



St John
Here for Life

Annual Report 2014/15



LINK

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Health and wellbeing

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 – Whakawerohia

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.

EXECUTIVE SUMMARY

St John provides emergency ambulance services to nearly 90% of New Zealanders in 97% of New Zealand's geographical area. We answer over 450,000 111 calls for an ambulance each year, at three Clinical Control Centres, and our people are on call all hours, every day, caring for others.

St John is playing an increasing role in meeting the broader health needs of New Zealand communities. We provide innovative healthcare services to build resilient communities and keep New Zealanders well, and we support people to live independently for longer. We work in partnership to develop strong communities that care, share and volunteer. We are capable, reliable and trusted.

St John is two years into our 2013–2018 Integrated Business Plan (IBP) – the One St John Plan – and making significant progress. The IBP describes how we will improve what we do for our patients, clients, customers, donors and our people, achieving five key ambitions in five years.



Right care, right time

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



Local pathways

We'll become a hub for community health.



Quality care

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



Partner of choice

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



People prepared for change

We'll strengthen our people's capability and capacity, and make 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 14 and 15.



Dr Steve Evans, Chancellor

Here for the community

It has been a privilege to serve the community for the past year in the position of Chancellor.

St John is enriched by the diverse range of services we provide and the people who provide them; our paid staff, volunteers, Youth members, and Order members. The depth and breadth of our organisation and people, the services we provide to New Zealanders, and our ambitions for the future, are summarised by the St John Integrated Business Plan (IBP), which sets five ambitions in five years. This Annual Report outlines the achievements of the past year against these key measures.

I recently saw one of those achievements first hand as our world-leading electronic Patient Report Form (ePRF) technology rolled out in the Waikato. Over the past year, a dedicated team at St John has completed the final stages of preparation for this important initiative, a first for the New Zealand health sector, and one that will materially benefit our patients and staff. I commend and thank all involved.

A year ago, I outlined my goals for my term as Chancellor of St John:

- Ensuring the best possible care for St John patients throughout New Zealand
- Ensuring St John area committees become integrated healthcare providers in their communities
- Ensuring St John Youth remains a vibrant and growing part of St John
- Communicating to our people and the public the good news stories of St John activities and events and celebrating the heroes in those stories.

Reflecting on the past year, I think we have made excellent progress against these goals. The benefits of increased investment in frontline staff and the 111 Clinical Hub initiative are evident in significant improvements in our response times to the most urgent emergency callouts and better care for less urgent patients.

Building community resilience

We have seen considerable success with programmes that build community resilience, from 31% growth in participation in St John in Schools, to our 7,646 Youth members, to the medical alarms and Caring Callers that support New Zealanders to live independently for longer. The 530 AEDs installed throughout the country increase the chances of survival from cardiac arrest.



Waikato ambulance officers Kieran MacDonald and Maxine Jones discuss their experience of St John's new electronic Patient Report Form with Chancellor Steve Evans.

I particularly want to thank our area committees for their focus and energy in our communities. Without them, St John would not be what it is today and their contribution is greatly valued.

The health, safety and wellbeing of our people remains a priority. Over the past year we increased safe crewing, completed the first year of our Volunteer Sustainability Strategy, and introduced a new Values programme.

We have told the St John story and celebrated the many achievements of our people, including being voted Most Trusted Charity for the second consecutive year in the 2015 Reader's Digest Trusted Brands survey. We thanked New Zealanders for their contributions to the St John Annual Appeal, which allowed us to purchase 12 new ambulances, and we acknowledged the invaluable fundraising efforts of our area committees throughout the year.

19,326
St John paid and
volunteer personnel

454,990
111 emergency
ambulance calls

7,646
St John Youth
members



Prior Sir Jerry Mateparae GNZM QSO KStJ congratulates Justin Hoben, National Cadet of the Year.

A stronger, more integrated St John

Challenging questions are at the heart of our future planning; how do we deliver the best care for our patients in a changing environment, including the health demands of an aging population? How can we develop a workforce with the required capability and capacity? What role should we play in the shift towards a greater proportion of health services being provided within the community?

St John is well prepared to meet these challenges. We will continue to review and progress new initiatives

which enhance our performance within the health sector and the communities that support us. We will take a patient-centric approach, underpinned by a strong clinical focus. We'll continue to support and develop our people, and strengthen our relationships with partner organisations in the communities we serve and the wider health sector.

I want to thank and acknowledge the guidance of the Prior and Chapter, the Priory Trust Board, and Peter Bradley and the Executive. I also want to thank the wider St John team, and our many volunteers, partners and supporters for their energetic contributions.

Dr Steve Evans, Chancellor and Chair of Priory Trust Board



Priory Trust Board (as at September 2015). From left to right: Geoff Ridley, Peter Young, Amanda Stanes, Jenni Norton, Jeremy Stubbs, Richard Blundell, Dr Steve Evans (Chairman), Ken Williamson, Souella Cumming, Lee Short. Absent: Ian Civil, Dr Lesley McTurk.



Peter Bradley, Chief Executive Officer

Here for life – now and in the future

I am very fortunate in my role to be able to meet St John staff and volunteers across New Zealand, and I am always impressed to see and witness first-hand the commitment, care, drive and passion our people show in their many and varied roles in St John. This is what makes us such a great organisation - our people - and this Annual Report shows the positive impacts we make on the lives of more than one million New Zealanders each year.

We are now halfway through our five year Integrated Business Plan (IBP). In addition to showing the scale and scope of our activities, the 2014/15 Annual Report demonstrates that St John has begun realising our five IBP ambitions: right care, right time, local pathways, quality care, partner of choice, and people prepared for change. These ambitions are underpinned by the commitment of St John and our people to becoming increasingly patient, customer and outcomes focussed, and more integrated with the wider health system.

We make it better

I am extremely proud of what we have achieved this year, and the difference our people have made to New Zealand communities. The highlights on the facing page are not only the right thing to do for our patients, but also necessary in order for us to contribute to addressing external challenges and provide greater value to our strategic funding partners, the Ministry of Health and Accident Compensation Corporation (ACC).

St John has a unique opportunity to play an increasingly central and influential role in the

provision of community and emergency care that delivers benefits across the wider health system. The forthcoming Ministry of Health National Health Strategy update is likely to reinforce the continuing shift towards a greater proportion of health services being provided within the community. This is an area where St John predominantly provides highly valued services and enjoys the active support of its area committees, who connect the organisation to communities across New Zealand.

Our commitment to New Zealanders

Over the next three years, we anticipate our area committees will build even greater community support, enabling the ongoing provision and improvement of community health services and emergency ambulance services.

St John will continue to improve the delivery of our services, improving patient outcomes and building community resilience. We will also continue to look for opportunities to collaborate with local providers, building on existing successful partnerships with primary health organisations and the New Zealand Fire Service.

“We know how highly St John is regarded across New Zealand, and we never take the community’s trust and support for granted.”

Finally, St John is committed to being increasingly accountable and transparent to the public and our funders about what we do - the services we provide and how we deliver them – how we measure performance, and how we use the money we raise. This year we were proud to be again voted New Zealand’s most trusted charity.

We know how highly St John is regarded across New Zealand, and we never take the community’s trust and support for granted. ■

A handwritten signature in black ink, appearing to read "P Bradley".

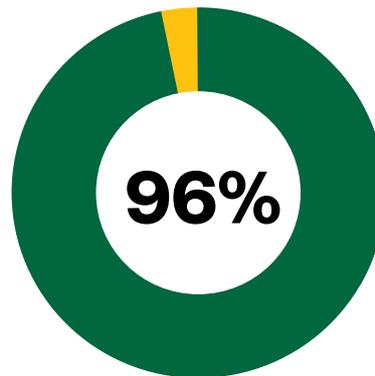
Peter Bradley CBE, Chief Executive Officer

Highlights of the 2014/15 year include:

- the introduction of nurse/paramedic telephone advice (hear and advise) to optimise self-care and alternative care pathways through the 111 Clinical Hub
- the development of see and treat initiatives using available local care pathways
- the introduction of electronic Patient Report Forms (ePRF) providing connectivity to healthcare providers and the ability to access the wider health summary care record allowing for a greater focus on clinical audit, pre-hospital care research and the clinical quality indicators to improve care
- implementation of stroke and spinal cord injury regional and national pathways to improve patient outcomes
- an increase in safe crewing through the addition of 158 new frontline ambulance staff, the completion of the first year of our Volunteer Sustainability Strategy, and the introduction of a new Values programme
- our people working in local communities and school health promotion and injury prevention initiatives
- a focus on cardiac arrest survival to discharge and patient outcomes with international benchmarking.

428,319

Patients treated and/or transported by ambulance officers



96%

of ambulance patients have high or very high trust and confidence in St John



Executive Management Team (as at September 2015). From left to right: Barry Thurston (Chief Information Officer), Gary Connolly (Chief Financial Officer), Norma Lane (Director of Clinical Operations), David Thomas (General Manager South Island Region), Darrin Goulding (Director of Strategy and Governance), Peter Loveridge (Director of Commercial Services), Tom Dodd (HR and Order Matters Director), Sarah Manley (Director of Community Health Services), Peter Bradley (Chief Executive Officer).

Insert: Dr Sharon Kletchko (General Manager Central Region). Absent: Neil Porteous (General Manager Northern Region until August 2015)

The following statistics and facts give a snapshot of our work 1 July 2014 – 30 June 2015

	Total 2014/15	Total 2013/14	Increase/ decrease	Variance
111 emergency calls for an ambulance	454,990 ¹	437,970	17,020	3.9%
Emergency incidents attended	366,375 ²	365,097	1,278	0.4%
Other incidents attended	78,770 ³	78,520	250	0.3%
Patients treated and/or transported by ambulance officers	428,319	425,295	3,024	0.7%
Kilometres travelled by ambulances	19,693,430	19,398,278	295,152	1.5%
Ambulance and operational vehicles	662	653	9	1.4%
Ambulance volunteers ⁴	2,928	3,057	-129	-4.2%
Ambulance paid personnel	1,625	1,417	208	14.7%
Events serviced	7,174	7,329	-155	-2.1%
Events volunteers	1,523	1,621	-98	-6.0%
People trained in first aid	73,118	66,096	7,022	10.6%
Children who participated in the St John in Schools programme	49,101	37,388	11,713	31.3%
Caring Caller clients	1,200	1,462	-262	-17.9%
Caring Caller volunteers ⁴	1,078	1,196	-118	-9.9%
Community Care in Hospitals volunteers ⁵	834	911	-77	-8.5%
Health Shuttle client trips	63,996	56,328	7,668	13.6%
Health Shuttle volunteers	631	581	50	8.6%
Area committee volunteers	1,189	1,105	84	7.6%
Therapy Pets volunteers	279	313	-34	-10.9%
Total volunteers ⁴	9,447	9,138	309	3.4%
Youth members (Penguins and Cadets – under 18)	6,555	6,651	-96	-1.4%
Youth Leaders (over 18)	1,091	1,017	74	7.3%
Paid personnel ^{4,6}	2,090	1,834	256	14.0%
Total personnel ⁴	19,326	18,691	635	3.4%

1 2014/15 figure excludes re-offers

2 2014/15 figure excludes patient transfers

3 Non emergency incidents

4 Includes national headquarters

5 Friends of the Emergency Department and Hospital Friends

6 Full-time equivalent (FTE), including full-time and part-time staff.

Volunteers and paid personnel as at 30 June 2015. Some personnel have multiple roles.

AMBITION 1



Right care, right time

What we'll do

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

How we'll do it

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

Highlights of the past year include:

Improvements in emergency response times

St John has nine contracted ambulance response time targets agreed with the Ministry of Health (MoH) and ACC, and in line with New Zealand ambulance standards. We consistently strive to deliver the right care to our patients at the right time; improving our response times to life-threatening and time-critical cases and finding better ways to treat low-acuity cases.

St John has performance targets for three types of incidents:

- › immediately life-threatening ('Purple')
- › immediately life-threatening or time-critical ('Red')
- › urgent or potentially serious but not immediately life-threatening ('Orange').

Significant performance improvements were achieved over the past year (see page 8 table). Key contributing factors

were an increase in frontline staff, the implementation of new deployment plans, the impact of the 111 Clinical Hub and other initiatives in our Clinical Control Centres, our partnership with the NZ Fire Service, and technological improvements.

Increased frontline resourcing

St John added 158 frontline staff in 35 locations across New Zealand with the support of MoH and ACC. The additional ambulance officers reduced the number of single-crewed ambulance responses by 10,000 annually, and was a significant contributor to improved response rates. A new entry level frontline role, the emergency medical assistant (EMA), was successfully introduced. An EMA is a first responder who has completed additional training to enable them to assist a paramedic or intensive care paramedic.

Achieving 100% safe crewing is a major focus of St John's five-year workforce plan (see page 21).

Performance targets - how quickly we responded to Purple and Red incidents

Purple and red	50% Target			95% Target		
	Urban	Rural	Remote	Urban	Rural	Remote
Contractual target	50% in 8 minutes	50% in 12 minutes	50% in 25 minutes	95% in 20 minutes	95% in 30 minutes	95% in 60 minutes
What we achieved	56.5%	52.3%	54.6%	95.0%	92.6%	92.6%

Orange	80% target		
	Urban	Rural	Remote
Contractual target	80% in 20 minutes	80% in 30 minutes	80% in 60 minutes
What we achieved	77.5%	84.1%	88.8%

Our responses to the most urgent incidents						
District	Percentage of urban purple and red incidents responded to within 8 minutes (50% Target)			Percentage of rural purple and red incidents responded to within 12 minutes (50% Target)		
	2013/14	2014/15	Improvement	2013/14	2014/15	Improvement
Auckland	46.8%	52.6%	5.8%	39.7%	46.0%	6.3%
Bay of Plenty	53.2%	53.3%	0.1%	53.3%	54.3%	1.0%
Canterbury	51.7%	50.7%	-1.0%	33.7%	36.4%	2.7%
Hauraki / Coromandel	N/A	N/A	N/A	61.9%	65.9%	4.0%
Hawkes Bay	69.1%	68.0%	-1.1%	59.0%	58.8%	-0.2%
Manawatu	64.1%	69.1%	5.0%	55.7%	61.3%	5.6%
Northland	57.3%	59.9%	2.6%	38.8%	38.4%	-0.4%
Southland Lakes	80.6%	79.7%	-0.9%	58.4%	57.5%	-0.9%
Taranaki	59.7%	61.5%	1.8%	53.9%	54.6%	0.7%
Tasman	65.0%	65.6%	0.6%	58.4%	56.9%	-1.5%
Waikato	54.3%	56.1%	1.8%	55.6%	52.7%	-2.9%
Waitaki	65.4%	67.3%	1.9%	54.7%	58.1%	3.4%
National	53.7%	56.5%	2.8%	51.1%	52.3%	1.2%

Our Clinical Control Centres answered 94.7% of 111 ambulance calls within 15 seconds, and improved average dispatch times to Purple and Red incidents.

	2013/14	2014/15	Variance
Urban	65 seconds	50 seconds	23.1%
Rural	49 seconds	39 seconds	20.4%

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The Top 10 reasons New Zealanders called 111 for an ambulance

Chief complaint	% of 111 calls
GP Referral	20.1%
Sick person - specific diagnosis	9.6%
Falls/back injuries	8.9%
Breathing problems	8.4%
Chest pain	7.4%
Unconscious/ passing Out	7.1%
Unknown problem (third party calling)	5.0%
Traffic accidents	4.0%
Abdominal pain/problems	3.9%
Traumatic injuries	3.9%

Patient-centred deployment

New patient-centred deployment plans were developed to map high demand, and move our ambulance resources into the areas where they are most likely to be needed. Electronic tools were developed to aid our dispatchers with real-time vehicle positioning, further improving emergency responses.

Our partnership with Fire

St John and the New Zealand Fire Service (NZFS) work together as co-responders to optimise our response to the most time critical

'Purple' medical emergencies. In these cases, which make up 1% of medical emergencies, Fire Service crews trained in CPR are dispatched at the same time as an ambulance. Over the past year, the co-responding Fire crew was first on scene in 873 Purple cases. These represented a small percentage of our 393,917 emergency callouts, but are the cases where every second counts. Patients in cardiac or respiratory arrest have a greater chance of survival if CPR is provided until paramedics arrive.

NZFS also provide emergency support to remote and

isolated communities. Fire First Responders are brigades in selected areas that can be dispatched to a medical emergency. They are always backed up by the nearest available ambulance.

Investment in business resilience and disaster recovery

Over the past year, we have invested in our ICT infrastructure to improve quality and resilience. The upgrade of our ambulance fleet's Mobile Data Terminal (MDT) system added significant value, enabling ambulance staff to electronically communicate their status during a response, and providing real-time information to our Clinical Control Centres. This year, we also completed the virtualising of the computer aided dispatch (CAD) systems in our 111 Clinical Control Centres, ensuring they are fully prepared for disaster recovery.

Transformation of the St John fleet

St John put 35 new ambulances on the road during the past year, and upgraded essential lifesaving equipment across the fleet, including replacing 221 older monitors with new Lifepak 15 technology. A new van conversion ambulance design was developed, which will help improve staff safety

and reduce cost, and will be introduced next year. Fifty replacement ambulances are required each year and the new design will increase the number of ambulances St John is able to replace annually.



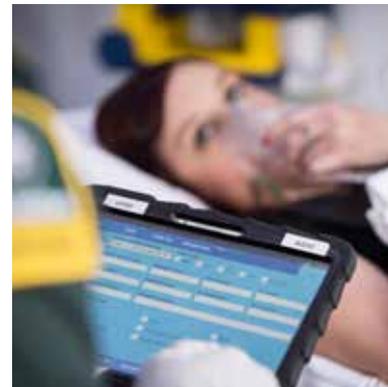
Our 111 Clinical Control Centres significantly improved ambulance dispatch times.

Electronic Patient Report Forms – world-leading technology

This year saw St John reach a major milestone, completing the development and testing of the electronic Patient Report Form (ePRF). This world-leading technology replaces handwritten, paper-based ambulance patient record forms with an electronic version written on handheld Samsung tablets. The electronic record integrates with the District Health Board (DHB) system, so patient-receiving points such as ED or Maternity can access real-time information from incoming

ambulances, improving the quality and safety of patient care. There are many opportunities for future integration with other healthcare providers.

St John, supported by the Ministry of Health and ACC, led the ePRF project for the New Zealand ambulance sector, working closely with colleagues across the health sector to implement this important initiative.



Patient information is entered into the electronic Patient Report Form (ePRF).

A successful five-week pilot was carried out in the Auckland and Canterbury regions in August and September 2015, and nationwide implementation began on 14 October in the Waikato, Hauraki and Coromandel districts. St John ambulance crews and DHB staff have embraced the new technology and the value it adds to our service. ■

+6,000

St John got to 6,000 more Purple and Red incidents in 8 minutes than in the previous year

+20%

St John was more than 20% faster at dispatching ambulances to Purple and Red incidents.

We answered

94.7%

calls within 15 seconds



Local pathways

What we'll do

We'll become a hub for community health.

How we'll do it

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

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

Community programmes

Through our connections with community organisations and primary healthcare providers, St John builds resilient communities and supports the health, wellbeing and independence of New Zealanders.

- **Friends of the Emergency Department** – FED volunteers provide comfort and companionship to patients in hospital emergency departments
- **Caring Callers** – Our volunteers offer a telephone friendship service to support lonely or isolated people, calling regularly to check everything is okay
- **Health Shuttles** – Free Health Shuttles transported 63,996 people with health or mobility problems to medical appointments
- **Community Carers** – Volunteers provide non-clinical care and support to rest home residents and their visiting friends and family in a new Northland initiative

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

- **St John Youth** – Our programmes for young New Zealanders develop first aid, health care, leadership and life skills in a positive, fun environment. Penguins are aged 6-8 years, and Cadets are aged 8-18 years.

- **St John in Schools** – a popular education programme for pre-school and school-aged children.

Area committees

In 149 communities, St John Area Committees work with local stakeholders to plan and provide St John programmes, manage stations and vehicles and promote St John services. They raise essential funds needed for the day-to-day running costs of the station and life-saving equipment such as defibrillators and stretchers, and play an important role in

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the St John Annual Appeal. Our area committees, and the 1,189 volunteers who manage them, are an integral part of St John, connecting us with communities throughout New Zealand.

Highlights of the past year include:

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St John in Schools expands

This year saw a major expansion of St John in Schools with 31% more children taking part than during the previous year. St John in Schools develops the confidence and capability of preschool and school-aged children, teaching them how to respond in an emergency environment. Our tutors teach different skills to different age groups, offering four modules; Responding in an Emergency, Camping, Disaster Preparedness, and Accident Prevention and Injury Care. Supported by a partnership with ACC, St John in Schools will expand significantly in the coming year. Over time, our goal is to reach 480,000 students from preschool through to Year 7, improving the emergency preparedness and general resilience of the next generation.



Strengthening relationships with Māori communities

As part of St John's Te Ara Hato Hone Māori Strategy, we implemented new Pou Takawaenga (Māori Liaison Officer) roles to strengthen our relationships with Māori

communities. Pou Takawaenga engage with Marae throughout New Zealand, developing partnerships with, hapu, whanau, Māori health providers, and related liaison roles within the health sector and emergency services, to improve the healthcare outcomes of these communities.

The Single Point of Entry (SPOE) Pathway

The Single Point Of Entry (SPOE) pathway is a new initiative that integrates St John's 111 service with local primary care services. Ambulance staff attending patients in their homes gain insight into their medical and social situations that can be used to recommend targeted follow-up care. The SPOE pathway is particularly beneficial to complex patients who require input from multiple services, and people of low socio-economic status who require assistance navigating the health system.

The first SPOE pathway was implemented this year in Nelson Bays in partnership with the Nelson Marlborough DHB and Nelson Bays Primary Health Organisation (PHO). Under the scheme, paramedics assess patients to find out whether they are safe to stay at home but need further care. Nelson's community care coordination service then connects the patient with the right services.

Referral areas were selected based on high-need health areas, including health issues that disproportionately affect Māori, and the social history ambulance staff passed on in the referrals proved invaluable in establishing patient needs and ensuring appropriate ongoing care.

In September 2015, the SPOE pathway won the People's Choice Award at the Nelson Marlborough

DHB Health Quality & Innovation Awards.



St John Opportunity Shops generated revenue of \$2.9 million for ambulance and community services in the past year.

Here for the community – 10 new opportunity shops

Opportunity shops are community hubs and generate important funds to support local ambulance services and community programmes.

Over the past year, St John opened 10 new opportunity shops across the country; in Marlborough, Huntly, Wanganui, Levin, Te Awamutu, Palmerston North, Lower Hutt, Tauranga, Dunedin, and Auckland's North Shore. Highlights of the year include the purchase of a new ambulance from the profits of the Howick St John Opportunity Shop and the Mangawhai Opportunity Shop's contribution to building the community's first ambulance station. ■



St John in Schools taught

49,101

children life-saving skills



Quality care

What we'll do

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

How we'll do it

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

Highlights of the past year include:

The 111 Clinical Hub

One of the most significant achievements of the past year was the successful pilot of the 111 Clinical Hub in the Auckland region. 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 – providing these patients with the right care at the right time, and freeing up emergency ambulance and hospital resources to treat more urgent cases. The Clinical Hub is staffed by registered nurses and paramedics sitting in our 111 Clinical Control Centres, who carry out in-depth clinical telephone assessments on selected callers and identify alternative care pathways. These could include helping arrange a visit to the patient's GP or an Accident and Medical centre, or self-care. An ambulance might also be dispatched.

An independent external review on the Clinical Hub was undertaken by the Sapere Research Group, who reported; "The Clinical Hub provides a valuable tool for undertaking secondary triaging of less urgent 111 calls. There is strong evidence that it represents a material improvement on the status quo and there is likely to be a compelling case for expanding the Clinical Hub to a national footprint."

The Clinical Hub had a significant impact on the number of ambulance presentations to Emergency Departments in the Auckland DHB reducing them by 6,000 during the year of the pilot. As a result, those 6,000 patients received more appropriate care, and more frontline ambulances were available for life-threatening and time-critical emergencies (Purple and Red incidents). In fact, during the pilot period, St John reached 3,816 more Purple and Red incidents in Auckland within our 8 minute target than in the previous year.

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Key to the success of the trial was St John's partnership with Homecare Medical, whose registered nurses work in our 111 Clinical Control Centres. The trial also strengthened links between St John and the DHBs and PHOs who supported its implementation in Auckland.

Spinal Cord Injury Destination Policy

In June, St John, in association with ACC, the Ministry of Health and Wellington Free Ambulance published the Spinal Cord Injury Destination Policy. St John played a leading role in the development of the policy, which sees people who suffer spinal cord injuries transported directly to one of three specialist hospitals to maximise their long-term health and rehabilitation outcomes. The new approach is one of a number of objectives under the New Zealand Spinal Cord Impairment Action Plan, a joint initiative between the Ministry of Health and ACC.



St John Chief Executive Officer Peter Bradley, Hon Nikki Kaye – Minister for ACC, Tony Smith – St John Medical Director, and Hon Jonathan Coleman – Minister for Health launch the Spinal Cord Injury Destination Policy.

Transport of suspected Ebola cases

St John's emergency planning and preparedness was tested with the transport of two

suspected Ebola virus disease cases, using new Isopod (isolation pod) transfer protocols. The Isopod pods allow a bleeding or highly infectious patient to be transported to a hospital isolation unit, including on a medical flight, without contamination. One case involved a 16-hour transfer operation for a patient who had become unwell after returning from Sierra Leone as part of New Zealand's contribution to the international response to Ebola. The patient was transported safely and subsequently given a clean bill of health and our experience using isopods in the field will improve clinical outcomes for future patients needing to be transported under quarantine.

The Out-of-Hospital Cardiac Arrest report

Every day in New Zealand five people are treated for an out-of-hospital cardiac arrest (OHCA). From the moment they go into cardiac arrest, there are many individuals who contribute to their survival – from members of the public who witness the event and perform CPR or use an automated external defibrillator (AED), to 111 call handlers, ambulance staff, co-responders such as the New Zealand Fire Service and hospital staff.

The St John OHCA report analyses the survival to discharge of these patients – the percentage of people who were treated for a cardiac arrest by ambulance officers, transported to hospital, and subsequently discharged alive. It is one of the key measures of clinical quality for an emergency ambulance service. In 2014, St John published our first OHCA report, covering a nine month period, enabling us to benchmark our cardiac arrest survival rates against comparable ambulance services internationally. In 2015, for the

first time, we captured a full year of data, which forms the basis for our second annual OHCA report. Our survival rate of 15% patients discharged alive compares well with the London Ambulance Service (10%) Ambulance Victoria in Australia (10%), St John Ambulance Western Australia (10%), and Wellington Free Ambulance (20%).

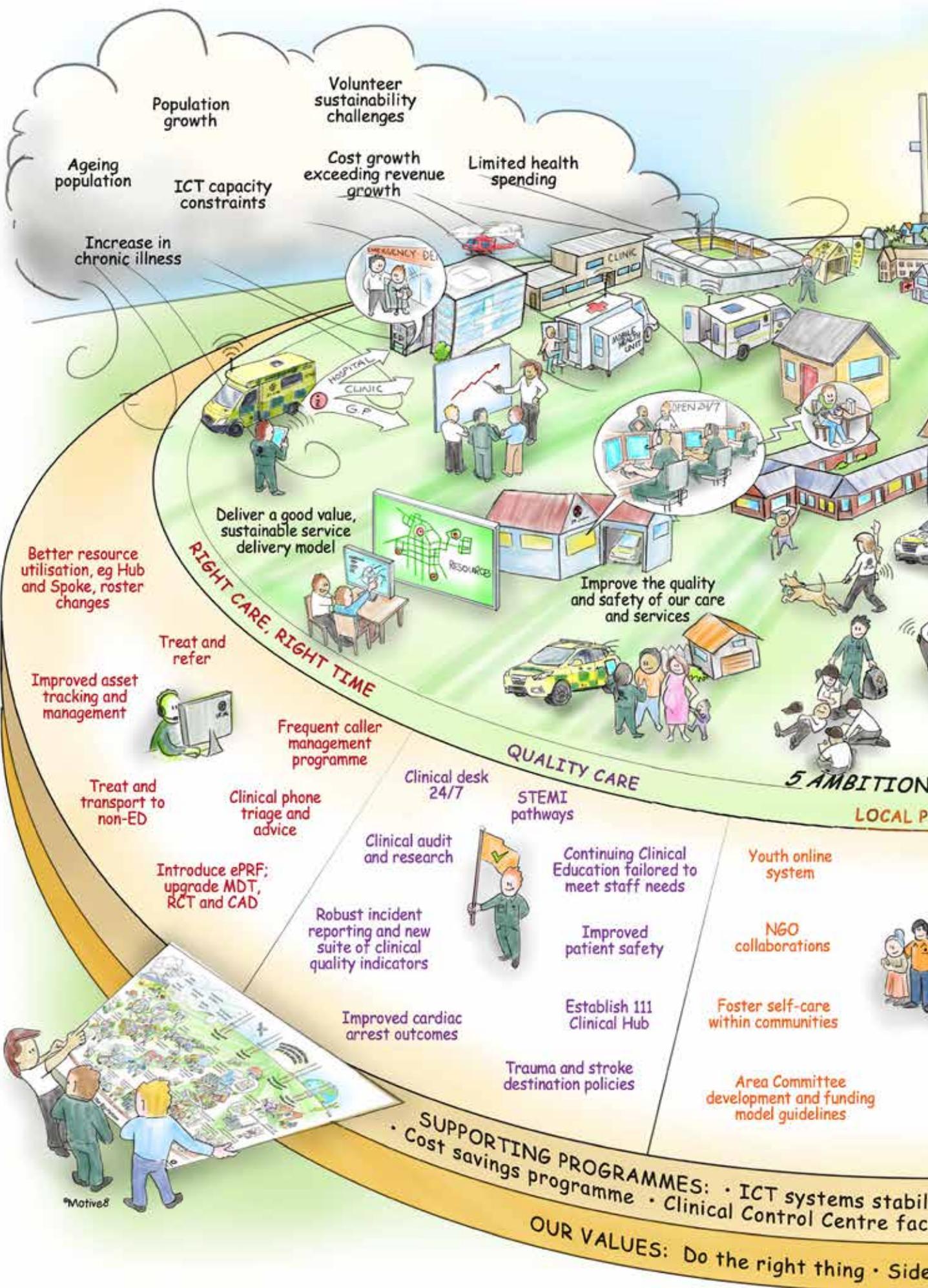


80,000+
downloads of St John's
free CPR App

LINK

St John is in a unique position to improve several aspects in the cardiac arrest chain of survival. Our St John in Schools and St John Youth programmes educate youngsters on how to call for help swiftly and perform CPR. Our public first aid training builds expertise in communities, our free CPR App gives immediate access to lifesaving techniques, and we have more public AEDs available than ever before. The OHCA results show we have achieved a good rate of survival to hospital discharge, and provide clinical insights to help us improve patient outcomes even further, so that over time more people in our population survive cardiac arrest.

St John also introduced a new approach to clinical reporting in 2014/15. The Clinical Performance Bundle reports evaluate the quality, safety and reliability of our care to patients. Publication this year of our first Clinical Performance Audit report on Asthma helped our staff understand their performance for this group of patients and highlighted opportunities to improve. ■



Population growth

Volunteer sustainability challenges

Ageing population

ICT capacity constraints

Cost growth exceeding revenue growth

Limited health spending

Increase in chronic illness

Better resource utilisation, eg Hub and Spoke, roster changes

Deliver a good value, sustainable service delivery model

Improve the quality and safety of our care and services

Treat and refer

Improved asset tracking and management

Frequent caller management programme

QUALITY CARE

5 AMBITION LOCAL PARTNERSHIPS

Treat and transport to non-ED

Clinical phone triage and advice

Clinical desk 24/7

STEMI pathways

Introduce ePRF; upgrade MDT, RCT and CAD

Clinical audit and research

Continuing Clinical Education tailored to meet staff needs

Youth online system

Robust incident reporting and new suite of clinical quality indicators

Improved patient safety

NGO collaborations

Improved cardiac arrest outcomes

Establish 111 Clinical Hub

Foster self-care within communities

Trauma and stroke destination policies

Area Committee development and funding model guidelines

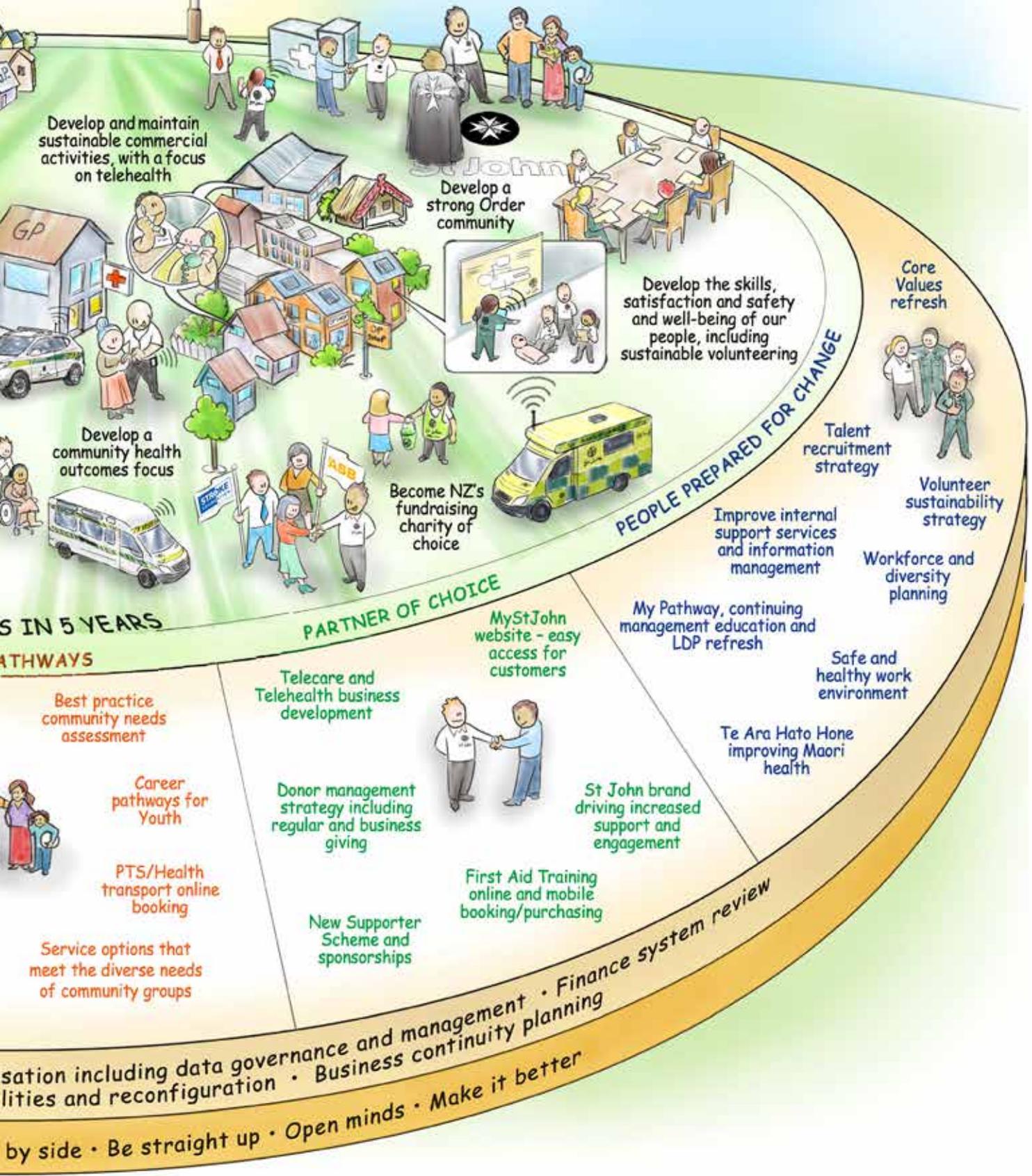
SUPPORTING PROGRAMMES: • Cost savings programme • Clinical Control Centre facilities

OUR VALUES: Do the right thing • Side

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.

Integrated Business Plan Goals 2013-2018



Partner of choice

What we'll do

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

How we'll do it

We'll partner effectively with other primary care and emergency service providers as an integrated part of community healthcare.

We'll be the partner of choice for donors who want to see good done in the community.

People will choose our products and services because of who we are.

Highlights of the last year include:

From 'First to Care' to 'Here for Life'

Launched in February 2015, the new St John positioning 'Here for Life' more fully describes the impact of our work, recognising that saving a life is also saving a family, a friend, a workmate, and their future experiences and potential. Here for Life also reflects the range of St John's activities in the community, from preparing kids for an emergency through the popular St John in Schools programme, to the medical alarms that enable older New Zealanders to live independently for longer.



St John
Here for Life

73,000 New Zealanders trained in first aid

St John's public first aid training builds capability in communities throughout the country. The high quality of our tutors was reflected in over 90% satisfaction scores from clients, and the achievement this year of Category 1 training status. We reinforced our focus on quality with a new tutor certification system, and launched additional resources; including an updated CPR App, new, improved version of the St John NZ First Aid Handbook, new First Aid kits and St John branded plasters.



St John Medical Alarms

St John Medical Alarms help seniors and people with disabilities to continue enjoying their independence for longer. Ours are the only medical alarms monitored directly by St John and are the medical

[LINK](#)
[LINK](#)
[LINK](#)

alarms recommended most often by GPs. In July 2015, we introduced new medical alarm features, including a pendant that activates automatically if the wearer experiences a fall, a smoke detector that is monitored via the medical alarm and a special 'Health Advice' function.

Over 500 life-saving AEDs installed throughout New Zealand

Access to an automated external defibrillator (AED) greatly improves the chances of survival from cardiac arrest. St John's AED business ensures more of these lifesaving resources are available in our communities, and makes an important financial contribution to St John's other services. In the past year, more than 530 AEDs were purchased from St John for installation in organisations throughout New Zealand, from schools to restaurants to banks.

ICC Cricket World Cup and FIFA U20 Football World Cup

St John provides first aid and emergency care services at events throughout New Zealand. Our events teams were kept busy this year as New Zealand hosted two major international sporting fixtures. The ICC Cricket World Cup saw 405,000 people attending 23 matches played in New Zealand. The FIFA U20 Football World Cup showcased the up-and-comers of the sport, with 24 teams playing 52 matches.

LINK

The generosity of New Zealanders

New Zealanders generously supported the work St John does in their communities with \$31.7 million in donations from individuals, corporate partners, trusts and grants, supporter scheme members and bequests.

A highlight was the Annual Appeal week in April, which saw New Zealanders generously donate \$2.2 million. St John used these funds to build and equip 12 new frontline ambulances, a significant proportion of the 35 replacement ambulances St John needs each year. Our Annual Appeal ambulances were manufactured in the Waikato and have been deployed throughout New Zealand. They carry a special dedication thanking the New Zealand public.



A new fundraising programme was developed to inspire New Zealanders to get behind our frontline staff, making regular donations as part of Team Green.

St John was again greatly supported by a group of special individuals who made donations in their wills. Their legacies make a significant contribution to the services St John provides, now and in the future.

Grants

Our 138,000 Supporter Scheme members make a valuable contribution to St John. Supporters pay an annual fee, and receive free medical emergency attendance, free emergency ambulance transport if required in a medical emergency and for accident related injuries more than 24 hours old (ACC usually covers those less than 24 hours old). This year we made it easier to become a supporter online,

and to gift a membership to friends or family.

The Lion Foundation has supported St John since 2004. This year, a grant of \$950,000 was used to fund frontline ambulances.

- the Lottery Grants Board granted \$220,000 to support the St John Health Shuttle service, St John in Schools, volunteer reimbursement costs and the HEARTsafe programme
- additional grants from a number of trusts were received during the year, and we acknowledge these along with other donors and supporters on page 19.

Key business partners

ASB partnership

ASB has been St John's key corporate partner for the past seven years. ASB people are involved with St John in many ways; from volunteering on area committees or as Caring Callers, to contributing to our Annual Appeal fundraising, to running for St John in the ASB Auckland Marathon. Major projects this year include the installation of AEDs in every ASB branch, and the development of the upcoming ASB Toy Ambulance fundraising campaign.

In November 2014, St John and ASB launched a national campaign to install automated external defibrillator (AED) units in 140 ASB branches throughout New Zealand. AEDs shock the heart back into rhythm and are an essential link in the chain of survival for cardiac arrest. With ASB typically located at the centre of townships and shopping centres, their branch network is able to provide extensive community access to this lifesaving equipment.



(L-R) St John Director of Commercial Services, Peter Loveridge, paramedic Simon Barnett and ASB Executive General Manager of Marketing and Communications, Roger Beaumont attend a workshop.

ASB branches also provided the location for free CPR and AED familiarisation workshops delivered by St John tutors over four months, so staff and the public could learn valuable life-saving skills. Twenty-five St John tutors ran 230 workshops, training more than 1,600 ASB staff and customers in CPR and AED use. ASB Executive General Manager of Marketing and Communications Roger Beaumont says the workshops were a fantastic opportunity for staff and the public to increase their knowledge and confidence to be able to make a real difference in a medical emergency. "If an AED located in an ASB branch helps save one life

we know these units will have contributed to the wellbeing of New Zealand's communities," Mr Beaumont says.

A new partnership with Samsung

A major new partnership between St John and Samsung Electronics New Zealand was signed this year, to enhance emergency ambulance services and support St John's community programmes. Over the past months, Samsung tablets have been rolled out in ambulances as part of the innovative electronic Patient Report Form system that is replacing handwritten clinical notes. Samsung 27" curved monitors were installed in St John's 111 Clinical Control Centres in Auckland and Christchurch.



Samsung and St John sign a new partnership: (L-R) St John Volunteer Projects Advisor Pete Hoskin, St John Chief Executive Peter Bradley, Managing Director of Samsung New Zealand Kenny Yeon, St John Paramedic Karen Dreaver.

The technology mimics the natural curvature of the eye and provides an immersive and more comfortable workstation environment for our emergency calls handlers and dispatchers.

St John thanks our other business partners GO Healthy, Foodstuffs South Island Limited, Hyundai, Four Square Supermarkets South Island, NZ Safety Ltd, PGG Wrightson, PowerNet, and Outward Bound for their ongoing support.

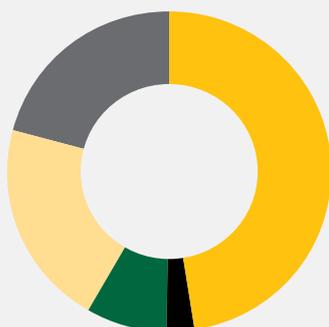
We are pleased to welcome Z Energy, who became a corporate partner in October 2015.



13,000

Facebook likes
(up from 7000 the previous year)

TOTAL \$\$ FUNDRAISING REVENUE (INCLUDING SUPPORTER SCHEME)



- INDIVIDUAL DONATIONS (48%)
- CORPORATE SUPPORT (3%)
- TRUSTS AND GRANTS (8%)
- SUPPORTER SCHEME SUBSCRIPTIONS (20%)
- BEQUESTS (21%)

\$31.7 million
raised through fundraising

DONORS AND SUPPORTERS

LINK

With your support

We gratefully acknowledge the contributions of the wide range of individuals and organisations for their generous support during the 2014/15 year. These include:

500 Ti Rakau Ltd
Alpha Charitable Trust
ASB Bank Limited
Auckland Communities Foundation
Blue Waters Community Trust
Canterbury Events Equipment Trust
Central Lakes Trust
Clinton Lions Club
Community Organisation Grants Scheme (COGS)
Community Trust of Southland
Coromandel Senior Citizens Trust
Endeavour Community Foundation
FibreOctave
First Light Community Foundation
Foodstuffs South Island Community Trust
Four Square Supermarkets South Island
Four Winds Foundation
Gallagher Charitable Trust Board
Glenice & John Gallagher Foundation
Global Federation of Chinese Business Women of New Zealand
GO Healthy
Gore Pakeke Lions Club
Grassroots Trust
Greenlea Foundation Trust
Gus Fisher Charitable Trust
Hastings Women's Community Club
Hyundai
ILT Foundation
Infinity Foundation Limited
IOOF NZ
J N Lemon Charitable Trust
J West Holdings Ltd
J. I. Urquhart Family Trust
Jack Jeffs Charitable Trust
James And Mabel Thorburn Family Charitable Trust
JBW McKenzie Trust
Jones Foundation
Katikati Funfest Charitable Trust
King's College
Lady Alport Barker Trust
Lion Foundation Rotorua
Marat

Lions Club of Wellsford
Lottery Community Grants
Maniototo Lions Club
Marjorie Barclay Trust
Meridian Waitaki Community Fund
Miss Calista Olsen
Mr Bruce Amies
Mr Francis & Mrs Kathleen Murney
Mr Jacobus Geerlings
Mr Laurence McCool
Mr Malcolm Fletcher
Mr Noel Fraser
Mr Paul Wiggins
Mr Philip Jones
Mr Raymond Saies
Mr Trevor Gliddon
Mrs Helen Blake
Mrs Jean Muir
Mrs Judith & Mr Kenneth Brown
Mrs Julekha Ali
Mrs P Perkins
Mrs Yvonne McCormick
Mt Wellington Charitable Trust
New Zealand Community Trust
New Zealand Lottery Grants Board
New Zealand Safety Ltd
North & South Trust
Outward Bound Trust
Oxford Sports Trust
Pelorus Trust
Perpetual Medical Services Trust
PGG Wrightson Ltd
PGG Wrightsons
PowerNet
Purnell Jenkison Oliver Lawyers
Rata Foundation
Redwood Trust
Reed Charitable Trust
Robert Allan Bell Trust
Rotary Club of Cambridge
Rotary Club of Rotorua West
Rotary Club of Timaru South
Ruapehu and Waimarino Returned Services Association
Rural Contractors New Zealand
SKYCITY Hamilton
Community Trust
Starlight Foundation
Steel & Co

T Clark Trust
Taipei Economic & Cultural Office & friends
Ted & Mollie Carr Endowment Fund
Tauranga Table Inc
The Flying Moa
The Lion Foundation
The Southern Trust
Tour of New Zealand
Transpower Community Care Fund
Trevor Wilson Charitable Trust
Trust Waikato
Tukete Charitable Trust
Un Cadeau Charitable Trust
Wesfarmers Industrial and Safety NZ
West Coast Community
Westland Medical Centre Community Trust
Whakatane Fishing Charity Tournament
Wharepuhunga Hall Society
Z Energy Ltd

Legacy gifts

Estate of Samuel John Atkins
Estate of William Basher
Estate of Hilda Mary Beattie
Estate of Frances Blackledge
Estate of Dorothy Brand
Estate of Brian Williams Cairns
Estate of Joan Winifred Cattermole
Estate of Robert Frank Cattermole,
Estate of John Laurence Cotter
Estate of Lorna Louise Craig
Estate of Heather Daulton
Estate of Joyce Evelyn Drury
Estate of Ellen Dora Dwyer
Estate of Vera Ann Farquharson
Estate of JB Finnemore
Estate of Joyce Maree Fountain
Estate of Ailsa Gibson
Estate of Elizabeth Brenda Gilchrist
Estate of Olive Goosman
Estate of Edna Honore
Estate of Ruth Howie
Estate of Z J Hutter
Estate of Derek Jackson

Estate of Ian Johnstone
Estate of John Kent
Estate of Jennifer Koppens
Estate of Marjorie Latham
Estate of Douglas Leighton
Estate of Rose Lockhart
Estate of Alfred John Keech
Estate of Robert Kenneth Mace
Estate of Mary Maddison
Estate of Naida Mason
Estate of Doris Elisabeth Millar
Estate of Mary Lousie Minn
Estate of Edith Neale
Estate of Ada Neilson
Estate of Thomas O'Brien
Estate of Graeme Selwyn Payne
Estate of Alan Pee
Estate of Thaddeus Petford
Estate of Fred Poyner
Estate of Marjorie Joyce Pullar
Estate of John Raleigh
Estate of Kenneth Ramsay
Estate of Stanley Ratley Trust
Estate of E L & B M Robinson
Estate of Albert Arthur Roberts
Estate of Ivan Scott
Estate of Jack Shaw
Estate of Ellenor Shaw
Estate of Cyril Smith
Estate of Ian Smith
Estate of James Keith Smith
Estate of Mary Snoep
Estate of Jean Mildred Sparkes
Estate of Elizabeth Mary Stokes
Estate of Bryan Teasey
Estate of James Thompson
Estate of P Vessey
Estate of Eliza Mary Watson
Estate of John Weedon
Estate of Joy Weigren
Estate of Mabel Elizabeth Jane Whitham
Estate of Evelyn Wills
Estate of Patricia Wilson
Estate of Desmond Graeme Withy
Estate of Ivy Woodhead
Estate of Darcy Worthington
Estate of Martien Wynen ■

People prepared for change

What we'll do

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

How we'll do it

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

Highlights of the last year include:

New St John Values

We introduced a new Values Programme to help shape St John's culture and support our vision of enhanced health and wellbeing for all New Zealanders.

Our five Values were developed in consultation with St John people from all across the organisation as part of a two-year programme. They guide how we do things together as One St John.

We do the Right Thing – Whakaaro Tika

We take responsibility. Make the tough calls. Think of others.

We stand Side by Side – Whakakoha

We respect, value and support what others contribute.

We Make it Better – Whakawerohia

We find solutions – step up. Own it. Do it.

We have Open Minds – Whakahangahanga

We listen openly. Encourage ideas. Welcome feedback.

We are Straight Up – Whakapono

We act with honesty, courage and kindness.

The Values programme integrates with 'Taking the Pulse', an annual staff survey that measures the engagement and satisfaction of paid and volunteer St John personnel.



St John Māori Strategy – Te Ara Hato Hone

This year St John established the Tāhuhu, the Māori advisory group to the Executive Management

Team, and also established a dedicated role in each of our three regions (Pou Takawaenga) focused on supporting the implementation of our Māori Strategy. Under the guidance of the Tāhuhu, St John developed Te Ara Hato Hone 2015–2020, a refreshed Māori strategy. Te Ara Hato Hone builds on the Māori strategy issued in 2010 and is informed by the St John 2013–2018 Integrated Business Plan (IBP). This strategy is designed to contribute to the St John mission and to address our specific obligations to the Crown for Māori health outcomes. At its heart is Te Tiriti o Waitangi, the Treaty of Waitangi.

Te Ara Whakamua – Broad Māori Strategy has three key focus areas:

Ara ki te hauora – Initiatives relating to Māori health outcomes

Develop and deliver annual projects in specific regions, based on assessed need from Clinical services and other data.

Whakawhanaungatanga – Engagement with Māori communities

Improve the engagement and involvement by Māori into St John community programmes, building opportunities for strategic partnerships and increased Māori membership.

Mana whakatipu me te āheitanga – Organisational leadership and cultural competence

Build capacity to deliver enhanced Māori health outcomes through visible leadership and increased cultural competence at all levels across St John.

Volunteer sustainability

From ambulance officers to area committees members, our 9,447 volunteers make an invaluable contribution to every part of

St John. We completed the first year of our five year Volunteer Sustainability Strategy, and prepared to embark on year two, continuing a consultative, 'side by side' approach.



St John has more than 4,500 ambulance personnel, both paid staff and volunteers

Year 1 initiatives included: A revamp of volunteer recruitment and induction, training and upskilling for managers of volunteers, and investing in volunteer reward and recognition.

Year 2 of the strategy sets out the following areas of focus:

- understanding and nurturing our mixed (paid/volunteer) workforce
- targeted volunteer recruitment based on identified demand
- further improving recognition
- informal volunteer support networks ("buddies" and volunteer representatives).

The St John Ambulance Workforce Plan

A major five year plan was completed that provides a road map for delivering our vision of a patient focused ambulance workforce that is safe, engaged, sustainable, flexible and appropriately skilled. The Ambulance Workforce Plan sets out how we will improve the capability and capacity of our ambulance workforce. It addresses existing issues

around patient and staff and supports the future transformation of our ambulance service, including working collaboratively with other health and emergency service providers. Over the past year, we recruited and deployed an additional 158 ambulance staff, and successfully implemented the emergency medical assistant (EMA) role, a new entry level position.

The Community of Leaders and Continuing Management Education

We invested in a new leadership development programme to develop a constructive and contemporary leadership style, in partnership with Melbourne Business School. The Community of Leaders programme was recognised by a 2015 Excellence in Practice silver Award from the European Foundation for Management Development (EFMD) which is contested by the world's top Business Schools and organisations. We also launched the Continuing Management Education (CME) programme to provide ongoing professional development for all managers across St John.

Health, safety and wellbeing

The health, safety and wellbeing of our staff and patients remains a major area of focus. At St John we are committed to the objective of striving to achieve no harm to anyone, ever. Our goal is an integrated approach to health, safety and wellbeing that goes well beyond compliance, and truly reflects our 'Here for Life' positioning. This year, we launched a redeveloped Health, Safety and Wellbeing strategy, and successfully completed a Workplace Safety Management Program audit for the central and northern regions ■

Investment and support from Government and the community in 2014/15

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.

What contribution does the Government make towards St John ambulance services?

- A fixed payment of around \$61 million from the Ministry of Health to respond to patients who need emergency medical treatment (not caused by trauma)
- A fixed payment of around \$56 million from ACC for emergency transport and treatment for a claimant's personal injuries.
- Funding of \$10.7 million from the Ministry of Health and \$6.1 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
- 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.

What did it cost to run St John's ambulance services in the 2014/15 financial year?

- The operating costs of the ambulance service group were \$196 million
- After Government funding and net part charge income, the emergency ambulance service group of activities had a financial deficit of \$33.2 million.

Where does the ambulance service shortfall of 30% come from?

- 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.

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

Our ambulance service operating costs are not fully funded by Government. To help make up for this shortfall in funding, we charge \$88 for an ambulance call out. The part charge is 16 percent of the cost of a typical emergency ambulance call out (\$535*) and is an important contribution to our work.

What did it cost to run the whole St John organisation in 2014/15, including all the services St John offers?

The total operating costs for St John were \$266 million. The overall financial result was a deficit of \$5.0 million, after removing the financial impact of asset impairment. This includes a total fundraising contribution of over \$30 million.

Why is St John 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 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 Outreach Therapy Pets.

How are these community programmes funded?

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

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

- It is important St John has financial reserves to support our long term financial stability, given the uncertainties around future funding levels, increasing demand for our services, and a capital expenditure programme to match demand and meet earthquake strengthening standards
- Our financial reserves are in line with organisations of a similar size and turnover, both charitable and commercial
- The majority of our capital is in assets such as land, buildings (including 201 ambulance stations), and operational assets, such as 700 operational vehicles (including ambulances), and equipment.

Why doesn't St John use those cash reserves?

- We make good use of those reserves to fund capital items, such as purchasing ambulances and emergency equipment, and building and equipping ambulance stations. It costs over \$200,000 to buy and equip an ambulance, and approximately \$1 million a year to equip and fully crew an ambulance
- We also use those funds to finance key health sector initiatives that will benefit our patients and the wider community.

Why isn't St John fully Government funded?

The Government doesn't fully fund primary health care.

In addition, communities have a longstanding history of establishing ambulance services locally with funding from both their community and from Government. The first ambulance services were purely voluntary. Since that time, they have evolved into a mix of volunteers and paid personnel. The voluntary component contributes a strong sense of community ownership and investment. ■

*This includes all of the costs to provide the necessary capacity to respond to emergencies, averaged across the volume of incidents in the 2014/15 year.



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



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

\$30
million per year

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

Year-end overview

St John NZ's underlying deficit was \$7.5 million for the financial year July 2014 - June 2015 (2014/15) representing utilisation of surplus reserves generated in previous years for improved service delivery, particularly through additional ambulance staffing with ambulance staff numbers increasing by 158 to 1,057 from the end of the financial year. This compares to the \$0.2 million underlying deficit for July 2013 - June 2014 (2013/14).

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 income granted for capital purposes, or one-off transactions such as the impacts in recent years of the Christchurch earthquake,

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.

Key performance summary

Revenue increased by 6.1% to \$256.7 million when compared against the previous financial year. On an underlying basis operating revenue excluding capital grants, investment income and one-offs was \$251.2 million, up \$16.2 million (6.9%) on the previous year, primarily due to an increase in funding from ACC following a shift from activity funding to service funding in July 2014 (\$8.9 million), additional revenue from MoH including funding for the Clinical Hub pilot and other service development activities (\$3.7 million) and increased income from our network of Opportunity Shops (\$1.3 million).

Expenditure increased by 11.6% to \$266.4 million when compared against the previous financial year. On an underlying basis operating expenditure excluding revaluations, depreciation, amortisation and interest was \$238.9 million, up \$21.6 million (10.0%) on the previous year. Employee benefits showed a \$12.2 million (8.2%) increase due to increased staffing and the impact of annual salary increases.

Ambulance services

At the core of the St John NZ mission is the provision of ambulance services which includes emergency ambulance services, Clinical Control Centres, inter-hospital transfers and non-emergency ambulance transports. In 2014/15 the financial result for this group of activities was a deficit of \$26.0 million, compared with \$24.6

million in the previous year. St John expenditure on this group of activities increased by \$15.3 million (8.1%), particularly driven by our investment in staffing to support increased activity (0.4% more incidents attended than in 2013/14), and increased safe crewing standards, and expenditure on effective clinical pathways to improve the efficiency of our service.

We reduced the number of incidents attended by single crewed vehicles to 9.4% by the last quarter of 2014/15. We were also able to reduce ambulance responses by 9,702 through our \$1.4 million investment in hear and treat clinical pathways. Leaving ambulance staff free to handle more critical cases, further reduced the cost to respond to the 454,990 111 calls handled by St John this year (a 3.9% year-on-year increase).

Community programmes

St John NZ community programmes include Friends of the Emergency Department, Hospital Friends, Caring Callers, Health Shuttles, St John in Schools, Outreach Therapy Pets, Community Carers, Order Matters and Youth programmes. In the 2014/15 year St John expenditure on the delivery of these programmes across New Zealand was \$8.3 million (\$7.6 million in the previous year).

Commercial activities

St John NZ has a range of services and products marketed on a commercial basis. These services deliver value to customers and provide a contribution that can be applied to funding ambulance services and community programmes. The contribution from these activities was \$4.5 million in the 2014/15 year (\$7.0 million in the previous year). This decrease, principally associated with the

medical alarms business, is the full year impact of the reduction in the subsidy for medical alarms provided by the Ministry of Social Development and ongoing competitive pressures in this commercial space.

Charitable gifting

The work of St John NZ and the delivery of its community services is very reliant on the generosity of individuals, businesses and community funders who provide financial support through donations, bequests, sponsorship and grants. By fundraising in local communities throughout New Zealand, St John's 149 area committees and five trusts contribute to funding ongoing community activities as well as supporting mainly local capital projects (e.g. buying a new ambulance, paying for ambulance equipment such as stretchers or defibrillators, or contributing towards the maintenance or replacement of buildings).

Reflecting its status as Most Trusted Charity in New Zealand St John received grants, donations and bequests of \$25.5 million during the year (a decrease of \$3.8 million over the previous year). Almost \$1 million of the year-on-year decrease is related to the shift of the St John Appeal from 24 June in 2013 to 18 April in 2014, meaning the previous year's donation income benefited on a one-off basis from the recognition of income from

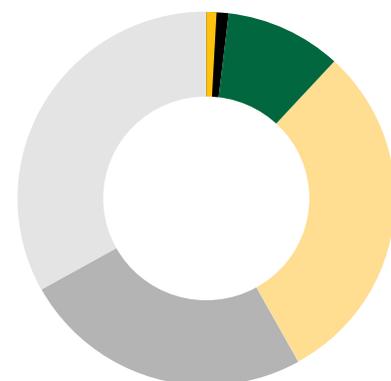
two St John Appeals. In addition capital grants amounted to \$1.7 million less than the previous year. St John has continued to grow the number of Opportunity Shops within communities across New Zealand to 24 with revenues increasing from \$1.6 million in 2013/14 to \$2.9 million in 2014/15.

Balance sheet

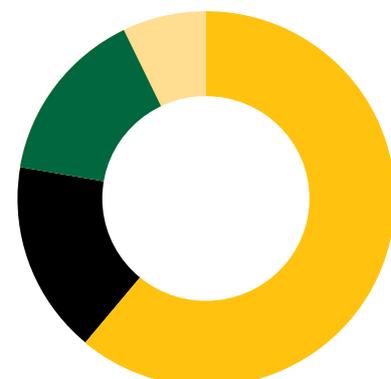
Consolidated net assets for St John NZ stand at \$267.9 million, \$9.4 million below the position at 30 June 2014. Underlying working capital (excluding assets held for sale) decreased from \$44.1 million at 30 June 2014 to \$32.5 million at 30 June 2015, with reductions in cash and other financial assets of \$4.4 million, a decrease in debtors of \$2.2 million and an increase in short term liabilities of \$4.9 million.

Property, plant and equipment and intangible assets represents \$210.1 million (78%) 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 \$137.1 million as at 30 June 2015.

REVENUE 2014-15



EXPENDITURE 2014-15



	2014/15	2013/14	2012/13	2011/12	2010/11
Reported Surplus/(deficit)	(9,427)	3,804	7,578	74	(2,269)
Less: PPE Impairment	(4,429)	0	0	(2,800)	0
Less: Impact of Earthquake Net Expenditure/(income)	0	130	(6,441)	1,531	4,600
Less: Capital Grants	2,509	4,183	5,204	6,049	3,928
Less: Investment revenue	3,022	2,876	2,929	3,148	3,392
Operating deficit (including investment income)	(7,507)	(249)	(4,067)	(1,644)	(1,597)
Operating deficit (excluding investment income)	(10,529)	(3,125)	(6,996)	(4,792)	(4,989)

At the end of the 2014/15 financial year St John held a total of \$68.7 million in cash of which \$55.6 million is held within community-based area committees. This is made up of short-term and long-term investments including \$28.9 million in cash or cash equivalents, \$33.0 million of term deposits and \$6.8 million of other investments and advances.

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 reduced by \$9.3 million in 2014/15 as we invested in improvements to our core infrastructure (e.g. ambulances and AEDs), in technological innovation through projects like ePRF and the additional operational expenditure associated with the introduction of extra frontline staff not fully funded by the Crown. Future reserves will be required to fund additional investment where this is in excess of expected fundraising. For example a programme of work to ensure St John's buildings are earthquake strengthened where necessary. In addition we are currently reviewing our Property Strategy to ensure that our buildings are fit for purpose both in their design and location.

Ongoing working capital requirements

As an emergency service provider, St John needs to ensure that it is both operationally and financially capable of responding to a civil emergency, as it did for the Canterbury earthquakes, and this preparedness includes holding sufficient working capital. It is also worth noting that a proportion of the funds held have been earmarked for particular projects or may be part of tagged grants or bequests where the funds cannot be diverted to meet other needs. At 30 June 2015 approximately \$25 million in reserves were set aside for capital projects including \$3.2 million restricted by granting bodies or specific bequests.

Capital expenditure to support current and future initiatives

There are a number of regional and national projects, including significant technology projects, that need to be undertaken and the budget for these and operational capital commitments over next three years is over \$120 million. Over the last five years \$153.7 million has been spent improving St John's core infrastructure.

Key investment to support ambulance services

The 158 additional frontline staff St John has employed in the past year have enabled us to reduce the number of incidents responded to with single staffed ambulances by approximately 10,000 per year, improving staff safety and patient outcomes. Whilst this has been partly funded through additional income from the crown through MoH and ACC this financial year, it represents an ongoing commitment from St John of more than \$4 million per year, to be met through fundraising and commercial activities.

Another key investment has been the introduction of additional hear and advise clinical pathways in Auckland with an investment of \$1.4 million per year. The introduction of this service enabled us to offset a 3.9% increase in 111 calls. The increase in incidents responded to was only 0.4%, crucially enabling us to manage better outcomes for New Zealanders. In addition, from 2014/15 St John will invest in excess of \$2 million more each year on technology infrastructure running costs to improve resilience and reduce risk to our services. This ensures infrastructure is appropriately placed to support St John's activities including the Clinical Control Centres.

Key investment to support community health

While a significant focus of our investment is in the vital ambulance services provided by St John we also continue to invest in community health outcomes through our community programmes across the country. In addition to the growth of our community Health Shuttles managed and staffed by the area committees and volunteers throughout New Zealand, another key area of investment from 2014/15 will be an increased focus on our St John in Schools programme. In the coming year we are targeting 70,000 students, with an end goal of reaching 480,000 students taught across our different curriculum streams from preschool to Year 7, not only improving understanding of ambulance services but also improving health outcomes and the resiliency of our services into the next generation. In line with our ethos as an organisation we continue to explore additional and innovative ways we can improve health outcomes across communities throughout New Zealand. ■

FINANCIAL REPORT

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

Summary consolidated financial statements

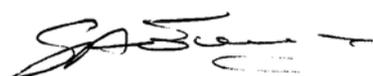
Summary consolidated statement of financial position As at 30 June	St John NZ (Consolidated)	
	2015 (\$000)	2014 (\$000)
Current assets	88,452	79,182
Property, plant and equipment	195,145	212,889
Other non-current assets	26,947	22,895
Total non-current assets	222,092	235,784
Total assets	310,544	314,966
Current liabilities	39,791	34,923
Non-current liabilities	2,865	2,803
Total liabilities	42,656	37,726
Net assets	267,888	277,240
Equity	267,888	277,240

Summary consolidated statement of comprehensive income For the year ended 30 June	St John NZ (Consolidated)	
	2015 (\$000)	2014 (\$000)
Revenue from grants, donations and bequests – operational	23,035	25,202
Revenue from grants, donations and bequests – capital	2,509	4,183
Revenue from the rendering of services	223,065	206,293
Revenue from opportunity shop sales	2,930	1,584
Revenue from the sale of supplies	2,135	1,908
Investment income	3,022	2,876
Total revenue	256,696	242,046
Share in surplus of joint venture	257	424
Employee costs	(161,166)	(148,945)
Administrative costs	(38,746)	(33,403)
Depreciation expense	(20,072)	(18,334)
Impairment costs	(4,429)	(202)
Reversal of impairment	-	875
Amortisation expense	(2,972)	(2,836)
Finance costs	(6)	(15)
Other expenses	(38,989)	(35,806)
Net (loss) / surplus	(9,427)	3,804
Other comprehensive income/(loss) for the year	74	(122)
Total comprehensive (loss)/income for the year	(9,353)	3,682

Summary consolidated statement of changes in equity For the year ended 30 June	St John NZ (Consolidated)				
	Retained Earnings (\$ 000)	Revaluation Reserve – Available for Sale Assets (\$ 000)	Revaluation Reserve -Rare assets (\$ 000)	Other Reserves (\$ 000)	Total (\$ 000)
Balance as at 1 July 2013	266,131	537	109	6,782	273,559
Surplus for the year	3,804	-	-	-	3,804
Other comprehensive income	-	(122)	-	-	(122)
Total comprehensive(loss)/income for the year	3,804	(122)	-	-	3,682
Transfer from/(to) reserves	2,715	-	-	(2,715)	-
Balance as at 30 June 2014	272,650	415	109	4,067	277,240
Deficit for the year	(9,427)	-	-	-	(9,427)
Other comprehensive income	-	74	-	-	74
Total comprehensive(loss)/income for the year	(9,427)	74	-	-	(9,353)
Transfer from/(to) reserves	(60)	-	-	60	-
Balance as at 30 June 2015	263,163	489	109	4,127	267,888

Summary consolidated statement of cash flows For the year ended 30 June	St John NZ (Consolidated)	
	2015 (\$ 000)	2014 (\$ 000)
Net cash flows from operating activities	24,171	32,692
Net cash flows used in investing activities	(23,540)	(35,041)
Net increase/(decrease) in cash	631	(2,349)
Cash and cash equivalents at the beginning of the year	28,228	30,577
Cash and cash equivalents at the end of the year	28,859	28,228

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 28 September 2015.



Dr Steve Evans, Chancellor



Peter Bradley CBE, Chief Executive Officer

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

Notes to the summary financial statements

1 Summary of accounting policies

Statement of compliance and reporting group

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

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

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

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

These summary consolidated financial statements have been prepared in accordance with FRS-43 'Summary Financial Statements' and have been extracted from the audited full consolidated financial statements for the year ended 30 June 2015 which were approved by the Priory Trust Board on 28 September 2015. 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 Commitments for expenditure

	2015 (\$ 000)	2014 (\$ 000)
Capital commitments - property, plant and equipment	4,685	4,263
Total	4,685	4,263

3 Leases

	2015 (\$ 000)	2014 (\$ 000)
Non-cancellable operating lease payments		
Less than 1 year	2,532	2,040
Later than 1 year less than 5 years	5,416	4,033
Later than 5 years	4,186	3,270
Total	12,134	9,343

St John NZ has operating lease agreements related to properties rented by St John NZ for administrative purposes. St John NZ does not have an option to purchase the properties at the end of the lease.

St John NZ also has operating leases for photocopiers with an average length of lease of three years.

4 Contingent liabilities

A letter of credit is held with the bank to guarantee payroll payments to employees to a maximum of \$475,000 (2014: \$475,000).

On 2 March 2012, the entity entered into a Memorandum of Encumbrance in relation to a grant for a new building such that if the building does not continue to be used to provide ambulance services and advisory services in primary healthcare and related fields serving the community of Gisborne and its environs then the entity would be liable to make a payment of \$20,000 (2014: \$20,000)

St John NZ has no other contingent liabilities (2014: nil).

5 Related party disclosures

Related parties of National Office include subsidiaries of the National Office entity and the Regional Trust Boards which are under common control of The Priory in New Zealand of the Most Venerable Order of St John. Amounts owed from related parties totalled \$523,000 (2014: \$927,000) and to related parties totalled \$21,000 (2014: \$51,000). The balances are payable on demand with no interest. In addition, receipts from related parties totalled \$2,448,000 (2014: \$2,732,000) and payments to related parties totalled \$363,000 (2014: \$215,000).

6 Number 2 Harrison Road classified as Held for Sale

On 23rd June 2015, the property at 2 Harrison Road was placed on the market for sale. This represents Land of \$7,300,000 and Buildings of \$8,878,250. The valuation for the property has resulted in an impairment to its carrying value of \$4,429,000.

7 Subsequent events

None noted



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

The accompanying summary financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem ('The Priory Trust Board') and its controlled entities ('the Group' or 'St John NZ (Consolidated)') on pages 27 to 29, which comprise the summary consolidated statement of financial position as at 30 June 2015, and the summary consolidated statement of comprehensive income, summary consolidated statement of changes in equity and summary consolidated statement of cash flows for the year then ended, and related notes, are derived from the audited consolidated financial statements of the Group for the year ended 30 June 2015. We expressed an unmodified audit opinion on those consolidated financial statements in our report dated 28 September 2015.

The summary financial statements do not contain all the disclosures required for full consolidated financial statements under New Zealand Equivalents to International Financial Reporting Standards with Public Benefit Entity Modifications and generally accepted accounting practice in New Zealand. Reading the summary financial statements, therefore, is not a substitute for reading the audited consolidated financial statements of the Group.

This report is made solely to the Trustees of The Priory Trust Board, for the purpose of expressing an opinion on the summary financial statements for the year ended 30 June 2015. Our audit has been undertaken so that we might state to the Trustees those matters we are required to state to them in an auditor's report on summary consolidated financial statements and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trustees, as a body, for our audit work, for this report, or for the opinions we have formed.

Trustees' Responsibility for the Summary Financial Statements

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

Auditor's Responsibility

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

Other than in our capacity as auditor, the provision of information services and indirect tax advice, we have no relationship with or interests in The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and its controlled entities. These services have not impaired our independence as auditor of the Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and its controlled entities.

Opinion

In our opinion, the summary financial statements derived from the audited consolidated financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and its controlled entities for the year ended 30 June 2015 are consistent, in all material respects, with those financial statements, in accordance with FRS-43: *Summary Financial Statements*.

Chartered Accountants
28 September 2015
Auckland, New Zealand

This audit report relates to the summary financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and its controlled entities for the year ended 30 June 2015 included on The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and its controlled entities website. The Trustee is responsible for the maintenance and integrity of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and its controlled entities website. We have not been engaged to report on the integrity of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and its controlled entities website. We accept no responsibility for any changes that may have occurred to the summary financial statements since they were initially presented on the website. The audit report refers only to the summary financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these summary financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited summary financial statements and related audit report dated 28 September 2015 to confirm the information included in the audited summary financial statements presented on this website. Legislation in New Zealand governing the preparation and dissemination of financial statements and summary financial statements may differ from legislation in other jurisdictions.

GOVERNANCE

The International Order

Sovereign Head

Her Majesty The Queen

Grand Prior

His Royal Highness The Duke of Gloucester KG GCVO GCStJ

Lord Prior

Dr N R Conn AO GCStJ

Prelate

The Right Reverend J Nicholls GCStJ

Sub Prior

Mr S J Shilson LVO GCStJ

The Priory in New Zealand

Priory Chapter

Prior

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

Chancellor

Dr S A Evans KStJ

Bailiffs and Dames

Grand Cross

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

Priory Secretary

Mr P R Bradley CBE OSTJ

Elected and Appointed Members

Mr J W Bain MNZM CStJ JP
Mrs M P A Corkindale CStJ
Mr I L Dunn KStJ JP
Mrs T H Gibbens OSTJ
Ms B A Greenaway CStJ
Mr J A Hall KStJ
Mr I M Lauder CStJ
Mr P G Macauley CStJ
Mrs S G MacLean DStJ
Mr B M Nielsen CStJ
Mr R B Wheeler KStJ
Maj B P Wood CStJ DSD

Priory Officers

Priory Dean

The Ven M J Black CStJ

Hospitaller

Mrs J A Hoban GCStJ

Medical Advisor

Mr I D S Civil MBE KStJ ED

Director of Ceremonies

Mr I J Rae KStJ

Volunteer Advisor

Mr P D Rankin MStJ

Registrar

Mr J D Wills CStJ

Priory Chapter Committees

Priory Honours Committee

Chair

Dr S A Evans KStJ

Committee Members

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Mr N B Darrow GCStJ
Mrs J A Hoban GCStJ
Mr M Smith CNZM
Mr J A Strachan GCStJ
Mr J D Wills CStJ
Mr J G O Stubbs CStJ
Mr M T McEvedy QSO KStJ JP
Mr G M Wilson KStJ

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Chair

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Committee Members

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Ms J M Norton
Mr I D S Civil MBE KStJ ED
Mr B M Nielsen CStJ
Mr G T Ridley CStJ
Mrs T H Gibbens OSTJ
Maj B P Wood CStJ DSD

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Chair

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Committee Members

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Mrs S G MacLean DStJ
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Mr J A Hall KStJ
Mr J A Orchard MStJ
Mr G P Wood CStJ
Mr A G Hide CStJ

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Mr I J Rae KStJ

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Mr W T Olphert CStJ
Mr M P Young CStJ

Volunteer Support Group

Chair

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Committee Members

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Mr C A Jones MStJ
Mr C Laufale
Mr D E Ohs
Mrs S K Wilson
Ms P A Scott

Priory Trust Board

Chancellor

Dr S A Evans KStJ

Regional Members

Mr R D Blundell KStJ
Mrs J M Conroy OSTJ
Mr G T Ridley CStJ
Mr L W Short MStJ
Mr J G O Stubbs CStJ
Mr K I Williamson OSTJ QSM JP
Mr P W Young CStJ (from 1 August 2014)

Appointed Members

Mr I D S Civil MBE KStJ ED
Ms S M Cumming OSTJ
Dr L McTurk
Ms J M Norton
Mrs A J Stanes OSTJ

Priory Trust Board Subcommittees

Clinical Governance Committee

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Mr I D S Civil MBE KStJ ED

Committee Members

Dr S A Evans KStJ
Mr G T Ridley CStJ
Dr R A Smith OSTJ
Maj B P Wood CStJ DSD

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Committee Members

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Mr J A Gallagher CNZM KStJ JP
Mr P Brown

Secretary

Mr T Dodd MStJ

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Committee Members

Dr S A Evans KStJ
Dr L McTurk
Mr L W Short MStJ
Mr P W Young CStJ

Subsidiary Boards

St John Emergency Communications Ltd

Chair

Mr G T Ridley CStJ

Directors

Mr P R Bradley CBE OSTJ
Mr G M Wilson KStJ

Secretary

Mr S M Will MStJ

Central Emergency Communications Ltd

Chair

Mr G T Ridley CStJ

Directors

Mr S Ward
Mr R Martin
Mr G M Wilson KStJ

Secretary

Mr S M Will MStJ

Regional Trust Boards

Northern Region

Chair

Mr R D Blundell KStJ

Elected Members

Mr D Aro
Mr J W Bain MNZM CStJ JP
Mr M R Crosbie OSTJ
Mr I L Dunn KStJ JP
Mr S J Franklin
Mr C I Fraser MStJ

Appointed Members

Mr L N E Bunt
Mr L W Short MStJ
Mrs A J Stanes OSTJ
Dr V J Thornton

Central Region

Chair

Mr J G O Stubbs CStJ

Appointed Member and Deputy Chairperson

Mr K I Williamson OSTJ QSM JP

Elected Members

Mr D J Ashby OSTJ
Mr R E Burns MStJ
Mrs B A Durbin QSM JP
Mrs H L Price CStJ
Mr R P Sinclair CStJ
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Mr R B Wheeler KStJ

Appointed Members

Mr G J Crowley MStJ
Miss A Moroney

South Island Region

Chair

Mr G T Ridley CStJ

Elected Members

Mr K R Adams CStJ
Mr G J Alexander OSTJ
Mrs J M Conroy OSTJ
Mr G S R Eames KStJ
Mr G J Gillespie CStJ
Mr A G Hide CStJ
Mr R E Horwell MStJ

Appointed Members

Mrs P E Beattie CStJ
Mrs P M Rose QSO
Mrs H R Smith
Mr D C Tong
Mr P W Young CStJ ■

As at 30 June 2015.

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St John

Here for Life

**ST JOHN NATIONAL
HEADQUARTERS**

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

**ST JOHN NORTHERN
REGION HEADQUARTERS**

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

**ST JOHN CENTRAL
REGION HEADQUARTERS**

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

ST JOHN IN WELLINGTON

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

**ST JOHN SOUTH
ISLAND REGION
HEADQUARTERS**

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

www.stjohn.org.nz

0800 STJOHN (0800 785 646)

enquiries@stjohn.org.nz

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