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.

Our values
Ngā tikanga

We stand
SIDE BY SIDE
Tū Tahi
We respect, value and support what others contribute.

DO THE RIGHT THING
Mahi Tika
We take responsibility; we make the tough calls; we think of others.

We are STRAIGHT UP
Mahi Pono
We act with honesty, courage and kindness.

WE MAKE IT BETTER
Whakapai Ake
We find solutions – step up, own it, do it.

Open Minds
Whakaaro Nui
We listen openly; we encourage ideas; we welcome feedback.
St John is a charitable organisation providing emergency ambulance services to nearly 90% of New Zealanders in 97% of New Zealand’s geographic locations.

The St John ambulance service is the emergency arm of the health sector, receiving more than 533,000 111 calls for an ambulance in the last year. Our 3,228 paid staff, 9,389 volunteers and 7,202 youth members and leaders touch the lives of more than one million people each year. On call around the clock, St John cares for people, every day.

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

We are in the last year of our 2013–2018 Integrated Business Plan (IBP) – the One St John Plan. The IBP describes how we will improve what we do for our patients, clients, customers, donors and our people over five years. In this report, we highlight significant achievements and milestones in our five key ambition areas. And we look forward to introducing our new and ambitious plan for the next five years – Stepping Forward 2018–2023.

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

**Local pathways**
We’re becoming a hub for community health.

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

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

**People prepared for change**
We’re strengthening the capability and capacity of our people, and making St John a great place to work.
Here for the community

It has been a privilege to serve our community as Chancellor in what has been one of our busiest years in St John history.

In our operations, we continued to focus on quality clinical care and our patient-centric approach, meeting the challenges of ever-increasing patient numbers. We received over 27,000 additional emergency calls to our Clinical Control centres, and attended almost 6,000 more emergency incidents and almost 2,000 more non-emergency incidents.

As always, building community resilience is at the forefront of our efforts, and we saw considerable success in our community, volunteer and training programmes.

We celebrated a wonderful milestone with the 400,000th child participating in our ASB St John in Schools programme. Our Caring Callers continued their excellent work supporting isolated New Zealanders who need contact and encouragement. We saw growth in the number of Health Shuttle volunteers, who do an excellent job. Our Friends of the Emergency Department and Hospital Friend services continue to thrive and grow and are deeply appreciated by all hospitals where they are present.

We trained 80,262 people in first aid and also introduced a vital new course in Mental Health First Aid, so people can recognise and respond to those experiencing mental health concerns.

Over the last year we continued our celebration of 90 years of St John youth in New Zealand. It has been a privilege to present the Grand Prior’s Awards to 90 recipients at Government House in Wellington and see our youth thriving in service to their communities. Thank you to the 6,104 youth members and the 1,098 youth leaders who bring such passion and enthusiasm to every occasion in which they are involved.

St John continued to embed our 2013–2018 Integrated Business Plan initiatives and invested time and resources in planning to get our organisation ‘Fit for the Future’ for the next five years and beyond.

This included investing in our systems and processes for enhanced services, with greater accessibility and better data collection and sharing.

Critically, we have undertaken a review of our governance and management structures to be fit for the purpose of delivering our services through the next five–10 and 20 years. This will help us to ensure a robust future for the Order in New Zealand and build a solid foundation for future growth and diversification of our services.

Influencing St John internationally

It was an honour to be appointed to the St John International Executive Group this year and I attended the International Executive Committee meeting in London, along with the Order Honours and Awards Committee meeting. New Zealand makes a significant contribution to the work of these committees and it is good to be able to influence outcomes that are so important to the overall St John organisation.

I have also been asked to join the Prelate to form an appointments committee that will recommend the next Lord Prior and Sub Prior, as the Lord Prior will be standing down from the position in 2019. This significant responsibility will help us to ensure the leadership of our International Order remains strong and in readiness for future challenges.

98% of patients said they had trust and confidence in St John

533,669 emergency calls

480,411 patients treated or transported by ambulance officers
Congratulations to our National Cadet of the Year, Cascade Price from New Plymouth, who has been a member for seven years. Cascade is pictured with St John Prior Governor-General The Rt Hon Dame Patsy Reddy.

Dr Steve Evans, Chancellor and Chair of Priory Trust Board (as at June 2018).

From left to right: Geoff Ridley, Souella Cumming, Julian Butson, Ken Williamson, John Whitehead, Dr. Steve Evans, Lesley McTurk, Rachel Brooke, Joanne Conroy, Peter Young, Grant Crowley (absent: Vanessa Thornton).

Echoing the wonderful work St John in New Zealand is doing with Diversity, Inclusion and Belonging reflected in this report, Marie Arthur, the ex-Chancellor of Canada, has been appointed to the international committee. She brings a wealth of experience and will continue to promote diversity across St John internationally.

**Demonstrating our values in action**

I want to thank and acknowledge the Prior and Chapter, the Priory Trust Board, and Peter Bradley and the St John Executive for your guidance and commitment to excellent governance and leadership for St John.

I extend my heartiest congratulations to all the recipients of this year’s Honours and thank them especially for the work they continue to do for the Order. St John’s deep connection with our communities would not be possible without the work of our 145 dedicated Area Committees and I thank you for your hard work.

I also want to acknowledge the wider St John team and your support for the important changes being progressed to strengthen our organisation.

Lastly and critically, a heartfelt thanks to our volunteers in governance and in our charitable works, and those involved with youth, their partners and our supporters. Thank you for your tireless contributions.

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80,262

Trained in first aid

43,186

Medical alarm customers

80,262

Trained in first aid
Peter Bradley, Chief Executive Officer

St John is here for New Zealanders, touching the lives of hundreds of thousands of people with the help of our volunteers, our generous donors, and our dedicated St John people.

This year, we continued to build on the solid foundations laid over the last few years, implementing our five-year Integrated Business Plan launched in 2013. We have broadened our reach and services and invested in systems and processes to improve our patient care and customer experience.

We have also continued to support the health, safety and wellbeing of our diverse groups of staff, volunteers and youth to help build rich, rewarding and safe experiences with St John.

The most significant boost to safety and quality has been the additional Government funding we received to begin the process of double crewing our ambulances across New Zealand.

We were pleased to have doubled crewed our ambulances in 19 new rural areas, recruiting 72 new ambulance staff. Patients in these areas can now receive improved clinical care while they are being transported to hospital, and our St John crews have a safer working environment with reduced fatigue and stress associated with single crewing. We look forward to the full roll out of double crewing over the next three years.

We opened new ambulance stations in Kaiaua, Tauranga, Haast, Gore and Ellesmere, and made the successful move into the Christchurch Justice and Emergency Services Precinct.

The rollout of our 111 Clinical Hub was completed nationwide, and we have been providing clinical advice and pathways to the right care for 40% of 111 callers who had non-urgent issues, freeing up our ambulances to respond faster to life-threatening emergencies.

Enhancing our service and accessibility for our communities, our customers and our partners

Access to the right care, at the right time

We provided AEDs to 50 marae and trained 400 members of the hapū in lifesaving AED use and CPR.

We celebrated several significant milestones with the younger members of our communities this year. We reached our 400,000th ASB St John in Schools participant, inspiring and educating the very young in lifesaving skills. Our St John Youth Programme celebrated 90 years, and, for the first time, we also launched St John’s very own 111 Ambulance Song, a big hit on the children’s music charts and a memorable way to teach them what to do if someone close to them is hurt or unwell.

At the other end of the spectrum, St John continued to provide valuable health and wellbeing services to lonely or isolated community members. Our wonderful volunteers encouraged over 1,250 mainly elderly Caring Caller clients and provided over 77,000 Health Shuttle trips to vital medical appointments.

Access to better collaboration and insights

St John is building on our platforms for easier collaboration and data sharing with DHBs and primary healthcare providers, embarking on a comprehensive data integration project. This will create greater transparency in our records and in mapping the patient care journey through all touchpoints with St John.
Within our organisation, we are working on better insights into our people and their experiences with St John to keep our paid and volunteer staff connected and engaged. We are also moving towards a ‘One Employer’ approach to reduce complexities in our historically siloed organisation and help us create a more unified culture.

Our social and commercial digital platforms are constantly being developed to ensure better engagement and easy access to our stories, fundraising campaigns and complementary initiatives with partners, such as the lifesaving GoodSAM smartphone app.

We couldn’t do it without you

This year’s annual appeal fundraising campaign raised over $2.1 million, making ‘Saints’ of all those with a heart for St John and enabling us to fund new ambulances and other lifesaving equipment and services around the country.

We marked 10 years of partnership with our major sponsor ASB, whose staff continue to amaze us with their volunteering spirit and enthusiastic support for St John. We also benefitted from the ongoing generosity of our other business partners such as Z Energy, Hyundai, Isuzu Utes New Zealand and Air New Zealand.

As we develop and refine our strategy for next five years, making St John ‘Fit for Future’, I want to assure New Zealanders that St John will continue to enhance our services and programmes to stay accessible and responsive for our communities. We are here for you, for life.

To all our staff, volunteers, supporters and customers, thank you for your support. I would also like to acknowledge the Ministry of Health, ACC, District Health Boards and Fire and Emergency New Zealand. Without all of you, we couldn’t do what we do for New Zealanders.

Peter Bradley, Chief Executive Officer/Tumu Whakarae

Executive Management Team (as at June 2018). From left to right: Sarah Manley (Director of Community Health Services), Glen Hill (General Manager Northern Region), Darrin Goulding (Director of Strategy and Governance), Sue Steen (Human Resources Director), Cameron Brill (Chief Information Officer), Peter Bradley (Chief Executive Officer), Gary Connolly (Chief Financial Officer), Peter Loveridge (Director of Commercial Services), Megan Wiltshire (Director of Communications and Engagement), David Thomas (General Manager South Island Region), Andrew Boyd (General Manager Central Region), Norma Lane (Director of Clinical Operations).
533,669
2017/18 total

2016/17 total
506,290

5.4% variance

111 emergency calls

533,669
2017/18 total

506,290
2016/17 total

6.4% variance

Total paid personnel (headcount)

3,228
2017/18 total

3,033
2016/17 total

6.4% variance
Emergency incidents attended

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>395,230</td>
<td>1.5%</td>
</tr>
<tr>
<td>2016/17</td>
<td>389,350</td>
<td></td>
</tr>
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</table>

Non-emergency incidents attended

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>81,464</td>
<td>2.5%</td>
</tr>
<tr>
<td>2016/17</td>
<td>79,505</td>
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People trained in First Aid

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<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>80,262</td>
<td>-2.3%</td>
</tr>
<tr>
<td>2016/17</td>
<td>82,143</td>
<td></td>
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</table>

Children in ASB St John in Schools

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>130,860</td>
<td>-0.9%</td>
</tr>
<tr>
<td>2016/17</td>
<td>132,092</td>
<td></td>
</tr>
</tbody>
</table>

Total volunteers (headcount)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>9,389</td>
<td>1.7%</td>
</tr>
<tr>
<td>2016/17</td>
<td>9,232</td>
<td></td>
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</tbody>
</table>

Patients treated

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>480,411</td>
<td>2.2%</td>
</tr>
<tr>
<td>2016/17</td>
<td>469,850</td>
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</tbody>
</table>

*For additional statistics please see page 50.
Right care, right time

111 Clinical Hub national rollout complete

Improvements to the St John 111 ambulance call system are now fully embedded throughout New Zealand, with the remaining South Island District Health Board (DHB) areas rolled out at the end of 2017. The internationally recognised system was implemented across the Canterbury, South Canterbury, West Coast and Southern DHB areas.

Each year 115,000 emergency 111 calls for an ambulance originate in the South Island. More than 28% of these are for non-urgent (not serious or immediately life threatening) issues such as gout, cramps or earache. These calls could potentially divert ambulance resources away from someone in more urgent 'high acuity' need.

The countrywide roll out has seen a significant impact on the number of ambulance presentations to hospital Emergency Departments (EDs). In the last year, more than 48,000 incidents (or 10.8% of all incidents) went through the Clinical Hub triage process, and 43.1% of those incidents were clinically managed in the community without the patient being transported to an ED.

While efforts to increase awareness of Clinical Hub continue, Clinical Hub User Satisfaction results for the year show overall satisfaction with the service is at 78%.

How the Clinical Hub works

If a caller is assessed as needing an ambulance urgently, St John will send one as soon as possible.

If an urgent ambulance response is not required, an experienced nurse or paramedic will call the patient back and provide a detailed assessment to determine the best treatment for the patient, which may include referring the patient to their GP or providing appropriate advice for care closer to home.

Prioritising life threatening emergencies: December 2017 was the lowest ever percentage of Emergency Ambulance Service (EAS) incidents transported to EDs in New Zealand since records began, at 62.6%.

St John’s priority is always to send emergency responses as quickly as possible to those in most urgent need

– Norma Lane, St John Director of Clinical Operations
Double crewing brings benefits to staff and patients

The announcement of increased Government funding to end single crewing in May 2017 is one of the most significant developments in our ambulance service history.

Thanks to this funding boost, St John has been able to implement double crewing in several communities across New Zealand. We have been working with our people and the community to find the best approach, recruiting additional full time ambulance officers to meet local needs.

Over the financial year we implemented double crewing changes in Taupō, Te Awamutu, Tokoroa, Ohakune, Timaru, Westport, Whangarei, Stratford, Dannevirke, Whakatane, Te Anau, Waiheke Island, Otorohanga, Hamilton, Levin, Palmerston North, Putaruru, Napier and Christchurch.*

For the patients in these areas, double crewing means they can now receive clinical care while they are being driven to hospital, enhancing patient outcomes. For the crew, it means a safer working environment with reduced fatigue and stress and lower risk of injury while moving patients.

Volunteers still play a crucial role in delivering ambulance services across the country. In addition to enabling double crewing in many areas, we’re increasing the number of First Response Units to improve care to rural and remote communities.

Creating a safer environment for our crews

The safety of ambulance officers and other first responders remained in the spotlight over the last year, with media as well as emergency services personnel highlighting the very real dangers our crews face when going about their life-saving work.

By the end of the year, 2,606 incidents of abuse had been reported in ePRF, including 518 physical assaults. 36% of all abuse incidents happened at weekends, 14% were related to mental health issues and 38% related to alcohol.

A draft bill for assaults on first responders was introduced in May, with St John making a submission in favour of harsher deterrents for abuse against ambulance officers. The bill aims to make it clear that first responders deserve to be safe and protected while doing their job.

New command units boost disaster response

When managing major incidents, one of the most crucial requirements is reliable communications for the crew on the ground, and 111 emergency communication centres.

Infrastructure can be fragile when disaster strikes. Thanks to the generosity of New Zealanders, these units will ensure dependable communications to support our communities and keep delivering our services during these times of greatest need.

– Murray Holt, St John Head of Clinical Operations Support
Last year the St John Annual Appeal raised enough funds to purchase three brand new, fully equipped command units. They will ensure St John can provide staff safety, communications, and coordination support on scene at a major disaster such as earthquakes, major flooding and weather events or large-scale multiple vehicle crashes.

The new command units will be based in Auckland, Rotorua and Dunedin.

**Enhanced safety and care with new Gen 3 Ambulance**

After a year of putting St John’s state-of-the-art Generation 2 ambulance through its paces, people from across the organisation were asked to provide feedback and ideas for further improvement. Our operations team took forward the best ideas to develop the next Generation 3 ambulance with safer features, improved comfort and overall experience for our patients and ambulance crew.

Enhancements include:

- A more comfortable rear seat on rails, with a built-in child restraint
- New and improved storage spaces throughout the ambulance
- Two new work surfaces to help when working on a patient
- A diesel powered heater for patient and crew comfort in winter
- Slimmer rear door profile and interior handle for tight locations
- Better ground clearance with drop down steps removed
- Reduced window tinting for better visibility, and
- Improved ventilation with an extra opening window.

**The right place, at the right time with GoodSAM**

In April 2018, the GoodSAM (Good Smartphone Activated Medics) app became available in New Zealand. Supported by St John, Wellington Free Ambulance and the National Cardiac Network, the free app alerts people who know how to perform CPR that a patient suspected to be in cardiac arrest is within 1km of their location.

New Zealand participated in the international Restart a Heart Day in October with St John providing free demonstrations to give people the skills and confidence to try CPR.

**Patients have the best chance of surviving a cardiac arrest when they receive immediate CPR and defibrillation, within the first five minutes.**

St John is encouraging people who are trained in CPR and who know how to use an AED to download the app at www.goodsamapp.org and register as responders. The more coverage we achieve across New Zealand, the more likely we are to improve outcomes from cardiac arrest.

**Improving our responsiveness**

**National Air Desk**

In February 2017, St John began a two-year trial to centralise the coordination and dispatch of rescue helicopter and air ambulance services. Funded by the Ministry of Health and ACC, it is the result of collaboration between St John, Wellington Free Ambulance and the Air Rescue Group.

The Air Desk service is based in the Auckland Clinical Control Centre and staffed by two Clinical Support Officers (CSOs) 15 hours a day, seven days a week. Staff on the Air Desk work with dispatchers to send the most appropriate helicopter and clinical crew to emergencies in rural and remote areas, based on the location of the incident, weather, which hospital the patient needs to be transported to and other patient requirements.
Over the last year we have been building on lessons learned at the start of the trial, and we will be moving to a 24 hour a day, 7 days a week operation as a result in early 2019.

**Health Transport System CAD online portal**

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

The system is in use for the three Auckland DHBs and has been continuously improved over the past year. Planning is underway to roll it out to the other DHBs throughout the country.

The CAD upgrade is part of a significant investment in upgrading the technical infrastructure for all our emergency control centres and the wider St John organisation to enhance our overall responsiveness and business resilience.

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### How quickly we responded to Purple and Red incidents in 2017/18

St John met all national response time targets for Purple (cardiac arrest) incidents and seven of the eight Districts saw an improvement in the Urban 6 minute response performance measure. The Urban Red 8 minute target was also met while the Rural Red 12 minute and Urban Red 20 minute performance results were within 1% of their targets. The Rural Red 30 minute target remained challenging, with long driving distances to get to the scene of incidents contributing to the 3.5% of missed targets.

#### Purple incidents

<table>
<thead>
<tr>
<th>Performance targets</th>
<th>50% target</th>
<th>95% target</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we achieved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>50% in 6 minutes</td>
<td>95% in 12 minutes</td>
</tr>
<tr>
<td>Rural</td>
<td>50% in 10 minutes</td>
<td>95% in 25 minutes</td>
</tr>
<tr>
<td><strong>What we achieved</strong></td>
<td>56%</td>
<td>57.1%</td>
</tr>
<tr>
<td><strong>95% target</strong></td>
<td>95.3%</td>
<td>95.6%</td>
</tr>
</tbody>
</table>

#### Red incidents

<table>
<thead>
<tr>
<th>Performance targets</th>
<th>50% target</th>
<th>95% target</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we achieved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>50% in 8 minutes</td>
<td>95% in 20 minutes</td>
</tr>
<tr>
<td>Rural</td>
<td>50% in 12 minutes</td>
<td>95% in 30 minutes</td>
</tr>
<tr>
<td><strong>What we achieved</strong></td>
<td>50.5%</td>
<td>49.4%</td>
</tr>
<tr>
<td><strong>95% target</strong></td>
<td>94.6%</td>
<td>91.5%</td>
</tr>
</tbody>
</table>

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### Our response times around New Zealand

#### Percentage of incidents responded to within 6 minutes

<table>
<thead>
<tr>
<th>District</th>
<th>Percentage of incidents responded to within 6 minutes</th>
<th>Percentage of incidents responded to within 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016/17</td>
<td>2017/18</td>
</tr>
<tr>
<td>Northland</td>
<td>41.8%</td>
<td>44.7%</td>
</tr>
<tr>
<td>Auckland</td>
<td>51.3%</td>
<td>55.4%</td>
</tr>
<tr>
<td>Central West</td>
<td>53.7%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Central East</td>
<td>50.0%</td>
<td>52.1%</td>
</tr>
<tr>
<td>Central South</td>
<td>59.5%</td>
<td>61.4%</td>
</tr>
<tr>
<td>Tasman</td>
<td>62.7%</td>
<td>70.3%</td>
</tr>
<tr>
<td>Canterbury</td>
<td>52.7%</td>
<td>56.1%</td>
</tr>
<tr>
<td>Southland/Otago</td>
<td>61.6%</td>
<td>64.5%</td>
</tr>
</tbody>
</table>

#### Percentage of incidents responded to within 12 minutes

<table>
<thead>
<tr>
<th>District</th>
<th>Percentage of incidents responded to within 12 minutes</th>
<th>Percentage of incidents responded to within 12 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016/17</td>
<td>2017/18</td>
</tr>
<tr>
<td>Northland</td>
<td>42.7%</td>
<td>45.3%</td>
</tr>
<tr>
<td>Auckland</td>
<td>48.6%</td>
<td>54.5%</td>
</tr>
<tr>
<td>Central West</td>
<td>64.9%</td>
<td>52.6%</td>
</tr>
<tr>
<td>Central East</td>
<td>54.7%</td>
<td>63.5%</td>
</tr>
<tr>
<td>Central South</td>
<td>64.7%</td>
<td>58.8%</td>
</tr>
<tr>
<td>Tasman</td>
<td>67.6%</td>
<td>58.6%</td>
</tr>
<tr>
<td>Canterbury</td>
<td>60.8%</td>
<td>54.3%</td>
</tr>
<tr>
<td>Southland/Otago</td>
<td>76.5%</td>
<td>69.2%</td>
</tr>
</tbody>
</table>
Volunteering builds resilient communities

Every day, our 9,389 volunteers contribute over two million hours providing services in our community programmes. They help us to create local pathways to patients’ care, supporting the health, wellbeing and independence of New Zealanders.

Thank you to all our volunteers, community organisations and primary healthcare providers helping us to build community resilience.

Volunteer highlights

805
Caring Caller volunteers connected with over 1,250 clients to offer friendship and support

652
Health Shuttle volunteers helped thousands of Kiwis get to over 77,000 health appointments

830
Friends of the Emergency Department and Hospital Friends provided community care and friendship in hospitals

1,232
Op Shop volunteers helped keep our opportunity shop doors open

1,098
Youth leaders coordinated New Zealand’s premier youth programme to 6,104 future leaders

1,114
local Area Committee volunteers supported St John programmes and raised essential funds

3,519
clinical volunteers provided essential services on the frontline

5,166
community events supported by volunteers

179
SPCA Outreach Therapy Pets coordinators and their companions provided hours of therapeutic pleasure

Volunteers bring a unique perspective, humility and contribution to the communities they serve, and there is no stronger representation of that generous spirit than in St John’s variety of Community and Operational Volunteers. They are the beating heart of our organisation.”

– Peter Bradley, St John CEO
90 Years of St John Youth

With 6,104 cadets and penguins across the country, our St John Youth Programme continues to attract caring young people with a sense of community and purpose.

We celebrated 90 years of St John Youth in New Zealand around the country, commemorating the occasion in a special way with 90 deserving cadets receiving Grand Prior Awards at Government House in Wellington in October. We congratulate all our hard-working cadets on this fine achievement. And thanks to our 1,098 Youth Leaders for their commitment to nurturing and enriching our Youth.

We can proudly say we have a legacy of producing young leaders throughout New Zealand. St John Youth is proud of the work we do with young people and more importantly, proud of the young people who choose to be a part of us.

– Sarah Manley, Director Community Health Services

We also continued to implement St John’s new Youth Strategy, Shaping our Future. The strategy was launched in April 2017 and developed with the voices of our young people. It outlines key focus areas for developing the programme and helps us ensure our young people can challenge themselves and learn valuable skills, engage with and serve their communities and have lots of fun along the way.

We continued to implement St John’s new Youth Strategy, Shaping our Future. The strategy was launched in April 2017 and developed with the voices of our young people. It outlines key focus areas for developing the programme and helps us ensure our young people can challenge themselves and learn valuable skills, engage with and serve their communities and have lots of fun along the way.

We can proudly say we have a legacy of producing young leaders throughout New Zealand. St John Youth is proud of the work we do with young people and more importantly, proud of the young people who choose to be a part of us.

– Sarah Manley, Director Community Health Services

Lifesaving skills with ASB St John in Schools

It was a standout year for our ASB St John in Schools programme, including reaching our 400,000th child to go through the programme since it began in 2015. The milestone was celebrated with the children of Waituna Creek School in Waimate Canterbury on 25 June 2018.

The ASB St John in Schools programme equips young New Zealanders with the skills and confidence to deal with emergency situations, and to be advocates for the health and wellbeing of themselves and their communities.

This includes understanding and responding to emergencies, training in first aid, bandaging and CPR, disaster preparedness, and an innovative new Injury Prevention module, designed in partnership with ACC.

St John receives more than fifty 111 emergency calls from children every month, often calling in highly distressing situations for a parent or loved one who has fallen, is unconscious, or is having convulsions. With this programme, we can reach even very young children, helping them to understand how and when to call an ambulance.

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St John’s Friends of the Emergency Department (FEDs) program was introduced in Hutt Hospital in the Greater Wellington Region last year and is greatly appreciated by patients and their families.
This step-by-step guide might seem simplistic, but it can and will help to save lives. By teaching our little ones the basics, it can help equip them to deal with potentially daunting situations.

– Sarah Manley, Director
Community Health Services

50 AEDs to marae

St John's Out-of-Hospital Cardiac Arrest Annual Reports have revealed Māori are disproportionately represented in cardiac arrest statistics and are 20 times more likely to suffer a cardiac arrest than other ethnic groups.

As part of our community health work, St John has been working with marae around New Zealand on a Marae Cardiac Arrest Programme. In 2017, we gifted 50 Automated External Defibrillators (AEDs) as part of this project.

Ten AEDs were distributed to rural marae across the East Coast of the North Island in December, with a further 10 AEDs distributed in Northland and Auckland. Takahanga Marae in Kaikōura was the latest South Island marae to receive a defibrillator unit in March 2018.

The AED distribution is backed up with our ‘3 Steps for Life’ initiative which provides training in CPR and how to use AEDs. During 2017/18, more than 400 marae whānau members participated in the training.

Since launching the initiative in 2015, 69 marae have received AEDs and more than 600 whānau members have completed the training.

46% of our Health Shuttle clients surveyed said they had no other option to get to their health appointments.

Supporting our opportunity shops

St John’s network of opportunity shops has grown with two new shops opened in Timaru and Gisborne during the last year, both of which are well supported by the community.

We have seen a positive growth trend across our shops overall, with the popularity of op shopping increasing as part of the growing trend towards environmental consciousness and anti-waste.

– Steve Montgomery,
St John National Retail Manager

New Health Shuttle connects Te Puke residents with primary healthcare

St John launched our Health Shuttle service in Te Puke at the end of June 2018, made possible by a generous donation from the Te Puke Senior Citizens Club. Ten volunteers will run the service between Te Puke and Tauranga, available to anyone needing transport to a health-related appointment.

This follows a Health Shuttle service launched in November last year in South Auckland, bringing our Health Shuttle services to a total of 34 across the country.

Health Shuttles are a community-led service to support independent living and accessibility to primary health care. Without this valuable service in our communities, access to healthcare would decline and social isolation and stress would increase – leading to more ambulance callouts for non-urgent issues.

St John’s Peter Hoskin hands over a defibrillator to Kereama Nathan, kaiwhakahaere of Te Herenga Waka o Orewa Marae. Photo credit: Hibiscus Matters.
Valuing patient feedback

As part of our commitment to improved patient care, St John regularly monitors customer feedback through a monthly customer experience survey. This informs us on what is being done well and what to improve, from the patients’ perspective.

Overall satisfaction levels with St John remain consistently high, with incremental improvements in the ‘very satisfied’ category compared with the previous years’ consolidated results.

- 98% of patients said they were treated with kindness and respect
- 97% said they had trust and confidence in St John ambulance staff, and
- 98% percent were satisfied with the overall St John experience.

What some of our patients have said:

“Prompt arrival, professional manner, friendly, caring staff. Explained and discussed the situation, decisions and options. I’d give 10 out of 10. Appreciated the friendly conversations in transit and the support in handover to hospital staff.”

“The St John staff who attended to my needs were very culturally sensitive, and at all times kept my family well informed as to what was happening with me every step of the way. I wouldn’t change a thing.”

“From start to finish the phone operator and ambulance staff were professional and caring. I felt my wife and I were treated with respect and given clear information. After admission to ED the ambulance officer came to find out how we both were.”

Award-winning Clinical Support processes

St John’s Clinical Practice team ensures staff have access to 24/7 clinical support and advice through our three Clinical Control Centres. They also ensure our staff with a clinical practice level receive high quality, ongoing continuing clinical education (CCE).

This reporting period the team provided 8,823 instances of clinical advice and support to staff in the field, a 21% increase on the previous financial year. We

The St John Clinical Practice team was recognised at the 2017 Council of Ambulance Authorities (CAA) Awards

- 98% of patients said they were treated with kindness and respect
- 420,992 Electronic Patient Report forms created
- 48,072 incidents managed through the Clinical Hub, an increase of 14,769

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were also recognised at the 2017 Council of Ambulance Authorities Congress in Australia:

› **St John Clinical Wiki**  
Placed second in the ‘Clinical Capability’ category. This reference tool provides ambulance personnel with a ‘one stop shop’ for succinct clinical information that is up to date, relevant to the New Zealand health environment and in line with current St John clinical practice.

› **First Responder Programme**  
Placed second in the ‘Educational Capability’ category. Successful completion of this mixed online and in-class learning programme results in a 40 point NZ Certificate (NZQA Level 3). In its first 12 months, 509 learners completed the certificate.

### Safe and Well Pathways

St John continued to implement low acuity Safe and Well referral pathways for non-urgent cases where it is safe for patients to stay at home. Since establishing the pathways, our focus has been on areas such as falls prevention, assistance to stop smoking and referring isolated people to social support services.

A new Safe and Well patient pathway for vulnerable children was piloted in Whānganui this year to identify children who are safe to stay at home (as per the Vulnerable Person’s Policy) but have multiple complex unmet needs. If ambulance officers identify a vulnerable child, they can refer the child and their family or whānau to the Whānganui Children’s team, where a support plan can be put in place, with the parent or caregiver’s consent.

The Children’s Team comprises experts from the Ministry for Vulnerable Children – Oranga Tamariki, NZ Police, DHBs, PHOs, NGOs and other health professionals.

The Vulnerable Children Pathway will be rolled out across New Zealand over the coming years, with Children’s Teams established in ten key regions.

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**St John interacts with families at home regularly and can often identify when a child has unmet needs. This pathway makes it easier for us to be proactive and get the right care for these children and their families.**

– Kris Gagliardi, National Patient Pathways Manager

### New National Pathway for Acute Stroke patients

Following the successful implementation of the Spinal Cord Injury Destination Policy (July 2015) and Major Trauma Destination Policy (March 2017), St John extended our national pathways to incorporate a destination policy for patients suffering an acute stroke in September 2017.

As with the previous policies, smaller hospitals can now be bypassed to transport patients who may be having an acute stroke directly to specialist centres for better patient outcomes.

St John also implemented a new stroke triage tool called PASTA (Pre-hospital acute stroke triage and assessment). The brief screening tool helps to determine which patients are most likely to be having an acute stroke, and which patients are most likely to benefit from reperfusion treatment – where the blocked artery within the brain is opened with clot-busting drugs or a mechanical procedure called ‘clot-retrieval’.

The PASTA tool has been used to divert patients in the Waitakere area directly to Auckland City Hospital. Following its initial success, it will be implemented Auckland-wide over the next financial year.

### Making a case for STEMI funding

This year St John developed a business case to secure District Health Board (DHB) funding for clot-busting fibrinolytic medicines in designated ambulances and helicopters, as part of our National STEMI (ST-Elevation Myocardial Infarction)
Pathway. These drugs ‘dissolve’ blood clots that are blocking blood supply to part of the heart and are usually administered to the patient once in hospital.

Research has shown that shortening the time interval to administer fibrinolysis reduces damage to the heart muscle, saves lives and reduces long-term disability. Funding for fibrinolytic medicines has been approved by DHBs and over the next year, the STEMI pathway will be implemented nationally.

**Enhanced data sharing with DHBs**

This year has been one of the most successful in terms of data sharing with District Health Boards and Public Health Organisations. Ongoing improvements in our electronic Patient Report Form (ePRF) system and real-time information from ambulances have revolutionised the timeliness, quality and safety of our patient care.

**Accurate and timely data sharing and integration demonstrates how St John is performing in areas of clinical significance and drives continuous improvement. It creates a more accurate, integrated picture of how the wider healthcare team is working together, and helps reduce the risk of delays or errors in patient care.**

St John embarked on several work streams to more closely integrate our data and service with the wider health sector:

- Access to patient-specific health information at the point of care
- Co-ordinating transfer or referral of patients to appropriate care in community or at the most appropriate health facility
- Clinical work plans with local DHBs on patient referral pathways – Safe and Well programme

St John has also been working with the Ministry of Health Service Modelling and Analytical Services Team to validate NHI compliance, with 91% of our patients having a confirmed, correct NHI number. We continue to work with them to trace patient journeys to hospital, and reviewing ambulance contributions to Emergency Departments and hospital admissions.
Engaging the young, and the young at heart, in fundraising

Over the last year, generous New Zealanders showed their support for St John with donations of almost $36 million.

The 2018 St John Heart of Gold Annual Appeal in April included a digital activation campaign, “Be a Saint”. The campaign encouraged New Zealanders to help St John perform everyday miracles and earn their digital halos, to be proudly displayed on social media channels. As an added incentive, those who donated $25 or more could nominate a name to be displayed on the side of the new St John ambulance, bought with funds raised.

The campaign was a resounding success, with celebrities, companies and individual supporters enthusiastically getting behind the appeal. We raised 40% more in online donations than the previous year and successfully engaged a younger donor audience.

As they do every year, St John’s 145 area committees with 1,114 volunteer members worked hard on fundraising events and initiatives throughout the year to contribute to community activities or funds for ambulances, stretchers and defibrillators.

We are grateful to all those individuals, corporates and trusts who donate, provide grants or make bequests to St John. We would not be able to maintain our high level of service without them (see our full list of Donors and Supporters in the report on page 27). We also acknowledge the exceptional generosity of individuals who donated ambulances during the year.

- $35.8 million in donations
- Innovative technology developments underway
- Digital engagement yields record donations for St John programmes
We’ve developed Mental Health First Aid to play our part in giving Kiwis a framework and the confidence to start conversations, to know that they are doing the right thing in offering initial support, and also to know how to direct people to professional help.

– Gabrielle Wildbore M.Ed, St John National Programme and Development Manager

Comprehensive solutions for medical alarm customers
St John provides monitoring services to 43,186 medical alarm customers nationwide.

For the first time ever, St John’s Telecare team conducted over 40,000 proactive service visits to our medical alarm customers this year. We also installed over 10,000 medical alarms, a record last reached in 2013.

Several exciting new initiatives are underway to enhance our services to medical alarm customers at home and at work.

St John Connect
A new Telecare service called St John Connect is in the final stages of development. It complements existing St John Medical Alarm services by providing better and more timely information about their elderly family members who have a St John alarm.

Family members who subscribe to this text-based service will be kept informed of the logistics from the moment the button is pushed to when the ambulance arrives, whether their loved one is treated at home or transported...
to a hospital, and where they are taken – without any patient information being divulged.

Through this system, we can also notify family members if there is a power outage at their relative’s address and even provide recommendations for accessing other pathways such as falls prevention if needed.

St John has received positive feedback with over 300 families pre-registered for the service, which will be launched early in 2019.

In what we think is a world first, St John Connect will be able to provide ongoing updates to families about any emergency medical response once a St John medical alarm is activated. We’re very excited about it and we think thousands of families will be too.

– Nick Coley, Head of Telecare St John

Mobile Alarm development
We are a step closer to introducing a new range of mobile products to New Zealand, including the first standards-compliant mobile medical alarm. Results of early customer testing were encouraging, and customers are excited about being able to take their medical alarms beyond the boundaries of their homes. Further technical, field and user testing is underway. Should these be successful, the first devices will be released to market in the last quarter of the next financial year.

The Lone Worker service
This is a tailored response service developed for customers who have staff members working on their own in potentially dangerous environments. It is useful for people in occupations with a high risk of injury, such as forestry, or for customers who may go into the community on their own in potentially adversarial circumstances.

Each client’s circumstances are different, and the alarm can be linked to a full emergency service, including a police response, if needed.

Enhancing our customer experience through digital transformation
St John has embarked on a comprehensive digital transformation programme to deliver improved end-to-end digital experiences to our customers. The scale and complexity of the project is significant, with teams from across the organisation involved in its development.

This year we laid the foundations, building the core capabilities for a new e-commerce platform and online customer database implementation. The initial public launch will significantly improve the booking experience for first aid training customers, and we will be adding Supporter Scheme, part charges, donations and other products and services to the platform in due course.

To date we have processed $12 million in transactions online, including $1.5 million in Supporter Scheme sign ups and renewals, and $1.2 million in part charge payments. The full digital renewal strategy for Supporter Scheme members will go live early 2019.

We are seeing more of our customers prefer electronic communication, with over 45,000 emails received by our Customer Service Centre this financial year. This trend has improved our Centre’s efficiency and reduced costs, enabling us to establish an administration team to meet continued demand. We also introduced a Customer Service Language-line, offering Monday to Friday live servicing in Te Reo, Samoan, Mandarin and Tongan languages.

Key business partners
We are continually grateful for the enthusiastic involvement of key New Zealand businesses who partner with us and support the work of St John.

Celebrating 10 years with ASB
2018 marks a decade of partnership with ASB who continue to support our
organisation through a range of targeted activities. This year, ASB St John in Schools, a programme that teaches Kiwi kids the skills and confidence to take action in an emergency (see the Local Pathways section on page 13 for more), hit a milestone in Waimate, Canterbury, when it trained its 400,000th child.

As a result of ASB fundraising efforts, three fully equipped Gen 3 ambulances were donated to St John Whangarei, Napier and Tauranga as well as an ambulance donated by an ASB customer who won Lotto. ASB's fundraising initiatives raised over $262,000 and included the successful Toy Ambulance and Station campaign, selling nearly 20,000 block-set toys.

In addition, ASB people are actively involved with St John in many ways including volunteering as Caring Callers, on St John Area Committees, donating through payroll giving and enthusiastically supporting us during our St John Heart of Gold Annual Appeal.

Thanks to the invaluable support of our other business partners

Our Annual Appeal and fundraising efforts throughout the year were enthusiastically supported by many generous business partners, including Hyundai, Isuzu Utes New Zealand, Air New Zealand and Briscoes Group.

As always, we are humbled by the exceptional generosity of our fellow New Zealanders in support of the services we provide to all New Zealanders.

– Pete Loveridge, St John Director of Commercial Services

Waituna Creek School student Poppy Wilce, six, received a certificate for becoming the 400,000th pupil through the ASB St John in Schools programme.

Two fully-equipped Gen 3 ambulances being unveiled at a Napier event hosted by ASB in August.
Diversity, inclusion and belonging

St John understands the value of creating environments where many different voices are heard, and all opinions are valued and considered. To sharpen our focus, this year we established a Diversity, Inclusion and Belonging Lead role responsible for developing and implementing proactive diversity, inclusion and belonging initiatives.

Our active groups supporting this work include Tāhuhu (our Māori Advisory Group), the Diversity & Inclusion Council, Women’s Network, Pacifika Fono, and Rainbow Network that advocates for minority groups.

Tāhuhu’s Te Ara Hato Hone strategy is designed to contribute to the St John overarching strategic framework for enhanced health and wellbeing for all New Zealanders and to address our specific obligations to the Crown for Māori health outcomes.

Diversity, Inclusion & Belonging achievements:

- **Awards and Partnerships**
  St John earned our Rainbow Tick recertification and worked closely with Be.Accessible and Access Advisors. We entered the Diversity Works Awards for the first time ever, earning a ‘Highly Commended’ for supporting gender diversity in our St John Youth programme.

- **Participation in events**
  These included Pasifika, Auckland Pride Parade, The Big Gay Out and Gay Ski Week, International Women’s Day event and Pepeha Classes at National HQ

- **New policies**
  Several new supportive policies were introduced, a Family Violence Support Policy, adding lavalava and turbans to our uniforms, encouraging flexible working, adding ‘Gender Diverse’ to our Member Self Service portal, and a Whānau interview guide for managers.

- **Building networks**
  We have been networking with organisations across New Zealand on all things Diversity, Inclusion and Belonging.

Here for love – We embrace sexual and gender diversity and are proud to be the only emergency service in New Zealand with the Rainbow Tick. This is a group of proud St John staffs, volunteers and supporters at the Auckland Pride Parade.
Research

We have been mapping staff journeys through their career to identify potential barriers to progress; and conducted the first ever organisational Sexual Orientation and Gender Identity survey.

Culture is a network, not a hierarchy. Our cultural influencers spreading the message are key to the success of this work. Luckily for us, we are never short of passionate, knowledgeable people striving to make St John a thriving culture of celebration and safety for all.

– Cat Valentine, St John Diversity, Inclusion and Belonging Lead

Embarking on culture change

As part of the Fit for Future programme of projects for the next reporting period, the People and Capability team began an important workstream focused on our organisational culture. The organisation-wide project amplifies the positive aspects of our culture and will be supported by an extensive communications and engagement plan.

The project will span a number of years to develop meaningful impact and will create a positive growth to build on the St John culture from the outset.

The project will be supported by a new listening platform to replace the traditional annual all person survey. This will be a key way we assess the changes in our culture as the project proceeds and will help us define what we want St John culture to be like at the end of the project. As we work through the diagnostic and development stage we will be creating a plan to support the organisation through this change process.

Sustaining our volunteers

Four years into our Volunteer Sustainability Strategy, we have made great strides in improving our volunteer attraction, recruitment and retention practices:

> Developing effective recruitment, and training for managers of volunteers
> Promoting diversity in the volunteer workforce with targeted job advertisements and inclusive language
> Ensuring our volunteers get the rewards and recognition they deserve
> Planning for the changing needs and interests of future volunteers, with Youth Pathway initiatives and the ability to offer more flexible volunteering options.

In Year Four, we focused on putting volunteer performance and development plans and measures in place to better recognise contribution, as well as clear role definitions and support structures.

Our investment in ICT systems and support also enhanced volunteer access and involvement, with multi-level digital channels for more targeted approaches to help keep volunteers connected and engaged.

Many successful events were coordinated by local area committees to strengthen our connections with communities across the country. Collaborating with organisations like Volunteering New Zealand, Volunteering Waikato, Volunteering Auckland, Volunteering Bay of Plenty, and Volunteering Canterbury, we identified several external awards programmes to further encourage our volunteers and enhanced our understanding of...
local and national perspectives for future strategy development.

St John’s strategy and implementation plan remains on track and work has started on planning on a strategy for 2019–2020 and beyond.

One Employer for all of St John

Historically, St John has had four different entities employing people across the organisation, the three Regional Trust Boards (Northern, Central and South Island) and The Priory. This year, we began development on a ‘One Employer’ approach to unify all of our people.

This move creates one employer under The Priory and a new accounting entity that fully aligns St John’s Priory and Regional Trust Board delegations. This single entity provides the foundation for our ‘Fit for Future’ People Strategy for the next five-year period.

Development to date has included organisation-wide ICT investment to eliminate complexity in our system processes and reporting structures. Implementation is planned for July 2018.

Sustainable strategies for a resilient and growing St John

Several strategies were developed this year to ensure St John is ready and resourced to meet continued growth and high demand for our services in the digital age. These will modernise and strengthen our systems and processes and improve our responsiveness for staff, customers and patients.

St John teams have been working on five key programmes that will modernise and strengthen our systems and processes and improve our responsiveness for staff, customers and patients:

ICT and digital transformation
Using ‘agile’ methodology, we are building digital capability to engage and transact with our supporters, customers and patients online; developing an effective digital training management system; and creating a robust information cyber security programme to reduce our risk of increasingly sophisticated data security breaches

Data integration
Developing an integration platform that enables us to share data seamlessly internally and with our vendors and partners in the health sector

A new intranet platform for staff and volunteers
Building an Office 365 and SharePoint online system for communication, collaboration, and document sharing

Next Generation Critical Communications (NGCC)
A sector-wide initiative with NZ Police, Fire and Emergency New Zealand and Wellington Free Ambulance to develop a business case for replacing traditional, ageing radio network infrastructure with modern, sustainable mobile communications. The aim is to deliver improved services to the public and help keep our teams safe

Information management and business intelligence
A three year programme to improve our analytics for data-driven decision making with a new business intelligence platform. This will allow reporting and sharing of quality data and drive continuous improvements.

Health, safety and wellbeing

Being on the frontline can sometimes impact the health and wellbeing of our St John team, with risks such as threatening behaviour or assault, trauma and stress often taking a physical and mental toll.

To support the health and wellbeing of our team at work and at home, St John launched the Vitality Works Side By Side Hub.

Almost 2,000 of our people completed the optional Wellbeing 360 survey on the Hub, which provides an indication of each person’s physical, psychosocial, and
workplace health. The results will help St John create bespoke programmes, information and activities on the site for our staff in future.

We also implemented a new mental health, resilience and wellbeing support training programme for our managers, in conjunction with the People & Capability team. This will facilitate a consistent approach to common concerns experienced.

An in-house psychologist has joined the team to provide additional support to managers and help re-energizes our Operations Peer Support programme. This scheme is planned to cover all of St John’s activities in coming years.

Due in part to the early intervention programme managed by the HSW Registered Nurses (wellbeing advisors) and St John managers, there has been a 40% decrease in the number of manual handling ACC claims; with health and wellbeing referrals to local ‘early intervention’ providers.

– PwC Health, Safety and Wellbeing audit 2018

Double crewing rollout

In May 2017, the Government announced increased funding to gradually end the single crewing of emergency ambulances in New Zealand over the next four years. New Zealand is the only first world ambulance service with single crewed ambulance responses – we had been doing this over 100 times a day across the country.

Double crewing emergency ambulances will improve clinical outcomes for patients by ensuring our patients have an ambulance clinician with them en route to hospital. It will improve staff health, safety and wellbeing by helping to reduce fatigue, manual handling injuries and stresses associated with lone working.

The Double Crewing Project has completed its first year, visiting 22 sites, employing 72 new staff and reducing the incidence of single crewing by over 1,400 responses per month.
We gratefully acknowledge the contributions of the wide range of individuals and organisations who supported St John so generously during the 2017/18 year. These include:

**DONORS AND SUPPORTERS**

- Ailsa Julienne Francis
- AJ Russell Holdings Ltd
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- Althorpe Village
- ARA Lodge No. 348
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- North Otago Plunket
- Northland Regional Council
- Original Foods Ltd
- Otago Community Trust
- Oxford Sports Trust
- Penny Ockleston
- Phyllis Campbell Charitable Trust
- PowerNet Ltd
- Pub Charity Ltd
- Quality Hotel Parnell Limited
- Redwood Trust
- Ron Hosken Charitable Trust
- Rotary Club of Papanui (Inc.)
- Russell Gordan Contracting Ltd (previously known as: A J Russell Bricklayers Ltd)
- Secretary of The Southland Masonic Charitable Trust
- Sharina Lopez Family Trust
- Sheila Bowen
- Shri Ram Mandir Charitable Trust
- Sir John Logan Campbell Residency Estate
- Sky City Queenstown Casino Community Trust
- Southland District Council
- Southland Provincial Rural Women New Zealand
- Southland Service Clubs
- Medical Charitable Trust
- St Joans Charitable Trust
- Stanley Ratley Trust
- Stevenson Village Trust
- T P Teen Limited
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- The Clyde Graham Charitable Trust
- The Culverden Trust
- The Elizabeth Ball Charitable Trust
- The Lion Foundation
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- Yvonne May Wilson

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

With continued population growth and increasing cultural diversity, focusing on the changing needs of our local communities in the Northern Region continues to be a priority in what has been an extraordinary year.

Implementing double crewing

In May 2017, the Government announced increased funding to gradually phase out single crewing of emergency ambulances in New Zealand over the next four years. Since then, St John has been working with local communities and our people on the ground to find the best approach in each area.

This year, more Intensive Care Paramedics have been added to Whangarei to crew the rescue helicopter and provide advanced care and backup across the district. Frontline crews are no longer split to provide staff for air operations, and there is a rapid response unit available for local support.

Four new Emergency Medical Technicians (EMTs) have joined the Waiheke Island team.

Our 6,252 paid and volunteer St John members are saving lives and helping people every day, from Cape Reinga in the north to Coromandel and Hauraki in the south. We have 69 ambulance stations located throughout the region. To help raise funds for our local operations, vehicles and equipment, we have 34 area committees, run by volunteers.

ST JOHN REGIONAL HIGHLIGHTS

152,649 emergency incidents attended
195,273 patients treated or transported by ambulance officers
10,308 health shuttle trips
to double crew the island’s ambulance, as well as support volunteers to crew the new Waiheke-based First Response Unit. The Paramedic/EMT skill mix provides great cover on the island and allows some flexibility when patients need to be transported by ferry.

**Supporting diverse communities**

Many of our area committees have engaged with their local communities to identify needs and gaps in health service access. Key issues like loneliness, social isolation, chronic medical conditions and mental health were at the top of the list.

New ground-breaking initiatives and relationships are strengthening our capacity to meet current gaps in accessing health services, while also helping us to see what will be needed in the future.

Area committees and our community programmes team have introduced new initiatives like the Paeroa Drop-in Centre, pilots to support children to get glasses and fund a community x-ray machine (Whangamata) and podiatry services for diabetics (Russell).

These programmes directly benefit “grass roots” communities and show the positive difference St John volunteer-run programmes make to everyday lives. Health shuttle services, for example are a lifeline for many people who use them as they have no access to public or private transport or any other way to get to their health appointments. A new South Auckland Health Shuttle service has also been introduced this year, and more are planned.

St John continues to install multiple AEDs in many marae across the northern region.

The St John Caring Caller service has expanded to include multiple languages starting with Chinese. Regular new migrant coffee groups are being held in Auckland and we are strengthening our relationships with the Indian and Chinese communities.

**Working with youth**

ASB St John in Schools was delivered to 46,372 school-aged children over the last calendar year.

Northland St John Youth led the development of new Emerald and Sapphire Shield badges introducing two new progressive steps making achieving the ultimate elite level that much more accessible.

**Fundraising and sponsorship**

It’s been an exciting year for the Northern Region Fundraising team resulting from a commitment to strengthen existing relationships and develop new ones within the increasingly diverse communities we serve. An extraordinary donation of four ambulances to the Auckland District this year by the Stevenson Village Trust contributed to a total of 13 new frontline ambulances and six other vehicles in the fleet thanks to the generosity of private donors and trusts.

Funding from ASB, the Lion Foundation, the Joyce Fisher Charitable Trust, the Ted and Mollie Carr Endowment Trust, Northland Regional Council, the Lotteries Grant Board, RA Bell Trust, Ara Lodge 348, H.S. Chau Foundation, The Trusts Million Dollar Mission and many others helped their local communities by supporting St John emergency response and community health services.

Support from Bunnings, Waste Management, Fullers and SeaLink has been invaluable this year. Building materials from Bunnings enabled the upgrade of our stations across the region. Fullers transported patients and staff and SeaLink transported vehicles and waste to and from Waiheke Island.

Office Max supported St John by donating stationery products to opportunity shops, sponsored the National St John Youth Festival, Annual Appeal, Volunteer Days, First Aid Training and were the 2018 Rescue Run Event Top Fundraiser.

Waste Management kindly donated $25,000 and supported our 2018 Annual Appeal.

**More people attending First Aid courses and using Medical Alarms**

St John First Aid courses continue to be popular with 29,349 students taking these over the last year. The number of people using our medical alarm service is also growing with 12,068 people now using this service.
Fundraising
It was another excellent year for Central Region fundraising thanks to our very generous donors. This year saw Central Region receive four ambulances from private donors, and six partially and fully funded ambulances from Trusts and Grants.

Donor bequests and direct mail campaigns continue to support our work, as does growth in the regular giving donations.

Property update
Several building projects were completed this year.

A new Ruatoria station was completed at a cost of $525,000, with grants and donations contributing $350,000.

After many years in the planning, a new complex in Tauranga officially opened August 2018. At a cost of $3.5 million, the complex allows for future growth, in an area where workload increases by approximately 4% each year.

Central Region
Covering from Mercer to Wairarapa, Taranaki to East Cape, St John Central Region delivers community programmes and life-saving ambulances to an ever-growing population. 5,479 paid and volunteer staff provide support and emergency care, while volunteers in the 59 area committees play a vital role engaging communities, raising funds, and extending our community programmes through to the greater Wellington region.

134,472 emergency incidents attended
160,391 patients treated or transported by ambulance officers
51,039 health shuttle trips
Area committees

The growth of op shops continued this year, and there are now 13 op shops in the region. In addition, 114 new members have joined area committees, improving community representation. In September 2017 the annual Central Region conference was held in Rotorua, attended by over 120 members. To enable sharing of skills and resources, four area communities merged with neighbouring committees.

Double crewing supports staff and patients

The double crewing project continued into its second year throughout the Central Region. In addition to improving health, safety and wellbeing for our people, the project improves clinical outcomes for patients, including the cardiac arrest survival rate as double crewed ambulances have higher survival rates for these patients.

Responding to our patients

The Central Region is geographically demanding, with many towns and cities spread over a large part of the North Island. One area of particular challenge is the East Cape, where travelling distances are among the longest in the Central Region, and the terrain is challenging.

This year St John posted a permanent ambulance officer in the Te Kaha area. In the past, the community has relied on an ambulance from Opotiki, with a response time of close to an hour. A paramedic located in Te Kaha is a great resource for patients living in this previously isolated area, enabling them faster access to emergency care, despite their remote location.

In June, staff and children at Little Sparrows Early Childhood Centre raised money for ASB St John in Schools.

Central Region stations to benefit from the double crewing project in 2017/18 were: Taupō, Tokoroa, Ohakune, Stratford, Dannevirke, Whakatane, Otorohanga, Hamilton, Levin, Palmerston North, Putaruru, and Napier.

Responding to our patients

Unwrapping a brand new ambulance for Napier funded directly from the ASB toy ambulance campaign.
became the face of our Annual Appeal. It takes a team effort to provide such critical emergency care, starting with the support staff in the office fundraising for vital clinical equipment through to the 111 call handlers and ambulance officers on scene providing clinical treatment to patients. Thanks to strong community support, we were able to open new stations in Haast and Rolleston with more planned for other locations, including Invercargill and Oamaru.

Double crewing was implemented in Timaru and Westport, increasing our service delivery in those areas.

In a South Island Community Programmes initiative, we joined forces with Dignity NZ to provide sanitary products to eight low-decile high schools across the region.

South Island region successes
The South Island region has had a highly successful year as highlighted by the heartwarming story of baby Bella Olivia who survived after being born 25 weeks premature and

With over 15,000sqkm to cover, the St John South Island team travels more than 4.5 million kilometres across the region in a typical year. With 6,367 paid and volunteer members, we focus on providing prompt, quality ambulance services, and promote health and wellbeing in our communities. The South Island team has a network of 90 ambulance stations.

108,109 emergency incidents attended
124,747 patients treated or transported by ambulance officers
15,939 health shuttle trips
South Island. We also had a highly successful roadshow earlier in the year where we provided AEDs and 3 Steps for Life training for several South Island marae.

The Invercargill Area Committee were able to purchase and replace 53 AEDs throughout Invercargill, thanks to the Invercargill Licensing Trust donation of $134,957.

Two new opportunity shops were opened in Timaru and Christchurch behind the Make Ready Ambulance Hub.

A milestone for the ASB St John in Schools programme this year was the 400,000th participant being taught the programme at Waituna Creek School in Waimate.

And as if that wasn’t enough to celebrate, our South Island Regional Youth team also won ‘Champion Region’ for the sixth year in a row at the National Youth Festival. We couldn’t be prouder of our Youth team.

Supporting the community

South Island Community Programmes have continued to support the region with initiatives that improve the lives of everyone who lives here.

Highlights include the Dignity NZ partnership, winter beanies for school children and clear letter box numbering initiated by the Bluff Area Committee, free CPR classes for Mums and Bubs, a women’s refuge partnership in Clutha, winter warmers in Gore and the expansion of the Outreach Therapy Pets initiative to Balclutha and our new Friends service in Queenstown.

Our health shuttles made 15,939 trips around the South Island and 228 Friends of the Emergency Department (FEDs) and Hospital Friend volunteers brightened the days of many people in hospital this financial year.

More than 20,000 South Islanders chose to prepare to make a difference to everyone around them by training in first aid.

The St John Youth Internships programme proved highly successful, offering workplace opportunities for youth members in a variety of divisions across the south.

Fundraising and sponsorship

The South Island Fundraising team has continued to work hard to raise the profile of St John, forging strong partnerships and relationships with a variety of organisations and donors. The fundraising team held 16 donor events across the region (attended by 545 donors). Six ambulances (four Gen 2s and two Gen 3s) and a rapid response vehicle were donated by nine generous donors.

Opportunity shop sales generated $1.9 million. Our partnerships with corporates PowerNet, Foodstuffs South Island Community Trust, Original Foods, Marlborough Lines and Generation Homes Christchurch continued to grow and five Z Energy stations around the region raised $9000 with their ‘Good in the Hood’ initiative.

The inaugural ‘Pay for Day in May’ initiative, held during our Heart of Gold Annual Appeal, encouraged businesses to help sponsor a day of ambulance service raising more than $20,000, and supported by 24 South Island businesses. The South Island has 48,338 Supporter Scheme members and we received $2.7 million in bequests.

Proud achievements for St John Youth

Over the last financial year, St John Youth southern region is growing at a faster rate than anywhere else in the country reaching a total membership of 2,568 Penguins, Cadets and Leaders. This has contributed to the South Island team collecting the champions award at the National Youth Festival and competitions in Nelson this year.

Our Youth completed more than 25,000 hours of community service, culminating in five 1000-hour shields, 31 Grand Prior awards and 98 Super Penguin awards. The team also contributed to the wider St John Youth body by leading the Cadet of the Year Policy Review.
These summary consolidated financial statements incorporate the financial statements of more than 150 St John NZ entities.

Year-end overview 2017-18
St John NZ’s reported performance was a deficit of $1.7 million. St John NZ’s underlying deficit (after taking account of significant one-off items) was $4.4 million for the financial year July 2017 – June 2018 (2017/18), representing continued utilisation of surplus reserves generated in previous years for improved service delivery and to maintain service delivery in on going increasing year on year demand on services. This compares to the $9.9 million underlying deficit for July 2016 – June 2017 (2016/17).

The financial performance for 2017/18 was positively impacted by the May 2017 announcement that St John would receive more than $100 million over the next four years commencing 2017/18 to double crew all emergency ambulances, along with a sustainable funding model to increase our baseline funding and support future growth and demand on our services.

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, that an underlying financial performance measurement can significantly assist public stakeholders and donors to better understand what is happening in the organisation, where goods donated for capital purposes, or one-off transactions such as the impacts in recent years of large post balance date bequests, or impairments to buildings can make it difficult to compare performance between years, or the underlying financial status of St John.

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

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<tr>
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</thead>
<tbody>
<tr>
<td>Reported (deficit)/surplus</td>
<td>(1,653)</td>
<td>(7,030)</td>
<td>(2,461)</td>
<td>(9,427)</td>
<td>3,804</td>
</tr>
<tr>
<td>Less: PPE gain/(impairment)</td>
<td>(223)</td>
<td>-</td>
<td>1,114</td>
<td>(4,429)</td>
<td>-</td>
</tr>
<tr>
<td>Less: Impact of Earthquake Net income/(expenditure)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(130)</td>
</tr>
<tr>
<td>Less: Property related fundraising and Grants</td>
<td>3,482</td>
<td>1,536</td>
<td>854</td>
<td>81</td>
<td>168</td>
</tr>
<tr>
<td>Less: Property related expenditure</td>
<td>(538)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Less: Income from bequest recognised under IPSAS 23</td>
<td>-</td>
<td>-</td>
<td>2,300</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Less: Income in respect of donated defibrillators</td>
<td>-</td>
<td>1,299</td>
<td>2,120</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Underlying (deficit)/surplus (incl investment income but excl significant one-off items)</td>
<td>(4,374)</td>
<td>(9,865)</td>
<td>(8,849)</td>
<td>(5,079)</td>
<td>3,766</td>
</tr>
<tr>
<td>Less: Investment revenue</td>
<td>1,380</td>
<td>1,513</td>
<td>2,130</td>
<td>3,022</td>
<td>2,876</td>
</tr>
<tr>
<td>Underlying (deficit)/surplus (excl investment income and significant one-off items)</td>
<td>(5,754)</td>
<td>(11,378)</td>
<td>(10,979)</td>
<td>(8,101)</td>
<td>890</td>
</tr>
</tbody>
</table>
This year’s deficit performance was particularly improved by capital grants relating to building projects particularly the new Tauranga Station opening in August 2018 supported by funding from community and community agencies including Tauranga Energy Consumer Trust. The underlying performance continues to highlight the volatility and dependency of St John’s financial performance as a charity based on the outstanding and humbling support and generosity of the New Zealand public.

**Key performance summary**

Revenue increased by 8.3% to $298.5 million when compared against the previous financial year. On an underlying basis, operating revenue excluding property related fundraising and donated defibrillators was $295.2 million, up $22.4 million (8.2%) on the previous year, primarily due the impact of the revised MOH and ACC funding of Emergency Ambulance Services, which improved $16.8 million on 2016/17 including $5.6 million for double crewing, along with fundraising income up $3.0 million and St John Opportunity Shops income also up $1.1 million from our expanded network of Opportunity Shops in the previous year.

Expenditure increased by 6.4% to $300.1 million when compared against the previous financial year. On an underlying basis, operating expenditure excluding depreciation, amortisation, interest and property related development costs was $274.5 million, up $17.9 million (7.0%) on the previous year.

Employee benefits showed a $8.4 million (4.7%) increase, resulting from the impact of the settlement of the Emergency and Other Transportation Services employee collective agreement the year before, and expenditure on additional frontline staffing to support the delivery of year one of our double crewing initiative.

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

**Emergency and Other Transportation**

St John NZ ambulance services include emergency ambulance services, Clinical Control Centres, inter-hospital transfers and non-emergency ambulance transports. In the 2017/18 financial year, the financial result for this group of activities was a deficit of $24.5 million, down from $30.8 million in the prior year due to $16.1 million in additional funding as part of the crown funding review of ambulances and investment in double crewing. St John expenditure on this group of activities increased by $8.9 million (4.8%), particularly driven by investment to support increased activities along with increased expenditure to deliver year one of the double crewing initiative.

The number of 111 calls increased nationally by 5.4%, with 111 calls presented to St John Clinical Control Centres increasing 6.1% over 2016/17. The total number of incidents grew by 3.0% and incidents attended by an ambulance increased 1.5% over 2016/17. Incidents attended by single crewed vehicles reduced from 8.8% in 2016/17 down to 4.8% by June 2017/18.

**Community Programmes**

St John NZ community services includes the traditional community-based programmes e.g. Friends of the Emergency Department, Hospital Friends, Caring Caller, Health Shuttles, St John in Schools, Community Carers, and Youth programmes, and additionally includes Events and Op Shops. In the 2017/18 year the deficit from the delivery of these programmes across New Zealand was $10.7 million ($9.3 million in the previous year).

As part of its community activities, St John generated sales revenue of $7.4 million in 2017/18 from its network...
of Op Shops in communities throughout New Zealand, an increase of $1.2 million from 2016/17, reflecting the benefit of a full year’s trading on the 11 new Op shops opened in 2016/17 and a further shop in 2017/18.

**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 $8.4 million in the 2017/18 year down from $10.0 million the previous year as we commence investment in modernising these operations.

**Charitable gifting**
The work of St John NZ and the delivery of its community services is very reliant on the generosity of individuals, businesses and community funders who provide financial support through donations, bequests, sponsorship and grants. As an organisation we remain astounded and humbled by the continuing generosity of the public of New Zealand in their support of St John both financially and through the provision of their time and expertise as volunteers. St John – including its area committees – received donations of $35.8 million during the year (an increase of $3.6 million over the previous year).

By fundraising in local communities throughout New Zealand, St John’s 146 area and district committees and four trusts contribute to funding ongoing community activities as well as supporting mainly local capital projects (e.g. buying a new ambulance, paying for ambulance equipment such as stretchers or defibrillators, or contributing towards the maintenance or replacement of buildings).

**Key position summary**

**Balance sheet**
Consolidated net assets for St John NZ stand at $257.2 million, $1.4 million below the position at 30 June 2017.

Underlying working capital (excluding assets held for sale) decreased from $15.9 million at 30 June 2017 to $12.0 million at 30 June 2018, with a reduction in cash and investments held as current assets of $3.1 million.

Property, plant and equipment, investment property and intangible assets represents $238.8 million (92.8%) 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 including investment properties accounted at $168.0 million as at 30 June 2018.

At the end of the 2017/18 financial year St John held a total of $15.8 million in cash, of which $15.3 million is held within community-based area committees. In addition, St John held long- and short-term financial investments of $33.2 million, including $27.9 million of term deposits and $5.3 million of other investments. Total cash and financial assets decreased by $3.5 million compared to the previous year to support investment in buildings and operating assets.

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

**Future calls on reserves**
St John NZ must remain committed to a programme of investment to ensure it has appropriate facilities and equipment to service the ongoing and increasing health needs of New Zealand communities. There is increasing demand on St John’s reserves, which have reduced by $10.7 million in the last three years as we have invested in improvements to our core infrastructure (e.g. ambulances, defibrillators, our Computer Aided Dispatch (CAD) systems for both emergency services and...
patient transfer services, and the ambulance hub in Christchurch). Future reserves will be required to fund additional investment. For example, we are required to undertake a programme of work to ensure that all of St John’s buildings are earthquake strengthened where necessary, along with improvements in our fleet to improve service to transported patients. In addition, we continue to review our Property Strategy to ensure that our buildings are fit for purpose both in their design but also their location.

Whilst the incredibly generous support we receive from community fundraising throughout New Zealand, increases to our baseline and growth funding from the Government and St John’s ability to absorb some growth through innovation in service delivery will allow us to be sustainable in the short term, it does not represent an acceptable medium or long term financial strategy. In particular it is becoming increasingly challenging for community support to continue to grow in line with the future service requirements of St John.

We continue to discuss with our core funders that a future increase in the funding ratio will be required to enable an efficient, effective and financially sustainable service that still reflects the support of our communities, donors and volunteers but at reasonable rather than increasing levels including funding to support an equivalent capital charge in future to enable not only sustainable services, but sustainable facilities from which to deliver them.

**On-going capital requirements**

As an emergency service provider, St John needs to ensure that it is both operationally and financially capable of responding to a civil emergency, as it did for the Canterbury and Kaikoura earthquakes, and this preparedness includes holding sufficient working capital. It is also worth noting that a proportion of the funds held have been earmarked for particular projects or may be part of tagged grants or bequests where the funds cannot be diverted to meet other needs. At 30 June 2018 $3.2 million of reserves are restricted by granting bodies or specific bequests. In addition there are a number of regional and national projects, including significant technology projects, that need to be undertaken and the budget for these and operational capital commitments over the next three years is over $100 million. Over the last five years around $153 million has been spent improving St John’s core infrastructure.
Investment and support from Government and the community in 2017/18

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 around 72% of our ambulance service operating costs.

**Government contribution to the St John emergency ambulance services**

- A fixed payment of around $68.2 million from the Ministry of Health to respond to patients who need emergency medical treatment (not caused by trauma).
- A fixed payment of around $68.8 million from ACC for emergency transport and treatment for a claimant’s personal injuries.
- Funding of $10.9 million from the Ministry of Health and $6.2 million from ACC to operate the St John Clinical Control Centres in Auckland and Christchurch, where 111 ambulance calls are answered, and land, water and air ambulance services are dispatched. The Ministry of Health and ACC also fund the Wellington Clinical Control Centre, operated as a joint venture between St John and Wellington Free Ambulance. The funding also covers the 111 Clinical Hub, which connects patients to the right care at the right time, finding the most appropriate health pathway for that caller, freeing up ambulance resource to focus on life-threatening incidents.
- Fixed funding of $1.9 million from the Ministry of Health for PRIME (Primary Response in Medical Emergencies) services, a network of GPs who provide a co-response to medical emergencies in rural areas, enhancing emergency care in those communities.
- Fixed funding of around $1.1 million from the Ministry of Health for Emergency Management, to enhance health preparedness for major emergencies in New Zealand through advancing planning, training and equipping of the Emergency Ambulance Service, and the integration of planning with other health sector organisations.
- Additionally, $0.6 million in special project funding was provided by Ministry of Health and ACC for the Air Desk Service Pilot and Mobile Caller Location.
- No funding is provided by the Government for St John capital expenditure, including purchasing and equipping ambulances and other vehicles, and building and maintaining ambulance stations.

**Contributions from the community**

- Fundraising income from one-off community donations and regular giving, bequests, grants, commercial partnerships and the St John Supporter Scheme.
- Revenue from our commercial activities, including first aid training, medical alarm customers, and sales of first aid kits and defibrillators.
- Income from emergency ambulance part charges and other transportation services.
- St John charges a part charge to patients who are treated by an ambulance officer or are transported in an ambulance because of a medical emergency. The part charge is $98 (incl GST). The cost to St John of a typical emergency ambulance call out is around $620 (incl GST).*

*Based on 408,704 emergency incidents a year (2017/18 data).

The cost of operating St John’s ambulance services in the 2017/18 financial year

- The operating costs of the ambulance service group were $229.3 million.
- The cost per incident increased 3.3% over 2016/17, of which 1.9% was related to incremental double crewing expenditure. The underlying increase to cost per incident was 1.4% which is less than CPI.
- After Government funding and net part charge income, the emergency ambulance service group of activities had a financial deficit of $24.5 million.

The total operating costs for St John, including all services and programmes were $300.0 million.

**St John is a charity**

St John is a charity because in addition to the emergency ambulance services we are contracted by the Government to provide, we also provide a range of charitable programmes that benefit New Zealanders:

- a range of Youth programmes, including ASB St John in Schools
- programmes that support people in hospital, including Friends of the Emergency Department (FEDs) and Hospital Friends
- programmes that support our communities, including Health Shuttles, Caring Callers, and Community Carers.

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

As at 30 June 2018

<table>
<thead>
<tr>
<th></th>
<th>2018 (000's)</th>
<th>2017 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>56,160</td>
<td>58,182</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>221,762</td>
<td>219,046</td>
</tr>
<tr>
<td>Investment Property</td>
<td>13,229</td>
<td>13,897</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>3,811</td>
<td>3,866</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>247,945</td>
<td>246,255</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>304,105</td>
<td>304,437</td>
</tr>
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<table>
<thead>
<tr>
<th></th>
<th>2018 (000's)</th>
<th>2017 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>43,765</td>
<td>42,309</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td>3,129</td>
<td>3,473</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>46,894</td>
<td>45,782</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>257,211</td>
<td>258,655</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td>257,211</td>
<td>258,655</td>
</tr>
</tbody>
</table>

### Summary consolidated statement of comprehensive revenue and expense

For the year ended 30 June 2018

<table>
<thead>
<tr>
<th></th>
<th>2018 (000's)</th>
<th>2017 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from exchange transactions</td>
<td>262,702</td>
<td>243,469</td>
</tr>
<tr>
<td>Revenue from non exchange transactions</td>
<td>35,771</td>
<td>32,155</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>298,473</td>
<td>275,624</td>
</tr>
</tbody>
</table>

| Share in surplus/(deficit) of joint venture, accounted for using the equity method | 113     | (8)     |

| **Expenditure**      |              |              |
| Cost of sales        | 1,731        | 2,164        |
| Finance costs        | 190          | 9            |
| Personnel            | 185,939      | 177,544      |
| Vehicles             | 11,124       | 9,838        |
| Operating supplies   | 6,809        | 6,223        |
| Operating expenses   | 61,861       | 54,964       |
| Depreciation and amortisation | 25,316  | 25,929      |
| Other expenses       | 7,567        | 5,848        |

| Other gains/(losses) |              |              |
| Gain/(loss) on sale of assets | 643     | (127)     |
| Reversal of impairment of property, plant and equipment | (345) | –         |

| **Net (deficit)**    | (1,653)      | (7,030)      |
| Other comprehensive surplus/(deficit) | 209     | 223          |
| **Total comprehensive (deficit)/surplus for the year** | (1,444) | (6,807) |
These statements should be read in conjunction with the notes to the summary financial statements.

Dr Steve Evans, Chancellor

Peter Bradley Chief Executive Officer

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

1 Summary of accounting policies

Statement of compliance and reporting group

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

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

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

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

These summary consolidated financial statements have been prepared in accordance with PBE FRS-43 'Summary Financial Statements' and have been extracted from the audited full consolidated financial statements for the year ended 30 June 2018 which were approved by the Priory Trust Board on 24 September 2018. The summary consolidated financial statements can not be expected to provide as complete an understanding as provided by the full consolidated financial statements. For a full understanding of St John NZ’s financial position and performance these summary consolidated financial statements should be read in conjunction with the audited full consolidated financial statements.

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

Accountant
St John National Headquarters Private Bag 14902
Auckland 1741

The reporting currency is New Zealand Dollars rounded to the nearest thousand.
2 Business unit information
Operating business units are reported in a manner consistent with the internal reporting provided to the Chief Executive Officer. Management has determined the operating business units based on the reports reviewed by the chief decision makers that are used to assess performance and allocate resources. Generally revenues and expenses are apportioned to each unit on a direct basis plus an allocation of nonspecific and overhead costs proportional from organisational support functions and shared service functions based on activity drivers most applicable to the underlying support or service. The determination of the activity drivers and the allocation by management involves some subjective management judgement of the variable complexity of functional activity, for example Human Resource activity ratio is higher in Emergency and Other Transportation due to the complexity of the HR support compared to Commercial and Fundraising. The allocation methodology is subject to estimated whole of business accountability across functions. During the financial year 2018 there was an increase in the cost base due to investment in projects and initiatives. In addition, in 2017-18 business intelligence and infrastructure workshops have been shifted from Emergency and Other Transportation Services to Property and Infrastructure, reflecting their whole of organisation support, compared with 2016-17.

Besides the apportionment of shared and support service costs the other major apportionment between the business units relates to $8.2m (2017: $8.3m) in internal recovery by Emergency and Other Transportation from Commercial and Fundraising related to the part charge for utilisation of 111 medical ambulance responses to Medical Alarm customers or St John Supporter Scheme members.

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

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

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

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

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

Investments represents income and expenditure from non-core activities such as interest on investments including funds held as reserves under trust.
### 2b) Business unit reporting – operating channel

<table>
<thead>
<tr>
<th>Group</th>
<th>Emergency and Other Transportation (000's)</th>
<th>Commercial and Fundraising (000's)</th>
<th>Community Services (000's)</th>
<th>Property and Infrastructure (000's)</th>
<th>Shared and Support Services (000's)</th>
<th>Investments (000's)</th>
<th>Total (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation services</td>
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<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>189,484</td>
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<tr>
<td>Commercial</td>
<td>–</td>
<td>50,621</td>
<td>–</td>
<td>49</td>
<td>–</td>
<td>–</td>
<td>50,670</td>
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<td>Fundraising and op shops</td>
<td>–</td>
<td>30,354</td>
<td>9,311</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>39,665</td>
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<td>Rental and investment</td>
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<td>–</td>
<td>957</td>
<td>31</td>
<td>1,380</td>
<td>–</td>
<td>1,418</td>
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<tr>
<td>Other</td>
<td>7,141</td>
<td>423</td>
<td>5,016</td>
<td>176</td>
<td>696</td>
<td>–</td>
<td>13,452</td>
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<tr>
<td><strong>Total income</strong></td>
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<td><strong>81,398</strong></td>
<td><strong>14,376</strong></td>
<td><strong>1,133</strong></td>
<td><strong>727</strong></td>
<td><strong>1,380</strong></td>
<td><strong>295,639</strong></td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>139,195</td>
<td>13,011</td>
<td>8,494</td>
<td>7,399</td>
<td>17,840</td>
<td>–</td>
<td>185,939</td>
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<tr>
<td>Depreciation and amortisation</td>
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<td>2,999</td>
<td>806</td>
<td>1,184</td>
<td>1,733</td>
<td>–</td>
<td>25,316</td>
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<tr>
<td>Operating costs</td>
<td>34,158</td>
<td>12,948</td>
<td>8,744</td>
<td>12,490</td>
<td>12,851</td>
<td>–</td>
<td>81,191</td>
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<td>Other expenses</td>
<td>6,960</td>
<td>245</td>
<td>288</td>
<td>74</td>
<td>7,567</td>
<td>–</td>
<td></td>
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<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>195,907</strong></td>
<td><strong>29,203</strong></td>
<td><strong>18,332</strong></td>
<td><strong>24,073</strong></td>
<td><strong>32,498</strong></td>
<td>–</td>
<td><strong>300,013</strong></td>
</tr>
<tr>
<td><strong>Inter-segment transactions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Part Charge</td>
<td>8,219</td>
<td>(8,219)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Internal Shared and Support Services</td>
<td>(33,471)</td>
<td>(14,497)</td>
<td>(6,743)</td>
<td>22,940</td>
<td>31,771</td>
<td>–</td>
<td>–</td>
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<tr>
<td><strong>Business unit (deficit)/surplus for the year</strong></td>
<td><strong>(24,534)</strong></td>
<td><strong>29,479</strong></td>
<td><strong>(10,699)</strong></td>
<td>–</td>
<td>–</td>
<td>–</td>
<td><strong>(4,374)</strong></td>
</tr>
<tr>
<td>Property related income/gains</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>3,681</td>
<td>–</td>
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<td>Property related (expenditure)/losses</td>
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<td>–</td>
<td>(960)</td>
<td>–</td>
<td>–</td>
<td>(960)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total (deficit)/surplus for the year</strong></td>
<td><strong>(24,534)</strong></td>
<td><strong>29,479</strong></td>
<td><strong>(10,699)</strong></td>
<td><strong>2,721</strong></td>
<td>–</td>
<td><strong>1,380</strong></td>
<td><strong>(1,653)</strong></td>
</tr>
<tr>
<td><strong>Business unit assets – Property, plant and equipment, intangible assets and investment property</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>–</td>
<td></td>
</tr>
<tr>
<td><strong>Total business unit assets</strong></td>
<td><strong>50,241</strong></td>
<td><strong>7,847</strong></td>
<td><strong>2,200</strong></td>
<td><strong>175,488</strong></td>
<td><strong>3,026</strong></td>
<td>–</td>
<td><strong>238,802</strong></td>
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<td><strong>2017</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation services</td>
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<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>172,654</td>
</tr>
<tr>
<td>Commercial</td>
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<td>49,835</td>
<td>32</td>
<td>7,690</td>
<td>1,299</td>
<td>–</td>
<td>56,864</td>
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<tr>
<td>Fundraising and op shops</td>
<td>–</td>
<td>27,576</td>
<td>7,989</td>
<td>–</td>
<td>1,536</td>
<td>–</td>
<td>36,646</td>
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<tr>
<td>Rental and investment</td>
<td>–</td>
<td>–</td>
<td>954</td>
<td>30</td>
<td>1,513</td>
<td>–</td>
<td>2,497</td>
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<tr>
<td>Other</td>
<td>6,162</td>
<td>420</td>
<td>5,435</td>
<td>172</td>
<td>42</td>
<td>–</td>
<td>12,231</td>
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<tr>
<td><strong>Total income</strong></td>
<td><strong>178,816</strong></td>
<td><strong>77,831</strong></td>
<td><strong>13,456</strong></td>
<td><strong>1,126</strong></td>
<td><strong>1,371</strong></td>
<td><strong>1,513</strong></td>
<td><strong>274,113</strong></td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>132,957</td>
<td>12,948</td>
<td>7,690</td>
<td>7,468</td>
<td>16,481</td>
<td>–</td>
<td>177,544</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>16,417</td>
<td>2,927</td>
<td>837</td>
<td>4,157</td>
<td>1,591</td>
<td>–</td>
<td>25,929</td>
</tr>
<tr>
<td>Operating costs</td>
<td>32,377</td>
<td>12,294</td>
<td>7,231</td>
<td>10,305</td>
<td>11,151</td>
<td>–</td>
<td>73,358</td>
</tr>
<tr>
<td>Other expenses</td>
<td>5,228</td>
<td>281</td>
<td>280</td>
<td>–</td>
<td>59</td>
<td>–</td>
<td>5,848</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>186,979</strong></td>
<td><strong>28,450</strong></td>
<td><strong>16,038</strong></td>
<td><strong>21,930</strong></td>
<td><strong>29,282</strong></td>
<td>–</td>
<td><strong>282,679</strong></td>
</tr>
<tr>
<td><strong>Inter-segment transactions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Part Charge</td>
<td>8,272</td>
<td>(8,272)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Internal Shared and Support Services</td>
<td>(30,903)</td>
<td>(12,431)</td>
<td>(6,680)</td>
<td>20,804</td>
<td>29,210</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Business unit (deficit)/surplus for the year</strong></td>
<td><strong>(30,794)</strong></td>
<td><strong>28,678</strong></td>
<td><strong>(9,262)</strong></td>
<td>–</td>
<td><strong>1,299</strong></td>
<td><strong>1,513</strong></td>
<td><strong>(8,566)</strong></td>
</tr>
<tr>
<td>Property related income/gains</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>1,536</td>
<td>–</td>
<td>1,536</td>
</tr>
<tr>
<td>Net Property Impairments</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total (deficit)/surplus for the year</strong></td>
<td><strong>(30,794)</strong></td>
<td><strong>28,678</strong></td>
<td><strong>(9,262)</strong></td>
<td><strong>1,536</strong></td>
<td><strong>1,299</strong></td>
<td><strong>1,513</strong></td>
<td><strong>(7,030)</strong></td>
</tr>
<tr>
<td><strong>Business unit assets – Property, plant and equipment, intangible assets and investment property</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>–</td>
<td></td>
</tr>
<tr>
<td><strong>Total business unit assets</strong></td>
<td><strong>54,548</strong></td>
<td><strong>6,013</strong></td>
<td><strong>2,244</strong></td>
<td><strong>171,010</strong></td>
<td><strong>2,994</strong></td>
<td>–</td>
<td><strong>236,809</strong></td>
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</tbody>
</table>
### 2(c) Business unit information – regional divisions

<table>
<thead>
<tr>
<th></th>
<th>Northern (000's)</th>
<th>Central (000's)</th>
<th>South Island (000's)</th>
<th>National Office incl SJECL (000's)</th>
<th>Total (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>90,931</td>
<td>88,661</td>
<td>72,723</td>
<td>43,324</td>
<td>295,639</td>
</tr>
<tr>
<td>Expenditure</td>
<td>(77,547)</td>
<td>(72,847)</td>
<td>(62,406)</td>
<td>(87,213)</td>
<td>(300,013)</td>
</tr>
<tr>
<td>Internal Shared and Support Services</td>
<td>(16,865)</td>
<td>(16,038)</td>
<td>(10,437)</td>
<td>43,340</td>
<td>–</td>
</tr>
<tr>
<td>Business unit (deficit)/surplus for the year</td>
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<td>(224)</td>
<td>(120)</td>
<td>(549)</td>
<td>(4,374)</td>
</tr>
<tr>
<td>Property related income/gains</td>
<td>10</td>
<td>3,148</td>
<td>522</td>
<td>–</td>
<td>3,680</td>
</tr>
<tr>
<td>Property related (expenditure)/(losses)</td>
<td>(73)</td>
<td>(575)</td>
<td>(311)</td>
<td>–</td>
<td>(959)</td>
</tr>
<tr>
<td>Total (deficit)/surplus for the year</td>
<td>(3,544)</td>
<td>2,349</td>
<td>91</td>
<td>(549)</td>
<td>(1,653)</td>
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<tr>
<td><strong>2017</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>88,018</td>
<td>79,518</td>
<td>66,529</td>
<td>40,048</td>
<td>274,113</td>
</tr>
<tr>
<td>Expenditure</td>
<td>(74,055)</td>
<td>(68,316)</td>
<td>(59,731)</td>
<td>(80,577)</td>
<td>(282,679)</td>
</tr>
<tr>
<td>Internal Shared and Support Services</td>
<td>(14,844)</td>
<td>(14,583)</td>
<td>(9,728)</td>
<td>39,155</td>
<td>–</td>
</tr>
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<td>Business unit (deficit)/surplus for the year</td>
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<td>(3,381)</td>
<td>(2,930)</td>
<td>(1,374)</td>
<td>(8,566)</td>
</tr>
<tr>
<td>Property related income/gains</td>
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<td>821</td>
<td>423</td>
<td>–</td>
<td>1,536</td>
</tr>
<tr>
<td>Property related (expenditure)/(losses)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total (deficit)/surplus for the year</td>
<td>(589)</td>
<td>(2,560)</td>
<td>(2,507)</td>
<td>(1,374)</td>
<td>(7,030)</td>
</tr>
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</table>

3 Personnel costs
Personnel expenditure includes defined contribution plan expense of $4.4m (2017: $4.0m).

4 Commitments for expenditure

<table>
<thead>
<tr>
<th></th>
<th>2018 (000's)</th>
<th>2017 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital commitments – property, plant and equipment</td>
<td>–</td>
<td>4,053</td>
</tr>
<tr>
<td>Total commitments</td>
<td>–</td>
<td>4,053</td>
</tr>
</tbody>
</table>

5 Leases

<table>
<thead>
<tr>
<th></th>
<th>2018 (000's)</th>
<th>2017 (000's)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-cancellable operating lease payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>4,797</td>
<td>3,677</td>
</tr>
<tr>
<td>Later than 1 year less than 5 years</td>
<td>13,382</td>
<td>9,729</td>
</tr>
<tr>
<td>Later than 5 years</td>
<td>29,919</td>
<td>3,760</td>
</tr>
<tr>
<td>Total leases</td>
<td>48,098</td>
<td>17,166</td>
</tr>
</tbody>
</table>

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

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

There are no contingent liabilities at balance date (2017: $nil).

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

### 2018 Cost (000's)

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Opening book value</th>
<th>Acquisitions</th>
<th>Transfers</th>
<th>Disposals</th>
<th>Revaluation</th>
<th>Impairments</th>
<th>Closing book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>52,159</td>
<td>1,694</td>
<td>(397)</td>
<td>(588)</td>
<td>–</td>
<td>–</td>
<td>52,868</td>
</tr>
<tr>
<td>Buildings</td>
<td>135,248</td>
<td>6,120</td>
<td>1,020</td>
<td>(1,039)</td>
<td>–</td>
<td>–</td>
<td>141,349</td>
</tr>
<tr>
<td>Buildings WIP</td>
<td>1,061</td>
<td>58</td>
<td>(1,061)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>58</td>
</tr>
<tr>
<td>Vehicles</td>
<td>100,302</td>
<td>7,418</td>
<td>–</td>
<td>(7,676)</td>
<td>–</td>
<td>–</td>
<td>100,044</td>
</tr>
<tr>
<td>Furniture, fixtures &amp; equipment</td>
<td>141,349</td>
<td>11,906</td>
<td>406</td>
<td>(7,121)</td>
<td>–</td>
<td>–</td>
<td>11</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>394,134</td>
<td>27,207</td>
<td>(448)</td>
<td>(16,424)</td>
<td>–</td>
<td>–</td>
<td>404,469</td>
</tr>
<tr>
<td>Heritage assets</td>
<td>141,349</td>
<td>11,906</td>
<td>406</td>
<td>(7,121)</td>
<td>–</td>
<td>–</td>
<td>11</td>
</tr>
<tr>
<td>Total historic cost</td>
<td>394,334</td>
<td>27,207</td>
<td>(448)</td>
<td>(16,424)</td>
<td>–</td>
<td>–</td>
<td>404,669</td>
</tr>
</tbody>
</table>

### 2018 Depreciation (000's)

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Opening depreciation</th>
<th>Depreciation</th>
<th>Transfers</th>
<th>Disposals</th>
<th>Revaluation</th>
<th>Impairments</th>
<th>Closing depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Buildings</td>
<td>27,141</td>
<td>3,096</td>
<td>(2)</td>
<td>(593)</td>
<td>–</td>
<td>–</td>
<td>422</td>
</tr>
<tr>
<td>Vehicles</td>
<td>68,737</td>
<td>8,766</td>
<td>–</td>
<td>(7,649)</td>
<td>–</td>
<td>–</td>
<td>69,854</td>
</tr>
<tr>
<td>Furniture, fixtures &amp; equipment</td>
<td>79,410</td>
<td>10,692</td>
<td>(3)</td>
<td>(7,110)</td>
<td>–</td>
<td>–</td>
<td>82,989</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>175,288</td>
<td>22,554</td>
<td>(5)</td>
<td>(15,352)</td>
<td>–</td>
<td>–</td>
<td>182,907</td>
</tr>
<tr>
<td>Heritage assets</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total accumulated depreciation</td>
<td>175,288</td>
<td>22,554</td>
<td>(5)</td>
<td>(15,352)</td>
<td>–</td>
<td>–</td>
<td>182,907</td>
</tr>
<tr>
<td>Net</td>
<td>219,046</td>
<td>4,653</td>
<td>(443)</td>
<td>(1,072)</td>
<td>(422)</td>
<td>–</td>
<td>221,762</td>
</tr>
</tbody>
</table>

### 2017 Cost (000's)

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Opening book value</th>
<th>Acquisitions</th>
<th>Transfers</th>
<th>Disposals</th>
<th>Revaluation</th>
<th>Impairments</th>
<th>Closing book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>51,224</td>
<td>975</td>
<td>–</td>
<td>(40)</td>
<td>–</td>
<td>–</td>
<td>52,159</td>
</tr>
<tr>
<td>Buildings</td>
<td>129,432</td>
<td>6,519</td>
<td>(518)</td>
<td>(185)</td>
<td>–</td>
<td>–</td>
<td>135,248</td>
</tr>
<tr>
<td>Buildings WIP</td>
<td>100,302</td>
<td>7,418</td>
<td>–</td>
<td>(7,676)</td>
<td>–</td>
<td>–</td>
<td>100,044</td>
</tr>
<tr>
<td>Vehicles</td>
<td>99,756</td>
<td>10,166</td>
<td>–</td>
<td>(4,944)</td>
<td>–</td>
<td>–</td>
<td>104,948</td>
</tr>
<tr>
<td>Furniture, fixtures &amp; equipment</td>
<td>175,288</td>
<td>22,554</td>
<td>(5)</td>
<td>(15,352)</td>
<td>–</td>
<td>–</td>
<td>182,907</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>378,541</td>
<td>26,671</td>
<td>(518)</td>
<td>(10,560)</td>
<td>–</td>
<td>–</td>
<td>394,134</td>
</tr>
<tr>
<td>Heritage assets</td>
<td>200</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>200</td>
</tr>
<tr>
<td>Total historic cost</td>
<td>378,741</td>
<td>26,671</td>
<td>(518)</td>
<td>(10,560)</td>
<td>–</td>
<td>–</td>
<td>394,334</td>
</tr>
</tbody>
</table>

### 2017 Depreciation (000's)

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Opening book value</th>
<th>Acquisitions</th>
<th>Transfers</th>
<th>Disposals</th>
<th>Revaluation</th>
<th>Impairments</th>
<th>Closing book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Buildings</td>
<td>24,557</td>
<td>2,748</td>
<td>(131)</td>
<td>(33)</td>
<td>–</td>
<td>–</td>
<td>27,141</td>
</tr>
<tr>
<td>Vehicles</td>
<td>64,378</td>
<td>9,565</td>
<td>(520)</td>
<td>(185)</td>
<td>–</td>
<td>–</td>
<td>68,737</td>
</tr>
<tr>
<td>Furniture, fixtures &amp; equipment</td>
<td>74,116</td>
<td>10,238</td>
<td>–</td>
<td>(4,944)</td>
<td>–</td>
<td>–</td>
<td>79,410</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>163,051</td>
<td>26,671</td>
<td>(518)</td>
<td>(10,560)</td>
<td>–</td>
<td>–</td>
<td>175,288</td>
</tr>
<tr>
<td>Heritage assets</td>
<td>200</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total accumulated depreciation</td>
<td>163,051</td>
<td>26,671</td>
<td>(518)</td>
<td>(10,560)</td>
<td>–</td>
<td>–</td>
<td>175,288</td>
</tr>
<tr>
<td>Net</td>
<td>215,690</td>
<td>4,120</td>
<td>(387)</td>
<td>(377)</td>
<td>–</td>
<td>–</td>
<td>219,046</td>
</tr>
</tbody>
</table>
8(a) Impairment of property, plant and equipment

In the prior financial year the property at 2 Harrison Road carried a net impairment of $2.63m. The affected buildings have been reviewed for impairment in the current financial period. Whilst neither the future intention for the occupied development of the site nor the current usage of the buildings have changed in this financial year, the property remains impaired at the same value as the year ended 30 June 2017.

During the financial year, a detailed engineers report was undertaken on the property held by Taupo Area Committee at 28 Paora Hapi Street, Taupo, which consists of an ambulance station, training rooms and administrative offices. The report identified certain parts of the building as earthquake-prone due to structural deficiencies. A risk assessment was carried out by St John and a decision was made to relocate its ambulance operations and vacate the ambulance station as soon as possible. The work to strengthen the building is expected to be significant and it is probable that the cost of strengthening the structure is prohibitive to the point where demolition is the most practical solution. The carrying value of the building was $0.65m. An impairment review was carried out on the building resulting in a current year partial impairment of $0.42m.

8(b) Assets classified as held for sale

At balance date, property held at 286 Te Ngae Road, Rotorua, was on the market for sale by the Rotorua Area Committee. In July 2018, the property sold unconditionally, with settlement on 31st August 2018. This represented land of $0.4m, and temporary buildings with a net book value of $0.04m. This asset has been reclassified from Property, plant and equipment to Asset held for sale.

9 Subsequent events

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

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

Opinion

The summary consolidated financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem (the ‘Priory trust Board’) and its subsidiaries (the ‘Group’), which comprise the summary consolidated statement of financial position as at 30 June 2018, and the summary consolidated statement of comprehensive revenue and expense, 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 2018.

In our opinion, the accompanying summary consolidated financial statements, on pages 39 to 45, are consistent, in all material respects, with the audited consolidated financial statements, in accordance with PBE FRS 43: Summary Financial Statements issued by the New Zealand Accounting Standards Board.

Summary consolidated financial statements

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

The audited consolidated financial statements and our report thereon

We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated 24 September 2018.

Priory Trust Board’s responsibilities for the summary consolidated financial statements

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

Auditor’s responsibilities

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

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

Restriction on use

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

Auckland, New Zealand
24 September 2018
The International Order

Sovereign Head
Her Majesty The Queen

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

Lord Prior
Sir Malcolm Ross GCVO OBE GCStJ

Priest
The Right Reverend Timothy John Stevens CBE GCStJ

Sub Prior
Mr John Mah CD QC GCSJ

The Priory in New Zealand

Priory Chapter

Prior
Her Excellency the Rt Hon Dame Patsy Reddy
GNZM QSO OStJ

Chancellor
Dr S A Evans KStJ

Deputy Chancellor
Mrs S M Cumming CStJ

Bailiffs and Dame Grand Cross
Mr N B Darrow GCStJ
Mrs J A Hoban GCStJ
Mr J D Wills CStJ
Mrs S L Marshall OStJ
Mr K I Williamson CStJ QSM JP

Priory Nominations Committee
Chair
Dr S A Evans KStJ

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

Priory Honours Committee
Chair
Dr S A Evans KStJ

Committee Members
Mrs J A Strachan GCStJ
Mr N B Darrow GCStJ
Mrs J A Hoban GCStJ
Mrs S M Cumming CStJ
Mr R D Blundell KStJ
Mr T M McEvedy QSO KStJ JP
Mr J D Wills CStJ
Mr M Smith CNZM
Mrs S L Marshall OStJ
Mrs K I Williamson CStJ QSM JP

Priory Trust Board
Chair
Dr S A Evans KStJ

Deputy Chair
Mrs S M Cumming CStJ

Priory Emergency Communications
Chair
Mr G T Ridley KStJ

Directors
Mr G M Wilson KStJ
Mr S Ward
Mr R Martin

The St John Emergency Communications Ltd
Chair
Mr G T Ridley KStJ

Directors
Mr P R Bradley CBE CStJ
Mr G M Wilson KStJ

People and Capability Committee
Chair
Mr J H Whitehead CNZM

Committee Members
Dr S A Evans KStJ
Mrs S M Cumming CStJ
Mr P N Brown
Mr J A Gallagher CNZM KStJ JP
Ms R H Brooke

Regional Trust Boards

Northern Region
Chair
Ms R S Brooke

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

Appointed Members
Ms D S Godinet
Mr J D Buston
Dr A Zhu
Mr C L Watson

Central Region
Chair
Mr K I Williamson CStJ QSM JP

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

Appointed Members
Mr G H Crowley MStJ
Mr A S Grant

South Island Region
Chair
Mrs J M Conroy CStJ

Elected Members
Mr J A Strachan GCStJ
Mr R B Wheeler KStJ

Appointed Members
Ms R H Brooke

South Island Region
Chair
Ms R S Brooke

Elected Members
Mr K R Adams CStJ

Appointed Members
Mr R E Burns MStJ

Northland Region
Chair
Mrs J M Conroy CStJ

Elected Members
Mr C J Todd MStJ

Appointed Members
Ms R H Brooke

As at 30 June 2018

St John Annual Report 2018 | 47
Looking to the future
Our new five-year plan
As we close the chapter on our last five years, we look forward to introducing our new and ambitious plan for the next five years, Stepping Forward 2018–2023 – playing our part to make New Zealand communities stronger, safer, better.

St John is in the privileged position of safeguarding lives. It’s been in our DNA since day one, with a rich history of serving New Zealanders since 1885. From the beginning we’ve been forward facing and adaptable, which has never been more important than now.

We’re seeing growing vulnerability and changing demographics in New Zealand communities that are increasingly impacting people’s ability to enjoy vibrant, healthy lives and stretching New Zealand’s health services.

In 2018, and beyond, we remain ready to protect lives and the strength of our communities. While our emergency ambulance services will always be at the heart of what we do, we believe we can now play a bigger part in helping all those who call New Zealand home, building greater resilience and wellness into their communities. Working with others, we think we can make life better for New Zealanders by improving their welfare and wellbeing.

Our focus for the next five years will be improving outcomes for our patients, our communities and partners, our customers and supporters, and our people.

We move into this next chapter with gratitude for the support we receive from so many New Zealanders, and we promise to build on the enormous trust and respect those living in New Zealand have for us already.

We bring the strength of St John’s many dedicated volunteers and paid staff because at our heart:

We step forward, when help is needed. For better. For life.

Ka tū ake, hei kaiāwhina. Mō te pai. Mō te oranga.
The following statistics and facts give a snapshot of our work between 1 July 2017 and 30 June 2018.

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Total 2017/18</th>
<th>Total 2016/17</th>
<th>Increase/decrease</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>111 emergency calls for an ambulance(^1)</td>
<td>533,669</td>
<td>506,290</td>
<td>27,379</td>
<td>5.4%</td>
</tr>
<tr>
<td>Emergency incidents attended</td>
<td>395,230</td>
<td>389,350</td>
<td>5,880</td>
<td>1.5%</td>
</tr>
<tr>
<td>Non-emergency incidents attended</td>
<td>81,464</td>
<td>79,505</td>
<td>1,959</td>
<td>2.5%</td>
</tr>
<tr>
<td>Events serviced</td>
<td>5,166</td>
<td>5,712</td>
<td>-546</td>
<td>-9.5%</td>
</tr>
<tr>
<td>Patients treated or transported by ambulance officers</td>
<td>480,411</td>
<td>469,850</td>
<td>10,561</td>
<td>2.2%</td>
</tr>
<tr>
<td>Ambulances and operational vehicles</td>
<td>702</td>
<td>655</td>
<td>47</td>
<td>7.1%</td>
</tr>
<tr>
<td>People trained in first aid</td>
<td>80,262</td>
<td>82,143</td>
<td>-1,881</td>
<td>-2.3%</td>
</tr>
<tr>
<td>Medical alarm customers</td>
<td>43,186</td>
<td>41,691</td>
<td>1,495</td>
<td>3.6%</td>
</tr>
<tr>
<td>Children who participated in the ASB St John in Schools programme</td>
<td>130,860</td>
<td>132,092</td>
<td>-1,232</td>
<td>-0.9%</td>
</tr>
<tr>
<td>Health Shuttle client trips</td>
<td>77,286</td>
<td>74,824</td>
<td>2,462</td>
<td>3.2%</td>
</tr>
<tr>
<td>Youth Members</td>
<td>6,104</td>
<td>6,337</td>
<td>-223</td>
<td>-4.1%</td>
</tr>
<tr>
<td>Youth Leaders</td>
<td>1,098</td>
<td>1,119</td>
<td>-21</td>
<td>-1.9%</td>
</tr>
<tr>
<td>Order Members</td>
<td>1,667</td>
<td>1,675</td>
<td>-8</td>
<td>0.4%</td>
</tr>
<tr>
<td>Area Committee volunteers</td>
<td>1,114</td>
<td>1,294</td>
<td>-180</td>
<td>-16.1%</td>
</tr>
<tr>
<td>Health Shuttle volunteers</td>
<td>652</td>
<td>612</td>
<td>40</td>
<td>6.5%</td>
</tr>
<tr>
<td>Caring Caller volunteers</td>
<td>805</td>
<td>865</td>
<td>-60</td>
<td>-7.4%</td>
</tr>
<tr>
<td>Community Care in Hospitals volunteers(^2)</td>
<td>830</td>
<td>800</td>
<td>30</td>
<td>3.7%</td>
</tr>
<tr>
<td>Opportunity Shop volunteers</td>
<td>1,232</td>
<td>1,098</td>
<td>134</td>
<td>12.2%</td>
</tr>
<tr>
<td>Clinical volunteers (headcount)(^3)</td>
<td>3,519</td>
<td>3,504</td>
<td>15</td>
<td>0.4%</td>
</tr>
<tr>
<td>Clinical paid personnel (FTE)(^4)(^5)</td>
<td>1,244</td>
<td>1,163</td>
<td>81</td>
<td>6.9%</td>
</tr>
<tr>
<td>Total paid personnel (FTE)(^4)(^5)</td>
<td>2,293</td>
<td>2,170</td>
<td>123</td>
<td>5.6%</td>
</tr>
<tr>
<td>Total paid personnel (headcount)(^4)(^5)</td>
<td>3,228</td>
<td>3,033</td>
<td>195</td>
<td>6.4%</td>
</tr>
<tr>
<td>Total volunteers (headcount)(^3)</td>
<td>9,389</td>
<td>9,232</td>
<td>157</td>
<td>1.7%</td>
</tr>
<tr>
<td>Total personnel (headcount)(^3)</td>
<td>18,588</td>
<td>18,556</td>
<td>32</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

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

Volunteer and paid personnel as at 30 June 2018. Some personnel have multiple roles but appear just once in total personnel (headcount).