost</td>
<td>378,741</td>
<td>26,671</td>
<td>(518)</td>
<td>(10,560)</td>
<td>–</td>
<td>–</td>
<td>394,334</td>
</tr>
</tbody>
</table>

### 2017 Depreciation (000’s)

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Opening depreciation</th>
<th>Depreciation</th>
<th>Transfers</th>
<th>Disposals</th>
<th>Revaluation</th>
<th>Impairments</th>
<th>Closing depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Buildings</td>
<td>24,557</td>
<td>2,748</td>
<td>(131)</td>
<td>(33)</td>
<td>–</td>
<td>–</td>
<td>27,141</td>
</tr>
<tr>
<td>Vehicles</td>
<td>64,378</td>
<td>9,565</td>
<td>–</td>
<td>(5,206)</td>
<td>–</td>
<td>–</td>
<td>68,737</td>
</tr>
<tr>
<td>Furniture, fixtures &amp; equipment</td>
<td>74,116</td>
<td>10,238</td>
<td>(51)</td>
<td>(4,944)</td>
<td>–</td>
<td>–</td>
<td>79,410</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>163,051</td>
<td>22,551</td>
<td>(131)</td>
<td>(10,183)</td>
<td>–</td>
<td>–</td>
<td>175,288</td>
</tr>
<tr>
<td>Heritage assets</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total accumulated depreciation</td>
<td>163,051</td>
<td>22,551</td>
<td>(131)</td>
<td>(10,183)</td>
<td>–</td>
<td>–</td>
<td>175,288</td>
</tr>
<tr>
<td>Net</td>
<td>215,690</td>
<td>4,120</td>
<td>(387)</td>
<td>(377)</td>
<td>–</td>
<td>–</td>
<td>219,046</td>
</tr>
</tbody>
</table>

### 2016 Cost (000’s)

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Opening book value</th>
<th>Acquisitions</th>
<th>Transfers</th>
<th>Disposals</th>
<th>Revaluation</th>
<th>Impairments</th>
<th>Closing book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>43,202</td>
<td>1,033</td>
<td>6,990</td>
<td>(1)</td>
<td>–</td>
<td>–</td>
<td>51,224</td>
</tr>
<tr>
<td>Buildings</td>
<td>115,945</td>
<td>6,446</td>
<td>8,089</td>
<td>(178)</td>
<td>–</td>
<td>(870)</td>
<td>129,432</td>
</tr>
<tr>
<td>Vehicles</td>
<td>91,805</td>
<td>9,361</td>
<td>–</td>
<td>(3,037)</td>
<td>–</td>
<td>–</td>
<td>98,129</td>
</tr>
<tr>
<td>Furniture, fixtures &amp; equipment</td>
<td>97,851</td>
<td>9,328</td>
<td>(51)</td>
<td>(9,034)</td>
<td>–</td>
<td>–</td>
<td>99,756</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>348,803</td>
<td>27,888</td>
<td>15,028</td>
<td>(12,308)</td>
<td>–</td>
<td>(870)</td>
<td>378,541</td>
</tr>
<tr>
<td>Heritage assets</td>
<td>200</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>200</td>
</tr>
<tr>
<td>Total historic cost</td>
<td>349,003</td>
<td>27,888</td>
<td>15,028</td>
<td>(12,308)</td>
<td>–</td>
<td>(870)</td>
<td>378,741</td>
</tr>
</tbody>
</table>

### 2016 Depreciation (000’s)

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Opening book value</th>
<th>Acquisitions</th>
<th>Transfers</th>
<th>Disposals</th>
<th>Revaluation</th>
<th>Impairments</th>
<th>Closing book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Buildings</td>
<td>24,061</td>
<td>2,692</td>
<td>(199)</td>
<td>(13)</td>
<td>–</td>
<td>(1,984)</td>
<td>24,557</td>
</tr>
<tr>
<td>Vehicles</td>
<td>57,969</td>
<td>9,395</td>
<td>–</td>
<td>(2,986)</td>
<td>–</td>
<td>–</td>
<td>64,378</td>
</tr>
<tr>
<td>Furniture, fixtures &amp; equipment</td>
<td>97,851</td>
<td>11,048</td>
<td>(31)</td>
<td>(9,092)</td>
<td>–</td>
<td>–</td>
<td>99,756</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>155,902</td>
<td>27,888</td>
<td>15,028</td>
<td>(12,308)</td>
<td>–</td>
<td>(1,984)</td>
<td>163,051</td>
</tr>
<tr>
<td>Heritage assets</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total accumulated depreciation</td>
<td>155,902</td>
<td>27,888</td>
<td>15,028</td>
<td>(12,308)</td>
<td>–</td>
<td>(1,984)</td>
<td>163,051</td>
</tr>
<tr>
<td>Net</td>
<td>193,101</td>
<td>6,473</td>
<td>15,277</td>
<td>(275)</td>
<td>–</td>
<td>1,114</td>
<td>215,690</td>
</tr>
</tbody>
</table>

9 Impairment of property, plant and equipment

In the prior financial year the property at 2 Harrison Road carried a net impairment of $2.63m. The affected buildings have been reviewed for impairment in the current financial period. Whilst neither the future intention for the occupied development of the site nor the current usage of the buildings have changed in this financial year, the property remains impaired at the same value as the year ended 30 June 2016.

In the previous financial year, an impairment review was undertaken on the ambulance station owned by Tauranga Area Committee located at 17th Ave, Tauranga. The building was fully impaired by its book value of $652.9k. The planned demolition and rebuild on the site took place in the current financial year and the fully impaired building was derecognised at zero value during the year ending 30 June 2017.

10 Subsequent events

There were no material subsequent events to these accounts which would affect the interpretation of the accounts.
Independent Auditor’s Report on the Summary Consolidated Financial Statements

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

Opinion
The summary consolidated 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 subsidiaries (the 'Group'), which comprise the summary consolidated statement of financial position as at 30 June 2017, and the summary consolidated statement of comprehensive revenue and expense, summary consolidated statement of changes in equity and summary consolidated cash flow statement for the year then ended, related notes, are derived from the audited consolidated financial statements of the Group for the year ended 30 June 2017.

In our opinion, the accompanying summary consolidated financial statements, on pages 37 to 42, are consistent, in all material respects, with the audited consolidated financial statements, in accordance with PBE FRS 43: Summary Financial Statements issued by the New Zealand Accounting Standards Board.

Summary consolidated financial statements
The summary consolidated financial statements do not contain all the disclosures required by Public Benefit Entity Standards. Reading the summary consolidated financial statements and the auditor’s report thereon, therefore, is not a substitute for reading the audited consolidated financial statements and the auditor’s report.

The audited consolidated financial statements and our report thereon
We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated 13 November 2017.

Priory Trust Board’s responsibilities for the summary consolidated financial statements
The Priory Trust Board is responsible on behalf of the Group for the preparation of the summary consolidated financial statements in accordance with PBE FRS 43: Summary Financial Statements.

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

Other than in our capacity as auditor and the provision of indirect taxation advice and the provision of information services, we have no relationship with or interests in the entity or any of its subsidiaries. These services have not impaired our independence as auditor of the entity and Group.

Restriction on use
This report is made solely to the The Priory trust Board, as a body, in accordance with Section 14.3.6 of the Trust Deed. Our audit has been undertaken so that we might state to the The Priory Trust Board those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the The Priory Trust Board as a body, for our audit work, for this report, or for the opinions we have formed.

Auckland, New Zealand
13 November 2017
The International Order

Sovereign Head
Her Majesty The Queen

Grand Prior
His Royal Highness The Duke of Gloucester KG GCVO GCSI

Lord Prior
Sir Malcolm Ross GCVO OBE GCSI

Prelate
The Right Reverend Timothy John Stevens CBE

Sub Prior
Mr John Mah CD QC

The Priory in New Zealand

Priory Chapter

Prior
Her Excellency The Rt Hon Dame Patsy Reddy GNZM QSO DStJ

Chancellor
Dr S A Evans KStJ

Deputy Chancellor
Mrs S M Cumming CStJ

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 CStJ

Elected and Appointed Members
Mr J W Bain MNZM KStJ JP
Mrs C R Benson CStJ
Mr R D Blundell KStJ
Mr J A MacDonald OStJ
Mr B A Greenaway CStJ
Mrs S L Marshall OStJ
Mrs J A Hoban GCStJ
Mr J D Wills CStJ

Priory Officers

Priory Dean
The Ven M J Black CStJ

Hospitalier
Mrs S L Marshall OStJ

Medical Advisor
Dr J E Moore MStJ

Director of Ceremonies
Mr J Rae KStJ

Volunteer Advisor
Mr P D Rankin OStJ

Registrar
Mr J D Wills CStJ

Priory Chapter Committees

Priory Honours Committee

Chair
Dr S A Evans KStJ

Committee Members
Mrs S M Cumming CStJ
Mr L W Short CStJ
Mr J G O Stubbs KStJ
Mrs A G Hinde CStJ
Mrs B A Greenaway CStJ
Mr G M Wilson KStJ
Mr K I Williamson CStJ QSM JP
Mrs J M Conroy OStJ

Order Affairs Committee

Chair
Mr J A Strachan GCStJ

Committee Members
Mrs S M Cumming CStJ
Mr L W Short CStJ
Mr J G O Stubbs KStJ
Mrs A G Hinde CStJ
Mrs B A Greenaway CStJ
Mr G M Wilson KStJ
Mr K I Williamson CStJ QSM JP
Mrs J M Conroy OStJ

Rules Committee

Chair
Mr P G Macauley, CStJ

Committee Members
Mrs S M Cumming CStJ
The Ven M J Black CStJ
Mr R B Wheeler KStJ
Mr J D Wills CStJ
Mrs D L Gillespie OStJ
Mrs C R Benson CStJ
Mr G P Wood CStJ
Mr A G Hinde CStJ
Mr I Rae KStJ

Volunteer Support Group

Chair
Mr P D Rankin OStJ

Committee Members
Mr C G Laufale MStJ
Mr C A Jones MStJ
Mr D E Oks MStJ
Miss K L Vanderschantz MStJ
Mrs M A McLeod MStJ
Mrs PA Scott MStJ
Mrs S K Wilson

Priory Trust Board

Chancellor
Dr S A Evans KStJ

Deputy Chancellor
Mrs SM Cumming CStJ

Regional Members
Mr G J Crowley MStJ
Mr J D Butson
Ms R H Brooke
Mrs J M Conroy OStJ
Mr P Young CStJ
Mr K I Williamson CStJ QSM JP

Appointed Members
Dr V J Thornton
Mr G T Ridley KStJ
Mr J H Whitehead CNZM
Dr L McTurk

Priory Trust Board Subcommittees

Clinical Governance Committee

Chair
Mrs S M Cumming CStJ

Committee Members
Mr G T Ridley KStJ
Dr V J Thornton
Dr J E Moore MStJ (ex Officio)
Maj B P Wood CStJ CDS DSD
Dr E K Armstrong
Dr S A Evans KStJ (ex Officio)

Risk and Audit Committee

Chair
Mrs S M Cumming CStJ

Committee Members
Dr L McTurk
Mr P Young CStJ
Mr G J Crowley MStJ
Mrs B A Greenaway CStJ
Mrs J A Hoban GCStJ
Mr R D Blundell KStJ
Mrs S M Cumming CStJ

Committee Members
Dr S A Evans KStJ (ex Officio)

HR Committee

Chair
Mr J H Whitehead CNZM

Committee Members
Dr S A Evans KStJ
Mr P N Brown
Mr J A Gallagher CNZM KStJ JP

National Property Committee

Chair
Mrs J M Conroy OStJ

Committee Members
Mr J D Butson
Mr R E Burns MStJ
Dr S A Evans KStJ (ex Officio)
Mr P R Bradley CBE CStJ

Organisational (Fit-for-Future) Review Sub-Committee

Chair
Mr J H Whitehead CNZM

Committee Members
Dr S A Evans KStJ
Mr P N Brown
Mr J A Gallagher CNZM KStJ JP

As at 30 June 2017

Subsidiary Boards

St John Emergency Communications Ltd
Chair
Mr G T Ridley KStJ

Directors
Mr P R Bradley CBE CStJ
Mr G Wilson KStJ

Central Emergency Communications
Chair
Mr G T Ridley KStJ

Directors
Mr G Wilson KStJ
Mr R Martin
Mr S Ward

Regional Trust Boards

Northern Region
Chair
Mr R H Brooke

Elected Members
Mr C I Fraser OStJ
Mr P G Macauley CStJ
Miss D M Smith MStJ
Mr K E Shaw MStJ
Mr L W Short CStJ
Mr C J Todd MStJ

Appointed Members
Ms D S Godinet
Mr J D Butson
Dr A Zhu
Mr CL Watson

Central Region
Chair
Mr K I Williamson CStJ QSM JP

Elected Members
Mr R P Sinclair CStJ
Mrs H L Price CStJ
Mr T R G Blacktop OStJ
Mr R E Burns MStJ
Mr W J Hughes MStJ
Mrs S Bradley
Mr R B Wheeler KStJ

Appointed Members
Mr G J Crowley MStJ
Mr A S Grant

South Island Region
Chair
Mrs J M Conroy OStJ

Elected Members
Mr K R Adams CStJ
Mrs S M Wilson OStJ
Mr P W Young CStJ
Mrs J M Conroy OStJ

Appointed Members
Mr J A Gallagher CNZM KStJ
Mr J D Butson
Mr R E Burns MStJ
Mr R P Sinclair CStJ
Mrs H L Price CStJ
Mr J D Butson
Mr R E Burns MStJ
Mr J D Butson

As at 30 June 2017

GOVERNANCE
Distribution of 430 additional ambulance staff over four years

**Total**
430 Frontline staff

- **Auckland (Auckland, Hauraki and Coromandel)**: 45
- **Central West (Wakatipu and Taranaki)**: 78
- **Tasman (Nelson Marlborough and West Coast)**: 41
- **Central South (Mid Central, Hawkes Bay and Whanganui)**: 69
- **Canterbury (Canterbury and South Canterbury)**: 44
- **Northland**: 46
- **Central East (Bay of Plenty and Lakes)**: 65
- **Southland/Otago**: 32

These numbers are indicative only. St John will consult internally and externally to find the best approach and fit for each community. St John does not operate emergency services in the Wellington/Wairarapa area.