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.

**Health and wellbeing**

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

We Make it Better – Whakawerohia
Find solutions – step up. Own it. Do it.

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

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

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

The St John ambulance service is the emergency arm of the health sector, responding to more than 482,000 111 calls for an ambulance each year. Our 2,083 paid staff, 9,288 volunteers and 7,481 Youth members have contact with more than 1 million people each year. We are on call around the clock, every day, caring for others.

St John is playing an increasing role in meeting the broader health needs of New Zealanders. We deliver a portfolio of complementary health services designed to build resilient communities. We work in partnership to develop strong communities. We are capable, reliable and trusted.

St John is three years into our 2013-2018 Integrated Business Plan (IBP) – the One St John Plan – and achieved significant milestones this year, including the implementation of our electronic Patient Report Form (ePRF). The IBP describes how we will improve what we do for our patients, clients, customers, donors and our people, achieving five key ambitions in five years.

**Right care, right time**
We’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 our people’s capability and capacity, and making St John a great place to work.

**The Bigger Picture**
The Integrated Business Plan and our five ambitions are illustrated visually in The Bigger Picture, on pages 20 and 21.
Here for the community

**It has been a privilege to serve as Chancellor in what has been one of the most important and challenging years in the history of St John New Zealand.**

St John is enriched by the diverse range of services we provide and the people who provide them; our paid staff, volunteers, Youth members, and Order members. This Annual Report outlines the achievements of the past year, and tracks our progress against the key measures of the St John Integrated Business Plan (IBP), which sets five ambitions in five years.

For me this year’s stand-out highlight is the successful implementation of our world-leading electronic Patient Report Form (ePRF). Moving from paper to electronic records is a first for the New Zealand health sector. It is not only a significant achievement, and the realisation of many years of research and planning, but provides a foundation for St John to continue to serve our patients and their communities well into the future.

I congratulate and thank all those involved in the ePRF roll out. The project involved many areas of our organisation working side-by-side, and demonstrates what we can achieve as One St John.

The impact St John has in the community is often the result of collaboration across different areas of St John. I was delighted this year to see Clinical Operations and Community Health Services jointly launch the 3 Steps for Life programme. This initiative aims to improve cardiac arrest survival rates through greater grassroots community access to training in CPR and automated external defibrillator (AED) use.

This year also involved challenges, as we took steps to help return St John to a financially sustainable position. Like much of the health sector, St John faces the impacts of increasing demand, rising costs and an aging population, as we strive to deliver quality care to our patients in a changing environment.

Over the past year, we made preparations to increase the ambulance part charge, launched our first regular giving fundraising programme, and made significant internal cost savings. We contributed to an independent review of funding arrangements for the ambulance sector, commissioned by our Government partners, the Ministry of Health and the Accident Compensation Corporation (ACC), and look forward to the release of this important report.

I am very proud of the way our people have responded to the year’s challenges. Our strong clinical focus and patient-centric approach resulted in the best ever ambulance response times, and a significant increase in survival rates for out-of-hospital cardiac arrest patients.

We saw considerable success in our programmes that build community resilience, from our 7,481 Youth members, to the medical alarms team and the Caring Callers who support New Zealanders to live independently for longer. With the support of ACC, our St John in Schools programme grew by 125%, with a record 110,560 children participating this year. We also saw health shuttle client trips increase to 71,780 this year with 12% more people with health or mobility problems driven to their medical appointments.

The Prior of St John in New Zealand and Governor-General, His Excellency, Lt Gen The Rt Hon Sir Jerry Mateparae presided at the Investiture in Auckland this year. This was the last formal duty of Sir Jerry’s five-year term as Prior and St John acknowledges the mana he has brought to the organisation. Sir Jerry said it had been a privilege to serve St John, an organisation whose members demonstrate every day their commitment to caring for their fellow New Zealanders.

I am also humbled by how New Zealanders have rallied to support us. St John was voted Most Trusted Charity for the third consecutive year in the 2016 Reader’s Digest Trusted Brands survey, and...
New Zealanders donated a record amount in the 2016 Annual Appeal, allowing us to purchase new ambulances and lifesaving equipment.

St John would not be what it is today without a deep connection with our local communities. This year we recognise the achievements specific to the Northern Region, Central Region and South Island Region by including highlights from each region within the National Annual Report. I particularly want to thank the 1,280 volunteers who serve on our 150 area committees for the essential contribution they make throughout New Zealand. Their focus and energy in our communities is essential to our work and their contribution is greatly valued.

The health, safety and wellbeing of our people remains a priority. Over the past year we made excellent progress towards safe crewing, successfully completed the second year of our Volunteer Sustainability Strategy, and continued to embed the St John Values.

At this year’s Auckland Investiture, the Prior of the Order of St John and Governor-General His Excellency Lieutenant General The Rt Hon Sir Jerry Mateparae performed his last formal duty. His work with St John was significant and notable. He will also be remembered for his engagement with individuals and the organisation in general, which was outstanding. We wish him and Lady Janine all the very best for their futures. Thank you for your significant contribution to St John in New Zealand.

I want to thank and acknowledge the guidance and wisdom of the Prior and Chapter, the Priory Trust Board, and Peter Bradley and the Executive.

I also want to thank the wider St John team, and our many volunteers, partners and supporters for their energetic contributions to the Order.

Dr Steve Evans, Chancellor and Chair of Priory Trust Board
We are there for New Zealanders in their time of need, and continue to have real impact in building community resilience

Our work towards double crewing and what we believe will be a positive result from the ambulance funding review, will, in the coming years, let us focus on many other important activities from our Youth programme to our community health initiatives. This strategic focus will be a key feature of our next five-year Integrated Business Plan to be launched in 2017.

To everyone, who works, volunteers and supports our great organisation, thank you for all that you have done over the last year to support our patients, our people, customers and our wider services – whether in a high profile role, or behind the scenes providing support, I appreciate it and it is part of what makes St John so well respected across New Zealand.

Peter Bradley, Chief Executive Officer /
Tumu Whakarae
Highlights of the 2015/16 year include:

- the successful nationwide rollout of our electronic Patient Report Form (ePRF) technology, providing better information sharing between St John and major health service providers and improving patient care
- the best ambulance response times in St John NZ history, despite increased demand
- the launch of 3 Steps for Life, a free education programme for community aimed at reducing the out-of-hospital cardiac arrest toll
- a new partnership between ACC and St John in Schools that will reach 480,000 children over four years
- an improvement in the survival to discharge rate of patients who suffer a cardiac arrest outside of hospital from 15% in 2014/15 to 16% in 2015/16
- the expansion of nurse/paramedic telephone advice (the 111 Clinical Hub) to Northland, the Waikato and Hauraki/Coromandel
- significant progress towards achieving full double crewing, and year two of our Volunteer Sustainability Strategy, Te Ara Hato Hone (the St John Māori Strategy), and our new Values programme.

437,978 Patients treated and/or transported by ambulance officers

95% of patients said they had trust and confidence in St John Ambulance staff
The following statistics and facts give a snapshot of our work 1 July 2015-30 June 2016

<table>
<thead>
<tr>
<th>Description</th>
<th>Total 2015/16</th>
<th>Total 2014/15</th>
<th>Increase/ decrease</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>111 emergency calls for an ambulance 1</td>
<td>482,002</td>
<td>454,990</td>
<td>27,012</td>
<td>5.9%</td>
</tr>
<tr>
<td>Emergency incidents attended</td>
<td>382,325</td>
<td>366,375</td>
<td>15,950</td>
<td>4.4%</td>
</tr>
<tr>
<td>Other incidents attended 2</td>
<td>78,525</td>
<td>78,770</td>
<td>-245</td>
<td>-0.3%</td>
</tr>
<tr>
<td>Events serviced</td>
<td>6,133</td>
<td>7,174</td>
<td>-1,041</td>
<td>-14.5%</td>
</tr>
<tr>
<td>Patients treated and/or transported by ambulance officers</td>
<td>437,978</td>
<td>428,319</td>
<td>9,659</td>
<td>2.3%</td>
</tr>
<tr>
<td>Ambulances and operational vehicles</td>
<td>696</td>
<td>662</td>
<td>34</td>
<td>5.1%</td>
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<tr>
<td>Ambulances and operational vehicles</td>
<td>696</td>
<td>662</td>
<td>34</td>
<td>5.1%</td>
</tr>
<tr>
<td>Children who participated in the St John in Schools programme</td>
<td>110,560</td>
<td>49,101</td>
<td>61,459</td>
<td>125.2%</td>
</tr>
<tr>
<td>Caring Caller clients</td>
<td>1,306</td>
<td>1,200</td>
<td>106</td>
<td>8.8%</td>
</tr>
<tr>
<td>Health Shuttle client trips</td>
<td>71,780</td>
<td>63,996</td>
<td>7,784</td>
<td>12.2%</td>
</tr>
<tr>
<td>Youth members</td>
<td>6,312</td>
<td>6,500</td>
<td>-188</td>
<td>-2.9%</td>
</tr>
<tr>
<td>Youth leaders 1</td>
<td>1,169</td>
<td>1,097</td>
<td>72</td>
<td>6.6%</td>
</tr>
<tr>
<td>Order members 3</td>
<td>1,710</td>
<td>1,690</td>
<td>20</td>
<td>1.2%</td>
</tr>
<tr>
<td>Area Committee volunteers</td>
<td>1,280</td>
<td>1,277</td>
<td>3</td>
<td>0.2%</td>
</tr>
<tr>
<td>Health Shuttle volunteers</td>
<td>615</td>
<td>630</td>
<td>-15</td>
<td>-2.4%</td>
</tr>
<tr>
<td>Caring Caller volunteers</td>
<td>976</td>
<td>1,078</td>
<td>-102</td>
<td>-9.5%</td>
</tr>
<tr>
<td>Community Care in Hospitals volunteers 4</td>
<td>791</td>
<td>831</td>
<td>-40</td>
<td>-4.8%</td>
</tr>
<tr>
<td>Events volunteers</td>
<td>1,452</td>
<td>1,523</td>
<td>-71</td>
<td>-4.7%</td>
</tr>
<tr>
<td>Clinical volunteers (headcount) 5</td>
<td>3,684</td>
<td>4,380</td>
<td>-696</td>
<td>-15.9%</td>
</tr>
<tr>
<td>Clinical paid personnel (FTE) 5.6</td>
<td>1,161</td>
<td>1,146</td>
<td>15</td>
<td>1.3%</td>
</tr>
<tr>
<td>Total paid personnel (FTE) 5.6</td>
<td>2,083</td>
<td>2,082</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total personnel (headcount) 5.6</td>
<td>3,139</td>
<td>3,060</td>
<td>79</td>
<td>2.6%</td>
</tr>
<tr>
<td>Total volunteers (headcount) 5.6</td>
<td>9,288</td>
<td>9,447</td>
<td>-159</td>
<td>-1.7%</td>
</tr>
<tr>
<td>Total personnel (headcount) 5.6</td>
<td>17,635</td>
<td>17,858</td>
<td>-223</td>
<td>-1.2%</td>
</tr>
</tbody>
</table>

1 National total of 111 calls answered in the three Clinical Control Centres, excludes reoffers
2 Non-emergency incidents
3 Includes national headquarters
4 Friends of the Emergency Department and Hospital Friends
5 Full time equivalent
6 Does not include vacant roles

Volunteer and paid personnel as at 30 June 2016. Some personnel have multiple roles.
Some 2014-15 comparatives have been restated to align with 2015-16 personnel categorisation.
What we’re doing
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.

How we do it
Our new service delivery model lets us choose the best way to help from a wider pool of non-emergency community healthcare facilities, and enable ambulance to focus on the emergency acute calls.

Highlights of the past year include:

Best ever emergency response times
By working smarter, St John continues to exceed its contracted emergency response times even though demand continues to rise for our services. This year we responded to 9,783 more immediately life-threatening incidents in eight minutes than the previous year. Over the same period our Clinical Control Centres have significantly reduced the dispatch times for “Red” incidents which are immediately life-threatening or time critical. For these incidents St John is 18% faster in urban areas and more than 10% faster in rural areas.

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

St John has performance targets for three types of incidents:

- Immediately life-threatening (cardiac/respiratory arrest) (“Purple”)
- immediately life-threatening or time critical (“Red”)
- urgent or potentially serious but not immediately life-threatening (“Orange”).

Significant performance improvements were achieved over the past year. Key contributing factors were the flow-on impact of last year’s additional 158 frontline staff, the impact of the further deployment of the 111 Clinical Hub (working with Homecare Medical), our
The Top 10 reasons New Zealanders called 111 for an ambulance

<table>
<thead>
<tr>
<th>Chief complaint</th>
<th>% of 111 calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Referral</td>
<td>19.1%</td>
</tr>
<tr>
<td>Sick Person – specific diagnosis</td>
<td>9.4%</td>
</tr>
<tr>
<td>Breathing Problems</td>
<td>8.7%</td>
</tr>
<tr>
<td>Falls/back injuries</td>
<td>8.6%</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>7.9%</td>
</tr>
<tr>
<td>Unconscious/Fainting</td>
<td>7.1%</td>
</tr>
<tr>
<td>Unknown Problem (third party calling)</td>
<td>5.3%</td>
</tr>
<tr>
<td>Traffic Accident</td>
<td>4.2%</td>
</tr>
<tr>
<td>Abdominal Pain/problem</td>
<td>3.7%</td>
</tr>
<tr>
<td>Traumatic Injuries</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Our partnership with the Fire Service

St John and the New Zealand Fire Service (NZFS) work together as co-responders to optimise our response to the most time critical ‘Purple’ medical emergencies. In these cases, which make up 1% of medical emergencies, Fire Service crews, trained by St John in CPR and other lifesaving techniques, are dispatched at the same time as an ambulance. NZFS co-responders’ training can keep a patient who is in cardiac or respiratory arrest alive until our paramedics arrive, improving their chances of survival. NZFS also provide emergency support to remote and isolated communities. First responders are local volunteer fire brigades trained by St John to provide a higher level of clinical care. They can be dispatched by our 111 Clinical Control Centres.

Performance targets - how quickly we responded to purple and red incidents

<table>
<thead>
<tr>
<th>Purple incidents</th>
<th>60% Target</th>
<th>96% Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance targets</td>
<td>Urban 60% in 8 minutes</td>
<td>Rural 60% in 12 minutes</td>
</tr>
<tr>
<td>What we achieved</td>
<td>77.6%</td>
<td>67.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Red incidents</th>
<th>50% Target</th>
<th>95% Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance targets</td>
<td>Urban 50% in 8 minutes</td>
<td>Rural 50% in 12 minutes</td>
</tr>
<tr>
<td>What we achieved</td>
<td>58.2%</td>
<td>52.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orange incidents</th>
<th>80% target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance targets</td>
<td>Urban 80% in 20 minutes</td>
</tr>
<tr>
<td>What we achieved</td>
<td>76.2%</td>
</tr>
</tbody>
</table>

Our response times around New Zealand

<table>
<thead>
<tr>
<th>District</th>
<th>Percentage of urban purple incidents responded to within 8 min</th>
<th>Percentage of urban red incidents responded to within 8 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014/15</td>
<td>2015/16</td>
</tr>
<tr>
<td>Auckland</td>
<td>71.6%</td>
<td>78.8%</td>
</tr>
<tr>
<td>Canterbury</td>
<td>69.3%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Central East</td>
<td>68.5%</td>
<td>72.6%</td>
</tr>
<tr>
<td>Central South</td>
<td>77.7%</td>
<td>78.8%</td>
</tr>
<tr>
<td>Central West</td>
<td>78.3%</td>
<td>75.2%</td>
</tr>
<tr>
<td>Northland</td>
<td>63.4%</td>
<td>61.8%</td>
</tr>
<tr>
<td>Southland/Otago</td>
<td>83.5%</td>
<td>86.4%</td>
</tr>
<tr>
<td>Tasman</td>
<td>77.4%</td>
<td>82.6%</td>
</tr>
<tr>
<td>National</td>
<td>72.8%</td>
<td>77.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District</th>
<th>Percentage of rural purple incidents responded to within 12 minutes</th>
<th>Percentage of rural red incidents responded to within 12 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014/15</td>
<td>2015/16</td>
</tr>
<tr>
<td>Auckland</td>
<td>63.6%</td>
<td>59.4%</td>
</tr>
<tr>
<td>Canterbury</td>
<td>57.8%</td>
<td>64.4%</td>
</tr>
<tr>
<td>Central East</td>
<td>63.7%</td>
<td>53.4%</td>
</tr>
<tr>
<td>Central South</td>
<td>74.1%</td>
<td>79.4%</td>
</tr>
<tr>
<td>Central West</td>
<td>69.5%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Northland</td>
<td>44.8%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Southland/Otago</td>
<td>71.1%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Tasman</td>
<td>72.0%</td>
<td>81.3%</td>
</tr>
<tr>
<td>National</td>
<td>63.4%</td>
<td>67.9%</td>
</tr>
</tbody>
</table>
to be the first responder to a medical emergency. They are always backed up by the nearest available ambulance.

Over the past financial year, the co-responding Fire crew was first on scene in 704 (17% of Purple cases). These represented a small percentage of our 382,325 emergency callouts, but are the cases where every second counts.

- 189,421 Purple and Red calls in 2015/2016 and of these 183,739 had a vehicle arriving at scene
- NZFS attended 6,492 (3.5% of Red and Purple attended)
- NZFS arrived first for 2,861 (1.6% of Red and Purple attended)

Investment in business resilience and disaster recovery

As a major emergency service St John continually updates business continuity planning to ensure our operations can be maintained in the face of events and incidents that would have a major public impact and test the resilience of our operations and ability to respond.

St John staff have also reviewed the National Ambulance Major Incident Plan with Ambulance New Zealand, the organisation representing ambulance and air ambulance services.

Our business resilience and emergency management plans were subsequently tested in two major exercises; multi-agency Exercise Tangaroa in August 2016, and St John exercise Kia Mananui in September 2016.

St John fleet upgraded

St John put 47 new ambulances on the road over the past year, which allowed us to reduce the age of our ambulance fleet. A new ambulance design will be introduced in the next financial year, following a successful trial of the new van conversion ambulance design. The new ambulance design will be fitted with the latest Stryker Power-Load self-loading stretchers which will help improve the health and safety of our staff.

The Stryker Power-Load stretcher

We upgraded 35 of our 12-lead monitors with new Lifepak 15 monitors and were gifted 80 of the latest model MRx monitors to replace our older MRx 12-lead monitors.

CAD upgrade

Preparations were completed for an important upgrade to the Computer Aided Dispatch (CAD) system used in our 111 Centres this year. The benefits include a more resilient infrastructure, automated alerts, and better maps to enhance the dispatch of ambulances and call taking. The new CAD was successfully implemented in August 2016 and the smooth transition showed the value of detailed planning and strong collaboration between the project team, centre staff, the vendors and with Wellington Free Ambulance.

National Air Desk trial

St John has worked with key partners to plan the trial of a national Air Desk that will centralise the dispatch of New Zealand’s emergency air ambulance call-outs. At present air ambulance and helicopter responses are dispatched locally, with on average 120 air ambulances dispatched each week. A specialist Air Desk will mean better coordination nationally and enable the building of specific expertise to guide air ambulance call-outs. St John has worked with the Air Rescue Group, the Wellington Free Ambulance and the Ministry of Health on this initiative that will improve the outcome and the quality and experience of patient care.
Community programmes
Through our connections with community organisations and primary healthcare providers, St John builds resilient communities and supports the health, wellbeing and independence of New Zealanders.

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

- **Caring Callers** – Our volunteers offer a telephone friendship service to support lonely or isolated people, calling regularly to check everything is okay.

- **Health Shuttles** – Free Health Shuttles transported 71,780 people with health or mobility problems to medical appointments.

- **Community Carers** – Volunteers provide non-clinical care and support to rest home residents and their visiting friends and family in a new Northland initiative that builds on local Friends of the Emergency Department programmes.

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

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

<table>
<thead>
<tr>
<th>Total Youth members</th>
<th>7,481</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Youth leaders</td>
<td>1,169</td>
</tr>
<tr>
<td>Total Cadets and Penguins</td>
<td>6,312</td>
</tr>
</tbody>
</table>

Local pathways

**What we’re doing**
We’re becoming a hub for community health.

**How we do it**
We work closely with communities at a grass roots level to create local pathways to patients’ care.

We deliver targeted local health solutions by supporting community-driven initiatives.
St John in Schools – a popular education programme for pre-school and school-aged children.

Area committees
In 150 communities, St John Area Committees work with local stakeholders to plan and provide St John programmes, support station management and volunteers and promote St John services. They raise essential funds needed for the day-to-day running costs of the station, the purchase of life-saving equipment such as defibrillators and stretchers, and play an important role in the St John Annual Appeal. Our Area Committees, and the 1280 volunteers are an integral part of the St John team, connecting us with communities throughout New Zealand.

Highlights of the past year include:

St John in Schools
St John in Schools, our programme that teaches children the skills and confidence to take action in an emergency, has enjoyed a significant boost this year. A new partnership with ACC was launched in March 2016 by the Hon. Nikki Kaye, Minister for ACC, and St John CEO Peter Bradley. Each year ACC receives approximately 349,000 injury claims involving children younger than 14, and the St John in Schools programme is a major investment in injury prevention and life-saving initiatives.

Our shared goal is to reach 480,000 children in the four years 2015-2019. In the year to June 2016, the programme was delivered to 110,560 preschool and primary school students. There have been numerous examples of children who have been through a St John in Schools programme making a real difference in an emergency. In July 2015, ASB became corporate partner for the programme, which is now known as ASB St John in Schools.

The Hon. Nikki Kaye, Minister for ACC, and St John CEO Peter Bradley launch the St John in Schools programme at Clendon Park School in Manurewa, in March 2016.

3 Steps for Life aims to reduce cardiac arrest toll
As part of an effort to improve cardiac arrest survival rates in New Zealand and raise awareness of the silent killer, St John ambulance officers and tutors are volunteering their time to deliver a 3 Steps for Life community education programme to the public for free. The programme aims to not only build community resilience and responsiveness, but also to raise awareness of a medical issue that results in more than 1,200 deaths a year, a figure that is about four times the national road toll.

3 Steps for Life is designed to give all New Zealanders the confidence and awareness to take action when somebody suffers a cardiac arrest by:
1. calling 111
2. starting CPR
3. using an AED (automated external defibrillator).

AED in marae
Māori are 1.8 times more likely to be diagnosed with heart disease than other communities and this also increases their chance of suffering a cardiac arrest. As a result St John has developed a Marae Cardiac Arrest programme using the 3 Steps for Life programme. St John Pou Takawaenga (Māori liaison officers) are working with 33 marae around New Zealand to support training in CPR and access to defibrillators. The initiative reflects St John’s commitment to enhancing Māori health outcomes through the Te Ara Hato Hone strategy to address inequities in health outcomes for Māori.

Youth team win third world championship
For the third competition in a row, the St John New Zealand Youth team was named world clinical champions at the International Cadet Camp and Competitions. The championships were held in Hong Kong in January. The four-person winning team were among a contingent of 75 New Zealanders. They competed against young people from 11 St John Priories representing their countries.

World champions: Aaron van der Klip, Michaela Judson, Ella McLaren, Frances Rankin, Selena Gordon, Kate Eggleton.
Highlights of the past year include:

**The 111 Clinical Hub**

After a successful pilot of the 111 Clinical Hub in the three DHB areas of Auckland, we expanded the coverage to the DHB areas of Northland, Hauraki/Coromandel and Waikato, as well as the three Wellington DHBs this year. The 111 Clinical Hub now covers about 53% of the country’s population for low acuity calls, compared with 31% in the pilot year.

The Clinical Hub is a secondary triage process designed to safely and effectively help patients who do not need to be transported to an emergency department – providing these patients with the right care at the right time, and freeing up emergency ambulance and hospital resources to treat more urgent cases. The Clinical Hub is staffed by registered nurses and paramedics based in our 111 Clinical Control Centres who carry out in-depth clinical telephone assessments on selected callers to identify alternative care pathways. These could include helping arrange a visit to the patient’s GP or an Accident and Medical centre, or self-care. An ambulance might also be dispatched.

The roll out of the Clinical Hub has continued to have a significant impact on the number of ambulance presentations to Emergency Departments in the five DHB areas, reducing them by 8,766 incidents. Over the year the Clinical Hub team responded to 33,621 incidents, an increase of 7,989 incidents from last year.

Key to the success of the Hub is St John’s partnership with Homecare Medical, whose registered nurses work in our 111 Clinical Control Centres. This initiative has also strengthened links between St John, DHBs, PHOs and the Ministry of Health.

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**Quality care**

**What we do**

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

**How we do it**

We’re creating a clinical hub to support dispatch and ambulance staff with specialist advice when it’s needed. We’re developing a set of key clinical performance measures to keep us on track.
Implementation of the Spinal Cord Injury Policy

In July 2015, St John implemented a Spinal Cord Injury (SCI) Destination Policy. Patients identified with signs of quadriplegia or paraplegia following trauma are transported to a dedicated spinal cord impairment centre where feasible. Spinal cord impairment centres include Middlemore Hospital, Starship Children’s Hospital and Christchurch Hospital. Transporting patients directly to a spinal cord impairment centre and bypassing other hospitals will significantly improve outcomes for these patients by allowing direct access to urgent decompressive surgery. The new approach is one of the key objectives under the New Zealand Spinal Cord Impairment Action Plan, a joint initiative between the Ministry of Health and ACC.

Since launch in February 2016, 18 patients have been through the STEMI pathway and patients now reach a dedicated heart attack centre within 100 -110 minutes of the arrival of the St John ambulance. This represents a reduction in time of between 180 and 240 minutes.

The Out-of-Hospital Cardiac Arrest (OHCA) report

This year St John has published its third OHCA (Out-of-Hospital Cardiac Arrest) annual report, which analyses the survival to discharge of patients who are treated for a cardiac arrest in their home, work or public place.

The number of people treated for a cardiac arrest by ambulance officers, transported to hospital and subsequently discharged alive is one of the key measures of clinical quality for an emergency ambulance service.

Our survival rate of 16% of patients discharged alive from hospital compared well with the London Ambulance Service, 9%, Ambulance Victoria in Australia, 10% and Wellington Free Ambulance, 14%.

The data presented in the annual OHCA report provides a strong evidence base for reviewing our practices and considering clinical improvements to patient care.

Combined with our community programmes, this helps to reduce the death toll due to cardiac arrest.

Valuing patient feedback

Every month St John seeks feedback via a survey from a random selection of its patients in each region. For this year our key measures continued to show a positive trend.

› 95% of patients said they had trust and confidence in St John Ambulance staff
› 97% of patients said they were treated with kindness and respect
› 95% of patients said they were satisfied with their overall experience

Examples of what patients said include:

“Ambulance staff were always helpful and cheery, giving relaxing support.” – Northern

“I greatly admire the St John Ambulance staff as they patiently and lovingly do their work anytime, day or night.” – Central

“During the whole incident my wife and myself have had 100% trust in these guys. They were marvellous and I knew I was as safe as was possible. Thank you.” – South Island

Building clinical expertise

St John’s Clinical Practice and Planning team’s responsibilities include ensuring staff in the field have access to clinical support and advice through two of the
Clinical Control Centres. They also ensure St John staff with a clinical practice level receive continuing clinical education.

This year the team provided 6,017 instances of clinical advice and support to staff in the field. This is a 34% increase on the previous financial year.

**Continuing Clinical Education:**
The targets for continuing clinical education for first responders and staff with an Authority to Practise (ATP) were largely exceeded this year.

**Clinical audit and research**
The Clinical Audit and Research Team aims to improve patient care through a systematic review process. The introduction of the ePRF (electronic Patient Referral Form) has helped to streamline the audit process.

This year St John has audited 5.02% of all ePRFs, achieving our target of auditing 5% of patient records by 2018, two years early. As well as our regular audits, St John has undertaken multiple focused audits of areas of clinical significance to improve clinical practice.

St John conducts research to gather accurate data to improve the outcomes for our patients. Key examples include the OHCA (Out of Hospital Cardiac Arrest) report, (see above) and our participation in clinical trials. This year St John is participating in two significant clinical trials. The first investigates the use of oxygen in heart attack patients. The second is the use of a clot-prolonging drug Tranexamic acid (TXA) in patients with severe bleeding.

**Telarc audit notes “good culture”**
St John successfully gained the certification requirements for the key audit into the performance and service of its ambulance operations. The ISO9001 and NZS8156 standards ensure St John meets the appropriate New Zealand and international standards of service for an ambulance and paramedical service. The latest audit was conducted in November 2015 and scrutinised the clinical safety, reliability, efficiency and effectiveness of St John operations, from its contact centres to its ambulance fleet and staff. In summary the auditors said they were pleased to see the high professionalism and consistency of processes in place. Their report noted that St John had turned a corner in its quality improvement journey and highlighted the “good culture” demonstrated by staff.

**Station manager forums**
Eleven forums were held around the country – from Kerikeri to Gore – to encourage station managers to explore the way their role fits in operations. They explored issues from human resources to leadership, with territory managers facilitating the workshops. Feedback from these inaugural forums has been positive. Station managers have said they were better equipped to lead teams and to build positive and productive work environments. They welcomed the support they gained from the network of station managers.

<table>
<thead>
<tr>
<th>Meeting targets for continuing clinical education</th>
<th>First Responders</th>
<th>Emergency Medical Technicians</th>
<th>Paramedics</th>
<th>Intensive Care Paramedics</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCE period one: May to December 31, 2015</td>
<td>59.96%</td>
<td>87.53%</td>
<td>95.54%</td>
<td>95.52%</td>
</tr>
<tr>
<td>CCE period two: January to June 30, 2016</td>
<td>52.91%</td>
<td>79.85%</td>
<td>89.44%</td>
<td>92.05%</td>
</tr>
</tbody>
</table>

Targets for completion of Continuing Clinical Education: 50% for First Responders and 80% for staff with an authority to practise (ATP)
Single-Point-Of-Entry (SPOE) pathway builds on electronic patient record forms

Good progress has been made in developing a Single-Point-of-Entry (SPOE) patient pathway that integrates St John’s 111 service with district health boards and primary care services.

About 81% of patients attended to by St John Ambulance have an issue that can be classified as minor or moderate. Without formal referral pathways, many are transported to emergency departments, when other health and medical care would be more appropriate for the patient. When visiting patients, ambulance officers can gain insight into their medical and social situation that can help inform more targeted care. During the year St John in Nelson has piloted a SPOE pathway that enables ambulance officers to refer patients who are safe to stay at home but require follow-up to be referred to the Nelson Marlborough DHB/Nelson Bays Primary Health Community Care Coordination Centre (CCCC).

In the year to June 2016, the pilot SPOE pathway had 390 referrals, making up between 2% and 3% of referrals to the CCCC. Feedback from the health partners, the DHB and Nelson Bays Primary Health has been positive with staff noting that St John ambulance staff in Nelson Bays were playing a lead role in preventative health care and that the system was picking up vulnerable patients who may have formerly been missed. In September 2015, the St John SPOE pathway won the People’s Choice Award at the Nelson Marlborough DHB Health Quality & Innovation Awards.

Successful rollout of e-Patient Report Forms

St John has successfully introduced its new electronic Patient Report Form (ePRF) to its ambulance service, which means patients in the 97% of the country St John serves will benefit from better and more accessible information sharing between St John and major health service providers at DHBs and primary care providers.

The world-leading technology replaces handwritten, paper-based ambulance patient record forms with an electronic version on Samsung tablets. The electronic record integrates with district health board systems, so hospital services, in particular emergency departments and maternity services, can access real-time information from incoming ambulances to improve the quality and safety of patient care. The ePRF can also be sent to a patient’s GP, and there are opportunities for future integration with other healthcare providers.

Up until June 2016, 223,241 ePRFs were created with St John transporting and/or treating 326,523 patients, including 29,670 patients with heart problems and 14,762 patients from road accidents. The success of the ePRF rollout would not have been possible without the strong engagement and feedback of our staff. In the pilot programmes, staff in real-life situations provided suggestions for improvement via a feedback mechanism on the tablet. Local champions for ePRF were identified and have become the go-to people for staff learning how to best use the new system.
Highlights of the last year include:

**New Zealand’s most trusted charity**
For the third year in a row, the New Zealand public voted St John their Most Trusted Charity. The annual independent survey is commissioned by Reader’s Digest. Upon receiving the award, St John Chief Executive Peter Bradley thanked New Zealanders for their ongoing support of St John. St John was humbled by the response from the New Zealand public. The trust of the community can never be taken for granted.

76,844 New Zealanders trained in first aid
St John’s public first aid training builds capability in communities throughout the country. The high quality of our tutors was reflected in satisfaction scores of more than 90% from clients, and we have retained Category 1 training status. Our tutor certification system reinforces our focus on quality training and we now deliver on-the-job assessment training internally. This training supports other areas of St John by establishing a quality benchmark for tutor standards. St John works with a range of large organisations to deliver first aid training. This year St John and Air New Zealand have entered into a partnership where we

**Partner of choice**

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

**How we do it**
We’re partnering effectively with other primary care and emergency service providers as an integrated part of community healthcare.

We’re the partner of choice for donors who want to see good done in the community.

People choose our products and services because of who we are.
are providing first aid training to airline staff, both aircrew and ground crew. We are continuing to develop the partnership.

**Free home safety checks with St John Medical Alarms**

St John Medical Alarms help seniors and people with disabilities to continue enjoying their independence for longer. Ours are the only medical alarms monitored directly by St John and are the medical alarms recommended most often by GPs. In July 2015, we introduced new medical alarm features, including a pendant that activates automatically if the wearer experiences a fall, a smoke detector that is monitored via the medical alarm and a special ‘Health Advice’ function. 40,797 New Zealanders have a St John Medical Alarm installed in their home.

We have also teamed up with the Accident Compensation Corporation to help prevent accidents and falls at home. During a St John Medical Alarm service visit, we ask our clients if they want their homes checked to identify falls hazards they might not be aware of, using the ACC Home Safety Checklist. Our staff can then give advice to help make our clients homes a safer environment against falls and other risks. The checks are done by St John Medical Alarm representatives and are free to our clients. Since the launch of the three-year programme in January 2016, staff have carried out 703 free home safety checks.

**The generosity of New Zealanders**

St John would not be able to maintain and improve on its high level of service to the public without the generous support of New Zealanders.

New Zealanders generously supported the work St John does in their communities with $38.2 million in support from individuals, corporate partners, trusts and grants, supporter scheme members, Team Green regular givers and bequests.

For our Annual Appeal week in April, St John set a target to raise $2.2 million in donations. This target was exceeded, with generous New Zealanders donating more than $2.7 million, which is our best result to date.

For the 2016 appeal, Lucy Knight – the good Samaritan who almost lost her life after going to the aid of a woman being mugged in Auckland – agreed to be the new face of the St John annual appeal. In a video supporting the appeal, Lucy Knight said, “St John kept our family whole.”

Funds raised in the St John Annual Appeal 2016 will be spent directly on ambulances and a variety of hi-tech clinical and medical equipment – mobile data terminals, stretchers, defibrillators, heart rate monitors, and specialised extraction equipment – along with ambulance officer training and uniforms.

**Team Green**

St John thanks the reliable donors who have joined our Team Green regular giving programme. Team Green donations go directly toward providing critical backup for St John frontline services. After a successful pilot, the programme is being promoted nationwide. As of October 2016, more than 4,600 New Zealanders have signed up to support Team Green.

**Supporter scheme**

Our 145,000 Supporter Scheme members are taken care of by St John in a medical emergency. Members pay an annual fee, and in return receive free medical emergency attendance and free ambulance transport for accident related injuries more than 24 hours old (ACC usually covers those less than 24 hours old).
Bequests
St John was again greatly supported by a group of special individuals who made donations in their wills. Their legacies make a significant contribution to the services St John provides, now and in the future.

Grants
The Lion Foundation has supported St John since 2004. This year, a grant of $1 million was used to fund frontline ambulances. The Lottery Grants Board granted $300,000 to support the St John Community Programmes, volunteer reimbursement costs and the HEARTsafe programme. Additional grants from a number of trusts were received during the year, and we acknowledge these along with other donors and supporters on page 19.

Key business partners
ASB partnership
ASB has been one of St John’s key corporate partners since 2008. ASB is involved with St John in many ways: from volunteering on Area Committees or as Caring Callers, to contributing to our Annual Appeal fundraising, to running for St John in the ASB Auckland Marathon. This year, ASB launched the first ASB Toy Ambulance appeal asking the public to buy toy ambulances to fund a new ambulance for St John. Public response was outstanding with more than 23,000 toy ambulances sold, enabling the purchase of a new ambulance for Canterbury. Publicity surrounding the Toy Ambulance campaign also led to a generous donation of another fully equipped ambulance plus a rapid response vehicle from a generous ASB customer.

In July 2015, ASB became the corporate partner for St John in Schools, our programme that teaches children the skills and confidence to take action in an emergency. From next year the programme receives significant support from ASB, and will be known as ASB St John in Schools.

Z Energy partnership
Z Energy and St John signed a Memorandum of Understanding outlining the beginning of a new and exciting partnership with two of New Zealand’s most trusted brands. One key initiative includes Z rolling out AEDs (defibrillators) across its more than 200 retail service stations, helping to create safer communities. Z will also provide support for St John’s fundraising activities, particularly around the national appeal and will support St John with areas such as sustainability and fleet management.

St John thanks our other business partners including Samsung, Hyundai, Go Healthy, Foodstuffs South Island Limited, Four Square Supermarkets South Island, PowerNet Ltd and Briscoes for their ongoing support.
With your support

We gratefully acknowledge the contributions of the wide range of individuals and organisations for their generous support during the 2015/16 year. These include:

100% Barrels
500 Ti Rakau Ltd
A Helping Hand
Alpha Charitable Trust
Arthur Frederick William and Jessie May Jones Foundation
ASB Bank Ltd
Blue Sky Community Trust
Blue Waters Community Trust
Bunnings Ltd
Cardinal Logistics Ltd
Carter Group
Central Lakes Trust
Chilcotin Investments Ltd
Christchurch Casinos Ltd
Christchurch Chinese Lions Club
Christchurch Workingmens’ Club
Constellation Communities Trust
Community Organisation Grants Scheme (COGSS)
Community Trust Mid & South Canterbury
Community Trust of Southland
Coromandel Senior Settlement Trust
Deeble Estate
Disblair Charitable Trust
Dorothy Williams Charitable Trust
Dutch Club Invercargill Inc
Elsie Steele Trust Board
Four Square Supermarkets South Island
Four Winds Foundation
Frank & Margaret Whiteley Charitable Trust
Gallaher Charitable Trust Board
Glencie & John Gallagher Foundation
Go Healthy
Grassroots Trust
Greenlea Foundation Trust
Hades Trust
Harcourts - Four Seasons
Hughes Developments Ltd
Hyundai Motors New Zealand
Infinity Foundation
Inner Wheel Club of Invercargill
J N Lemon Charitable Trust
J West Holdings Ltd
J. I. Urquhart Family Trust
John & Daphne Harden
Joyce Fisher Charitable Trust
Kendons Chartered Accountants
Lions Club Coromandel
Lions Club of Otumoetai Inc
Lottery Community Grants
Lynne Russell
M & D Salath Charitable Trust
Marjorie Barclay Trust
Matura Paper Mills
Employee Social Club
Mitchell Partnerships
Mr Ben Faulkner
Mr George Chan
Mr Lyall and Mrs Val McMillan
Mr Malcolm Fletcher
Mr Wilson Peter Smith
Ms Ann Webley
Mt Wellington Foundation
New Zealand Community Trust
Noel Leeming Charitable Trust
North & South Trust
Northland Regional Council
NZ Community Trust
New Zealand Lottery Grants Board
Olive Stoddard Charitable Trust
Online Repuplic Ltd
Oxford Sports Trust
Pamela Joan Bisman
Pelorus Trust
Perpetual Guardian
Perpetual Medical Services Trust
PowerNet Ltd
Pub Charity
Quality Hotel Parnell Ltd
Rata Foundation
Reginald McCabe
Riversdale Waimea Lions Club
Robert Allan Bell Trust
Rolleston Residents Assoc
Rotary Club of Christchurch
Rotary Club Of Pukekohe
Rotary Rotorua Charity Luncheon
Rural Contractors New Zealand
Samsung
Selwyn District Council
Sir John Logan Campbell Residuary Estate
Southland District Council
St Joans Trust
Stevenson Village Trust
Taranaki Patriotic Trust The Acorn Foundation
The Blackwell Family Trust
The Flying Moa
The Lion Foundation
The Southern Trust
The Trevor Wilson Charitable Trust
The Trusts Community Foundation
The William & Gwenda Sybil Dick 1990 Charitable Trust
Trillian Trust
Trust Waikato
Tukete Charitable Trust
Un Cadeau Charitable Trust
Vera Isabel Craig Trust
Westmount School
Whanganui Community Foundation
Youthtown Funding
Z Energy

Legacy gifts from the following Estates

Agnes Baldwin
Alan Hope
Alexander Ewen Muir
Alfred John Keech
Audrey Valmai Batchelor
Audrey Robinson
Bertha Leather
Brian Hodges
Christina Toonen
Danae Rallison
Deborah Moore
Doris Elizabeth Millar
E L & B M Robinson
Edith Neale
Edith Watts
Edna Lilian Ellis
Edwin Miller
Eileen Johnston
Eileen Joyce Paterson
Eileen Thompson
Ellen Dora Dwyer
Frances Kenny
Freda Robertson
Helen Paterson
Henk Scheffer
Ian Allister Sadler
Ian Johnstone
Ivan Wright
Jack Dollond
James Alan Johnston
Jeanette Crossley
Joan Frances Morrow
Jocelyn Myers
Joyce Kerr
Kenneth Fickling
Lawrence John
Leslie Hamming
Margaret Blackwell
Margaret Churchman
Margaret Corkill
Margaret Paterson
Mary Catherine Vette
O’Brien
Mervyn Ronald Thomson
Michael Pettifar
Miriam May Leatham
Murray Kelvin Fraser
Nellie Isabel Boutheyerway
Noelene McIlroy
Noelene Wevell
Noeline Cooper
Pamela Bisman
Patricia Keoghl
Peter Garnett
Reginald Burrow
Robert Snowden
Rodney Dale Newman
Rosemary Romayne
Ruth Dagg
S Shirley
Selina Margaret Boyd
Shirley Nicol
Stanley Victor Ratley
Stewart Thomas Hill
Tony Grbic
Tutai Stewart
Valerie Ivy Davies
Vinka Marinovich
William Brown
William Room
William Smith
Z J Hutter

We respect the privacy of our donors. We have included the names of those who we know are happy to be acknowledged and thanked in this report. We would also like to extend our sincere gratitude to those who wish to remain anonymous or we were unable to make contact with to seek permission.
The Bigger Picture represents St John's five year Integrated Business Plan. It outlines our five key ambitions and how we plan to achieve them in the New Zealand context.
What we’re doing
We’re strengthening our people’s capability and capacity, and making St John a great place to work.

How we do it
We’re investing in knowledge and skills, providing career pathways and professional development, growing our volunteer numbers and increasing the support they get.

Highlights of the last year include:

Embedding St John Values
We continued to engage our staff with our Values programme designed to help shape St John’s culture and support our vision of enhanced health and wellbeing for all New Zealanders. In response to feedback from staff for guidance on how to live the values in their daily work, we:

- produced a range of interactive resource materials about the St John Values
- introduced a course to enable staff to learn and model constructive behaviour in daily interactions
- established a network of trained staff who provide support for their colleagues on bullying and harassment prevention.

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

Commitment to double crewing
St John is the only ambulance service in the developed world sending single crewed emergency ambulances to 111 calls. This year we commissioned a major independent review into the workplace safety implications of single crewing of emergency ambulances. It concluded that sending one crew member creates unacceptable and significant health and safety risks for ambulance officers and should be eliminated as soon as practicable. We have taken steps to mitigate the most serious risk for our people and more initiatives are underway. We have been able to reduce the number of single-crewed responses and work is underway to achieve full
crewing (two people) in the near future.

To further support our staff, St John introduced a resilience and wellbeing course to help staff develop strategies to maintain their health and wellbeing.

Diversity at St John

St John is an increasingly diverse workplace and we need to actively promote diversity as a strength for our organisation. The St John Women’s Network is developing ways to lift the percentage of women in leadership roles and their work is already having some success. We have also introduced a foundation course for all staff on cultural competency.

Investing in our leaders and staff

We continue to improve our leadership development training. This year we have:

› Extended the use of a 360-degree feedback tool where staff and peers can comment on how managers approach their role.
› Added new modules to our Continuing Management Education, where managers are required to complete at least 16 hours of development training annually

We continue to update Foundations for Success, our range of non-clinical courses available for all staff.

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

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

Tāhuhu, the Māori advisory group to the Executive Management Team, alongside dedicated Māori liaison roles (Pou Takawenga) in each of our three regions, advise and guide our work in the strategy’s three key focus areas: Māori health initiatives; community engagement and organisational leadership.

The National Marae OHCA project (see page 11) has supported community engagement and training in CPR and access to defibrillators at marae around the country. We have worked to improve the uptake of the Mauri Ora cultural competence course among our staff with a focus on the Executive Management Team to lead the way. We have introduced elements of tikanga into our key meetings and have increased the use and visibility of te reo on our communication channels. We have worked with Te Taura Whiri i Te Reo, the Māori Language Commission on potential joint activities and to increase our resources available in te reo.

Volunteer Sustainability Strategy

We have increased the number of resources focused on the Volunteer Sustainability programme. Volunteer Talent Advisors in each region now take a key role with the implementation plan. A local pilot to create a volunteer support network in Tasman district is being evaluated to see if it can be rolled out nationally. We have introduced new ways to reward and recognise our volunteers. They include:

› Side by Side, a new bimonthly e-newsletter for volunteers to share news and events
› The Volunteer of the Month award recognises the strong contribution of an individual. Every monthly winner is entered into the draw for an annual grand prize
› A new resource kit, Recognising and Rewarding Our Volunteers gives guidance and ideas on how to acknowledge the contribution of our volunteers

As an organisation known nationally for its volunteers, St John continues to work on ways to improve the reach of efforts to acknowledge and engage with volunteers for National Volunteer Week and International Volunteers Day.

Good progress has been made analysing the results of a national survey of volunteers. The insights will guide how we can better nurture our mixed workforce of paid staff and volunteers. Plans are underway for better training and development opportunities and we are exploring flexible episodic volunteering opportunities.
Supporting communities
With 2,306 Youth cadets and more than 200 Friends of the Emergency Department, St John volunteers continue to give hundreds of hours of time and the impact of that time, effort and kindness has a strong positive impact on many communities. A highlight this year has been the growth of the St John in Schools programme; basic first aid skills and education were delivered to 35,713 pre-school and primary school students this year. We have also seen an increase in the number of people volunteering to serve on our Area Committees.

Our people
Northern Region hosted the St John National Youth Festival in Auckland in April 2016. The Festival is an annual event that brings St John Youth together from across New Zealand for a weekend. The event aims to develop leadership in St John Youth. Delegates had the chance to test their skills in key areas: first aid, healthcare, leadership, communications and drill.

The 6,176 paid and volunteer members of St John Northern Region deliver ambulance services and community programmes from Cape Reinga in the north to Coromandel and Hauraki in the south. The Northern Region operates 47 ambulance stations and enjoys the support of 34 Area Committees run by volunteers.
Northern Region also hosted the first St John Opportunity Shop Managers National Conference. Attendees took part in sessions covering the St John Values, and health and safety requirements. The conference gave managers the opportunity to share best practice, and network with colleagues. Area committees will have the support of a national retail manager and a community fundraiser to help them make the most of fundraising opportunities in their area.

We acknowledged the important contribution of our Northern Region volunteers with a high tea at Auckland Museum that was attended by more than 600 volunteers and their partners.

Fundraising
Northern Region played a key role in making this year’s St John Annual Appeal the most successful to date. Other fundraising highlights included 15 runners fundraising for St John in the ASB Auckland Marathon, and being chosen as the charity of choice for Stadium Stomp at Eden Park. Northern Region was also the grateful recipient of donations from 29 special individuals and organisations who between them added 30 vehicles to our fleet.

Faster responses to the most life-threatening emergencies
Northern Region’s emergency ambulance service recorded significant improvements in our response times to immediately life-threatening ‘Purple’ incidents (cardiac and respiratory arrest). Auckland district improved its response times in urban areas by 11.6%. In Northland, the urban response times improved by 7.1% and rural response times by 22.1%.
Central Region

The 5,155 volunteers and paid staff members of the St John Central Region provide ambulance services and community programmes to a region that extends from Mercer in the north to Wairarapa in the south and encompasses the East and West Coast of the central North Island, the Waikato and the Bay of Plenty.

Supporting communities

The St John in Schools initiative has flourished, reaching 35,082 students thanks to the dedication of our tutors and commitment of local communities. In rural communities, the knowledge of what to do in an emergency is particularly critical. Isolation is an issue in many of our smaller communities, and St John Central Region is working with primary health partners to pilot programmes that make the best use of the resources of multiple agencies for our patients.

Another important link to communities throughout the region are St John Opportunity Shops. They are becoming a hub for activity and continue to raise funds for St John services, community programmes, building projects and other local initiatives. In late 2015 a new shop opened in Te Awamutu, with more shops scheduled to open in late 2016 and 2017.

131,681 emergency incidents attended  
150,047 patients treated and/or transported by ambulance officers  
48,369 health shuttle trips
Our people
Congratulations go to Ngaruawahia Cadet Georgia Raynel who was named both St John Central Region and National Cadet of the year.

We welcomed new St John Central Region general manager Andrew Boyd and thank Dr Sharon Kletchko for her contribution as general manager and wish her well as she moves to a new role in health.

Future-proofing facilities
Our major focus has been on future-proofing our buildings. Thanks to the work and support of Area Committees and local communities and businesses St John opened new facilities in Mokau and Opunake. A new station at Katikati is near completion and work is due to start on a new facility in Tauranga.

A new model for Central Region area committees
This was an important year for Central Region area committees. A new model was developed to create one structure/system across the region, from Wellington to North Waikato and coast to coast. Implemented on 1 July 2016, the new model is proving effective and an important milestone in our journey to ‘One’ St John Central Region.

Waikato District first to roll out the 111 Clinical Hub and ePRF
The Waikato District had a busy October 2015 with the roll out of two significant clinical initiatives. The Waikato’s mix of urban and rural areas made it (alongside Hauraki/Coromandel) the ideal location for the first implementation of the 111 Clinical Hub and St John’s world-leading electronic Patient Report Form (ePRF). The Clinical Hub (see p12) provides improved care to 111 callers who do not need to be transported to an emergency department – ensuring these patients receive the right care at the right time, and freeing up emergency ambulance resources to treat more urgent cases. ePRF (see p15) replaces handwritten, paper-based ambulance patient record forms with an electronic version written on Samsung tablets, significantly improving information sharing between St John and the wider health sector for the benefit of our Central Region patients.
South Island Region

The 5,792 paid and volunteer members of St John’s South Island region cover an area of more than 150,000 sq. km. In a typical year, St John crews travel more than 4.5 million kilometres across the region.

The South Island region’s network of 83 stations deliver a prompt and high quality ambulance service to South Islanders, alongside a range of community programmes.

Our people
Congratulations to Maggie Houston, station manager at Hari Hari in Westland for winning the national 2015 Pride of New Zealand award for emergency services. Maggie has been with St John for more than 40 years and for her work in the community, her nominator dubbed her the “angel” of Hari Hari.

Our volunteers in the Friends of the Emergency Department service providing support to patients at hospitals in Dunedin and Timaru marked 10 years of service to the community this year. For the fourth year in a row, the Tasman team were the champions in the National St John Youth competition.

Supporting communities
The St John in Schools team has delivered the programme to more than 39,765 school students across the whole region. The first aid training and awareness of what to do in an emergency builds resilience in communities throughout the South Island.

As a major provider of health shuttle services, we thank business partner Four Square for their support which has enabled the launch of a shuttle service for patients from the West Coast.

The South Island Region hosted a national symposium on health...
shuttle services to encourage networks and sharing knowledge and experience.

Our partners
St John South Island Region acknowledges the ongoing support of ASB, PowerNet and Foodstuffs South Island.

New patient care pathways
The Single-Point-of-Entry (SPoE) initiative was successfully trialled in Nelson Bays, averaging more than one patient referral per day in its 12 months of operations. This has also expanded into Marlborough Territory with plans to extend further into the rest of Tasman District (see page 15).

Nelson Bays and Marlborough were also two of the initial districts to trial the ST-elevation myocardial infarction (STEMI) pathway for patients who experience a complete blockage of a coronary artery (see page 13).

Strong community support for new stations
St John opened two new ambulance stations this year to replace buildings damaged by the Canterbury earthquakes. In September 2015, five years after the first earthquake, St John’s Darfield station opened for service. This was followed by the opening of a new ambulance station in Temuka in February 2016. St John thanks each community for their strong support. St John South Island Region’s new headquarters, the centre of a ‘hub and spoke’ model for ambulance services, will be part of the Justice and Emergency Services precinct in central Christchurch with construction due to be complete in 2017.

Otira Gorge bus crash
South Island ambulance crews attend many thousands of incidents annually, however the bus crash on New Year’s Eve 2015 in the Otira Gorge was one of the most memorable in the past year. Ambulance staff and volunteers from districts on both sides of the South Island, clinical control staff, management, bystanders, police, fire and rescue helicopter teams all worked together to help treat patients and save lives.

The scene of the Otira bus crash on 31 December 2015. Sixteen people were injured in the accident. Photos: Fairfax Media NZ / The Press.
These summary consolidated financial statements incorporate the financial statements of more than 150 St John NZ entities.

Year-end overview
St John NZ’s underlying deficit was $8.8 million for the financial year July 2015 - June 2016 (2015/16) representing continued utilisation of surplus reserves generated in previous years for improved service delivery and to maintain service delivery in light of growing demand on services. This compares to the $5.1 million underlying deficit for July 2014 – June 2015 (2014/15).

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 also believe that an underlying financial performance measurement can significantly assist public stakeholders and donors to better understand what is happening in the organisation; where income granted for capital purposes, or one-off transactions such as the impacts in recent years of impairments to buildings or previously in respect of the Christchurch Earthquake, can make it difficult to compare performance between years, or understand the underlying financial status of St John.

In referring to underlying performance we acknowledge our obligation to show how we have derived this result (at right).

This year’s deficit performance was particularly improved by the accounting recognition under IPSAS 23 of a large bequest received in August 2016 of $2.3 million as an adjusting post balance sheet event, along with a significant donation of replacement defibrillators.

Even after including investment income, the underlying performance would have been a deficit of $8.8 million (last year the underlying deficit was $5.1m), highlighting 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 4.5% to $268.2 million when compared against the previous financial year. Operating revenue excluding property-related fundraising, property capital grants and one-offs was $262.9 million, up $6.3 million (2.4%) on the previous year, primarily due to performance of commercial activities up $4.8 million on the previous year, fundraising up $1.4 million excluding one-offs, and increased income of $1.8 million from our network of Opportunity Shops.

Expenditure increased by 3.7% to $271.7 million when compared against the previous financial year. Operating expenditure excluding revaluations, depreciation, amortisation and interest was $246.8 million, up $7.7 million (3.2%) on the previous year. Employee benefits showed a $7.9 million (4.8%) increase resulting from salary increases (approximately 1.5% - 2.0% representing $2.6 million); $3.7 million additional in personnel costs for front line emergency and transportation services delivery, and $1.1 million in additional ICT costs to support significant project works including stabilisation, with the balance mainly reflecting increases in other income generating functions.
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 2015/16 financial year the financial result for this group of activities was a deficit of $29.8 million, up from $24.5 million in the prior year. St John expenditure on this group of activities increased $6.4 million (3.6%), particularly driven by the full year effect of our investment in staffing to support increased activity and increased safe crewing standards, and expenditure on effective clinical pathways to improve the efficiency of our service.

In comparison the income in this group of activities grew by $1.4 million, up 0.8% on the prior year. This gap between the expenditure required to service increased demand versus income growth pegged to Consumer Price Index (CPI)/Labour Cost Index (LCI) cost indexes remains a major challenge to the sustainability of current performance achievements.

The number of incidents attended over 2015/16 increased by 4.4% to 382,325, and incidents attended by single crewed vehicles reduced to 9.8% in 2015/16, down from 10.3% in 2014/15. We continue with the support of our key funders to develop additional pathways for the management of 111 calls and dispatch (such as the Clinical Hub, p12), reducing the cost to serve the total number of emergency calls to 111 handled by St John, which increased over the previous year by 7.3% to 380,914.

Following the 2012/13 financial year the key funders of emergency road ambulance services and the 111 clinical control centre service, ACC and the Ministry of Health (the Crown), undertook a baseline adjustment to funding which resulted in 72.5% of the Ambulance Services expenditure being funded by the Crown. Since then total incident activity has increased by 13.3%, while expenditure increased by 14.3% including investment to improve safe crewing standards, while over the same period Crown funding increased by 8.1%, resulting in a reduction in the share of expenditure funded by the Crown reducing to 68%.

Considering these factors St John, together with Wellington Free Ambulance requested and had agreement the Crown undertake a funding review to address the sustainability of the current funding process. The other major

| REVENUE 2015-16 |
|------------------|----------------|
| SALES OF SUPPLIES (1%) |
| INVESTMENTS (1%) |
| GRANTS, DONATIONS, BEQUESTS (12%) |
| MoH (28%) |
| ACC (24%) |
| SERVICES (34%) |

| EXPENDITURE 2015-16 |
|---------------------|----------------|
| EMPLOYEE COSTS (64%) |
| OPERATING EXPENSES (13%) |
| ADMINISTRATION (14%) |
| DEPRECIATION (9%) |

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2014/15</th>
<th>2013/14</th>
<th>2012/13</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported (deficit)/surplus</td>
<td>(2,461)</td>
<td>(9,427)</td>
<td>3,804</td>
<td>7,578</td>
<td>74</td>
</tr>
<tr>
<td>Less: PPE gain/(impairment)</td>
<td>1,114</td>
<td>(4,429)</td>
<td>–</td>
<td>–</td>
<td>(2,800)</td>
</tr>
<tr>
<td>Less: Impact of Earthquake Net income/(expenditure)</td>
<td>–</td>
<td>–</td>
<td>(130)</td>
<td>6,441</td>
<td>(1,531)</td>
</tr>
<tr>
<td>Less: Property related fundraising and Grants</td>
<td>854</td>
<td>81</td>
<td>168</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Less: income in respect of donated defibrillators</td>
<td>2,120</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Less: income from bequest recognised under IPSAS 23</td>
<td>2,300</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Underlying (deficit)/surplus (incl investment income but excl significant items)</td>
<td>(8,849)</td>
<td>(5,079)</td>
<td>3,766</td>
<td>1,137</td>
<td>4,405</td>
</tr>
<tr>
<td>Less: Investment revenue</td>
<td>2,130</td>
<td>3,022</td>
<td>2,876</td>
<td>2,949</td>
<td>3,148</td>
</tr>
<tr>
<td>Underlying (deficit)/surplus (excl investment income and significant items)</td>
<td>(10,979)</td>
<td>(8,101)</td>
<td>890</td>
<td>(1,812)</td>
<td>1,257</td>
</tr>
</tbody>
</table>
factor under consideration in the funding review is the issue of safe crewing standards. At present 9.8% of incidents are attended by single-crewed vehicles. St John considers single crewing to be inappropriate given potential impacts on outcomes for patients and on the safety and effectiveness of our ambulance officers.

Community services
The results for St John NZ community services this year includes Events and Op Shops, as well as the traditional community based programmes Friends of the Emergency Department, Hospital Friends, Caring Caller, Health Shuttles, St John in Schools, Outreach Therapy Pets, Community Carers, and Youth programmes. In the 2015/16 year, the St John deficit from the delivery of these programmes across New Zealand was $8.8 million ($9.7 million in the previous year).

In 2015/16 we have seen increased expenditure to expand the St John in Schools first aid programme and we recently announced the launch of this programme as ASB St John in Schools with ASB joining existing partners ACC, Samsung and Powernet. This programme has already provided practical training and education to over 160,000 pre-school, primary and intermediate-aged students since its launch in 2015.

As part of its community activities St John has continued to grow the number of Op Shops within communities across New Zealand to 29 with revenues increasing from $2.9 million in 2014/15 to $4.7 million in 2015/16.

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 $6.5 million in the 2015/16 year ($5.8 million in the previous year). This increase is principally associated with increased demand, reflecting the strong brand quality associated with St John services.

Charitable gifting
The work of St John NZ, including 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.

By fundraising in local communities throughout New Zealand, St John's 150 area committees and six trusts contribute to funding ongoing community activities as well as supporting mainly local capital projects (e.g. buying a new ambulance, paying for ambulance equipment such as stretchers or defibrillators, or contributing towards the maintenance or replacement of buildings).

Reflecting its status as Most Trusted Charity in New Zealand, St John – including its area committees – received donations of $31.3 million during the year (an increase of $5.8 million over the previous year). This included a record Annual Appeal which generated $2.7 million in income and also included two significant donations which were accounted for in the results for 2015/16, a $2.3 million bequest and $2.1 million of income in relation to donated defibrillators.

Balance sheet
Consolidated net assets for St John NZ stand at $265.5 million, $2.4 million below the position at 30 June 2015.

Working capital (excluding assets held for sale) decreased from $32.5 million at 30 June 2015 to $26.2 million at 30 June 2016, with reductions in cash and investments held as current assets of $10.0 million.
Property, plant and equipment, investment property and intangible assets represents $234.1 million (88%) of total net assets, reflecting the capital-intensive nature of the emergency ambulance service and community programmes operated by St John. This capital base has predominantly been funded by the fundraising efforts of communities throughout New Zealand, along with the bequests of individuals and families and with businesses supporting the work of St John. St John has land and buildings accounted at $159.6 million as at 30 June 2016.

At the end of the 2015/16 financial year St John held a total of $26.4 million in cash (a reduction of $2.4m on prior year) of which $17.8 million is held within community-based area committees. In addition, St John has financial investments made up of short-term and long-term investments of $27.7 million (a decrease of $11.9 million on prior year), including $22.6 million of term deposits and $5.1 million of other investments.

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

Future calls on 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 $11.8 million in the last two years as we have invested in improvements to our core infrastructure (e.g. ambulances, defibrillators and our Computer Aided Dispatch System (CAD), in technological innovation through projects like the electronic Patient Report Form (ePRF, p15) as well as funding additional operational expenditure resulting from the introduction of additional frontline staff not fully funded by the Crown. Future reserves will be required to fund additional investment. For example, a programme of work is required to ensure all of St John’s buildings meet earthquake strengthening standards, along with improvements in our fleet to improve service to transported patients. In addition we are currently reviewing our property strategy to ensure that our buildings are fit for purpose not only in their design but also their location.

On-going capital requirements
As an emergency service provider, St John needs to ensure it is both operationally and financially capable of responding to a civil emergency, such as the Canterbury earthquakes, and this preparedness includes holding sufficient working capital. It is also worth noting that a proportion of the funds held have been earmarked for particular projects or may be part of tagged grants or bequests where the funds cannot be diverted to meet other needs. At 30 June 2016 $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. The budget for these and operational capital commitments over next three years is over $80 million. Over the last five years $158.1 million has been spent improving St John’s core infrastructure.
Investment and support from Government and the community in 2015/16

Investment and support from Government and community contracts with the Ministry of Health (to respond to medical emergencies), ACC (to respond to personal injuries) and District Health Boards (for patient transfer services) fund just under 70% of our ambulance service operating costs.

**Government contribution to the St John emergency ambulance services**
- A fixed payment of around $61 million from the Ministry of Health to respond to patients who need emergency medical treatment (not caused by trauma).
- A fixed payment of around $57 million from ACC for emergency transport and treatment for a claimant’s personal injuries.
- Funding of $10.8 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 Centre, operated as a joint venture between St John and Wellington Free Ambulance.
- Fixed funding of $1.8 million from the Ministry of Health for PRIME (Primary Response in Medical Emergencies) services, a network of GPs who provide a co-response to medical emergencies in rural areas, enhancing emergency care in those communities.
- Fixed funding of $1.3 million for the Clinical Hub.
- No funding is provided by the Government for St John capital expenditure, including purchasing and equipping ambulances and other vehicles, and building and maintaining ambulance stations.

**Contributions from the community**
- Fundraising income from community donations, bequests, grants, commercial partnerships and the St John Supporter Scheme
- Revenue from our commercial activities, including first aid training, medical alarm customers, and sales of first aid kits and defibrillators
- Income from emergency ambulance part charges and other transportation services.
- St John charges a part charge to patients who are treated by an ambulance officer or are transported in an ambulance because of a medical emergency. This is similar to the GP co-payment. In this financial year the part charge was $88, and on 1 August 2016 it increased to $98 (incl GST). The cost to St John of a typical emergency ambulance call out is $615 (incl GST).*

*Based on attending 366,375 emergency incidents a year (2014/15 data).

**The cost of operating St John’s ambulance services in the 2015/16 financial year**
- The operating costs of the ambulance service group were $212 million
- After Government funding and net part charge income, the emergency ambulance service group of activities had a financial deficit of $30.3 million.
- The total operating costs for St John, including all services and programmes were $272 million after removing the financial impact of asset impairments and exceptional items.

**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 St John in Schools
- programmes that support people in hospital, including Friends of the Emergency Department (FEDs) and Hospital Friends
- programmes that support our communities, including Health Shuttles, Caring Callers, Community Carers and Outreach Therapy Pets.

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

<table>
<thead>
<tr>
<th>Summary consolidated statement of financial position</th>
<th>2016 ($000)</th>
<th>2015 ($000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As at 30 June</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td>64,451</td>
<td>88,452</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>215,690</td>
<td>193,101</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>26,139</td>
<td>28,991</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>241,829</td>
<td>222,092</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>306,280</td>
<td>310,544</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td>37,422</td>
<td>39,791</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td>3,396</td>
<td>2,865</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>40,818</td>
<td>42,656</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>265,462</td>
<td>267,888</td>
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<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Summary consolidated statement of comprehensive income</th>
<th>Notes</th>
<th>2016 ($000)</th>
<th>2015 ($000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For the year ended 30 June</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from exchange transactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from providing services</td>
<td>226,815</td>
<td>223,065</td>
<td></td>
</tr>
<tr>
<td>Revenue from providing goods</td>
<td>3,145</td>
<td>2,135</td>
<td></td>
</tr>
<tr>
<td>Revenue from opportunity shops</td>
<td>4,734</td>
<td>2,930</td>
<td></td>
</tr>
<tr>
<td>Interest revenue</td>
<td>2,130</td>
<td>3,022</td>
<td></td>
</tr>
<tr>
<td>Revenue from non exchange transactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bequests, donations and grants - operational</td>
<td>26,431</td>
<td>23,035</td>
<td></td>
</tr>
<tr>
<td>Bequests, donations and grants - capital</td>
<td>4,900</td>
<td>2,509</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>268,155</td>
<td>256,696</td>
<td></td>
</tr>
<tr>
<td>Share in surplus/(deficit) of joint venture, accounted for using the equity method</td>
<td>71</td>
<td>257</td>
<td></td>
</tr>
<tr>
<td>Other gains/ (losses)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain/(loss) on sale of property, plant and equipment</td>
<td>62</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>(Loss) on financial assets</td>
<td>(137)</td>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>Reversal of impairment of financial assets classified as loans and receivables</td>
<td>–</td>
<td>122</td>
<td></td>
</tr>
<tr>
<td>Reversal of impairment / (impairment) of property, plant and equipment</td>
<td>7</td>
<td>1,114</td>
<td>(4,429)</td>
</tr>
<tr>
<td>Costs related to providing goods</td>
<td>1,730</td>
<td>1,321</td>
<td></td>
</tr>
<tr>
<td>Personnel expenditure</td>
<td>168,611</td>
<td>161,166</td>
<td></td>
</tr>
<tr>
<td>Defined contribution plan expense</td>
<td>3,762</td>
<td>3,314</td>
<td></td>
</tr>
<tr>
<td>Vehicle costs</td>
<td>9,241</td>
<td>9,656</td>
<td></td>
</tr>
<tr>
<td>Operating supplies</td>
<td>5,638</td>
<td>5,896</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>21,452</td>
<td>20,072</td>
<td></td>
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<tr>
<td>Amortisation of intangibles</td>
<td>3,440</td>
<td>2,972</td>
<td></td>
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<tr>
<td>Administration expense</td>
<td>38,691</td>
<td>38,746</td>
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</tr>
<tr>
<td>Other operating expense</td>
<td>19,097</td>
<td>18,971</td>
<td></td>
</tr>
<tr>
<td>Finance costs</td>
<td>64</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Net (deficit)</strong></td>
<td>(2,461)</td>
<td>(9,427)</td>
<td></td>
</tr>
<tr>
<td>Other comprehensive surplus/(deficit) for the year</td>
<td>35</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td><strong>Total comprehensive (deficit)/surplus for the year</strong></td>
<td>(2,426)</td>
<td>(9,353)</td>
<td></td>
</tr>
</tbody>
</table>
Dr Steve Evans, Chancellor

Peter Bradley Chief Executive Officer

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

Notes to the summary financial statements

1 Summary of accounting policies

Statement of compliance and reporting group

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

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

The consolidated financial statements of the Group have been prepared in accordance with New Zealand Generally Accepted Accounting Practice ("NZGAAP") and comply with Tier 1 Public Benefit Entity Accounting Standards ("PBE") as appropriate for Tier 1 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 2016 which were approved by the Priory Trust Board on 26 September 2016. 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 Effect of first-time adoption of PBE standards on accounting policies and disclosures
This is the first set of financial statements of the Group that is presented in accordance with PBE IPSAS standards. The Group have previously reported in accordance with NZ IFRS (PBE). The accounting policies adopted in these financial statements are consistent with those of the previous financial year, except for instances when the accounting or reporting requirements of a PBE IPSAS standard are different to requirements under NZ IFRS (PBE) as set out in the audited full consolidated financial statements.

3 Commitments for expenditure

<table>
<thead>
<tr>
<th></th>
<th>2016 ($ 000)</th>
<th>2015 ($ 000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital commitments - property, plant and equipment</td>
<td>4,604</td>
<td>4,685</td>
</tr>
<tr>
<td>Total</td>
<td>4,604</td>
<td>4,685</td>
</tr>
</tbody>
</table>

4 Leases

<table>
<thead>
<tr>
<th>Non-cancellable operating lease payments</th>
<th>2015 ($ 000)</th>
<th>2014 ($ 000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>2,838</td>
<td>2,532</td>
</tr>
<tr>
<td>Later than 1 year less than 5 years</td>
<td>7,081</td>
<td>5,416</td>
</tr>
<tr>
<td>Later than 5 years</td>
<td>3,547</td>
<td>4,186</td>
</tr>
<tr>
<td>Total</td>
<td>13,466</td>
<td>12,134</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 rented by St John for administrative and operational purposes.

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

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

A letter of credit is held with Westpac New Zealand Limited to guarantee payroll payments to employees to a maximum of $475,000 (2015: $475,000).

There are no other contingent liabilities at balance date (2015: $nil).

6 Related party disclosures
The Group regards a related party as a person (including their immediate family members) or an entity with the ability to exert control individually or jointly, or to exercise significant influence over the Group, or vice versa. The related parties disclosures are St John and the Regional Trust Boards which are under the common control of The Priory in New Zealand of the Venerable Order of St John. Related party trading balances are payable on demand. Related party loans and advances are repayable in accordance with the contractual terms to June 2016, and are interest bearing at 3.91% (2015: 4.9%). The Group has not recorded any impairment of receivables relating to amounts owed by related parties during the year (2015: 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.

7 Impairment of property, plant and equipment
In the prior financial year the property at 2 Harrison Road was stated in the statement of financial position as a Property Held for Sale with a resulting impairment cost within the statement of comprehensive revenue and expense for the year ended 30 June 2015 of $4.4m. The land and buildings had a carrying value of $16.178m. Subsequently, in the current financial year the St John Northern Region Trust Board further reviewed the Auckland property strategy for the organisation and after considering additional factors such as updated future organisation property requirements, market shifts and feedback, and anticipated Auckland City unitary plans, elected to remove the property for sale from the market with an intent to undertake future occupied development of the site. The property is no longer reflected as Property Held for Sale in the statement of financial position as at 30 June 2016 and the carrying value of the property has been reviewed in the current financial period resulting in an impairment reversal of $1.767m in the statement of comprehensive revenue and expense for the year ended 30 June 2016.

At balance date, an impairment review was undertaken on the ambulance station owned by Tauranga Area Committee located at 17th Ave, Tauranga. The building will be demolished and replaced with a new build in the next financial year. The building has been fully impaired by its book value of $652.9k.

8 Subsequent events
There were no material subsequent events to these accounts which would affect the interpretation of the accounts.

9 Business Unit Reporting
Business unit summary statement of financial performance is presented along with the statement of financial performance (deficit)/surplus represented by the organisation’s geographic structure. 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.

Besides the apportionment of shared and support service costs the other major apportionment between the business units
relates to $7.0m (2015: $7.1m) 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.

### 2016 Business unit – operating channel

<table>
<thead>
<tr>
<th></th>
<th>Emergency and Other Transportation (000’s)</th>
<th>Commercial and Fundraising (000’s)</th>
<th>Community Services (000’s)</th>
<th>Property and Infrastructure (000’s)</th>
<th>Shared and Support Services (000’s)</th>
<th>Investments (000’s)</th>
<th>2016 (000’s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>175,477</td>
<td>74,530</td>
<td>11,554</td>
<td>1,261</td>
<td>2,482</td>
<td>2,130</td>
<td>267,434</td>
</tr>
<tr>
<td>Expenditure</td>
<td>(183,162)</td>
<td>(24,223)</td>
<td>(14,454)</td>
<td>(20,522)</td>
<td>(29,502)</td>
<td>–</td>
<td>(271,863)</td>
</tr>
<tr>
<td>Ambulance Part Charge</td>
<td>6,995</td>
<td>(6,995)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Internal Shared and Support Services</td>
<td>(29,110)</td>
<td>(13,427)</td>
<td>(5,864)</td>
<td>19,261</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Business unit (deficit)/surplus for the year</strong></td>
<td><strong>(29,800)</strong></td>
<td><strong>29,885</strong></td>
<td><strong>(8,764)</strong></td>
<td><strong>2,120</strong></td>
<td><strong>2,130</strong></td>
<td><strong>(4,429)</strong></td>
<td></td>
</tr>
<tr>
<td>Property related Fundraising and Grants</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>854</td>
<td>–</td>
<td>–</td>
<td>854</td>
</tr>
<tr>
<td>Net Property Impairments</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>1,114</td>
<td>–</td>
<td>–</td>
<td>1,114</td>
</tr>
<tr>
<td><strong>Total (deficit)/surplus for the year</strong></td>
<td><strong>(29,800)</strong></td>
<td><strong>29,885</strong></td>
<td><strong>(8,764)</strong></td>
<td><strong>1,968</strong></td>
<td><strong>2,120</strong></td>
<td><strong>2,130</strong></td>
<td><strong>(2,461)</strong></td>
</tr>
</tbody>
</table>

### 2015 Business unit – operating channel

<table>
<thead>
<tr>
<th></th>
<th>National office incl. SJECL (000’s)</th>
<th>South Island (000’s)</th>
<th>Central (000’s)</th>
<th>Northern (000’s)</th>
<th>2015 Business unit – (deficit)/surplus by operating channel by region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td>173,977</td>
<td>83,740</td>
<td>40,980</td>
<td>(1,235)</td>
<td>(11,574)</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td>(169,715)</td>
<td>(22,080)</td>
<td>(13,853)</td>
<td>(1,235)</td>
<td>(11,574)</td>
</tr>
<tr>
<td><strong>Ambulance Part Charge</strong></td>
<td>7,062</td>
<td>(7,062)</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Internal Shared and Support Services</strong></td>
<td>(28,562)</td>
<td>(12,587)</td>
<td>(5,466)</td>
<td>17,604</td>
<td>29,011</td>
</tr>
<tr>
<td><strong>Business unit (deficit)/surplus for the year</strong></td>
<td><strong>(24,238)</strong></td>
<td><strong>25,873</strong></td>
<td><strong>(9,736)</strong></td>
<td>–</td>
<td><strong>3,022</strong></td>
</tr>
<tr>
<td>Property related Fundraising and Grants</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>81</td>
<td>–</td>
</tr>
<tr>
<td>Net Property Impairments</td>
<td>(333)</td>
<td>–</td>
<td>–</td>
<td>(4,096)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total (deficit)/surplus for the year</strong></td>
<td><strong>(24,571)</strong></td>
<td><strong>25,873</strong></td>
<td><strong>(9,736)</strong></td>
<td><strong>(4,015)</strong></td>
<td>–</td>
</tr>
</tbody>
</table>

### 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 transportsations. In addition the expenditure of this business unit includes the delivery of clinical continuing training to support front line ambulance staff paid and volunteer 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 smaller degree of direct income dependency, including services such as Community Events Services, St John in Schools, free community health services, 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.

**Shared and Support Services** represent the common services utilised across all of the business units including significantly the ICT and property infrastructure as well as human resources support to paid staff and volunteers.

**Investments** represents income and expenditure from non-core activities such interest on investments including funds held as reserves under trust.
REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS
TO THE TRUSTEES OF THE PRIORY IN NEW ZEALAND OF THE MOST VENERABLE ORDER OF THE HOSPITAL OF ST JOHN JERUSALEM

The accompanying summary financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem (‘The Priory Trust Board’) and its controlled entities (‘the Group’ or ‘St John NZ (Consolidated)’) on pages 35 to 38, which comprise the summary consolidated statement of financial position as at 30 June 2016, 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 2016. We expressed an unmodified audit opinion on those consolidated financial statements in our report dated 26 September 2016.

The summary financial statements do not contain all the disclosures required for full consolidated financial statements under Public Benefit Standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited consolidated financial statements of the Group.

This report is made solely to the Trustees of The Priory Trust Board, as a body, for the purpose of expressing an opinion on the summary financial statements for the year ended 30 June 2016. Our audit has been undertaken so that we might state to the Trustees those matters we are required to state to them in an auditor’s report on summary financial statements and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Trustees’ Responsibility for the Summary Financial Statements

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

Auditor’s Responsibility

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

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

Opinion

In our opinion, the summary financial statements derived from the audited consolidated financial statements of The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem and its controlled entities for the year ended 30 June 2016 are consistent, in all material respects, with those financial statements, in accordance with PBE FRS-43: Summary Financial Statements.

Chartered Accountants
26 September 2016
Auckland, New Zealand
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Volunteer.