

**St John**



The Priory of England and the Islands of the  
Most Venerable Order of the Hospital of  
St John of Jerusalem

## **Annual Report and Accounts**

For the year ended 31 December 2020  
Including the work of St John Ambulance

# Why we exist

At St John we know that **first aid saves lives**.

That's why we want to ensure that everyone gets the help they need in a health crisis:

- By **delivering** as volunteers and first responders and as a trusted partner to the nation's health services, creating opportunities to use the skills we learn;
- By **learning** through our service, engaging with communities about their health needs, listening to supporters, customers and all St John people about their experiences and through striving to lead standards;
- And by **educating** to enable: safer workplaces, more resilient communities and improved health responses and to inspire every generation to have confidence to act when faced with a health incident.

And that means putting people first, serving each other and our communities, inclusively and without judgement, with **Humanity, Excellence, Accountability, Responsiveness** and **Teamwork**.

In 2020, we saw a health crisis of a scale that no one predicted, where this core mission has come to the fore to make a significant difference to communities across England.

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# Prior's foreword

Throughout our long and illustrious history those of us privileged to serve humanity in the name of St John have sought to improve the lives of those around us, ever adapting to allow us to respond best to the needs of the people that we serve. This has never been more evident than in the response by St John people in England in 2020 where our collective contribution has made a profoundly positive impact upon the health of our nation. This year's Annual Report captures the mood as we describe the activities of the year, using words spoken and written by our own volunteers and staff, and those from outside who reflect so well upon our immense contribution.

I see a year filled with hard endeavour, long hours and tenacious commitment from St John people throughout the breadth of our country, showing relentless and selfless generosity. There have been emotionally rewarding times, and times of stress and despair – this has been a demanding, challenging and at times frustrating year, especially where beset by the uncertainty of pandemic disease. The hard choices made to sustain our charity with financial constraints, property disposals and job losses have added to the demands that we place upon our people; yet your powerful determination to deliver has been unyielding, and I use this foreword to thank every one of our people, on behalf of The Priory Chapter and the Boards of Trustees of the Priory Council and of St John Ambulance for your part in this great effort.

The leadership teams, both volunteer and employed, in London and in the Counties, working closely together, have shaped a year from which we emerge resilient and confident, ready to support the nation as it emerges from this pandemic, to face potentially severe socio-economic hardships. We have proven our operational capability, improved our clinical standards, refined our governance, and will continue in every way to improve the manner in which we look after our people. We are a broad family, delivering from every sphere, from the inspirational fundraising ideas of our cadets and badgers, to the long hours committed by members of the Fellowship, and the intense professionalism of our medical teams, who could not deliver without the versatility shown by those delivering every conceivable manner of support from logistics and finances to IT and communications. We also express gratitude to our families who have supported us in our work.

The country, its people and its institutions know us better than they did two years ago, and they now know to what heights we are capable of delivering. We have trained, treated and transported the nation, we have helped to vaccinate its population, and we have improved the lives of the people about whom we care so much. Well done St John people, and thank you for being there when, once again, our country needed our help.



**Surgeon Rear Admiral Lionel Jarvis CBE KStJ DL**  
Prior of England and the Islands and Chair of St John Ambulance

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# In gratitude

The directors would like to convey their sincere thanks to all of the donors, volunteers and employees who have so generously given their support to St John, including those listed below.

With their continuing efforts we look forward to enhancing the delivery of our charitable services within the community.

**Amazon**  
**Bank of America**  
**Barratt Developments**  
**Beatrice Laing Trust**  
**Burdett Trust for Nursing**  
**Culture Recovery Fund**  
**Edwina Mountbatten and Leonora Children's Foundation**  
**Essex Community Foundation**  
**Essity T/A BSN Medical Limited**  
**Gennets Charitable Trust**  
**George Farha**  
**Grant and Brigitte Gordon**  
**Hiscox**  
**Iceland Foods Charitable Foundation**  
**James Macnamara, CStJ TD VR JP**  
**Joanna and Graham Barker**  
**John James Bristol Foundation**  
**Julia and Hans Rausing**  
**Kinetik Wellbeing**  
**Kirby Laing Foundation**  
**The Eric Sharpe Estate**  
**Lord Barnby's Foundation**  
**Matt and Megan Schrecengost**  
**Medlock Charitable Trust**  
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**Sidley Austin LLP**  
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**The Anthony and Elizabeth Mellows Charitable Settlement**  
**The Grand Charitable Trust of the Order of Women Freemasons**  
**The Kusuma Trust**  
**The Mercer's Company**  
**The National Lottery Community Fund**  
**The Peacock Charitable Trust**  
**The Worshipful Company of Tax Advisers**  
**The BlackRock Foundation**  
**Warburtons**



## Introduction

**“At the beginning of 2020, we all had ambitious plans and could see no reason why they would be disrupted. Most of our plans have had to be changed.**

**But one plan was not torn up. And that was the plan made by our founders that we, as St John people, would always respond to help the sick.”**

**HRH Duke of Gloucester,**  
Grand Prior of the Order of St John, December 2020

We had planned for 2020 to be the year when we balanced internal change to make us more inclusive and sustainable as a charity, with starting to grow our impact on the health of communities across England. Six months into delivering our 2022 Serving Your Communities Strategy, we were embarking at the start of the year on a major expansion in our work with young people, putting them even more at the heart of our communities. We had plans to find and target the greatest need for our first aid-based community response, building on our small-scale work with the most vulnerable members of society such as those experiencing homelessness. We were focused on improving our volunteer experience, both for existing and new St John people, through listening and responding to their needs. And we were keen to develop our relationship with the NHS as the nation’s ambulance auxiliary.

Then the world changed and much of our plan changed with it. But our mission remained the same – to serve humanity without judgement, using first aid to save lives. The story we tell in the pages that follow is one of simplicity, solidarity, speed, sustainability and sacrifice.

- Simplicity and specialism in our response to the pandemic, focusing the charity’s efforts on what only we could do really well and engaging partners in that approach.
- Solidarity in galvanising a unified organisation behind our pandemic response and engaging the generosity of existing and new supporters and donors behind that shared purpose.
- Speed to stand up our response and its command structure, speed to create a meaningful fundraising appeal, speed in our advocacy that brought government support for our continued delivery.
- Ensuring the sustainability of the charity, in these difficult circumstances, became ever more urgent, this necessitating tightened financial controls, redundancy, a review of estates and firm adherence to our programme for recovery.
- And most importantly, the sacrifice of all the St John people, paid and volunteer, who put themselves in harm’s way to treat others; and the sacrifice of those working harder than ever behind the scenes to keep them equipped and to keep the charity running.

Our 2020 story pivots around three extraordinary weeks in March that set the charity up to play its role, but its origins lie in the heritage of St John as a charity that has long stepped forward to the nation’s aid, serving the needs of the sick in communities across the country.

By the end of 2020, as our frontline response continued and we continued to make difficult choices to sustain the charity into the future, St John was already scaling up for the next challenge – that of vaccinating the nation.



# Assessing the year

## Asking ourselves the difficult questions

### What's made us proud

#### St John People

The resilience, dedication and sacrifice of St John people has been an inspiration. Whether Priory or Ambulance, volunteering on the frontline or in support functions or adapting to remote working and an incredible pace of change in our operations, they have given hours of service both paid and voluntary to keep the charity delivering through an extraordinary year. Many of our local volunteer leaders have adapted to keep connected with St John people remotely, supporting wellbeing. And we've been moved by the warmth, humour and enduring engagement of so many St John young people (Cadets and Badgers) in supporting each other and finding creative ways to fundraise.

#### A commitment to wellbeing

2020 was a tough year for everyone. But we're proud that from the outset of Covid-19 we put the wellbeing of St John people on the same footing as all other aspects of our response. As our formal emergency response to the first wave was wound up and entered business-as-usual operations, the Wellbeing Sub-Group evolved into a new Wellbeing Network for the charity.

#### Focus and prioritisation

St John has always been a charity that makes a contribution to community health in a variety of different ways. In 2020 we learnt the value of focus. From the outset of the pandemic we focused our operations and the support of the wider charity on delivering the few activities (in ambulance, hospital and community volunteering) that could make the best use of the specific skills of St John people. This prioritisation of effort is much harder to achieve outside a crisis response, but the lesson of its value is shaping our leadership.

#### Fundraising growth

Despite a year where the charity sector as a whole has struggled to maintain voluntary income levels and the pausing of our own face-to-face donor recruitment, we've seen the generosity of the donors and the growing fundraising commitment of St John people deliver increases in revenue. Many of our volunteers unable to engage with their normal activities have helped increase the reach of our fundraising, whilst decisions in 2019 to invest in fundraising have made a huge difference to our performance in 2020.

#### Clinical capability

Our ability to step forward in supporting the NHS on such a scale during the pandemic is in large part the result of the significant development we've undertaken in our clinical capability as a charity. A strategic decision to focus our efforts on the unique clinical competencies of St John volunteers and ensuring that they are appropriately supported through the right governance, training and equipment has ensured we were well positioned to answer the nation's need when Covid-19 hit.

#### Partnerships with others

In our 2022 strategy we committed to work with and learn from others who share our vision for civil society, proactively promoting historic and new partnerships to advance first aid and community response. Our partnership with the NHS at all its levels stands out of course in 2020 but it's only one example. From working with the YMCA on a new Youth Leader training package, to our role as a founding partner of the Voluntary and Community Sector Emergencies Partnership, collaborating on operational responses and national advocacy. We welcomed our St John Commanderies and colleagues from St John Ambulance Cymru into our Strategic Coordinating Group and remained committed to engaging with St John partners across the globe through the Order of St John.

#### Sustainable fleet

The delivery of innovative, sector-leading new ambulances, and a focus on environmental sustainability in our overall fleet is pointing to an operational future beyond the pandemic and is a positive reminder of the strong foundations laid for our community operations work in 2019 through new leadership and new strategies before Covid-19 struck.

#### Training innovation

Education sits at the heart of St John's mission and with our goal of Leading Standards in first aid, it was gratifying to see our Covid care training for volunteers recognised in recent global training awards. Our vaccination training programme, developed by St John people and delivered by volunteers to equip members of the public to administer the Covid-19 vaccine is our next proud moment. Whilst planned new product launches in workplace mental health training were put back to 2021, we've also seen accelerated innovation in digital and blended learning which will be part of our sustainable future.

#### Data and Insight

In our 2022 strategy, we also committed to "invest in the data and insight required to maximise our evaluation and learning". In 2020, we have used dashboards to track our operational activity in a meaningful way for the first time and started to apply new insights into volunteer experience. Emerging evaluation findings from winter pressures support and new programmes like NHS Cadets are already shaping our future delivery.



## What's made us reflect

**The Covid-19 pandemic has challenged us all as individuals and as an organisation. We have come together to deliver for communities and to protect the long-term future of St John. We have learnt to be more agile in our decision-making and delivery and grown our volunteering exponentially. We have harnessed our energy through a singular focus. But we haven't got everything right and we haven't taken everyone on the journey the whole time.**

### Our volunteer experience

Pre-pandemic we knew that we had different levels of engagement amongst our adult health volunteer community of around 11,000 people. The vast majority of volunteering hours were being undertaken by a quarter of those individuals, but we knew that as many as a third had been inactive in the last year. Although over 5,000 have completed some form of Covid-related training, we have now seen a period where a further 2,500 have not been able to do their usual volunteering, including those shielding from Covid or otherwise restricted in their normal activities. Many volunteer leaders have worked tirelessly to keep people connected but we haven't been able to engage with everybody as we would want.

We also knew that our overall volunteering experience, including recruitment and onboarding, was not as positive as it could be and through both our Unit Futures Commission and learning from the vaccination programme we are committed to putting that right to help build a positive legacy from recruiting over 26,000 new volunteers.

### The experience of our young people

A prolonged period of limited activity, often online only, has also increased the risk of attrition amongst our young people. We will need to ensure that we have enough properly resourced and trained leaders to avoid closures of youth units. We continue to be cautious about plans for restarting face-to-face services and the prospect of future disruption but are committed to working to reengage them. We also believe that growing interest amongst potential partners and funders in how our work with young people can support a range of wider policy objectives, including around tackling gang violence, can create new opportunities as the country unlocks.

### Our culture

When we completed our first Pulse survey of St John people in several years in June 2020, we were pleased to see positive levels of pride in the organisation but concerned to find a relatively low proportion (51%) felt that they could speak up and that they would be listened to. While a set of feelings potentially exacerbated by an extended period of crisis response with an inevitable reliance on aspects of command and control management, the survey results spoke to a wider need to review our culture as a charity and deliver a meaningful programme of work that could build on the positive changes already made in recent years.

Already we have seen some progress with an EDI Lead appointed, expansion of our Freedom to Speak Up programme and the launch of our Values in Action framework. We recognise that there is more to do though, in particular, to ensure that St John is inclusive of everyone and that conflicts when they occur are handled and resolved well. Trustees have committed resources to prioritise this in 2021.

### Our sustainability

The onset of the first national lockdown was a rude reminder that whilst our operating model has proven successful in recent years, our financial sustainability remained overly reliant on a single significant revenue source – our workplace training enterprise. We had already begun efforts to diversify our revenue, with fundraising success in 2020 and the positive performance of our ambulance operations representing promising green shoots. But this is a critical area for us to continue to address in the remainder of this strategy period against the backdrop of the uncertainty created by the continuing pandemic.

# A year in review

January – March

## An emerging pandemic



**Business as usual**  
(Page 15)

**14,000** hours of winter pressure support to the NHS

**100s of public** events took place safely because of the aid cover we provided

Over **60,000** people trained in first aid

Our Ambulance Operations were rated **'good'** by the Care Quality Commission

March

## The nation locks down



**Transforming to deliver**  
(Page 17)

**Crisis response** structures put in place

**NHS relationships** agreed

Specialist Covid Care training developed and **375 trainers** trained

April - June

## Covid's first wave



**First wave response and resilience**  
(Page 19-26)

Over **4,000** volunteers trained in Covid care and logistics transformed

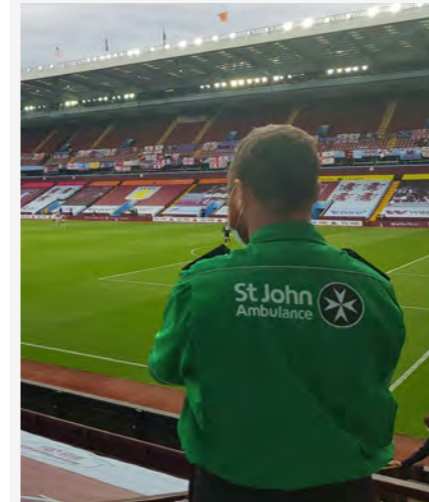
**Difficult financial choices**

**Resilient and compassionate** St John people

**250,000 hours of frontline response** in ambulances, hospitals and communities from April - December

July - September

## Lockdown eased



**Summertime recovery**  
(Page 29-30)

Helping the **return of live sport**

Supporting the **safe return of the night-time economy**

**Helping the NHS** to catch up

Ensuring the **safe return of first aid training at work**

October - December

## A growing second wave



**A rising tide and a race against time**  
(Page 33-36)

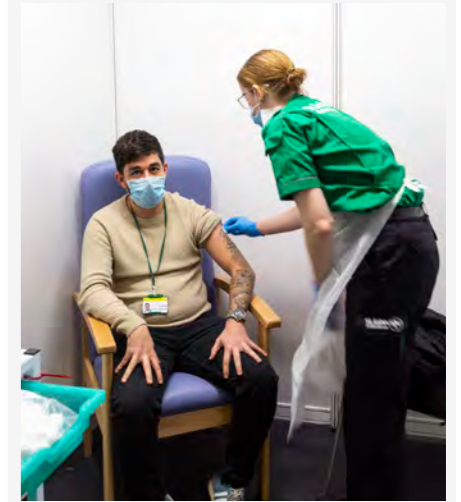
**Increasing demand** for ambulance and hospital volunteers

Planning for up to **30,000 vaccination volunteers** and our first **400 volunteer vaccinators** trained

**New fleet**, designed by **St John volunteers** and made possible by generous donations

2021

## Vaccination hope



**Second wave resilience and hopes for recovery**

- Deliver our role within the Covid-19 Vaccination Programme and continuing our response to immediate community health needs.
- Build a positive legacy from Covid and the vaccination programme of volunteer opportunity and experience.
- Pilot and roll out new initiatives to engage and support young people from more diverse backgrounds.
- Deliver Values in Action and digital transformation programmes.



## Business as usual

### Training the nation, responding to winter pressures in the health service and bringing communities together.

For many St John people, 2020 began like any other. St John volunteers were on hand to support tens of thousands of people to see in the New Year safely, providing first aid at hundreds of public events, regular football matches and horse-racing. We delivered 14,000 hours of support (between December 2019 and March 2020) to the NHS facing its annual winter pressures, through night-time first aid provision in town and city centres, ambulance shifts and a new pilot in hospital volunteering. And our essential training in first aid, mental health first aid and other health and safety courses engaged over 60,000 employees in workplaces across the country in 2020's first three months.

#### Behind the scenes, key decisions were taken, including:

- Selection of our National and Regional Cadets of the Year who inspired us with their stories of the confidence they had gained through their time with St John and the courage it had given them to act in times of crisis. Their year would not turn out to be the one they expected as our youth activity became restricted but their resilience as ambassadors for the charity and champions for their peers was undiminished.
- The completion of our Heritage Conservation Management Plan, setting out a bold vision for our responsibility towards the historic estate of the Priory of St John in Clerkenwell and its connection to the heritage of the charity across the country. Later in the year, we completed a project to improve the lighting within the Priory Church's eleventh century Crypt, to transform the experience for visitors engaging with the rich heritage of the charity.
- Approval for the roll out of a new wireless network across the St John estate, as a key part of our planned programme of technology transformation.
- And the closure of the St John Care Home in Whitstable. Closure was not an easy decision, but it was the right thing to do to ensure the best care for residents into the future. We recognise that it was a challenging time for residents and their families and we worked closely with them, staff and with relevant authorities to ensure the safety and dignity of all involved in the process.

#### Leading Standards

Our commercial ambulance operations also began the year strongly. In January, St John Ambulance's operations in the East Midlands received its first rating from the Care Quality Commission and was awarded 'good'. The CQC also acknowledged the improvements that have been made in the service since the previous inspection in 2017. Both the Patient Transport Service and Emergency & Urgent Care Service were reviewed, and both were found to provide safe, caring, effective and responsive care to patients.

The CQC acknowledged improvements in the 'well-led' criterion in the five-month period since the inspection took place and noted that leaders were visible and approachable and that our people felt supported, respected and valued. A restructure to the national operation has since delivered further enhancements.

For **Craig Harman**, our **National Ambulance & Community Response Director**, it was pleasing that:

**"The inspectors witnessed good care, witnessing our people speaking to patients with compassion and kindness. Driving up standards across the independent ambulance sector and within the event industry is a key strategic objective for St John and this CQC report is an excellent example of the work we are already doing to help us get there."**





# Transforming to deliver

However, in the background, the defining health crisis of the early 21st Century was developing at pace.

**“In the coming weeks and months, St John Ambulance would face extraordinary demands, the likes of which our organisation has not faced in peacetime. Our resources would be stretched, and our people would be tested, but we would stop at nothing to help beat this virus.”**

**Richard Lee**, Strategic Commander Covid-19 and Chief Operating Officer

By mid-March, as 48 St John volunteers were providing first aid support at the Cheltenham festival, it was clear that the Covid-19 situation nationally was escalating and our preparations accelerated in turn. As more and more people became seriously ill with Covid-19, NHS hospitals and ambulance services were in danger of being overwhelmed. Health professionals themselves were falling ill with Covid-19, putting the system under further pressure.

As a charity with its foundations built on responding to health emergencies, our strong existing partnership with the NHS, and the existing skills and experience of our volunteers, we knew we could step up to provide vital support.

**By July, St John’s response to the pandemic would have become the largest single mobilisation of the charity’s people and equipment in peacetime, going on to deliver over 250,000 hours of frontline clinical volunteering in the year.** Key to its delivery was its centralised coordination through a Strategic Co-ordinating Group (SCG) and associated Tactical Coordination Groups (TCGs), with operational delivery managed through Joint and Regional Coordination Cells. This way of working was new to St John and to many of the SCG members, just the first of a long line of new ways of working that evolved through a spirit of “learning as we do”.

In a critical three-week period in March, plans and structures were spun up at pace, relationships with NHS colleagues, developed through the preceding two winters, were confirmed and specialist training was developed. With the support of our technology teams, both employed and volunteer, the charity moved seamlessly to remote working for the majority of St John people.

## Covid Care Training – leading the way

On March 12, it was agreed that if upskilled, St John volunteers could support the NHS during the pandemic by sending volunteers into hospital emergency departments to assist medical staff, as well as by continuing with ambulance and community services work.

St John’s Community Operations team worked with NHS England and hospital trusts to define the volunteer role and skills gap. As a health and first aid charity more used to keeping people safe at public events, we needed urgently to create and deliver a specialist Covid-19 Care training programme to our volunteers.

Development work on the Covid-19 training course was completed in five days. The programme equips first aid volunteers to help NHS hospital staff in aspects of care including taking NEWS2 observations and feeding patients as well as giving reassurance. To cut down the training time by a third, we used a blend of independent eLearning, live virtual and face-to-face training for the first time. And because we knew some volunteers would be experiencing more seriously ill patients than they were perhaps used to, we also embedded signposting, advice and support on safeguarding mental health and wellbeing throughout.

The virtual training of over 375 volunteer trainers took place promptly, enabling the first full face-to-face volunteer training to begin on March 28. A pilot group of first aiders began volunteering at University Hospital Lewisham on March 25 and full cohorts first deployed in April. Over 4,000 trained volunteers would follow in the following four months and the training has since been recognised with a silver award in the people development programme category of the Global Learning Awards.

**In addition, in the months ahead we were also able to deliver training for:**

- **1,933** new operational first aiders and advanced first aiders
- **1,462** radio operators and loggists
- **771** ambulance crew (essential education).

As March drew to a close, many of St John’s emergency ambulance volunteers were already busy supporting the surge in demand first in London and then the rest of the country. And the charity as a whole was prepared for our response to scale up at pace.



## Experiences from the first wave response

**Staying focused, supporting the frontline, refreshing our volunteer ranks.**

We made an early decision to focus our operations where the clinical skills of St John people could make the most difference. That focus and shared purpose has remained a key principle of our operational delivery and has meant saying no to some requests for help. But it has also meant maximising the impact that we have been able to have.

- We provided additional ambulance capacity when NHS Ambulance Services were stretched beyond any past experience, reducing the impact on patients in need of urgent attention.
- We enabled key services that underpin our health system, like the national blood service, to continue, ensuring delivery of thousands of lifesaving blood donations.
- And our volunteers in hospitals boosted care to patients in need and helped free NHS staff to focus their skills most effectively.

### On ambulances

The majority of our early contribution was through our fleet of ambulances and trained emergency ambulance volunteers, coordinated by the National Ambulance Coordination Centre (NACC). 14,000 hours of frontline volunteering (the equivalent to our total contribution to three and half months of winter pressure support) was surpassed in the first two weeks of April. Crews responded to Category 1 calls as a primary response backed up by an Ambulance Trust paramedic, Category 3 and 4 calls and healthcare professional calls.

That effort included **Zain Osmani**, who first joined St John as a 9-year-old Badger before progressing to be Emergency Ambulance Crew, experience he credits with supporting him to gain a place at medical school. At the start of the pandemic he spent nearly six months volunteering full time:

*“I didn’t think twice about doing it; I knew I had the skills to make a positive difference. I was doing four 12-hour shifts in a row, followed by four days off. I was mostly supporting the London Ambulance Service but I also did shifts for the South Central Ambulance Service and East of England Ambulance Service.*”

*“The biggest challenge was being in someone’s house and having to take the patient to hospital, knowing their relatives may never see them again. We were often dealing with very vulnerable and frail people and knew there was a strong chance they wouldn’t survive and that their loved ones wouldn’t even be able to visit them in hospital.”*

By the end of December 2020, St John people had delivered **89,455 hours of ambulance shifts** across 8 of the 10 ambulance trusts, including over six thousand 999 call outs. It was (and continues to be) a contribution worthy of the nation’s Auxiliary Ambulance Service and recognised by the NHS:

***“I honestly believe that if we had not worked so closely, the ability of Emergency Ambulance Services within our country to respond so effectively to the pandemic would have been greatly hindered. Without your volunteers and staff members, the country would not have been able to increase the number of resources that we have been able to deploy. This has undoubtedly helped to relieve pressure on the 999 service and ensure we have been able to save as many lives as possible.”***

**Anthony Marsh,**  
National Strategic Adviser for Ambulance Services

## In hospitals

Ambulance shifts were quickly supplemented with direct support to hospitals. In time, over 4,000 St John volunteers would receive the Covid care training needed to provide frontline care in over 50 hospitals, including supporting the Nightingale in East London from its creation. By the end of 2020, they had been supporting patients and NHS staff for 110,407 hours, making personal sacrifices to provide a range of care and aid. And critically doing so with the compassion and humanity that can make the real difference in a crisis:

**“As soon as we arrive, we check to see if there’s anything we can do – such as respond to any ‘call’ bells going off. Then we help out with observations, personal care, transferring patients to other parts of the hospital, and small jobs like providing tea and coffee. But one of the most important things we do is give time to the patients – we’re always happy to spend time talking to them, which is wonderful.”**

**Abby Williams**, EMT, Portsmouth

Volunteer **Nadine Tudor** described her experience helping patients at Tameside & Glossop Integrated Care NHS Foundation Trust:

“There have been some low points, but also high points – like when I took a recovered patient to be reunited with his wife in the carpark after he’d been in intensive care. It’s an emotional rollercoaster. But the staff and patients are so grateful that the rewarding parts outweigh any fear. It’s not all about taking observations and practical help. We chat to the patients, read letters and show photographs from family to keep them going. Strangers are having to play the role of family and that’s where St John can help. I was feeding a lady who was struggling and she said, ‘I can’t tell you how nice it is that you have come to talk to me.’ I would want someone there like this with my family if they needed it during this time.”

**Mary Strutt** (Southampton and London) was one of the first St John volunteers to work within the Nightingale Hospital in East London.

“The call went out for St John volunteers to support the NHS and I didn’t hesitate. On the last Friday of March I received an email saying I’d be deployed at the London Nightingale on the Monday. I did it because I was needed but it was completely terrifying at first. It took ages to put on all the PPE and I’d ask people to check it twice to make sure I’d done it properly.

“I saw what a big effect I could have on people by doing quite small things. I didn’t feel as though I was doing anything special – I was just looking after people the way I’d want myself and my family to be looked after if we were in the same position.

“There’s one memory from my time at the Nightingale that will stay with me forever. One of my patients had a physio appointment and we were determined to get him sitting up in bed – that was a key step in getting him moved to a local

hospital. He tried so hard to sit up but he just couldn’t do it. He said to me ‘I want to give it one more go’ and I said ‘come on then’ and I gave him this massive pep talk about how he could do it and how I believed in him. He stopped crying and he managed to do it – we got him sitting on the edge of the bed. He was so happy when we laid him back. He fell back into the pillows and started crying again but he was smiling at the same time.

“It was a really emotional moment for the whole team. He pulled me close to him and he was crying so much. He said how much he loved me and that he wouldn’t have been able to do it without me. That just broke me because I felt like I just did it because there was no-one else to hold his hand and encourage him to do it.”

Feedback from the NHS, whether managers or frontline clinicians, has been overwhelmingly positive, with the level of volunteer skills praised in particular. **Claire Lambie**, **Head of Operations at Chesterfield Royal**, said:

“Their kindness, energy and dedication make a huge difference to the experience of our patients.”

“The training and experience the volunteers have with St John means they have the skillset to deal with people and support them when they are feeling vulnerable. They are an absolute credit to St John.”

For **Daijit Athwai**, **Executive Director of Nursing at George Eliot Hospital**, St John volunteers worked tirelessly across the hospital, “helping us provide high quality care to our patients. They are amazing! Their kindness, energy and dedication make a huge difference to the experience of our patients and they all feel like part of our friendly staff team.”



## In communities

Outside of hospitals and ambulance, St John volunteers also stepped forward in their community:

- **Continuing to care for homeless people in Sussex**, adapting operations to meet Covid-19 needs and working with partners to expand that operation to Greater Manchester. The Bolton Homeless Outreach Nursing Team collaboration would go on to be highly commended in the best partnership solution improving patient safety category of the Health Service Journal’s Patient Safety Awards in November.
- **Acting as Community First Responders in London** (where they were on duty on over 6,600 occasions through the year for both call outs and supporting 111 call taking and logistics) and the South West (giving thousands of hours service each month); and as Unit Responders in the West Midlands.
- **Supporting the Primary Care Network in Birmingham** through providing cars and first aiders to assist on-call GPs on calls.
- **Continuing to deliver our pilot falls services** for example, in Wolverhampton.
- **Delivering a range of patient transport services.**

**“The Burdett Trust for Nursing is delighted to support St John Ambulance’s work in Sussex, helping homeless people with health-related problems. We are grateful in particular for volunteers giving up their time to be involved, to care or be a listening ear for vulnerable people.”**

**Burdett Trust for Nursing**

## Training up new volunteers

With demand running high for St John support, and thousands of St John people already trained up to support our operations, we reached out to employers like airlines with first aid trained staff on furlough who might be able to partner with us to boost our capacity.

When **Mel Lucern**, a **Cabin Manager at TUI** for 32 years received an email at work announcing the opportunity to volunteer with St John, she leapt at the chance.

“I immediately knew it was a good decision because the two-day training course was very mentally stimulating. I was so impressed at how professional the course was and how St John had managed to get it all together – the content, slides, trainers and practical stuff – so quickly. But it was the trainers who really made it special. They were professional and had excellent knowledge, but also made things fun which I think really helps you to learn.”

Putting it into practice “it has been exciting to do the medical stuff such as taking blood pressures, doing observations and practicing on an ECG. But yesterday, for example, I was simply handing out masks and hand sanitiser at the reception, which meant speaking to lots of people and sometimes reassuring them when needed – and I think that’s just as valid. A lot of the time, a comforting word is what people are really looking for.”

During 2020, we onboarded 515 new volunteers, 233 of whom supported hospital volunteering like Mel, whilst 282 contributed to our support functions, in particular our logistics operations.

## Getting our logistics in order

Getting the right equipment, including Personal Protective Equipment (PPE) in place for volunteers to enable them to deliver was itself an extraordinary operation. Through our pandemic response our fleet team has kept 94% of our ambulances on the road, operating from 31 hubs spread across the country.

Meanwhile, the story of the incredible logistics effort is best told by **Kirsty Blair, East Region Logistics Lead**. In June 2020, she reflected on her role ensuring the smooth running of St John’s logistics operation across the whole region.

The function had been boosted to around 90 people as a response for our appeal for new recruits and St John had reoriented its entire operation in just a few weeks “which meant introducing lots of systemic change at a lightning pace. But to be honest, the logistics function in the East had not been very structured for years, so we also seized the opportunity to bring in long overdue improvements. Today, we are standardising kits, collating stock, auditing and servicing equipment, and updating the asset system so we know exactly what we have and where it is. Basically, we made the very best out of a bad situation. And so far, the feedback suggests our volunteers are getting the equipment and support they need, which is fantastic.”

Looking forward, those changes will now help our logistics functions thrive in the future:

“Things are definitely changing for the better with logistics. We have used the unique opportunity afforded by this terrible crisis to push through changes in just a couple of months that might normally have taken a couple of years. Basically, we’ve created a standardised management structure, which means we can all work more easily with each other. And now I’m promoting these positive changes and consulting with other functions, so they will feel part of the process, too. We’ve never had such a joined-up approach before and I see how it’s paying dividends every single week.

“It’s only when things get tough that you really see the passion and care our people have for St John. I absolutely love this charity and know we’re all doing this for the same reason.”





## First wave resilience

**Financial crisis, difficult decisions, training innovation, generous support and wellbeing.**

### Financial crisis

**“We have money until August, and, if the current situation was to go beyond August, we would require heavy borrowing.”**

St John’s decision to focus the charity on responding to Covid-19 and deliver as much support as we could during the pandemic did not come without a cost. As the nation locked down at the end of March, we closed down our workplace training enterprise – the charity’s main source of revenue – public events that use our first aid services ceased and face-to-face fundraising halted. Overnight, the charity saw its sustainable financial model decimated as revenue dropped around £1.5m per week.

In April, **Chief Executive Martin Houghton-Brown** appeared before the DCMS Select Committee with a direct appeal:

“There are those of us that have to step forward. Our entire organisation is now delivering for COVID 19, and, quite frankly, if the support does not come, we will run out of money. It is only reasonable that, if the Government say no, they will have to make very difficult judgments about the future of St John Ambulance. We have money until August, and, if the current situation was to go beyond August, we would require heavy borrowing.”

The Government heard our appeal and just weeks later St John Ambulance gratefully received a £6.8m emergency support grant from the Treasury, with the Chancellor’s announcement from the 10 Downing Street podium recognising the “essential services” being provided by St John and other charities as “we battle the coronavirus”.

Combined with income from our increased NHS support, the use of furlough for, at its peak, over 870 employees, and the measures outlined below, we were able to maintain St John’s operations and protect the sustainability of the charity.

### Emergency Appeal

Within a couple of weeks of national lockdown starting we were able to launch our emergency fundraising appeal, which thanks to the generosity of corporate and individual donors, as well as the passion and ingenuity of St John people, raised £3.2m. As part of the appeal we benefitted from pro bono creative support and free airtime to run our first Direct Response TV ad in several years. This contributed to our overall exposure but was less successful in itself than we had hoped. The marketplace quickly became crowded and our focus on our work within the Nightingale Hospital lost its impact as the first wave of the pandemic began to recede.

**“We are delighted to support a charity with highly skilled volunteers at the forefront of the nation’s health response. Through St John we are proud to protect communities in which our customers and colleagues live and work. Thank you to all at St John for their care, expertise and commitment to be there for those in need.”**

**Iceland Foods Charitable Foundation**

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## Difficult choices

Whilst some additional revenue was secured, the reality of our financial position meant it was necessary to bring in a series of other measures, with the speed of our response supported by a regular subgroup meeting of finance trustees and senior executives. This led to:

- **A freeze on recruitment and projects**, including leadership development, new youth programmes and phase two of the new volunteer onboarding project.
- **A programme of 181 redundancies, the majority of which were, as a result of an extensive consultation and engagement exercise, voluntary.** In addition, 30 posts were removed as staff transferred across from our Training Enterprise to our Ambulance Operations following re-training.
- **A review of our property estate, led by senior volunteers, with over 100 properties identified for closure and sale.** Three volunteer-led Commissions have helped to ensure that this challenging process is one that is focused less on the loss of a building and more on how to strengthen the presence and support for each local St John unit. When the Commissions report in 2021 is published we expect to see a range of recommendations that will allow the charity to grow its local presence and community impact.
- **Tightened financial controls on spending**, including reduction in mileage allowances, cancellation of procurement cards and cancellation of travel permits.

None of these measures was taken lightly and all, whilst necessary, had an impact on St John people that we recognise we need to reflect as we plan for our post-pandemic recovery. Many people whether through furlough or shielding have not been able to contribute as they would like. And St John's young people have had their experiences significantly constrained.

At the same time many senior leaders and volunteer managers have devoted considerable effort to maintaining connections with St John people forced to be more remote from each other than is usual. The active engagement of our volunteers and employees has and will continue to be an essential part of all change processes.

## Training innovation

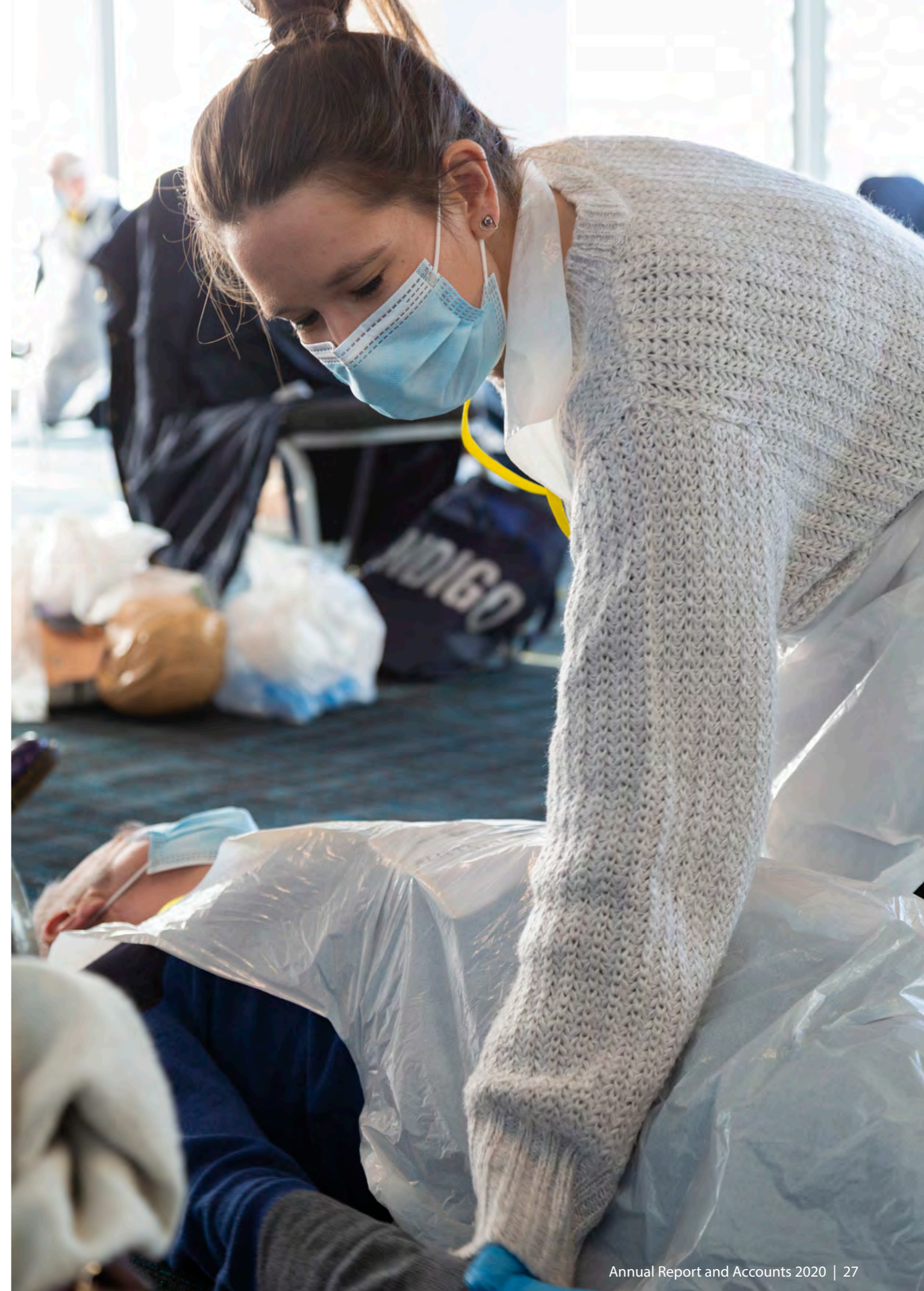
When our Training Enterprise was closed in March, we lost not just our main source of revenue. We also risked losing the essential support we provide to the nation's workplaces, helping to make them safe for millions of employees across the country. Conscious of the gap that might emerge if skills were not kept refreshed, we dynamically developed our online workplace training in physical and mental health first aid to help almost 40,000 people in businesses, schools and the wider community refresh vital skills during the lockdown and return to work. By the end of the year:

- **52,000** people had registered for our online learning portal (compared to 1,700 pre-lockdown)
- **75,000** first aid courses had been accessed including
- **24,300** workplace refresher courses completed
- **16,400** paediatric and early years first aid training courses completed
- **24,900** bite-size first aid modules accessed

As restrictions lifted and training was allowed to restart with Covid-secure arrangements in place, we would introduce a comprehensive online resource on safe workplaces and our first blended workplace training. Once operations restarted, we welcomed over 60,000 delegates back into our training venues.

## Supplies to our operations and clients

The supplies team continued to operate throughout the lockdown providing much needed support, medical devices and personal protective equipment to our internal operations and to our clients at large. The supplies commercial unit has also brought new products to the fore and will continue to develop this aspect of our operations into 2021.





## Summertime recovery

**A return for sport, training and the night-time economy, supporting the NHS.**

As spring turned to summer, our Covid-19 operations in ambulances, hospitals and communities continued but the pace slowed as the pressure of the pandemic eased. Some more familiar St John activities were able to come to the fore once more and as the mercury soared the nation turned to St John in a more expected way - for first aid advice in a heatwave.

### Leading standards for event healthcare

St John has a proud history of caring for crowds at everything from international competitions to local events but all that had stopped abruptly at the end of March. From May, as an ease in lockdown restrictions started to look possible, St John was working with DCMS, Chief Medical Officers, Public Health England and sports bodies on how best to support the return of live professional sport. Although behind closed doors, St John's event healthcare expertise was a key contribution to the discussions. For **Lynn Thomas**, the charity's **Medical Director**: "Every ambulance that we provide at a sporting fixture means that an NHS ambulance won't be needed."

From June, St John volunteers began screening people as they entered racecourses and football grounds, in addition to providing first aid cover for the large teams of staff working behind the scenes at each venue. St John people provided just under 26,000 hours of first aid cover to the end of 2020. And that included some opportunities for our older Cadets, for whom most activities had been suspended for much of the year.

**"It definitely felt odd at first having no fans there – but once you get used to it, it's the same as any other event. It's such a good feeling to put on the uniform and know you're out there and contributing."**

**Philip Leech,**  
17 year-old Cadet, Greater Manchester

### Supporting NHS recovery

Across the middle of the year, St John volunteers supported screening, admin and general support at the nation's vital National Blood Service Clinics. At over 1,800 donation sessions from Cornwall to Coventry and Cumbria, they helped 142,800 lifesaving blood donations to be collected.

**"I would like to pass on my thanks to all the volunteers who have helped us maintain critical services by performing triage on blood donation sessions from May until September. This was introduced to keep our staff and donors safe - and feeling safe - during these unprecedented times. With over 50 teams covering over 1,800 donation sessions nationwide, St John volunteers supported NHSBT to collect over 142,800 whole blood donations. As a result, blood stocks have remained at healthy levels throughout the coronavirus pandemic, and we have been able to collect convalescent plasma to support important clinical trials. Volunteers have played a vital role, so on behalf of staff, donors and patients alike, please accept my huge thanks for your time and effort."**

**Betsy Bassis,**  
Chief Executive of NHS Blood and Transplant

With waiting lists severely impacted by Covid-19, 80 St John volunteers stepped in to support Moorfields Eye Hospital's "cataract drive" in September, quadrupling the operations completed in a single week. Trained first aiders assisted patients through every step of their surgery, including helping with pre-operative assessments, accompanying and reassuring them during their surgery, and assisting with their discharge, covering nearly 200 shifts.

## Caring for people on nights out

Lockdown easing also meant the return for city nightlife, so St John volunteers prepared to care for revellers who found themselves sick or injured on a night out. St John's Alcohol Reception Centres have become a regular sight over recent years, running in 35 locations including Newcastle, Leeds, Birmingham and Manchester. Led by healthcare professionals, the ARCs aim to reduce demand on the NHS by providing healthcare and treating patients on the spot, lowering the need for 999 calls and unnecessary hospital admissions.

As volunteers returned to the streets, the charity backed a report on Night-Time Economy operations, published by the National Institute for Health Research which cites improved ambulance response times and other benefits, and recommends agreed national standards. It also found that a nurse-led model was the most likely to divert patients away from emergency departments.

On Saturday 5 September, St John volunteers working at Southside Safe Space in Birmingham were ready for a typically busy evening, looking after people who found themselves worse for wear, sick or injured on a night out. The team's manager, **Eugene Collins** was crewing the project's ambulance along with two recently qualified volunteers:

*"We'd not had the best of starts to our shift, attending a road traffic collision which was very challenging; but everything was going well and we'd just taken a patient to hospital. Our radios are on an open channel with the emergency services and I didn't think too much of it when I heard a report that someone had been stabbed – that's something we hear every week – but there were a lot of calls in quick succession with reports of further injuries and it soon became apparent that a major incident was unfolding."*

Eugene and his fellow volunteers arrived on scene to find the police and NHS ambulance crews treating multiple casualties. The St John Ambulance team was assigned to a man who had suffered a serious cut to the neck.

*"The patient was losing a lot of blood, despite our best efforts, and the situation was critical by the time we got him to Queen Elizabeth Hospital. Normally when you take a patient to hospital, you take them into the emergency department and they're assessed before a doctor sees them, but there were doctors lined up ready to see injured people straight away – I've never seen that before."*

While Eugene and his crewmates were travelling back from hospital on 5 September, the remaining St John volunteers were looking after another wounded patient in their clinical hub at the Arcadian.

*"The whole incident was scary for everyone involved. Being in the city centre, knowing what was going on around us and wondering what might happen next. But everyone got on with looking after their patients and delivered the best care possible, ignoring the potential danger. My team are always great, but I was particularly proud of them that night."*

After two successful years of operation, the Safe Space initiative is being extended to cover more of Birmingham's prime nightspots from spring 2021, with an enlarged team of St John Ambulance volunteers at the helm – testimony to the ever-deepening relationships that are being fostered between the charity, businesses, the police and NHS colleagues.





## A rising tide and a race against time

Sadly the autumn brought steadily increasing cases and more lockdown restrictions. The demand for St John volunteers grew in step, back up to over 10,000 hours per month for ambulance crews (from 4,000 in September).

### Still on the frontline

During the first wave, **Matt Leopold** had volunteered as **emergency ambulance crew** and as **Bronze Commander for St John's work at the Nightingale in London**. Despite the pressures and worries of that first period, it was the end of the year that was the hardest:

*"Our busiest and most emotionally and physically draining period as ambulance crew was from November 2020 through to January this year. We were dealing with 100% Covid patients – people who were critically ill and dying. We were being sent to job after job. It was relentless and shattering – emotionally and physically."*

*"The most difficult times have been dealing with patients we know are unlikely to survive – the people who are very sick with co-morbidities. They are often struggling to breathe and very distressed. Their relatives are always understandably worried. They cry and ask us if their loved ones will be alright. An impossible question to answer. We can't let family members come with us to the hospital so they are very anxious. We do our bit to comfort and reassure but often we know there's a good chance they'll never see their loved ones again."*

*"One of the most rewarding moments of the last 12 months was just after Christmas when we were called out to the home of a 99-year-old lady who'd fallen and was lying on the floor. She just couldn't stand up on her own. She didn't have Covid symptoms or any injuries. As the ambulance service was so stretched, she wasn't a top priority emergency. We helped her into a chair and made her a cup of tea and some breakfast. She was so happy and full of gratitude. It was a really good feeling."*

### Vaccination planning

But the autumn also brought a ray of hope in the form of an approaching vaccine. As preparations began, NHSE/ I asked St John to step forward again, to recruit and train up to 30,000 volunteers as vaccinators, care volunteers and patient advocates. Planning for an operation that would dwarf even the scale of our Covid-19 response began in earnest across the charity and with partners, ready for our deployment to begin at the start of 2021. One of the critical pieces of the puzzle, alongside the development again of world-leading volunteer training, was the role of the St John welcome team. This cohort of volunteers, welcoming and engaging new recruits, had already contributed to the rapid onboarding process for airline crew in the spring. Now they would see their task magnified but prove to be just as rewarding. **Kate Eardley**, normally an **Advanced First Aider** but shielding during Covid, has been part of the team from the beginning:

*"I have interviewed some amazing people from all walks of life, age ranges and backgrounds. And all of them have the same, straightforward aim: 'I just want to help'. It has been a real pleasure and privilege helping these people to join our St John family. One of most emotional calls was with an airline cabin crew lady who wanted to join us in a hospital care role. She told me how she'd once brought a deceased person back on a flight with his family also on board. And I was so struck by the care and compassion that she'd shown that family all the way home, and even once they were back at the airport. I got the impression that she didn't think her actions were especially remarkable – this was just what she did – but it all stood out a mile to me. I just knew she was made of the right stuff to join us."*

**By the end of 2020, just a few weeks after going live with our vaccination recruitment, we had received over 26,000 expressions of interest, had moved over 4,500 would-be volunteers into training and had our first 400 volunteers ready to vaccinate. Over 500 volunteer trainers were ready to accelerate training exponentially in the new year.**





# Looking to the future as the year ended

## First Aid Saving Lives; volunteering shaping futures.

“During the second wave of Covid, over the Christmas and New Year holiday, the work was just as intense as it was during the peak of the first wave.”

**Zain Osmani**, Emergency Ambulance volunteer

As the pandemic intensified towards the end of the year and demand for volunteers grew once more, St John continued to welcome new recruits. **Caspar Michie**, a third-year student in London, joined St John in October 2020 and completed training to become an operational first aider in the last month of the year. Since then he’s been actively volunteering in hospitals in London.

“St John feels very much like a family. Everyone I have met so far has been lovely and have gone out of their way to help me and support me in my volunteering. During the pandemic, I wanted to help in hospitals to try and help alleviate some of the pressure on the NHS. My day has been brightened so many times by laughing with a patient, or being able to do small but meaningful things, like making an end of life patient a last cup of tea.

“The work St John Ambulance does may not be as visible as that of the NHS, but the support it provides makes a real difference. St John volunteers can be first on the scene of a cardiac arrest, or in turn, they may teach someone what to do if they were to find themselves in that situation. Every person reached by the training the charity provides can mean another life potentially saved. That is a cause worth supporting in my opinion.

“Working in Intensive Care has been the hardest of my volunteering experience so far. In normal hospital volunteering, you can chat with your patients, laugh with them. With the patients in ICU being largely sedated, its different. You try and maintain that human connection, talking to them as they sleep, giving them hygiene care (a shave, a teeth brush), but it is still saddening to see these patients oblivious to the environment around them, the incredible views of London right behind their beds. Being in an ICU, it is also an unfortunate inevitability that some of the patients there will be very unwell and in turn, some will die. Patients can deteriorate so quickly with COVID. No matter how old or young they are, it is always a life cut short. Holding the hand of a patient as they died when their family couldn’t be with them, is something I will never ever forget.

“At the same time, I felt blessed to be able to pitch in with such an amazing effort by the NHS. It also felt amazing when patients did improve. Working with a patient who had just been extubated a few hours prior and sedation weaned, brought such a smile to my face as the life came back to them. In the midst of all the sadness and pain, seeing these ‘wins’ has made it all worth it.”

### New careers....

For many St John people, both existing and newly joined, their experience of volunteering has shaped a new path for their future.

Several of our rapidly onboarded airline crew volunteers have switched careers to join the NHS and for **Mary Strutt** (Southampton and London), “the experiences I’ve had as a St John volunteer over the last year have completely changed my life. My time at the Nightingale taught me so much about patient care and about myself. I was just so thankful that I was able to go and support the NHS and care for such sick patients.

but if the situation changed and I was ever needed there again I’d go back in a heartbeat. I feel so honoured to have been given the opportunity to help. Before the Nightingale, I was already wondering if I wanted to go into a career in healthcare because I’d enjoyed all the opportunities I’d had with St John Ambulance. But after my time in the Nightingale I was convinced that’s what I wanted to do. I went back and finished my studies then retrained as a healthcare assistant.

“Now I’m working at Southampton General Hospital looking after respiratory patients in their high dependency unit which I really enjoy. I think in future I’d like to go down the route of pre-hospital care either as a nurse or paramedic.”

“Thankfully the Nightingale never reached full capacity

## New fleet....

Back in 2019, St John's trustees had approved a new fleet strategy for the charity, which has already seen us reduce a fleet of 850 vehicles with over 50% more than 10 years old to one of fewer than 700 vehicles more fit for purpose. Despite the challenges of the pandemic, the first 10 MAN Box Body ambulances rolled off the production line towards the end of the year. These innovative vehicles are the result of a design process led by St John people themselves and are a critical part of the future sustainable delivery of our frontline operations. The next 25 are now on their way and due for delivery in April-June 2021, whilst our first 4x4 conversion ambulances and new prototype first aid units will be signed off in early 2021.

**Head of Fleet, Rob Macintosh** explains what makes the new vehicle special:

"The standout innovation in the new box body ambulances is the introduction of a box conversion on a 3 1/2 tonne chassis. This allows people with a B1 licence to drive the vehicle, making it more accessible to more volunteers. There are many NHS Trusts that have been in contact and St John is beginning to be recognised as the auxiliary ambulance service in England. For us to fulfil this role into the future, our fleet must be equal to, if not better than the NHS vehicles we are supporting. We are fortunate to have

very generous supporters and donors who are helping us to achieve this, all the money comes from fundraising. We are also hoping to do more for the environment, by introducing alternative energy vehicles, during 2020 we introduced nine full electric cars, and all future replacements will follow suit."

Crucially, the experience has also been a positive one for new volunteers like **Philip Davy**:

"My regular crewmate and I have both been ambulance crew members since before the Crusaders were introduced. (My crewmate actually used a Crusader Mark 1 that is now in Ipswich Transport Museum). So, we were both very impressed by the new prototype and its great equipment on our training day.

"Our first job was to a Category 3 patient who had fallen at home, probably with no injury but was unable to get off the floor. After assessing the patient, we quickly decided this was a textbook time to use the new lifting device. It worked exactly as in training and enabled the patient to transfer to their own walking frame and then back into bed, with very little effort from us. Following a discussion with the clinical advice line and a falls referral, the patient was safely discharged at home."

## The same St John compassion and humanity

Through the most challenging and changeable of years, it is the compassion and humanity of St John people that has been a constant. From those focused on the wellbeing of others in the organisation to the hospital volunteers holding the hand of a dying patient unable to be with their family.

And the same was true for **Matt Jenkinson** – an ambulance crew volunteer from Southampton. At the end of a recent shift he took one last call: transferring an elderly patient with Covid-19. His crew colleague, **Joel Pescott** takes up the story...

"We were about to go off shift when we got a call to transfer an elderly COVID-positive patient from A&E to a community hospital. The patient, who also suffered from dementia, was in her late 90s so we knew the odds were stacked against her. She was very quiet as she'd been on her own in the emergency department waiting for a transfer. Matt made a real effort to make her comfortable and talk to her throughout the journey. After a while, she began talking to him, despite her condition.

"When we reached the hospital, Matt told me that the lady had expressed one wish: to be able to look up at the stars before being taken inside. She was worried she might never have the chance to be outside again. Matt wrapped the patient in blankets so she'd be warm. Then we moved her out the back of the ambulance and Matt knelt next to her, holding her hand whilst she laid on the stretcher looking up at the stars.

"He stayed with her for as long as she wanted to, even though he knew we would overrun our shift. He'd also been wearing PPE for a long time by then and was feeling a little uncomfortable. This act meant so much to the patient. She was so happy and incredibly appreciative of what he'd done, fulfilling what may have been her dying wish."

**Pro Utilitate Hominum – in the service of humanity.**



"I am very proud of Sussex St John Ambulance for raising the money for a new ambulance in record time. There was a committed team to whom we owe enormous gratitude, but huge thanks must go to the volunteers, who by their wonderful dedication to the COVID response inspired people to give and so we raised the money in a year. Thank you all so much"

**Caroline Lucas**  
Sussex County President

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# Our fundraising

## Making our impact possible.

**“I have always supported St John Ambulance with one-off donations but with the times we are in at the moment I felt it’s time to support you with a regular donation.”**

**Donor**

In 2019, we started to increase our capability in fundraising. This platform helped us fundraise a total of £19.0m in 2020 at a time when we were facing the difficult implications of a severe reduction in our income due to the Covid-19 pandemic. As ever, we are very grateful for the help provided by our supporters, whose generosity makes possible the difference we make to the health of communities.

### How we raise money

We recruit new supporters through door-to-door fundraising activity, continuing to engage with them over time to develop and grow these relationships.

We also recruit new supporters using a variety of engagement methods, including door-drops, inserts and digital tools, through social media and via our website.

We build relationships with philanthropists, trusts and foundations and companies to raise income to ensure the delivery of our programmes which support our communities.

We would normally receive sponsorship fundraised by participants taking part in organised events like the London Marathon. For 2020, our focus changed and we received a strong support from individuals taking part in virtual challenges.

Fundraising in communities was suspended during 2020 with Covid lockdown and subsequent restrictions, however St John volunteers, donors and supporters moved much of their planned activity to online using various giving platforms and continued to support and embrace virtual fundraising throughout the year.

In 2020 community fundraising also launched Always St John, In-memory fundraising.

### Working with fundraising agencies

Regular donations mean we can plan effectively for the future. We use a professional fundraising agency, like many other charities, to help us raise the most funds we can. For over 20 years, we have been fundraising door-to-door with Wesser Ltd, a well-established family run business, connecting us with thousands of loyal door-to-door supporters across the country.

Wesser Ltd are subject to regular audits to ensure the highest level of service is provided. All fundraisers are required to read a solicitation statement to all new supporters on the door explaining the arrangement that we have with Wesser Ltd. Supporters are also given a document entitled ‘Your Direct Debit’, which gives more information as to how donating helps us over the long term followed with guidelines on how we utilise their data preferences.

Due to the Covid-19 pandemic, our door-to-door fundraising paused during periods of lockdown in 2020 as per the guidance of Government and Fundraising regulatory bodies.

We also work with three payroll giving agencies, including Sharing the Caring, Hands On Payroll Giving and Payroll Giving in Action, to promote tax effective giving from people in the workplace.

### Our fundraising policies

St John Ambulance is a member of the Fundraising Regulator and we ensure that across all our in-house activity and our external partners we abide by the Code of Fundraising Practice and code of conduct for face to face fundraising. Trustee directors monitor our practice in a standing committee of the board focussed on fundraising. We had no reported breaches or failings of these standards in 2020 (2019: Nil).

We know that the public needs to trust St John if they are going to donate money to us. This means having processes in place to continually monitor the work we deliver across all our fundraising and listening to feedback from current, potential and lapsed supporters.

We ensure high standards by having a clear set of policies in place. These include policies for protecting vulnerable people, safeguarding and a fundraising promise, which can be found at: [www.sja.org.uk/get-involved/donate-and-fundraise/our-fundraising-promise/](http://www.sja.org.uk/get-involved/donate-and-fundraise/our-fundraising-promise/).

We ensure all fundraisers and fundraising employees read and understand these documents. External fundraisers also take part in a training programme, with regular update sessions.

Our aim is that our systems and procedures meet best practice so we work closely with our internal audit, assurance and other specialist colleagues to monitor our performance. We maintain a robust process for procuring the services of external partner agencies as well as checking the contracts we have in place.

Protecting our supporters’ data is paramount so we ensure that our policies and procedures for its storage and processing meet legal requirements and our own high standards, with agreements in place with agencies we work with. We conduct regular internal audits of all teams who work with and process supporter data.

### Complaints

As with all organisations, we sometimes receive complaints about our activity. We received a total of 116 complaints (2019: 55 complaints) about our fundraising activities in 2020. We have a process for responding promptly to all complaints and, where appropriate, carry out an investigation. Around half of the complaints resulted in training or retraining of the individual fundraiser.

Our clear fundraising complaints procedure can be found at: [www.sja.org.uk/sja/support-us/our-fundraising-promise/complaints-procedure.aspx](http://www.sja.org.uk/sja/support-us/our-fundraising-promise/complaints-procedure.aspx).

This is aligned with the Fundraising Regulator’s requirements and we monitor and respond to complaints in accordance with it. We also have robust complaints processes in place for all our external agencies to ensure we are fully compliant and that they meet the standards laid down by the Fundraising Regulator.

**“Thank you so very much for everything you’ve done this year to look after us and try and keep us safe and well. Mere words just seem inadequate as you all do such an amazing job. Thanks from the bottom of my heart.”**

**Donor**

# Our performance in 2020 and how Covid-19 has impacted our strategy and plans

Despite the shock of a global pandemic, a trustee review of our 2022 strategy in mid-year was able to confirm that its focus and goals remain the right overall direction for the charity. Some interim objectives have fallen behind and overall ambition to the end of 2022 will be reviewed during 2021. Below we set out a summary of our performance in 2020 against our overall strategy.

## Young People at the Heart of Communities

By 2022, we want more young people than ever qualified and ready to be active health citizens, role models and next generation health professionals.

## Inspiring Community Response

By 2022 we want St John people and our community response programmes to reach and sustain more of the communities most impacted by this generation's community health challenges.

## Leading Standards

By 2022, we will lead on standards of first aid, independent ambulance care and public event healthcare in England to ensure the best outcome for patients.

### In 2020

Activity for St John's 8,397 Cadets and 2,222 Badgers was restricted to online or rare, socially distant training and event volunteering opportunities. While this has been popular and effective for some young people, we know a return to face-to-face activity as soon as regulations allow is essential to rebuilding engagement.

That will be supported by applying the learning from our pilot of a new Youth Leader training package, developed in collaboration with the YMCA.

Despite restrictions we were still able to launch our NHS Cadets programme in partnership with NHSE/I, welcoming the first 147 participants.

2020 was dominated by our Covid-19 response of over 250,000 hours of volunteering in communities across the country, through ambulance and hospital shifts

We were also able to evaluate our winter pressure support for the NHS and explore opportunities for growth, conduct a detailed piece of insight into community health needs and begin to design responses and engage potential partners in delivery. Expansion of our homelessness services to the North West of England was an early example.

The 25,000 hours of public event first aid cover provided since April was a shadow of our usual contribution to community life. However, the request from DCMS in May for St John's advice and involvement in Project Restart (the return of closed-doors professional sport) is a marker of our leading position.

In contrast, our ambulance operations have restructured and strengthened under new leadership, becoming more financially sustainable and contributing to our ability to deliver against the nation's needs in the pandemic.

### In 2021

#### Alongside reopening our existing youth units and rolling out our NHS Cadets programme, we will:

- Pilot new initiatives (Young Responders and Health Citizens (for 18-25s) as well as developing out transition offers.
- Develop plans to grow our public recognition of the scope and value of our work with young people culminating in a celebration of the **Centenary of Cadets in 2022**.

#### We will:

- Focus on delivering our role within the Covid-19 Vaccination Programme, as well as continuing our response to immediate community health needs.
- Focus our vaccination legacy project on retention of both existing and new volunteers through developing opportunities and improving experience.
- Develop and begin to deliver in earnest a Community Resuscitation Strategy in partnership with others.

#### We will:

- Bring forward the planned expansion of our Mental Health at Work training offering and build on the blended learning innovations introduced at pace in 2020.
- Continue to push for formal recognition as the nation's Ambulance Auxiliary.
- Begin development of processes and systems to digitise our patient reporting, to enhance our learning.
- Continue our drive for higher standards of event healthcare across the sector when mass public events return.

## An inclusive charity ensuring the best experience for all St John people

Ensuring a rewarding place to volunteer and work, where our people feel proud, honoured and valued and creating an open, safe and supportive culture that promotes health, wellbeing and personal resilience.

## A sustainable charity, connected to the communities we serve

Becoming more representative and inclusive of the communities we serve, deepening our understanding of their needs.

### In 2020

We onboarded over 500 new volunteers through our rapid Covid training programme and by year end had welcomed our first 4,500 vaccination volunteers into training. We also launched our volunteer-led Unit Futures Commission aimed at improving the experience of every St John volunteer.

We appointed our first Head of EDI in late autumn and were preparing to launch a new Women's Network alongside a reinvigorated Pride Network as the year ended.

We shared our Covid response models and plans with international partners within the Order of St John and helped coordinate the pandemic responses of the Commanderies connected to the Priory of England and the Islands.

Our mid-year strategic review "Discovery" programme included detailed analysis and development of digital transformation and data strategy roadmaps. These have since been taken forward with new interim leadership appointed before the year end and a significant programme of work planned for 2021.

Coverage of St John's response to the Covid-19 pandemic reached more people than ever before. Buzz around the charity's work briefly placed St John second in terms of public attention.

Alongside this coverage, an Emergency Fundraising Appeal raised over £3m as part of a fundraising effort that exceeded budget as the public responded with generosity to the efforts of St John people.

### In 2021

#### We will:

- Review and adopt the recommendations of our Unit Futures Commission on how to strengthen and grow our local units.
- Take the learnings from onboarding airline crew and vaccination volunteers to reshape volunteer experience of recruitment.
- Work with partners such as the Royal Voluntary Service and British Red Cross on introducing a volunteer passport to ease barriers to onboarding.
- Continue to engage with St John people on their experience of the charity and improve how we connect with them.
- Support the International Order of St John in its role providing an important global network of support and shared learning against our shared mission.

#### We will:

- Design and roll out the first phase of our Change Portfolio, likely to include a Shared Services programme, digital patient records and support for improved volunteer experiences.
- Deliver a brand campaign alongside our vaccination deployment that delivers an increase in public engagement in our mission.
- Adopt proposals made by our Presence and Visibility Commission to enhance the connection between St John units and the communities they serve.
- Develop and roll out our fundraising products that support the charity's overall engagement strategy.

# The way ahead

## Our uncertainties, opportunities and principal risks.

In 2020, we saw unprecedented demand for our frontline services in support of the NHS and communities. As the pandemic progresses in 2021, we expect this demand to continue, alongside our role in vaccinating the nation. However, as and when the nation starts to recover from Covid-19 we can already see the gaps and challenges to the nation's health that will be left behind.

Already our 2022 strategy challenges us to reach more communities in need of effective health and first aid response and through our work with young people we are seeking to engage more disadvantaged areas of the country. In 2021, we will continue to explore how best to strike the balance between delivering and learning in the here and now and learning and educating for the future, with greater inclusion for both St John people and the communities we serve.

Ensuring that St John remains well placed and ready to contribute to the health of communities in the months and years ahead will mean continuous improvement to build on our existing well-developed approaches to clinical governance and safeguarding and focused attention to address the strategic risks set out below.

Key risks summary	Change in perceived risk in last 12 months
<b>Financial sustainability risk</b> – safeguarding the recovery and diversification of revenue following the negative impacts of pandemic restrictions and the economic downturn	<b>No change</b>
<b>Clinical risk</b> – ensuring robust clinical governance processes are in place and effective to avoid systemic failure to prevent unsafe clinical practice or significant harm to patients	<b>No change</b>
<b>Data and digital maturity risk</b> – supporting our future sustainability and ensuring decision-making is supported with the right evidence and insight at the right time	<b>Decrease</b>
<b>Change management risk</b> – ensuring sufficient leadership and resourcing to manage the scale and pace of change required to ensure a strong recovery from the pandemic	<b>Increased</b>
<b>Wellbeing risk</b> – ensuring St John people are adequately supported as the pandemic continues and feel included as the charity recovers from the impact of Covid-19	<b>Decrease</b>

## Our approach to risk management

St John Ambulance manages risks as an integral part of how the charity operates. Each Executive Leadership Team director is responsible for identifying the major strategic risks to which the charity is exposed and establishing controls and actions to mitigate them. Risk assessments and risk registers are in place and regularly reviewed by the Executive Leadership Team as well as the Audit and Risk Committee.

In 2020 we established a new Governance Directorate with responsibility to ensure the charity is managed in accordance with the recommendations and laid down by regulations and Charity Commission good practice guidance. As part of that directorate, the Internal Audit department, with the oversight of the Audit and Risk Committee, provides assurance on the effectiveness of the risk management process and associated mitigation strategies and controls, focusing on the areas of greatest risk.

## Financial sustainability

Whilst we have been integral to the nation's response to the Covid-19 pandemic, the effects of the national lockdowns and overall economic downturn have significantly and adversely impacted our commercial income streams. In 2019 we reported a deficit in the income and expenditure statement which demonstrated that action was required to manage the charity's financial position and this position worsened in 2020 as a result of the pandemic. Key interventions have meant that 2020's outturn was favourable to our mid-year forecasts:

- A Finance Task Group, increasing direct dialogue between the Chief Executive, Director of Finance and Resources and the Finance Lead trustee directors has helped ensure that financial decisions continue to be considered strategically and there is strong director engagement.
- Programmes of redundancy, property closure and sales and project review have helped control costs.

However, as the pandemic continues in 2021, forward revenue projections remain volatile, in particular our goal to return our training enterprise to pre-pandemic levels of income. Tight financial controls have been embedded in our 2021 budgeting and trustees will lead a review of our financial strategy in mid-year. A portfolio of business and digital transformation to increase efficiencies and create opportunities for growth has been committed to, as part of balancing short-term pressures with the need for long-term investment.

## Clinical governance

As an active healthcare charity working with patients and young people in the community, our main standing risks continue to relate to unintentionally causing harm to people or ineffectively meeting key regulators' requirements. We seek to continuously improve our approaches to ensure the quality and safety of our care for others.

We know that if robust clinical governance processes are not in place and effective, particularly during times of new and increased types of clinical activity, then unsafe clinical practice or harm to patients may occur. As a result:

- An updated clinical governance framework was approved at the start of 2020.
- We continue to drive increased consistency of practice across our operational activity. We make efforts to learn from incidents that occur and have identified the need to support a learning culture at the heart of what we do.
- Our Clinical Governance is overseen by our Clinical Governance Committee, providing rigour and assurance to trustees on our approach and the related risks.

The types of clinical activity reduced in variety during Covid-19, although there was a significant increase in the volume of what we did. Much of our work in support of the NHS during Covid-19 was in hospitals and saw St John people under direct clinical supervision. Improvements to the logistics management has helped ensure the right equipment is deployed in a timely manner for safe practices to take place.

## Data and Digital Maturity

Challenges around our data maturity remain, impacting our ability to make well-informed decisions at the speed required, but we did make progress in 2020.

- During our response to Covid-19, we established a robust daily dashboard to help inform our decision making.
- A broader piece of work has been undertaken to develop a data strategy which will be a key enabler for making improvements. The strategy is expected to articulate key principles that should be followed, identify inter-dependencies and provide a roadmap for improving both the quality of data, as well as its use.

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## Change management

The scale of change prompted by the pandemic and its consequences has made us increasingly aware of the risk associated with insufficient leadership being provided to effectively manage the pace and volume of change required.

- A strong Executive Leadership Team is in place, with a review of its effectiveness and development of further skills needed.
- The change skills and experience of the Executive Leadership Team have been enhanced through the appointment at the end of 2020 of two new roles, a Chief Business Officer and a Director of Change.
- We are introducing overall portfolio management to ensure that change is timetabled effectively without over-extending the capacity of the organisation to cope.

A Senior Leadership Group, comprising of the Heads of functions and our District Managers has met on a monthly basis throughout 2020. A broader programme of leadership support is in development for this community, to ensure there is greater consistency in the quality of leadership.

## Wellbeing

The wellbeing of St John people, as with all of society, has undoubtedly been adversely impacted by the pandemic. We are very mindful of the further impact that could happen due to the significant changes that are taking place as part of our response to Covid-19. This has been a key management focus during the last 12 months.

- We have put policies and procedures in place for operational activities, with national and regional teams to support our people as and when incidents arise.
- We have identified the key areas that may generate risk, and these are subject to monitoring and reporting at director level, as well as inclusion in the charity's risk register.
- A strong set of support mechanisms have been created for our people to help them during Covid-19, including a confidential support service, chaplaincy support and a wellbeing hub providing access to a range of wider wellbeing services.

We have sought to ensure our people remain safe and well, including when working from home, but also continue to feel connected with others emotionally, even if they could not be connected physically. With social distancing measures continuing into 2021, looking after the wellbeing of our people is a key priority.



# Supporting and engaging all St John People into the future

**We want St John to be an inclusive charity that gives the best possible experience for all St John people. That means ensuring a rewarding place to volunteer and work, where our people feel proud, honoured and valued and creating an open, safe and supportive culture that promotes health, wellbeing and personal resilience.**

## Engaging all St John people

St John employees and volunteers are consulted on a large range of issues using a variety of mechanisms, such as employee forums at directorate and national level, and various volunteer forums. These, and other methods, ensure their voices are heard as we make decisions.

- These were critical channels for engagement in the programme of necessary organisational change and redundancy during summer 2020, with countless ideas adopted from those brought forward to support the future sustainability of the charity while limiting the impact of change on our people as much as possible.
- The creation of three volunteer-led Commissions to steer our approach to reviewing our property estate and its ultimate reduction has been key to positive engagement on a challenging topic.
- The reintroduction of regular charity wide Pulse surveys and follow up “deep dives” is enriching our understanding of the experience of St John people and creating momentum behind actions for positive change.

In addition, there are a number of ways that we communicate with our people, both in person (mostly virtually in 2020), especially through line managers, or using digital channels, such as our intranet (Connect), email and newsletters. A project to refresh our intranet, launched in autumn 2020 for completion in Q1 2021, will enhance the connection between St John people.

## Developing inclusion

Feedback in 2020 has heightened our awareness of the challenges of creating a consistently positive experience across a large and dispersed charity such as St John and also some negative behaviours associated with how hierarchies operate and are perceived within the organisation.

This has led to the creation of several initiatives, aimed at promoting effective and compassionate leadership and management, increasing inclusion and improving the experience of St John people. In 2021 work will continue on:

- Development and delivery of our Values in Action programme which aims to ensure that we grow as an inclusive organisation while ensuring that the volunteer and employee experience is at the level required.
- Our volunteer experience programme, which includes rolling out recommendations from the Unit Futures Commission.
- Further rollout of our Celebrating Communities initiative and our Equality, Diversity and Inclusion (EDI) network.
- Continued commitment to increasing and promoting resources aimed at supporting the wellbeing of St John people, including as and when a transition back to workplaces is allowed under government guidelines.

This work will build on our existing range of policies and processes that apply equally, where possible, to employees and volunteers. These promote good management practice, as well as ensuring that we meet legal and regulatory compliance. While too many to list, these include the Conduct & Performance Policy, the Equality, Diversity and Inclusion Policy and the Recruitment & Selection Policy.

We are an equal opportunities employer and make adjustments for members of our workforce with a disability as far as we reasonably can. We have committed in our strategy to become more like the communities we serve and to build a more inclusive St John.

## Our approach to safeguarding

As a patient-facing charity working with a large membership of young people, we take safeguarding needs very seriously. We have a robust policy framework, benchmarked in 2019 as sector good practice and a well-resourced safeguarding team both nationally and locally. We have robust screening in place, including DBS checks and have effective training in place for all employees and volunteers.

Building on the findings of the independent benchmarking exercise in 2019, which recognised the strong foundations of our safeguarding work, we have made the following developments:

- We introduced a new data management information system for tracking and managing safeguarding causes for concern, which became invaluable in supporting the team to work remotely during the pandemic.
- During the first wave of the pandemic we kept up our flow of advice and learning through beginning weekly topical briefings on safeguarding issues and guidance to support the delivery of virtual unit meetings to ensure a safe and supportive online environment for St John people to engage with each other.
- We have continued to deepen connections between our safeguarding and operations teams.

Some of the wider areas for continuous improvement were delayed as a result of the pandemic and their ongoing implementation is kept under regular review. However, there has been active consideration and involvement of safeguarding in ensuring the risks associated with mass recruitment and deployment of new volunteers for the vaccination programme are well managed in line with existing policies and procedures.

In 2020 there were 668 causes for concern (CFC) of which 424 involved Ambulance Service referrals reflecting the higher level of work with Ambulance Trusts during our pandemic response.



# Statement of public benefit

The Priory of England and the Islands of the Most Venerable Order of the Hospital of St John of Jerusalem ('the Priory', also referred to as 'the charity'), St John Ambulance and its wholly-owned subsidiary, Support St John Limited, are together referred to as 'St John' ('the group').

Our principal activities have a considerable positive impact on the communities we serve, from the patients we treat in their moments of need to the personal and social development that being part of St John offers to volunteers themselves. More broadly, our activities focus on enabling communities to become more health resilient.

The trustees have considered the relevant guidance and are satisfied that all St John's charitable activities fall within its objectives and result in considerable benefit to the public. This is outlined in the section of this report dealing with achievements and performance.

The trustees have regard to the Charity Commission's requirements and the positive impact we have on beneficiaries, volunteers and communities when reviewing the charity's aims and objectives, and in planning future activities.



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# Financial review

In preparing this report the trustees have complied with the Charities Act 2011 and the Statement of Recommended Practice - Accounting and Reporting by Charities, which incorporates the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland ('FRS 102') ('the Charities SORP (FRS 102)').

## **Basis of accounting**

The financial statements, prepared using the Charities SORP (FRS 102), are attached to this report.

Annually the trustees review the key accounting policies to ensure that they continue to be in accordance with the requirements of the Charities SORP (FRS 102) and with best accounting practice. The accounting policies applied by St John are detailed within note 1.

No significant changes have been made to these policies from those used in the year ended 31 December 2019.

# Financial review of the year

The following pages provide information about our finances in 2020.

## Overall summary

### Income

The Statement of Financial Activities ('SOFA') on page 70 reflects the impact of the Covid-19 pandemic on our activities.

Our total income reduced by 10% to £92.3m (2019: £102.4m), with this overall movement made up of different components.

We received a government support grant during 2020 of £6.8m and also received £4.8m from the furlough of over 870 employees over the year. Excluding these amounts of income from government support our income would have fallen by £21.7m (21%) compared to 2019, to £80.7m.

Within our charitable activities, our income from first aid training of £23.4m was only half of the £46.8m generated in 2019, falling by £23.4m due to the impact of lockdowns on our ability to run training courses. Course provision stopped completely between mid-March and early July 2020 and restarted on a limited basis thereafter. Our event support activities also stopped from mid-March and remained shut down (with limited exceptions) for the rest of the year.

We were able to provide valuable support to the NHS in relation to the pandemic, as well as for non-pandemic related activities such as ambulance transport. This provided much needed additional income, as did an increase in donations following fundraising appeals to support our work.

### Expenditure

Expenditure on charitable activities totalled £90.1m reducing by £9.0m (6%) compared to 2019 (£99.1m).

Initiatives to reduce costs and mitigate the impact of the Covid-19 pandemic included over 180 redundancies, redeployment of employees where appropriate, the cessation of some activities and the closure of some of our properties.

The breakdown of expenditure across our charitable activities is shown after including an allocation of our central and indirect costs.

### Net deficit

The overall net deficit for the year was £8.4m (2019: £2.5m net deficit).

The net annual 'operating' deficit in 2020 was £7.9m, which was £0.8m higher than the equivalent deficit in 2019 of £7.1m.

The deficit position is summarised in the following table.

	2020 £m	2019 £m
<b>Operating deficit</b>	<b>(7.9)</b>	<b>(7.1)</b>
(Loss)/gain on investment	(0.6)	3.1
(Loss)/gain on investment	(0.9)	0.1
Gains on asset disposals	1.0	1.4
<b>Net deficit</b>	<b>(8.4)</b>	<b>(2.5)</b>

The deficit for the year reflects the cost of our core charitable activities, mitigated by the government support received and other actions that have been taken. Without the government support the operating deficit in 2020 would have been £19.5m.

### Funds

As at 31 December 2020, our total funds were £112.3m (2019: £120.7m). Within this amount, our unrestricted funds were £103.5m (2019: £115.1m).

The Priory's operational free reserves, which are shown in further detail on pages 56 and 57, are £18.3m (2019: £27.1m).

### First aid provision and youth development

St John's volunteers provide high quality, clinically-assured first aid when it is needed. We provide services free of charge or at a nominal fee to a large number of community events, although this activity stopped after March 2020 due to the pandemic. Some limited attendance at closed door sporting events did take place in late summer and in the autumn.

Consequently income in 2020 reduced substantially compared to the previous year, to £2.1m (2019: £7.3m), of which £1.0m is a grant received from NHS England in relation to our NHS Cadets programme which provides a pathway for young people that are from socio-economic and/or cultural backgrounds that are under-represented in the healthcare workforce.

The income generated by first aid provision and youth development activity does not recover the expenditure incurred in ensuring that these services are provided. Due to lower activity levels in 2020 expenditure reduced to £16.3m (2019: £25.6m).

### Ambulance and transport services

St John provides support to the NHS, including work for ambulance trusts and community services trusts to help relieve winter pressures and transport patients.

Income rose by 25% to £16.0m from £12.8m in 2019, following the recruitment of specialist leaders during 2019 and a closer working relationship with the NHS.

Costs reduced by £3.5m (18%), from £19.7m in 2019 to £16.2m.

### Community support programmes

We have a range of community support programmes including the provision of services to people who are homeless or vulnerably housed in Sussex, as well as for older people in day care centres and at the St John Home in Kent (which closed during 2020).

The level of activity within our community support programmes was affected by the pandemic. Income was £0.4m (2019: £1.4m) and total expenditure, including allocated costs, was £3.9m (2019: £4.0m).

### Training

The net contribution generated by the provision of first aid training reduced to a deficit of £3.2m, compared to a surplus of £10.8m in 2019.

Income during 2020 was £23.4m, half the value of the 2019 income from this area of £46.8m following the complete stoppage of activity in spring and early summer and the phased restart of training courses from July onwards. We also provide some courses within the community for no charge, which also stopped.

Expenditure reduced by £9.3m (26%) to £26.6m, compared to £35.9m in 2019.

### First aid products

First aid products are procured and distributed by a department of the organisation, known as St John Ambulance Supplies, which sells first aid products (such as protective equipment and public access defibrillators to companies and public sector agencies), as well as purchasing equipment and other materials for use by the charity itself. The surplus generated by our Supplies division is used to support our other charitable activities.

The external income of our Supplies division fell slightly to £12.3m, a reduction of £0.4m compared to the £12.7m income received in 2019.

Expenditure increased by £0.8m to £12.1m, from £11.3m in 2019. This figure includes a write-down of £0.9m in relation to PPE stock, purchased in the initial stages of the Covid lockdown in early 2020 when supplies were short. While some of this stock is for internal use some was also for resale. As production of PPE expanded during the year the price dropped and the book value of stocks held at the year end has been reduced to reflect the current strong availability and low price of PPE.

### Covid support activity

As well as our existing support for the NHS, we have also been providing auxiliary support to help NHS England with the impact of Covid-19, including the provision of volunteers at hospitals and the transport of patients. This work generated £4.4m of income during the year (2019: £nil).

Total expenditure attributable to this activity, after including allocated costs, was £10.3m (2019: £nil).

### Other charitable income

Other charitable income of £4.9m primarily relates to the furlough grant received from the government of £4.8m (2019: £nil). This is disclosed as

a restricted fund, with the matching restricted expenditure in the form of payments made to employees shown within the charitable activities in which those employees usually work.

The cost of the redundancy programme resulting from the impact of the Covid-19 pandemic on our activities is shown as a separate item within other charitable activities and was £3.3m (2019: £0.8m).

### Income from donations and legacies

Overall income from donations, grants and legacies increased in importance in 2020. Fundraising income rose by £2.1m to £19.0m from £16.9m in 2019. Such income formed 21% of the total income in 2020, up from 16% in 2019.

These figures exclude the government support grant received of £6.8m which is also shown within voluntary income. The largest element of the increase was from donations and gifts (rising by £2.4m to £14.2m).

Of the income from donations, grants and legacies, £3.8m (2019: £2.2m) was restricted.

During the year we coordinated contributions of £0.2m (2019: £0.2m) to the St John of Jerusalem Eye Hospital Group which provides expert eye care in the West Bank, Gaza and East Jerusalem.

### Fundraising costs

Direct fundraising costs were £6.4m (2019: £5.7m). Overall fundraising costs, including indirect costs, were £7.4m, (2019: £6.6m). Of these costs, £1.0m are indirect allocated costs (2019: £0.9m), as shown in note 7.

The increases in expenditure reflect the work we are doing to implement our fundraising strategy which started to be delivered during 2019.

# Cash flow

Under normal circumstances, we generate additional income from our cash holdings, while maintaining enough funds to meet our operational requirements, by holding funds on longer term deposits which mature on a regular rolling basis. At the end of 2019 these deposits totalled £10.9m and were treated as current asset investments.

The impact of the Covid-19 pandemic and the potential need to be able to access our 'surplus' funds caused a change in approach. We stopped holding funds on longer term deposit. Any funds that are not required for immediate working capital needs are now held in 35-day and 95-day notice bank accounts instead. At the year end, such deposits totalled £14.0m, an amount that includes the conversion of £5.0m from our investment portfolio into cash in June 2020 to finance our short-term needs. Of these notice deposits, £7.0m was held in our 95 day notice bank account and treated as current asset investments.

Total cash balances, including monies placed on deposit, increased by £6.4m (2019: reduction of £5.1m) to £21.4m (2019: £15.0m).

The cash outflow in respect of purchased fixed asset additions was £1.7m (2019: £2.2m). In addition, there was an internal transfer of £2.9m into tangible fixed assets relating to the fourth floor of our National Headquarters building at 27 St John's Lane from investment property. This used to be let to an external tenant but has now been repurposed for

operational use by St John Ambulance.

The accounting standards state that the 'deemed cost' addition to fixed assets for such a change is the valuation of the fourth floor at the time of the transfer. The valuation of the fourth floor at 31 December 2020 was £2.9m.

A further £1.2m outflow (2019: £1.4m) is due to the capital element of finance lease payments, which relate to ambulances purchased on finance leases in previous years. No vehicles were purchased in this manner during either 2020 or 2019.

We disposed of 4 properties (2019: 10 properties) as part of our estates strategy during the year. In total we generated £1.5m (2019: £2.0m) of proceeds from the sale of tangible fixed assets, including the disposal of older vehicles that were no longer suitable for our operations. The resulting gain on disposal was £1.0m (2019: £1.4m).

# Investments

Cash balances over and above those necessary for operational purposes, including capital expenditure, are available for investment in quoted securities, which can easily be liquidated if required. The purpose of investment is to generate a return so that the value, in real terms, of these reserves is at least maintained. The directors reviewed the geographic allocation of the portfolio during the year and made adjustments to the funds invested as a result.

The investment manager that is engaged to act as custodian of St John Ambulance's investments is periodically reviewed. The last such review took place in 2019, with the incumbent fund manager, BlackRock, retained.

## Quoted securities

The movement in the UK Retail Prices Index ('RPI') is the basic comparator against which long-term investment performance is judged, the objective being for a total return of RPI +3%.

The relative amounts invested in UK and in overseas securities is subject to regular review. At the year end, approximately 49% of securities were invested in the UK market, with 51% in a range of overseas markets.

UK investments are held in the BlackRock Charities UK Equity ESG Fund, a unit-based fund with environmental, social and governance screening, designed as a vehicle for investment by charities. Overseas securities are held in the form of units in a number of separate geographically focussed BlackRock funds.

The total return from our securities investments, including dividends received, was negative (-0.9%; 2019: 15.8%). This was worse than the target figure of RPI +3% for the year. The increase in the RPI during 2019 was 1.2%, with a consequent target for total return from investments of 4.2%.

The total return from the investment portfolio was better than the movement in the FTSE All-Share Total Return Index (which relates to UK securities only), which fell by 9.8% during the year (2019: 10.7% rise in the Index).

## Investment property

St John has one investment property, which is located adjacent to St John's Gate, Clerkenwell, the historic home of the Order. This important property also houses the National Headquarters of St John Ambulance.

For accounting purposes, the property comprises two parts:

- That part of the building used by St John for operational purposes is classified as an operational property and is included in the balance sheet at historic cost less accumulated depreciation
- Those parts of the building let to third parties are classified as an investment property and are included in the balance sheet at fair value. This element of the property is included in the balance sheet at its 31 December 2020 valuation of £12.9m. This figure has reduced by £3.8m compared to the valuation of £16.7m as at 31 December 2019.

The reduction in the value of the investment property is partly due to the change in use of the fourth floor of the property during the year. As a result, the fourth floor has been transferred to tangible fixed assets at a 'deemed cost' of £2.9m, which is equal to the valuation of this element of the property.

The loss on valuation of the investment property was £0.9m (2019: gain of £0.1m).

# Reserves policies and Going concern

The trustees have adopted a policy for St John reserves which is in line with the recommendations of the Charity Commission for England and Wales.

The trustees review this policy annually. In carrying out their assessment, the trustees have regard to strategic plans and financial budgets, as well as major operational, financial and external risks. These plans are aimed at achieving financial stability over the medium and long term. St John's planning process, including financial projections, takes into consideration the underlying economic climate and its potential impact on sources of income and planned expenditure.

## Free reserves

A level of free reserves is required to ensure that the activities of St John can continue in the event of a major unforeseen reduction of income or increase in expenditure. These reserves provide a contingency which enable St John, if necessary, to make the required structural changes to bring income and expenditure into line. The reserves are supported by cash and quoted securities, which can be accessed readily when required.

St John has two measures for free reserves which differ in the treatment of investment property:

### Operational free reserves:

Operational free reserves represent reserves which are easily accessible at short notice. These are made up of unrestricted funds after excluding the value of fixed assets, investment property and any other amounts that have been designated for a particular purpose. The value of the investment

property is excluded because it is held as a long term asset as part of the headquarters building but the value of securities investments is included in operational free reserves because they can be sold at short notice if required.

### Overall free reserves:

Charity Commission guidelines indicate that free reserves should include the value of the investment property. An overall free reserves figure, in accordance with these guidelines, is therefore also disclosed.

### Impact of the coronavirus pandemic

The Covid-19 pandemic has severely impacted the finances of St John, with many revenue generating activities stopped or greatly reduced in 2020. Bank facility funding has subsequently been agreed to provide headroom in order to ensure that the charity can be certain of having enough operational cash available to continue in the future.

It had been agreed by the trustees that a higher level of free reserves should be held at the end of 2019 than would normally be the case, to enable the financial position to be managed throughout the period from 2020 to 2022.

As a consequence, the trustees only consider it appropriate to designate limited funds from unrestricted reserves for particular future purposes as at the end of 2020. Where appropriate and available, restricted funds will be utilised.

### Level of free reserves

Operational free reserves, excluding investment property, are £18.3m (2019: £27.1m) and represent the level of free reserves available to support the ongoing activities of St John Ambulance.

The overall level of free reserves, following Charity Commission guidelines and including investment property within the free reserves figure, is £31.2m (2019: £43.8m).

The trustees have determined that, under normal circumstances, operational free reserves should be in the range £12m to £20m, and this is reflected in St John's financial strategy. This represents between 1.3 and 2.2 months of expenditure on our core costs in a normal year.

The corresponding range for the overall free reserves figure, including the value of investment property, is £25m to £33m.

At 31 December 2020, unrestricted funds held by St John Ambulance totalled £103.5m (2019: £115.1m). These are represented by:

- Designated funds of £72.3m (2019: £71.3m) consisting of:
  - £71.6m (2019: £71.3m) relating to the net book value of heritage assets and tangible fixed assets
  - £0.7m (2019: £Nil) designated for other particular purposes.
- £12.9m (2019: £16.7m) reflecting the fair value of investment property
- Operational free reserves of £18.3m (2019: £27.1m).

Further detail is given in note 25.

The level of free reserves held at the end of 2020 is therefore, for reasons of prudence, towards the top of the range determined by trustees.

Current forecasts project that free reserves will be at a level that is within the agreed range as at 31 December 2021, albeit again without significant funds being designated for particular purposes.

## Going concern

The Covid-19 pandemic in the first months of 2020 caused the charity to stop all training and events activity from 23 March 2020 onwards, with activity restarting on a limited basis in July 2020. This affected income and cashflow significantly, but was offset to some extent by £4.4m additional income generated from providing extra Covid-19 related support to the NHS at this unprecedented time as well as £4.8m received from the furlough of staff where necessary, increased fundraising income and a £6.8m support grant from central government. In addition, a withdrawal of £5m was made from our investments in June 2020 to help ensure sufficient operational cash flow remained available.

The reduced revenue was also mitigated by a significant cost reduction programme, including over 180 redundancies made during 2020 as well as the closure of properties, cancellation of the annual pay review and the reduction of other spend where practicable without impacting our operational abilities.

It is the intention of the charity to look to return to an operational surplus by 2022. The charity has accordingly prepared a forecast which shows that, over 2021 and 2022, St John Ambulance is projected to be able to continue to trade without making any further divestments from investment holdings. The application of sensitivities such as a reduction in training activity has not changed the conclusion that the charity has adequate resources to continue operating for the foreseeable future.

The second national lockdown, starting on 5 November 2020, has not significantly impacted our ability to deliver first aid training and has not materially altered our projections. During lockdown and in local areas of escalation it is essential that St John Ambulance are able to continue ensuring through training that essential workplaces have qualified first aiders to keep those working safe.

A credit facility of up to £10m with Santander plc is now in place, initially expiring in December 2023. At the time of signing the financial statements, the facility has not been required to be drawn-down and this is expected to remain the position over the period of the forecast. We anticipate that the agreed facility will not be required to be used, but it will be there if needed.

At the same time, the value of the investment portfolio held at the year end was £14.1m, enabling the provision of additional funds if required.

St John also has substantial reserves held in the form of property and an estates strategy has also been agreed

in principle, including a programme to sell several properties. The property sales are intended to increase the level of reserves and to reduce ongoing expenditure requirements. Such sales are not a requirement for the charity to be able to continue in operation as a going concern.

The trustees have considered the forecast, the sensitivities (which include an assessment of the impact of a 50% reduction in training activity for six months) and the current position. While there is a heightened level of risk in the current financial environment, and a need to both sell property assets and achieve a future operational surplus in order to replenish reserves, the overall levels of assets held by the charity remain strong.

Taking all of the above into account, the trustees have a reasonable expectation that the charity has adequate resources to continue operating for the foreseeable future, being a minimum of 12 months from the date these financial statements are signed. Accordingly, the trustees believe that the going concern remains the appropriate basis on which to prepare the financial statements.

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# Trustees' responsibilities statement

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The trustees are responsible for preparing the Report of the trustees and the financial statements in accordance with applicable law and regulations.

The Charities Act 2011 and the rules of the Priory require the trustees to prepare financial statements for each financial year. The trustees have to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (UK Accounting Standards and applicable law), including FRS 102 The Financial Reporting Standard applicable in the UK and Ireland.

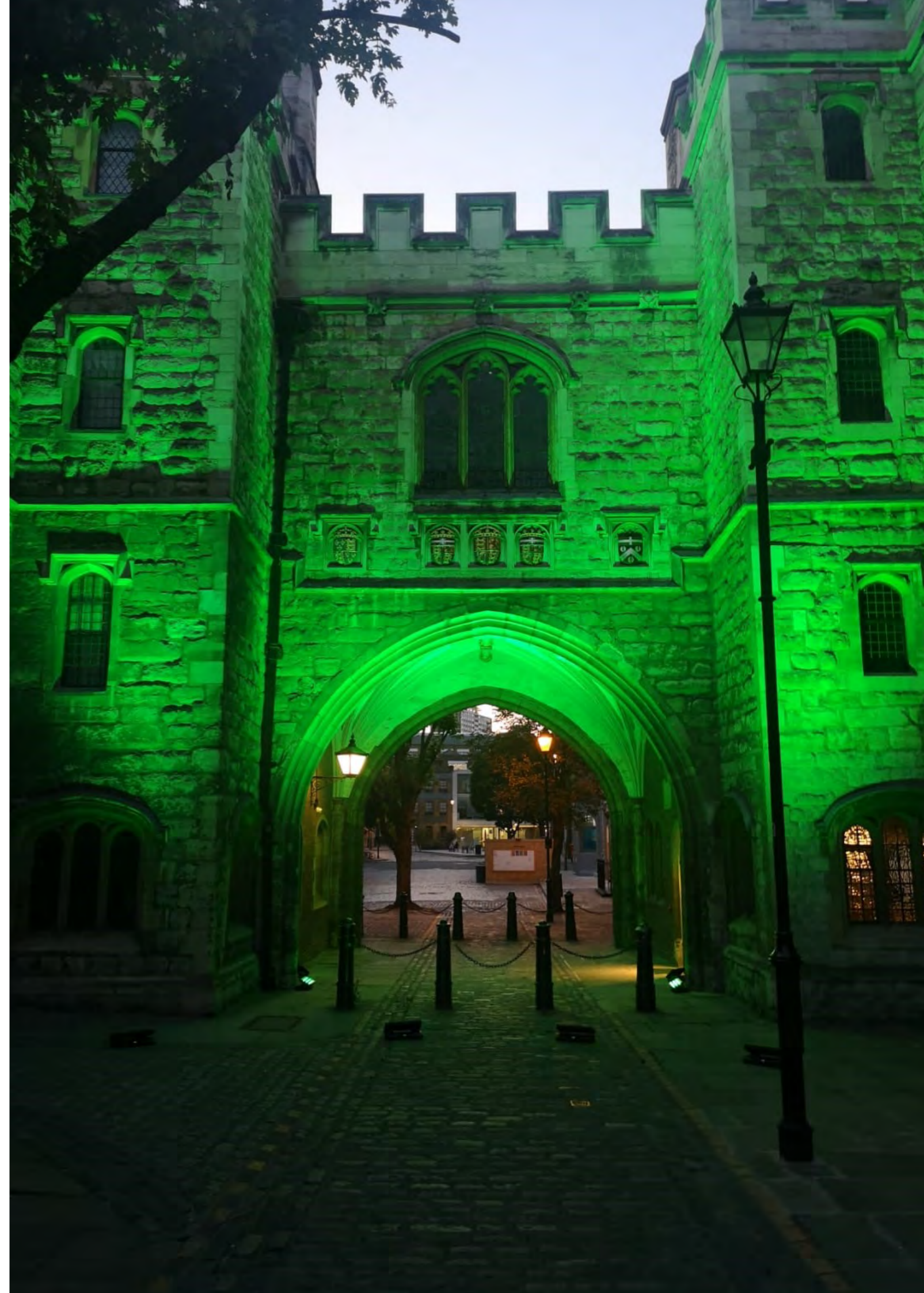
The trustees must not approve the financial statements unless they are satisfied that they provide a true and fair view of the state of affairs of the charity and the group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities SORP (FRS 102)
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the group will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's and group's transactions, and disclose with reasonable accuracy at any time the financial position of the charity and the group and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trustees.

The trustees are also responsible for safeguarding the assets of the charity and of the group, and hence for taking reasonable steps towards the detection and prevention of fraud and other irregularities.



# Structure, governance and management

## Organisational structure

The Priory of England and the Islands of the Most Venerable Order of the Hospital of St John of Jerusalem is an unincorporated body, registered with the Charity Commission for England and Wales under charity number 1077265.

The Priory trustees (not the charity) were incorporated by the Charity Commission, under the Charities Act 1993, on 10 November 1999. The Priory is one of a number of autonomous Priors that form The Most Venerable Order of The Hospital of St John of Jerusalem ('the Order').

The trustees of the Priory and the senior executives are listed on pages 94 to 96. Principal places of business and professional advisers are shown on page 97.

The legal structure of the St John group, which operates in England principally through St John Ambulance, is as follows:

### The Priory of England and the Islands of the Order of St John

The Priory is the parent body of St John Ambulance. The Priory Rules are the Priory's constitution document, subject to Royal Charter. These Rules were approved by the Grand Prior of the Order on 23 October 1999 under the authority of the Order's Royal Charter and Statutes. Amended rules were approved by the Grand Prior on 29 January 2018. The Priory Rules are filed with the Charity Commission.

### St John Ambulance

A wholly owned subsidiary of the Priory, a company limited by guarantee (company number 3866129) and a charity registered with the Charity Commission for England and Wales as a charity linked to the Priory, under charity number 1077265-1. The Memorandum and Articles of Association of St John Ambulance are its constitution document. The latest version is dated 9 January 2018.

### Support St John Limited

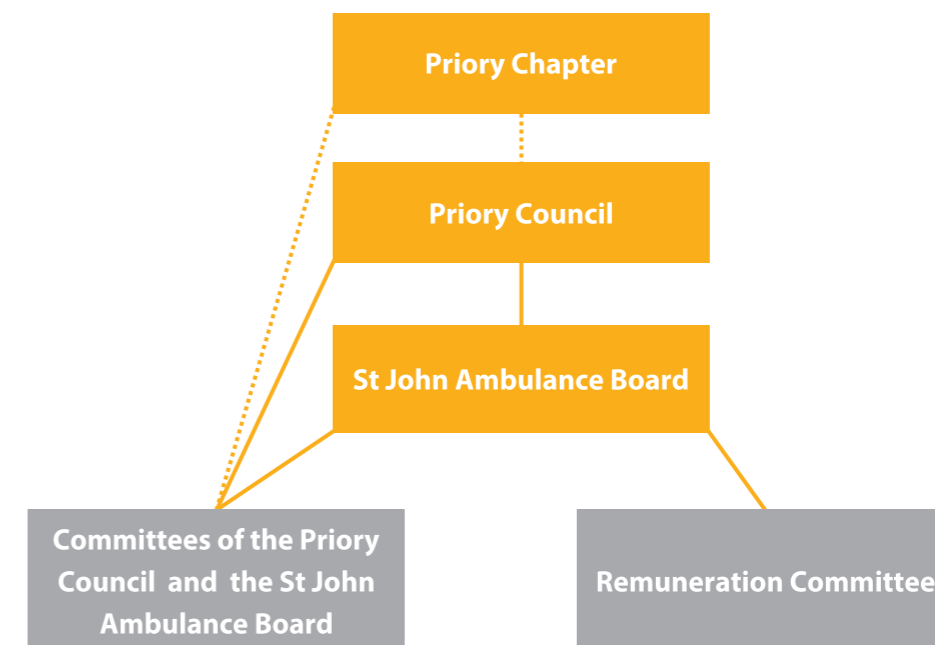
A wholly owned trading subsidiary of St John Ambulance and a company limited by guarantee (company number 1181644). The principal activities of Support St John Limited are sponsorship, marketing, and hosting functions and events. The Memorandum and Articles of Association of Support St John Limited are its constitution document. The latest version is dated 19 October 2000.

There are a number of entities linked to the Order, as referred to in the accounting policies note, which are not controlled by the Priory and therefore are not included in the consolidated accounts of the Priory.

## Governance

The governing bodies of the Priory are the Priory Council of trustees ('Priory Council') and the Priory Chapter. The relationship between these bodies and St John Ambulance is shown in the diagram below.

The members of each of the committees are listed on pages 95 and 96.



### Priory Council

The Priory Council is one of the two governing bodies of the Priory. The Priory Council is responsible for the governance and management of the Priory save for the matters that are within the authority of the Priory Chapter. The Priory Council also recommends the appointment of the statutory auditor to the Priory Chapter.

The Priory Council consists of not more than 20 trustees made up of four ex officio and 16 appointed trustees. The four ex officio members are the Prior, the Dean, the Chancellor and the Chief Commissioner who are appointed by the Grand Prior of the Order on the recommendation of the Priory Chapter. The other trustees are appointed by the Priory Chapter following the recommendation of the Nominations Committee. The

functions and powers of the Priory Council are set out in the Priory Rules.

Each trustee is appointed for an initial three year period which, depending upon the nature of their appointment, may be renewed, normally for one or two further three year periods.

A formal trustee induction procedure is in place and an induction pack is provided to all new trustees. The pack contains key information and documents regarding the role of trustees in the charity. In addition, each new trustee is invited to attend induction meetings. Opportunities are identified to enable trustees to gain an understanding and appreciation of the work of St John at a local level. Access is also available to relevant internal and external training courses.

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## Governance, continued

### Priory Chapter

The Priory Chapter is the second of the two governing bodies of the Priory. The Priory Chapter consists of up to 48 members made up of nine ex officio, four selected and 35 appointed members. The nine ex officio members include the Prior, the Dean, the Chancellor and the Chief Commissioner who are appointed by the Grand Prior of the Order on the recommendation of the Priory Chapter. The method for the appointment of the selected and appointed members, and the period of service of Priory Chapter members, is set out in the Priory Rules.

The Priory Chapter provides advice and constructive challenge to the Priory Council. It also recommends the appointment of the four ex officio members of the Priory Council to the Grand Prior of the Order. In addition, the Priory Chapter appoints the other members of the Priory Council. The Priory Chapter also appoints the statutory auditor of the Priory, following the recommendation of the Priory Council.

The functions and powers of the Priory Chapter are set out in the Priory Rules.

### St John Ambulance Board of trustee directors

The Board of St John Ambulance trustee directors is the governing body of St John Ambulance. The Board consists of not more than 20 trustee directors. The Prior (who chairs the Board), the Dean, the Chancellor and the Chief Commissioner are automatically trustee directors of St John Ambulance. The Priory Council

appoints the remaining St John Ambulance trustee directors on the recommendation of the Nominations Committee. The functions and powers of the Board are set out in the St John Ambulance Memorandum and Articles of Association.

Priory Council and the St John Ambulance Board operate collectively as two boards, with joint meetings. The structures and governance in place within The Priory of England were reviewed by Deloitte in 2018.

### Charity Governance Code

The Charity Governance Code for larger charities is not a legal or regulatory requirement. It sets out recommended practice for good governance. In 2018 the trustees voluntarily approved the adoption of the code for larger charities.

St John meets the principles of the code in the following ways:

**Principle 1 – Organisational purpose:** regular strategic reviews and periodic governance assessments.

**Principle 2 – Leadership:** effective Board procedures and scrutiny of the work and role of the Executive Leadership Team.

**Principle 3 – Integrity:** adherence to the Trustee Code of Conduct (including requirements in relation to any conflicts of interest that might arise).

**Principle 4 – Decision-making, risk and control:** clear delegation of operational matters to the Executive Leadership Team, and by appropriate delegation

to a small number of committees, in particular, the Audit and Risk Committee. The trustees ensure that there is effective monitoring and approval of the charity's Top Risk Register, and regular assurance and audit checks (by internal audit as well as those carried out by the statutory auditor).

**Principle 5 – Board effectiveness:** regular planned Board meetings, biennial trustee reviews, assessments of required trustee competencies and an open and transparent recruitment process via the Nominations Committee. This is supported by effective inductions and periodic individual reviews. The introduction of periodic group reviews will enhance this further.

**Principle 6 – Equality, Diversity and Inclusion:** there is an open trustee recruitment process, and regular discussion as to how trustees might be recruited from a wider pool of individuals. Further work is ongoing in relation to EDI across the charity as whole, with an EDI steering group formed in 2020 and an Equality, Diversity and Inclusion Lead appointed in a full-time employee role.

**Principle 7 – Openness and accountability:** regular communication with the charity's stakeholders (especially through Priory Chapter which includes local representation). A Register of Trustee Interests is maintained, and a comprehensive range of policies, procedures and guidelines are provided to aid volunteer and staff engagement.

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## Management

The Priory Council has overall responsibility for setting our organisational strategy and supporting policies, as well as ensuring that these are implemented and delivered. The Priory Council consults the Priory Chapter as necessary in reaching its decisions.

The Priory Council has delegated to the Board of St John Ambulance the responsibility for setting that charity's strategy and policies.

To provide more rigour and scrutiny, in 2019 we established four new committees to oversee the full range of our activity and which reflected our increased focus on fundraising, our heritage and our people.

Each committee is a joint committee of the Priory Council and the St John Ambulance Board and is chaired by the Priory trustee or Board director who has accountability for that area supported by the relevant functional Executive Leadership Team member, with ultimate responsibility for delivery. Committees have also introduced independent members, who are neither an employee nor a trustee of St John and are selected on the basis of relevant skillsets.

### Fundraising Committee

The purpose of our fundraising committee is to provide oversight for the planning and performance of our fundraising strategy, including adherence to the Fundraising Code of Practice.

### Clinical Committee

Leading standards is a key tenet of St John's 2022 strategy and nowhere is this more important than in our clinical practice. We established the Clinical Committee to provide oversight for clinical matters including governance and assurance. It is responsible for developing the clinical strategy of the charity and ensuring that all clinical care is within statutory guidelines and in keeping with the mission of the charity.

### People Committee

Ensuring that St John People have a great experience of volunteering or working for us is central to our strategy.

The People Committee provides assurance that St John is effectively developing, leading and delivering its People Strategy by overseeing delivery of major transformation programmes and providing advice regarding culture and core processes. It also oversees the achievement of the charity's safeguarding objectives.

### Heritage Committee

Our heritage is an enormous part of who we are, as it helps us understand both our present and future. The Heritage Committee is responsible for ensuring that our historic fabric is maintained, conserved and restored, to champion inclusive public access to our collections and historic estate and to oversee major heritage projects. The benefits of heritage itself to wellbeing have been independently demonstrated so it is incumbent on St John as a health charity to maximise this part of our organisation.

### Finance Committee

The Finance Committee provides oversight for finances and financial management of the charity's mission and takes responsibility on behalf of the Board for overseeing all financial aspects of the charity's operations.

The committee reviews the charity's business plan and budget and makes recommendations to the Priory Council and the St John Ambulance Board. It takes joint responsibility with the Audit and Risk Committee for the review and endorsement of the financial elements of the Annual Report. The committee also approves the investments and reserves policy and reviews financial performance against budget, as well as the performance of the charity's investments.



## Management, continued

### Nominations Committee

Our Nominations Committee provides recommendations to the Priory Council regarding the appointment and reappointment of trustee directors of St John Ambulance and the appointment of Principal Priory Officers and Clinical Officers, as well as the appointment and reappointment of chairs of the committees outlined here.

It is a joint committee of the Priory Council, Priory Chapter, and the St John Ambulance Board, with terms of reference approved by each of these bodies. The committee meets as and when required. The Nominations Committee comprises nine members and is chaired by the Prior. It includes the Dean and the Chancellor as ex officio members. Three members are selected from the Priory Chapter and the remaining three members are independent of both the Priory Chapter and the Priory Council.

### Audit and Risk Committee

Improved risk management and scrutiny of our activity are key to ensuring that St John people, donors and supporters can trust St John, in what we do and how we do it. This is

overseen by the Audit and Risk Committee, which is a joint committee of the Priory Council and the St John Ambulance Board. It reviews the effectiveness of internal controls, including those for our finances, as well as other risk management systems, the effectiveness of the internal and external audit functions and the clarity and completeness of disclosures in the Annual Report and Accounts of St John.

### Remuneration Committee

We recognise that salaries are a controversial area for the charity sector, while also knowing that, to achieve our mission, we need to attract and retain the right people to St John. Our Remuneration Committee was established as an independent body to determine the remuneration and benefits of the Chief Executive and Executive Leadership Team. It also makes recommendations to the Board regarding annual pay awards, the structure, size and composition of the Executive Leadership Team, as well as considering the framework and broad policy for remuneration of all employees.

We use an independently developed system of job evaluation to ensure that our executive remuneration remains in line with other charities of the scale and complexity of St John. Salary levels are set in the context of St John's charitable status and take account of affordability in the light of the charity's financial position.

Our Chief Executive's gross annual salary at 31 December 2020 was £148,500 (2019: £148,500). Like many employees, he participates in an HMRC approved salary sacrifice scheme whereby a proportion of salary is sacrificed by the employee and the same proportion is paid into the pension schemes provided by TPT Retirement Solutions. The annual salary of the Chief Executive at 31 December 2020, after taking the salary sacrifice into account, was £133,650 (2019: £133,650).

This is the highest gross salary paid and the ratio between this and the median full-time salary of £19,389 is 6.9 to 1 (2019: 7.9 to 1).

The ratio of the highest gross salary paid to the lowest salary on our pay scale of £18,560 is 8.0 to 1 (2019: 8.0 to 1).

### Commercial Committee

The Commercial Committee is a new committee, created in 2021 to oversee the commercial and enterprise functions of the charity. The Committee will provide added-value review in relation to commercial trading, public sector commissioned activities, enterprise estate and commercial banking relationships.

### Delegation of authority

Authority to conduct the daily operations of the Priory and St John Ambulance is delegated by the Priory Council and the St John Ambulance Board of directors to the Chief Executive. The Chief Executive is assisted in the implementation of strategy and policies by the Executive Leadership Team, to whom certain functions are further delegated. The members of the Executive Leadership Team are listed on page 96.

### Auditor

Grant Thornton UK LLP has indicated its willingness to be reappointed as statutory auditor.

The table below shows the salary and benefits level of the members of the senior staff who received a salary of more than £100,000 in 2020.

Role	Gross pay					Total 2020	Total 2019
	Gross pay	Pension sacrifice	(after salary sacrifice)	Employer pension	Other benefits		
Chief Executive	148,500	(14,850)	133,650	29,700	628	<b>163,978</b>	164,121
Chief Operating Officer	117,300	(4,692)	112,608	9,384	-	<b>121,992</b>	119,814
Director of Fundraising	112,200	(5,610)	106,590	11,220	-	<b>117,810</b>	113,962
Director of People and Organisation	110,000	-	110,000	-	-	<b>110,000</b>	108,714
Director of Training and Enterprise	107,291	(5,364)	101,927	16,094	-	<b>118,021</b>	128,119
Medical Director	107,143	-	107,143	-	-	<b>107,143</b>	88,440

# Independent auditor's report

## To the trustees of The Priory of England and the Islands.

### Opinion

We have audited the financial statements of The Priory of England and the Islands of the Most Venerable Order of the Hospital of St John of Jerusalem (the 'parent charity') and its subsidiaries (the 'group') for the year ended 31 December 2020, which comprise the consolidated statement of financial activities, the consolidated balance sheet, the consolidated cash flow statement and notes to the financial statements, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102; The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

### In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charity's affairs as at 31 December 2020 and of the group's incoming resources and application of resources, including its income and expenditure for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- have been prepared in accordance with the requirements of the Charities Act 2011.

### Basis for opinion

We have been appointed as auditor under sections 151 of the Charities Act 2011 and report in accordance with regulations made under this Act. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and parent charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these

requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the parent charity and group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the parent charity or group to cease to continue as a going concern.

In our evaluation of the trustees' conclusions, we considered the inherent risks associated with the parent charity's and group's business model including effects arising from macro-economic uncertainties such as Brexit and Covid-19, we assessed and challenged the reasonableness of estimates made by the trustees and the related disclosures and analysed how those risks might affect the parent charity's and group's financial resources or ability to continue operations over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the parent charity's and group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the trustees with respect to going concern are described in the 'Responsibilities of trustees for the

financial statements' section of this report.

### Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, set out on pages 2 to 97 other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Report of the trustees is inconsistent in any material respect with the financial statements; or
- the parent charity has not kept sufficient and proper accounting records; or
- the parent charity's financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

### Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 58, the trustees are responsible for the preparation of the financial statements which give a true and fair view and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the group or parent charity or to cease operations, or have no realistic alternative but to do so.

### Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:

[www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities)

This description forms part of our auditor's report.

### Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that

material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks applicable to the group and the parent charity, and the industry in which they operate and determined which may influence the financial statements. The group and parent charity is subject to many laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements.
- We identified the following laws and regulations as the most likely to have a material effect if non-compliance were to occur; financial reporting legislation (Charities SORP and UK GAAP (FRS 102)), the Finance Act 2020 (specifically related to the Coronavirus Job Retention Scheme), health and safety requirements, adherence to the NHS Counter Fraud Authority, data protection and bribery and corruption practices.
- We understood how the group and parent charity is complying with those legal and regulatory frameworks by making enquiries of management, internal audit and those charged with governance. We corroborated our enquiries through our review of board minutes, papers provided to the Audit Committee and correspondence with the Charity Commission.
- We assessed the susceptibility of the group and parent charity's financial statements to material misstatement, including how fraud might occur by meeting with management to understand where management considered there was a susceptibility to fraud. Audit procedures performed by the engagement team included:
  - evaluation of the processes and controls established to address the risks related to irregularities and fraud;
  - challenge of the assumptions and judgements made by management in its significant accounting estimates;

- testing manual journal entries, in particular journal entries relating to management estimates and entries determined to be large or relating to unusual transactions;

- consideration of the potential for fraud in revenue recognition, including claims in respect of the Coronavirus Job Retention Scheme grant;
- identifying and testing related party transactions;
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including internal specialists, and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit. The engagement team collectively had the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.
- We did not identify any matters relating to non-compliance with laws and regulation or relating to fraud.

### Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

### Grant Thornton UK LLP Statutory Auditor, Chartered Accountants, Leeds

20 May 2021

Grant Thornton UK LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

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# Financial statements

For the year ended 31 December 2020

# Consolidated Statement of Financial Activities

for the year ended 31 December 2020

Note	Unrestricted funds £m	Restricted and endowment funds £m	2020 Total £m	2019 Total £m
<b>Income and endowments from:</b>				
Income from grants, donations and legacies	22.0	3.8	25.8	16.9
<b>Income from charitable activities:</b>				
<b>Delivering first aid:</b>				
First aid provision and youth development	1.1	1.0	2.1	7.3
Ambulance and transport services	16.0	-	16.0	12.8
Covid-19 support	4.4	-	4.4	-
Community support programmes	0.4	-	0.4	1.4
<b>Equipping the public:</b>				
Training	23.4	-	23.4	46.8
First aid products	12.3	-	12.3	12.7
<b>Other charitable activities:</b>				
Coronavirus Job Retention Scheme	-	4.8	4.8	-
Other charitable activities	-	0.1	0.1	0.1
<b>Total income from charitable activities</b>	<b>57.6</b>	<b>5.9</b>	<b>63.5</b>	<b>81.1</b>
Income from other trading activities	0.6	-	0.6	1.3
Investment income	1.1	-	1.1	1.3
<b>Other income</b>				
Net gain on disposal of assets	1.0	-	1.0	1.4
Other income	0.3	-	0.3	0.4
<b>Total other income</b>	<b>1.3</b>	<b>-</b>	<b>1.3</b>	<b>1.8</b>
<b>Total income</b>	<b>82.6</b>	<b>9.7</b>	<b>92.3</b>	<b>102.4</b>
<b>Expenditure on:</b>				
Total expenditure on raising funds	9.1	-	9.1	9.0
<b>Expenditure on charitable activities:</b>				
<b>Delivering first aid:</b>				
First aid provision and youth development	15.5	0.8	16.3	25.6
Ambulance and transport services	16.0	0.2	16.2	19.7
Covid-19 support	10.3	-	10.3	-
Community support programmes	3.6	0.3	3.9	4.0
<b>Equipping the public:</b>				
Training	22.3	4.3	26.6	35.9
First aid products	12.1	-	12.1	11.3
<b>Other charitable activities:</b>				
Amounts payable in relation to redundancy	3.3	-	3.3	0.8
Other charitable activities	1.2	0.2	1.4	1.8
<b>Total resources expended on charitable activities</b>	<b>84.3</b>	<b>5.8</b>	<b>90.1</b>	<b>99.1</b>
<b>Total expenditure</b>	<b>93.4</b>	<b>5.8</b>	<b>99.2</b>	<b>108.1</b>
(Losses)/gains on investments	(1.4)	(0.1)	(1.5)	3.2
<b>Net expenditure</b>	<b>(12.2)</b>	<b>3.8</b>	<b>(8.4)</b>	<b>(2.5)</b>
Transfers between funds	0.6	(0.6)	-	-
<b>Net movement in funds</b>	<b>(11.6)</b>	<b>3.2</b>	<b>(8.4)</b>	<b>(2.5)</b>
Fund balances at 1 January	115.1	5.6	120.7	123.2
<b>Fund balances at 31 December</b>	<b>103.5</b>	<b>8.8</b>	<b>112.3</b>	<b>120.7</b>

All income and expenditure in 2020 arises from continuing activities. All gains and losses in the year are included above and accordingly a statement of total realised gains and losses has not been prepared.

The notes on pages 73 to 93 form part of these accounts.

# Consolidated balance sheet

As at 31 December 2020

Note	£m	2020 £m	£m	2019 £m
<b>Fixed assets</b>				
Heritage assets	12	2.0		2.0
Tangible fixed assets	13	69.6		69.3
			71.6	71.3
<b>Investments</b>				
Securities	14	14.1		19.5
Investment property	15	12.9		16.7
			27.0	36.2
			98.6	107.5
<b>Current assets</b>				
Stocks	16	2.6		2.8
Debtors	17	13.9		16.3
Current asset investments	18	7.0		10.9
Cash and short-term deposits	18	14.4		4.1
		37.9		34.1
<b>Current liabilities</b>				
Creditors falling due within one year	19	(22.3)		(17.8)
<b>Net current assets</b>			15.6	16.3
<b>Total assets less current liabilities</b>				
Creditors falling due after more than one year	20		(1.9)	(3.1)
<b>Net assets</b>			<b>112.3</b>	<b>120.7</b>
<b>Funds</b>				
<b>Unrestricted funds</b>				
Revaluation reserve	26	12.4		16.4
Other unrestricted funds		91.1		98.7
<b>Total unrestricted funds</b>			103.5	115.1
<b>Restricted funds</b>				
			7.7	4.5
<b>Endowment funds</b>				
			1.1	1.1
<b>Total funds</b>	25		<b>112.3</b>	<b>120.7</b>

Approved by the trustees of the Priory of England and the Islands on 18 May 2021 and signed on their behalf by:  
**Surgeon Rear Admiral Lionel Jarvis CBE KStJ DL**  
Prior

The notes on pages 73 to 93 form part of these accounts.

# Consolidated cash flow statement

For the year ended 31 December 2020

	Note	2020 £m	2019 £m
<b>Net cash from operating activities</b>	27	<b>1.9</b>	<b>(4.6)</b>
<b>Cash flows from investing activities</b>			
Dividends, interest and rents from activities		1.1	1.3
Proceeds from sale of investments		5.0	11.2
Sales of current asset investments		10.8	2.1
Purchases of current asset investments		(7.0)	-
Purchases of investments in securities		(0.1)	(11.4)
Proceeds from sale of tangible fixed assets		1.5	2.0
Purchases of tangible fixed assets		(1.7)	(2.2)
<b>Net cash from investing activities</b>		<b>9.6</b>	<b>3.0</b>
<b>Cash flows from financing activities</b>			
Capital element of finance lease payments		(1.2)	(1.4)
<b>Net cash provided by financing activities</b>		<b>(1.2)</b>	<b>(1.4)</b>
<b>Increase/(decrease) in cash and cash equivalents during the year</b>		<b>10.3</b>	<b>(3.0)</b>
Cash and cash equivalents at 1 January		4.1	7.1
<b>Cash and cash equivalents at 31 December</b>	28	<b>14.4</b>	<b>4.1</b>

The notes on pages 73 to 93 form part of these accounts.

# Notes to the consolidated accounts

For the year ended 31 December 2020

## 1. Accounting policies

The principal accounting policies are set out below. These policies have been applied consistently.

In these policies and the accounts, the following abbreviations are used:

**'the Order'** – The Most Venerable Order of the Hospital of St John of Jerusalem (charity no. 235979).

**'the Priory'** – The Priory of England and the Islands of the Most Venerable Order of the Hospital of St John of Jerusalem (charity no. 1077265).

**'St John'** – The Priory, St John Ambulance (charity no. 1077265-1) and its subsidiary company.

**'the Eye Hospital'** – The St John of Jerusalem Eye Hospital Group which is another foundation of the Most Venerable Order of St John and is registered and operates as a separate charity (charity no. 1139527).

**'SOFA'** – Statement of Financial Activities.

### a. Basis of preparation of accounts

The annual report and accounts are prepared in accordance with the rules of the Priory, in compliance with the Charities Act 2011, the Statement of Recommended Practice - Accounting and Reporting by Charities applicable to charities preparing their accounts in accordance with FRS 102 ('the Charities SORP (FRS 102)') and with FRS 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland.

The accounts have been prepared to give a 'true and fair view' and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following the Charities SORP (FRS 102) 2019.

The accounts are consolidated on a line by line basis and cover the consolidated financial position and transactions of companies controlled by the Priory, which are detailed in note 31.

St John meets the definition of a public benefit entity under FRS 102.

These accounts do not include the following entities which are not controlled by the Priory:

- The Commanderies of Jersey, Guernsey, the Isle of Man and the Commandery of Ards, which operates in Northern Ireland
- The Order, and the Eye Hospital
- Other priories, commanderies, the Orders of St John Care Trust and St John associations linked with the Order
- The St John and Red Cross Defence Medical Welfare Service (company no. 4185635, charity number 1087210).

### Going concern

The financial statements have been prepared on a going concern basis as discussed in the report of the trustees on page 57.

The Covid-19 pandemic in the first months of 2020 caused the charity to stop all training and events activity from 23 March 2020 onwards, with activity restarting on a limited basis in July 2020. This affected income and cashflow significantly, but was offset to some extent by £4.4m additional income generated from providing extra Covid-19 related support to the NHS at this unprecedented time as well as £4.8m received from the furlough of staff where necessary, increased fundraising income and a £6.8m support grant from central government. In addition, a withdrawal of £5m was made from our investments in June 2020 to help ensure sufficient operational cash flow remained available.

The reduced revenue was also mitigated by a significant cost reduction programme, including over 180 redundancies made during 2020 as well as the closure of properties, cancellation of the annual pay review and the reduction of other spend where practicable without impacting our operational abilities.

It is the intention of the charity to look to return to an operational surplus by 2022. The charity has accordingly prepared a forecast which shows that, over 2021 and 2022, St John Ambulance is projected to be able to continue to trade without making any further divestments from investment holdings. The application of sensitivities such as a reduction in training activity has not changed the conclusion that the charity has adequate resources to continue operating for the foreseeable future.

The second national lockdown, starting on 5 November 2020, has not significantly impacted our ability to deliver first aid training and has not materially altered our projections. During lockdown and in local areas of escalation it is essential that St John Ambulance are able to continue ensuring through training that essential workplaces have qualified first aiders to keep those working safe.

A credit facility of up to £10m with Santander plc is now in place, initially expiring in December 2023. At the time of signing the financial statements, the facility has not been required to be drawn-down and this is expected to remain the position over the period of the forecast. We anticipate that the agreed facility will not be required to be used, but it will be there if needed.

At the same time, the value of the investment portfolio held at the year end was £14.1m, enabling the provision of additional funds if required.

St John also has substantial reserves held in the form of property and an estates strategy has also been agreed in principle, including a programme to sell several properties. The property sales are intended to increase the level of reserves and to reduce ongoing expenditure requirements. Such sales are not a requirement for the charity to be able to continue in operation as a going concern.

The trustees have considered the forecast, the sensitivities (which include an assessment of the impact of a 50% reduction in training activity for six months) and the current position. While there is a heightened level of risk in the current financial environment, and a need to both sell property assets and achieve a future operational surplus in order to replenish reserves, the overall levels of assets held by the charity remain strong.

Taking all of the above into account, the trustees have a reasonable expectation that the charity has adequate resources to continue operating for the foreseeable future, being a minimum of 12 months from the date these financial statements are signed. Accordingly, the trustees believe that the going concern remains the appropriate basis on which to prepare the financial statements.

# Notes to the consolidated accounts

## For the year ended 31 December 2020, continued

### 1. Accounting policies, continued

#### b. The accounts of the Priory

Assets directly owned by the Priory comprise heritage assets acquired before 31 December 1999 and the membership rights in St John Ambulance, a charitable company limited by guarantee. These assets are not attributed a value in the financial statements.

St John Ambulance, in furtherance of its own objects, incurs on its own account (and records properly in its own books) all expenditure necessarily and properly required for the maintenance and improvement of the Priory's assets and expenditure necessary in relation to the Priory's business.

The Priory Council has resolved that any income receivable by the Priory will be passed to St John Ambulance. Consequently the Priory has not presented a separate statement of financial activities and balance sheet because there are no assets, liabilities, income or expenditure to be recorded in the books and records of the Priory.

#### c. Critical accounting estimates, judgements and assumptions

In the process of applying its accounting policies, the Priory is required to make certain estimates, judgements and assumptions that it believes are reasonable based on the information available. These estimates, judgements and assumptions affect the amounts of assets and liabilities at the date of the accounts and the amounts of income and expenditure recognised during the reporting period.

Estimates are separate from judgements and are usually used to determine an amount related to certain assets and liabilities. Judgements are made when applying the accounting policies, where a different judgement may have led to a different accounting treatment, rather than determining the appropriate measurement basis.

On an ongoing basis, estimates are evaluated using historical experience, consultation with experts and other methods considered reasonable in the particular circumstances. Actual results may differ significantly from the estimates, the effect of which is recognised in the period in which the facts that give rise to the revision become known.

#### Judgements

##### *Classification of leased assets*

Leases held are analysed in order to determine where the risk and reward of the ownership of the asset lies and subsequently classified as either operating or finance leases. The accounting policy for leases has been applied to these arrangements and assets acquired under finance leases are recognised within tangible fixed assets.

##### *Revenue recognition*

St John recognises revenue on a receivable basis where the amount is reliably measurable and there is adequate probability of receipt. Income recognition policies are detailed in the accounting policy for income.

When it is considered that the key criteria of entitlement, probability and measurement for revenue recognition are not fulfilled for a transaction, revenue recognition is delayed until these are judged to have been met. Payments received in advance of revenue recognition are recorded as deferred income.

##### *Impairment of tangible fixed assets*

Following a review of fixed asset values, £0.1m (in relation to our property at Bridgwater) is provided for in the financial statements in relation to the impairment of fixed assets. Otherwise tangible fixed assets are considered to be held at their fair value.

##### *Heritage assets*

The heritage assets gifted by the Order in 1999 are not held at a valuation as the trustees consider that it is impracticable to attribute any value in the balance sheet to these assets.

#### Estimates

The following paragraphs detail the significant estimates and assumptions the Priory believes to have the most significant impact on the annual results under the Charities SORP (FRS 102).

##### *Tangible fixed assets*

The charge in respect of periodic depreciation is derived after determining an estimate of an asset's expected useful life. Increasing an asset's expected life would result in a reduced depreciation charge. The useful lives of the Priory's assets are determined at the time the asset is acquired and reviewed annually for appropriateness. The lives are based on historical experience with similar assets as well as anticipation of future events which may impact their life such as changes in technology. The depreciation charge in 2020 was £3.8m (2019: £3.9m).

The de minimis limit for the recognition of minor additions to heritage assets and fixed assets is £10,000.

##### *Valuation of investment property*

The valuation of the investment property at 27 St John's Lane that is recognised on the balance sheet is subject to an estimation of the proportion of the building which is let to third parties, as opposed to that proportion which is utilised for operational purposes. The valuation is performed by an external independent valuer. The valuation as at 31 December 2020 was £12.9m (2019: £16.7m).

A decision as to whether or not the property is revalued by an independent valuer at the end of a particular financial year is made subsequent to an internal assessment of whether there has been a material movement in the valuation of the property during the reporting period. An external valuation is undertaken when it is considered that the property valuation is likely to have changed materially during the year. As a minimum, an external valuation takes place every five years.

# Notes to the consolidated accounts

## For the year ended 31 December 2020, continued

### 1. Accounting policies, continued

#### c. Critical accounting estimates, judgements and assumptions, continued

##### Estimates, continued

##### *Accruals, provisions and contingencies*

Expenditure incurred in the reporting period where there is uncertainty as to the final amount to be paid is accounted for on the basis of an estimated value where this treatment is viewed as appropriate. An accrual is recognised when it is probable that an obligation exists for which a reliable estimate can be made. The amount may change in the future due to new developments or as additional information becomes available. Total accruals as at 31 December 2020 were £5.8m (2019: £4.4m).

Matters that either are possible obligations or do not meet the recognition criteria for a provision are disclosed as contingent liabilities, unless the possibility of transferring economic benefits is remote, in which case no reference is made. Contingent liabilities as at 31 December 2020 were £5.5m (2019: £5.3m).

##### *Additional contributions to multi-employer pension plans*

St John Ambulance currently pays additional employer contributions to cover the deficit in the TPT Retirement Solutions Growth Plan scheme. FRS 102 includes a requirement to recognise the present value of any liability to make payments to fund any deficit relating to past service where an agreement to make the payments is in place. The present value of the deficit liability recognised as at 31 December 2020 was £1.7m (2019: £2.1m). The present value of the payments recognised, and the discount factor used, are derived from information specific to the St John Ambulance membership of the TPT Retirement Solutions Growth Plan that is supplied by TPT Retirement Solutions (formerly called The Pensions Trust).

##### *Recognition of doubtful debts*

A standard debt provision policy exists in order to recognise the cost of debts that are not considered to be collectable. A standard percentage of the debt value is provided against overdue debts. An additional provision may also be made where information received indicates that a debt is unlikely to be paid by a customer. The debt provision as at 31 December 2020 was £0.3m (2019: £0.3m).

#### d. Historical cost convention

The accounts have been prepared using the historical cost convention, as modified by the revaluation of Investments.

#### e. Income

Income is recognised on a receivable basis and is reported gross of related expenditure, where the amount is virtually certain and when there is adequate probability of receipt. The specific bases used are as follows:

- Donations, gifts, legacies and general grants receivable, which do not relate to specific charitable activities, are categorised as voluntary income
- The accounts reflect no amounts in respect of time provided by volunteer members of St John
- Gifts in kind are brought into the accounts at their estimated fair value
- Where pro bono services are received, the value of those services, as estimated by the trustees, is included as both an incoming and outgoing resource in the SOFA
- Legacies are recognised as income when there is entitlement, probability of receipt and measurability of the legacy
- Fundraising income is shown gross except for small fundraising events where the cash is received net of expenditure
- Rental income is accounted for on a receivable basis over the rental period
- Income from charitable activity, including income from long-term contracts, trading and merchandising income, is accounted for when earned. Income received in advance is deferred until entitlement to the income has arisen
- Income received from the UK Government's Coronavirus Job Retention Scheme (CJRS) is accounted for in the period to which the grant relates and is treated as restricted income
- Gains from the disposal of tangible fixed assets are included in the SOFA as part of other income
- Grants are recognised in the year when the entitlement to the grant is confirmed. Grants for the purchase of equipment and towards the initial setting up of projects are credited in full to the relevant activities in furtherance of the charity's objects. Grants that provide core funding or are of a general nature provided by government and charitable foundations, are recorded as voluntary income. Grants specifically for goods and services to be provided as part of charitable activities are recorded against the activity to which they relate.

#### f. Expenditure

Expenditure is recognised on an accruals basis when a legal or constructive obligation exists and is reported gross of related income on the following bases:

- Expenditure on raising funds principally comprises the costs associated with attracting voluntary income and other publicity and public relations costs, including promoting more general public awareness
- Charitable expenditure comprises direct expenditure including direct employee costs attributable to the charity's activities. Where costs cannot be directly attributed, they have been allocated to activities on a basis consistent with the use of resources. The basis of allocation of indirect costs to activities is set out in note 7.
- Governance costs comprise those incurred as a result of constitutional and statutory requirements
- Support costs represent centrally incurred costs, principally relating to management resource, IT, Finance, Human Resources, buildings management and governance costs, which cannot be attributed to specific activities but provide the organisational infrastructure that enables those activities to take place. The basis of allocation to activities is set out in note 7.

# Notes to the consolidated accounts

## For the year ended 31 December 2020, continued

### 1. Accounting policies, continued

#### g. Heritage assets

The Priory maintains two historic buildings in Clerkenwell, London. These are the Grand Priory Church, which sits upon a 12th century Norman crypt, and the 16th century St John's Gate. Within St John's Gate is situated the Museum of the Order of St John, which contains a collection of historic artefacts. Together these form the historic assets that were gifted by the Order to the Priory in 1999 and were subject to a specific term that the Priory may not dispose of these assets. If the Priory no longer considers it appropriate to retain them, they must be returned to the Order. The trustees consider that it is impracticable to attribute any value in the balance sheet to those assets which were gifted by the Order.

Subsequent additions to heritage assets, all of which are funded by St John Ambulance and accounted for in its books, are stated at cost, except in the case of minor additions costing less than £10,000 each, which are expensed in the year in which the cost is incurred.

Expenditure on the historic buildings which results in significant enhancement of the internal configuration and allows for better visual display is capitalised, with depreciation charged over an estimated life of 50 years.

Historic artefacts which are considered to have indefinite lives are not subject to depreciation. The carrying amounts at which heritage assets are held in the balance sheet are reviewed where evidence of possible impairment exists and reduced where an impairment is deemed to have occurred.

The cost of maintenance and repair of heritage assets is expensed in the year incurred.

#### h. Tangible fixed assets, depreciation and impairment

Freehold land is stated at cost.

Other tangible fixed assets are stated at cost less accumulated depreciation.

Minor additions to fixed assets, defined as those costing less than £10,000 each, are expensed in the year in which the cost is incurred.

Donated fixed assets are brought into the accounts at their estimated fair value at the time of acquisition.

Gains on the disposal of fixed assets, representing the excess of net proceeds over net book value, are recognised in the SOFA within other income.

Depreciation is provided to write off the cost of assets by equal annual instalments over their estimated useful lives as follows:

Freehold land	Not depreciated
Freehold and long leasehold buildings	50 years
Short leasehold buildings	Life of lease
Leasehold improvements	Shorter of remaining life and 10 years
Ambulances	Shorter of useful life and 7 years
Leased vehicles and equipment	Shorter of useful life and lease term
Other vehicles and equipment	3 to 7 years

Where the recoverable amount of a fixed asset is found to be below its net book value, the asset is written down to the recoverable amount and the loss on impairment is recognised in the SOFA.

#### i. Investments

Listed securities are stated at fair value at the balance sheet date.

Investment property is stated at estimated fair value as at the latest valuation date, subject to obtaining advice as to the possibility of any material movements between such valuations. If there is a material movement, the property is revalued at that time. As a minimum, it is revalued by an independent valuer every five years.

Realised gains and losses on securities, calculated as the difference between the sales proceeds and their fair value at the start of the year, or subsequent cost, are credited or charged to the SOFA in the year of sale.

Unrealised revaluation gains and losses are credited or charged to the SOFA in the year of revaluation.

#### j. Stocks

Stocks are stated at the lower of cost and net realisable value. Cost is calculated using the average cost method.

#### k. Pension costs

St John Ambulance makes contributions to a number of defined contribution pension schemes for its employees. Contributions payable to these schemes are expensed in the year in which they are incurred.

# Notes to the consolidated accounts

## For the year ended 31 December 2020, continued

### 1. Accounting policies, continued

#### k. Pension costs

St John Ambulance participates in The Growth Plan, a multi-employer pension plan provided by TPT retirement Solutions. The Growth Plan consists of four schemes. Series 4 is a defined contribution scheme. Series 1, 2 & 3, which are closed to new entrants, are defined benefit schemes. As it is not possible for the charity to obtain sufficient information to identify the share of underlying Growth Plan assets and liabilities belonging to individual participating employers, the Growth Plan is accounted for as a defined contribution scheme.

Liabilities to make payments to fund any deficit relating to past service where an agreement to make the payments is in place are recognised in accordance with FRS 102. The amount to be recognised is the present value of the payments agreed.

#### l. Foreign currencies

Income and expenditure are translated at the rate ruling when the transaction occurs. Balance sheet items are translated at the rate ruling at the balance sheet date. Gains on exchange are recorded within other income and losses on exchange are recorded within the activity to which they relate.

#### m. Leases

Assets held under finance leases and other similar contracts, which provide for rights approximating to ownership, are treated as if purchased outright and the capital elements of these obligations are recorded as liabilities. The charge to the SOFA is represented by depreciation, which is charged in line with the charity's accounting policy, and interest. The interest is spread over the lease period in order to provide for a constant periodic charge on the balance of capital repayments outstanding.

The aggregate rentals payable for operating leases are expensed on a straight line basis in annual instalments over the term of the lease including any initial rent-free period.

#### n. Taxation

St John is able to partially recover Value Added Tax on purchases. Irrecoverable Value Added Tax is included in expenditure.

No Corporation Tax is due on profits arising from charitable activities.

Tax credits, tax deducted from income and receipts under deed of covenant or gift aid are recorded on a receivable basis. They are included as part of the income to which they relate.

#### o. Funds

Endowment funds are capital funds where the capital must be preserved although the income may be spent. The income may be added to restricted or unrestricted funds depending on the terms of the original endowment.

Restricted funds are funds that have restrictions imposed by donors and can only be applied for the particular purposes specified by the donors.

Designated funds are unrestricted funds set aside for specific purposes by the trustees. They include an amount equivalent to the net book value of unrestricted fixed assets used to enable St John to continue to carry out its charitable mission.

Any net cumulative unrealised gains on the revaluation of investments, having been credited to the SOFA, are held within a revaluation reserve.

Other charitable funds are unrestricted funds that are available to St John to carry out any of its charitable objectives.

Transfers are primarily made between funds either when the acquisition of a fixed asset has discharged a restriction or to reflect movements in the amount of funds designated by the trustees for specific purposes.

#### p. Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value, representing amortised cost, as follows:

Financial instrument	Measurement on initial recognition
Cash	Cash held
Debtors	Settlement amount after any trade discounts
Creditors	Settlement amount after any trade discounts (assuming normal credit terms apply)
Investments – non-puttable unit trusts (i.e. without an option to sell the shares at a later date at an agreed price)	Transaction price (cost)

Forward commitments to purchase foreign currency are recognised at fair value at the date of purchase and are revalued as at the balance sheet date, with any movement recognised in the SOFA.

#### q. Short term deposits

Monies placed on deposit with a maturity date of more than three months are treated as current asset investments. Where the maturity date is three months or less, the deposit is recognised within cash or cash equivalents. In each case, the deposit is convertible to cash at its carrying amount.

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 2. Income from donations and legacies

	2020 £m	2019 £m
Donations and gifts	14.2	11.8
Legacies	3.9	3.4
Grants (see note 6)	7.3	1.2
Youth subscriptions	0.4	0.5
	<b>25.8</b>	<b>16.9</b>

## 3. Income from charitable activities

	Grants (see note 6) £m	Other £m	2020 £m	2019 £m
<b>Delivering first aid:</b>				
First aid provision and youth development	1.0	1.1	2.1	7.3
Ambulance and transport services	-	16.0	16.0	12.8
Covid-19 support	-	4.4	4.4	-
Community support programmes	-	0.4	0.4	1.4
<b>Equipping the public:</b>				
Training	-	23.4	23.4	46.8
First aid products	-	12.3	12.3	12.7
<b>Other charitable activities:</b>				
Coronavirus Job Retention Scheme	4.8	-	4.8	-
Other charitable activities	0.1	-	0.1	0.1
	<b>5.9</b>	<b>57.6</b>	<b>63.5</b>	<b>81.1</b>

## 4. Income from other trading activities

	2020 £m	2019 £m
Rents from operational buildings	0.3	0.6
Merchandising	-	0.1
Fundraising events	0.3	0.6
	<b>0.6</b>	<b>1.3</b>

## 5. Investment income

	2020 £m	2019 £m
Dividends and interest	0.4	0.6
Rents from investment property	0.7	0.7
	<b>1.1</b>	<b>1.3</b>

## 6. Grants receivable

	Charitable activities (see note 3) £m	Income from donations and legacies (see note 2)	2020 Total £m	2019 Total £m
Government support grant	-	6.8	6.8	-
Coronavirus Job Retention Scheme	4.8	-	4.8	-
Grant from NHS England re NHS Cadets	1.0	-	1.0	0.5
Other grants	0.1	0.5	0.6	0.7
	<b>5.9</b>	<b>7.3</b>	<b>13.2</b>	<b>1.2</b>

The following grants, which are included above, are required by the donor to be individually disclosed.

	Balance as at 1 Jan 2020	Incoming resources	Outgoing resources	Balance as at 31 Dec 2020
	£'000	£'000	£'000	£'000
Burdett Trust for Nursing	-	29	(26)	3
Coronavirus Community Support Fund	-	154	-	154

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 7. Total expenditure

	Direct employee costs £m	Other direct costs £m	Depreciation £m	Other costs £m	Support costs (see note 8) £m	2020 Total £m	2019 Total £m
<b>Expenditure on raising funds</b>							
<b>Campaigning and leadership:</b>							
Fundraising costs	1.7	1.0	0.1	3.7	0.9	7.4	6.6
Publicity and public relations costs	0.7	-	0.1	0.3	0.4	1.5	2.0
Trading subsidiary costs	0.1	-	-	-	-	0.1	0.3
Investment costs	-	-	-	0.1	-	0.1	0.1
	<b>2.5</b>	<b>1.0</b>	<b>0.2</b>	<b>4.1</b>	<b>1.3</b>	<b>9.1</b>	<b>9.0</b>
<b>Expenditure on charitable activities</b>							
First aid provision and youth development	3.0	5.0	0.6	5.2	2.5	16.3	25.6
Ambulance and transport services	8.8	2.5	0.2	3.2	1.5	16.2	19.7
Covid-19 support	4.2	1.0	0.6	2.1	2.4	10.3	-
Community support programmes	1.4	0.1	0.3	1.0	1.1	3.9	4.0
Training	11.9	2.2	1.2	8.3	3.0	26.6	35.9
First aid products	0.4	8.9	0.3	0.9	1.6	12.1	11.3
Amounts payable in relation to redundancy	1.8	-	-	1.5	-	3.3	0.8
Other charitable activities	0.4	0.1	0.4	0.5	-	1.4	1.8
	<b>31.9</b>	<b>19.8</b>	<b>3.6</b>	<b>22.7</b>	<b>12.1</b>	<b>90.1</b>	<b>99.1</b>
<b>Total expenditure</b>	<b>34.4</b>	<b>20.8</b>	<b>3.8</b>	<b>26.8</b>	<b>13.4</b>	<b>99.2</b>	<b>108.1</b>

Fundraising costs include support costs and other indirect costs of £1.0m (2019: £0.9m), which have been allocated as described in the accounting policies (see note 1). Excluding these allocated costs, fundraising costs total £6.4m (2019: £5.7m).

The Covid-19 support activity is a new activity area which covers the costs of the support work performed during the pandemic, including allocated costs.

Direct costs are those associated with providing the activity: for example, first aid training includes training materials.

Other costs include indirect costs relating to employees, office accommodation and communications, which have been allocated to cost categories as described below.

Support costs represent indirect costs which cannot be attributed to specific activities but provide the organisational structure that enables those activities to take place.

Indirect costs are allocated on a basis consistent with the use of resources with the proportion of each allocation basis used varying depending upon the type of cost to be allocated.

### Expenditure supported by the Coronavirus Job Retention Scheme (CJRS)

The £4.8m funding received from the CJRS is shown in the SOFA within other charitable activities as a single amount. The wage and salary costs, supported by the CJRS, of the 870 employees who were placed on furlough at some point during 2020 are shown within the charitable activities within which they usually work. The table below differentiates these costs to show a comparison to 2019 based on operational activity only.

	2020 Total £m	Wage costs funded by CJRS £m	2020 excluding wage costs funded by CJRS £m	2019 £m
Campaigning and leadership:	9.1	-	9.1	9.0
First aid provision and youth development	16.3	0.3	16.0	25.6
Ambulance and transport services	16.2	0.2	16.0	19.7
Covid-19 support	10.3	-	10.3	-
Community support programmes	3.9	0.3	3.6	4.0
Training	26.6	3.9	22.7	35.9
First aid products	12.1	-	12.1	11.3
Amounts payable in relation to redundancy	3.3	-	3.3	0.8
Other charitable activities	1.4	0.1	1.3	1.8
<b>Total indirect costs</b>	<b>99.2</b>	<b>4.8</b>	<b>94.4</b>	<b>108.1</b>



# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 7. Total expenditure, continued

Total expenditure includes:	2020 £m	2019 £m
Operating lease rentals:		
Property leases	2.6	2.6
Spot rental hires	0.6	1.2
Vehicles and equipment	0.6	0.7
Finance lease interest	0.1	0.2

The auditor's remuneration for the audit of these accounts was £70,000 (2019: £92,000). Non-audit fees in relation to other ad-hoc and advisory work totalling £3,100, in respect of the audit of an annual statement to the Cabinet Office re door to door fundraising and specific additional assurance work, were also payable to the auditors during the year (2019: £6,000).

## 8. Analysis of support costs

Support costs within note 7, which include external consultancy and project management costs, are allocated to activities as appropriate:

	Governance £m	Management £m	Human resources £m	Central finance £m	Information Technology £m	Building management £m	2020 Total £m	2019 Total £m
<b>Campaigning and leadership:</b>								
Fundraising and publicity	0.1	0.1	0.1	0.5	0.2	0.3	1.3	1.5
<b>Delivering first aid:</b>								
First aid provision and youth development	0.3	0.3	0.5	0.4	0.9	0.1	2.5	7.0
Ambulance and transport services	0.1	0.4	0.3	0.4	0.2	0.1	1.5	1.9
Covid-19 support	0.2	0.3	0.5	0.4	0.9	0.1	2.4	-
Community support programmes	0.2	0.3	0.1	0.3	0.2	-	1.1	1.5
<b>Equipping the public:</b>								
Training	0.2	0.3	0.3	0.7	1.1	0.4	3.0	2.7
First aid products	0.1	0.1	0.1	0.4	0.8	0.1	1.6	1.7
Other charitable activities	-	-	-	-	-	-	-	-
	<b>1.2</b>	<b>1.8</b>	<b>1.9</b>	<b>3.1</b>	<b>4.3</b>	<b>1.1</b>	<b>13.4</b>	<b>16.3</b>

## 9. Net (losses)/gains on investment assets

	2020 £m	2019 £m
Unrealised gain on securities (see note 14)	-	1.9
Unrealised (loss)/gain on investment property (see note 15)	(0.9)	0.1
	(0.9)	2.0
Realised (loss)/gain on securities (see note 14)	(0.6)	1.2
	<b>(1.5)</b>	<b>3.2</b>

## 10. Employee information

The average number of persons employed including part-time employees, calculated on a headcount basis, analysed by function, was:

	2020 Headcount	2019 Headcount
Charitable activities	1,600	1,753
Generating funds	34	23
Governance	13	16
	<b>1,647</b>	<b>1,792</b>

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 10. Employee information, continued

The average number of persons employed including part-time employees, calculated on a full-time equivalent basis, analysed by function, was:

	2020 Full-time	2019 Full-time
Charitable activities	1,369	1,482
Generating funds	32	21
Governance	13	16
	<b>1,414</b>	<b>1,519</b>
<b>Total employee costs</b>	<b>2020 £m</b>	<b>2019 £m</b>
Salaries, wages and benefits in kind	40.6	40.7
Social security costs	3.6	3.7
Pension and death benefits	3.4	3.4
	<b>47.6</b>	<b>47.8</b>

The above-noted costs include direct employee costs, which are shown in note 7, as well as indirect employee costs and employee support costs. The amount shown above are disclosed as the gross employment costs payable and include £4.8m of salary costs for which payments were received from the Coronavirus Job Retention Scheme. The figure also includes additional employer defined benefit pension contributions payable to TPT Retirement Solutions of £0.4m (2019: £0.4m), as referred to in note 33.

Payments to employees, included in salaries, wages and benefits in kind, payable in relation to the termination of employment during the year totalled £3.3m (2019: £0.7m). This large payment is due to a redundancy programme carried out due to the impact of the Covid-19 pandemic on our activities.

No payments are made to volunteers except for the reimbursement of expenses incurred in performing their duties.

## Emoluments of employees

The number of employees of St John whose emoluments (salaries, wages, benefits in kind and termination payments but excluding pension contributions) fell within the following bands are given below. Termination payments may include both contractual redundancy payments and other ex gratia payments.

Employees who did not receive any termination payments	2020 Number	2019 Number
£60,001 - £70,000	11	9
£70,001 - £80,000	5	2
£80,001 - £90,000	5	7
£90,001 - £100,000	2	1
£100,001 - £110,000	2	2
£110,001 - £120,000	2	2
£120,001 - £130,000	-	-
£130,001 - £140,000	1	1
£140,001 - £150,000	-	-

Employees for whom termination payments are payable	2020 Number	2020 Average value of termination payments £000	2019 Number	2019 Average value of termination payments £000
£60,001 - £70,000	4	15	1	21
£70,001 - £80,000	2	29	1	30
£80,001 - £90,000	1	45	1	30
£90,001 - £100,000	1	27	1	60
£100,001 - £110,000	-	-	2	42
£120,001 - £130,000	-	-	1	44
£130,001 - £140,000	-	-	1	47
£160,001 - £170,000	1	71	1	65
£180,001 - £190,000	1	57	-	-
£240,001 - £250,000	-	-	1	92

In addition, during the year, employer pension contributions to a defined contribution scheme on behalf of all of these employees amounted to approximately £343,000 (2019: £326,000). Further details of the St John Ambulance pension scheme are set out in note 33.

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 10. Employee information, continued

### Key management personnel

Key management personnel are defined as the trustees of the Priory, the directors of St John Ambulance and the Executive Leadership Team of the charity. The trustees and directors receive no remuneration except for expenses necessarily incurred during the performance of their duties. The members of the Executive Leadership Team are listed on page 96.

The total emoluments of the key management personnel (salaries, wages and benefits in kind, including pension costs, termination payments, employer National Insurance contributions and fees payable), excluding expenses necessarily incurred during the performance of their duties, during the year were £1,191,000 in relation to 9 people (2019: £1,101,000 in relation to 8 people).

Donations made by key management personnel during 2020 were £2,700 (2019: £5,400).

## 11. Trustees' remuneration and related party transactions

The trustees receive no remuneration for their services but are reimbursed for expenses which are necessarily incurred in the performance of their duties.

The total of expenses (relating principally to travel, subsistence and accommodation) in 2020 was £5,000 (2019: £42,000) relating to 9 trustees (2019: 11).

## 12. Tangible fixed assets – heritage assets

### Cost

At 31 December 2019 and 31 December 2020

	Historic buildings £m	Artefacts £m	Total £m
At 31 December 2019 and 31 December 2020	2.0	0.4	2.4

### Accumulated depreciation

At 31 December 2019

At 31 December 2019	0.4	-	0.4
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Charge for year

Charge for year	-	-	-
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At 31 December 2020

At 31 December 2020	0.4	-	0.4
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### Net book value 31 December 2020

Net book value 31 December 2020	1.6	0.4	2.0
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Net book value 31 December 2019

Net book value 31 December 2019	1.6	0.4	2.0
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The amount of depreciation charged in 2020 in respect of historic buildings was £40,000 (2019: £40,000).

St John maintains approximately 60,000 artefacts of which c.2000 are on public display in the Museum and historic buildings of the St John estate in Clerkenwell. The remaining artefacts are held in on-site storage. The items held cover the complete narrative of the Order, from its 11th century foundations, through to extensive social history collections that chart the development and expansion of St John Ambulance. The collection includes historic objects, archival holdings and a library. There is no charge for admission to the Museum although we do charge for guided tours and donations are welcome. Further details relating to the history of St John and collections held by the Museum are provided on the Museum's website ([www.museumstjohn.org.uk](http://www.museumstjohn.org.uk)).

The acquisition and disposal of artefacts is carried out according to the Museum's Collection Development Policy, which follows best practice in line with the Museum's Accredited status.

The Museum employees are responsible for the care of collections and heritage assets. Detailed records of collections are maintained and a rolling process of auditing collections and the updating of records continues.

### Summary analysis of heritage asset transactions

	2020 £'000	2019 £'000	2018 £'000	2017 £'000	2016 £'000
Depreciation – historic buildings only	40	40	40	40	40

The accounting policy in relation to heritage assets is described in note 1.

Over the past five years, there have been no purchases, donations received or disposals of heritage assets that have amended the carrying value of heritage assets held on the balance sheet. St John does not sell artefacts for financial gain, although some minor items may be disposed of in accordance with the Museum's Collection Development Policy and the guidelines of the Museum's Association Code of Ethics.

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 13. Tangible fixed assets

	Freehold property £m	Long leasehold property £m	Short leasehold property £m	Vehicles & equipment £m	Total £m
<b>Cost</b>					
At 1 January 2020	61.6	17.4	3.9	39.6	122.5
Additions	3.0	-	-	1.6	4.6
Disposals	(0.4)	-	-	(1.5)	(1.9)
Transfers	(0.1)	-	-	0.1	-
At 31 December 2020	64.1	17.4	3.9	39.8	125.2
<b>Accumulated depreciation</b>					
At 1 January 2020	12.7	4.9	2.1	33.5	53.2
Charge for the year	1.1	0.3	0.3	2.1	3.8
Disposals	(0.1)	-	-	(1.3)	(1.4)
At 31 December 2020	13.7	5.2	2.4	34.3	55.6
<b>Net book value 31 December 2020</b>	<b>50.4</b>	<b>12.2</b>	<b>1.5</b>	<b>5.5</b>	<b>69.6</b>
Net book value December 2019	48.9	12.5	1.8	6.1	69.3

The net book value of assets that are held under finance leases at 31 December 2020 was £1.3m (2019: £2.4m). The depreciation attributable to these assets during the year was £1.1m (2019: £1.3m). All assets held under finance leases are classified as vehicles and equipment.

## 14. Investments – securities

### Analysis of investments at 31 December by category of holding

	2020 £m	2019 £m
Unit trust	14.1	19.5
	<b>14.1</b>	<b>19.5</b>

Unit trusts include no cash instruments (2019: £Nil).

### Analysis of investments at 31 December by location

	2020 £m	2019 £m
Investments in the UK	6.9	11.8
Investments outside the UK	7.2	7.7
	<b>14.1</b>	<b>19.5</b>

### Analysis of movements in the securities

	2020 £m	2019 £m
Fair value at 1 January	19.5	16.2
Additions at cost	0.1	11.4
Book value of disposals	(5.5)	(10.0)
Net unrealised gains (see note 9)	-	1.9
<b>Fair value at 31 December</b>	<b>14.1</b>	<b>19.5</b>

A realised gain, net of sale costs, of £0.6m (2019: £1.2m) arose from disposals and has been included in the SOFA as part of the total gains on investment assets (see note 9).

# Notes to the consolidated accounts

## For the year ended 31 December 2020, continued

### 14. Investments - securities, continued

The value of the following investments represented more than 5% of the fair value as at 31 December 2020:

	Number of shares	Fair value £m
BlackRock Charities UK Equity ESG fund	3,425,128	6.9
BlackRock iShares North American Equity Index Fund class D accumulating units	720,967	3.5
BlackRock iShares Continental European Equity Index Fund class D accumulating units	656,228	1.9
BlackRock iShares Japan Equity Index Fund class D accumulating units	270,827	0.7

The year end fair value of securities, and historical cost, is shown below:

	2020 £m	2019 £m
Fair value	14.1	19.5
Cost	(10.7)	(16.1)
<b>Revaluation surplus</b>	<b>3.4</b>	<b>3.4</b>

The increase in the revaluation surplus is reflected in the SOFA within unrealised gains and losses (see note 9). The impact on the revaluation reserve is explained in note 26.

### 15. Investment property

#### Analysis of movements in investment property

	2020 £m	2019 £m
Fair value at 1 January	16.7	16.6
Transfer to operational fixed assets	(2.9)	-
(Decrease)/increase in fair value	(0.9)	0.1
<b>Fair value at 31 December</b>	<b>12.9</b>	<b>16.7</b>

St John has one investment property, which is adjacent to the Museum of the Order of St John at St John's Gate. The majority of space in the building is let to third parties, but it also accommodates the National Headquarters of St John Ambulance. The carrying value of the property is split into two separate elements. That part of the building which is let to third parties is included in the balance sheet at fair value, while that part which is used by St John Ambulance for operational purposes is carried in the balance sheet at cost, less accumulated depreciation, in tangible fixed assets.

The freehold interest in the property was valued as at 31 December 2020 by Daniel Watney LLP, Chartered Surveyors, a firm of independent valuers. The total valuation of the building as at 31 December 2020, including both the operational and investment elements of the property, was £28.0m (2019: £30.8m). Of this amount, £15.1m (2019: £14.1m) is classified as operational and £12.9m (2019: £16.7m) is classified as the valuation of the investment property.

The valuation amount has been apportioned between the investment and non-investment parts of the building using the relative floor areas attributable to each element. At the end of 2020 the fourth floor of the property was reapportioned to operational use at a deemed cost (equal to the valuation as at 31 December 2020) of £2.9m.

The valuation was prepared in accordance with the requirements of the RICS valuation – Global Standards 2017 and the UK National Supplement effective 14 January 2019 which incorporate the IVSC International Valuation Standards (the 'Red Book'), as well as UK Generally Accepted Accounting Principles (UK GAAP) and FRS 102.

The valuer's opinion of fair value was primarily derived using recent comparable market transactions on arm's length terms together with other valuation techniques

A comparison of the valuation of the investment property and its historical cost is shown below.

	2020 £m	2019 £m
Fair value	12.9	16.7
Cost at 1 January and at 31 December	3.6	3.6
<b>Revaluation surplus</b>	<b>9.3</b>	<b>13.1</b>

The increase in the revaluation surplus is reflected in the SOFA within unrealised gains and losses (see note 9).

# Notes to the consolidated accounts

## For the year ended 31 December 2020, continued

### 16. Stocks

At 31 December stock held amounted to:

	2020 £m	2019 £m
First aid training products and equipment	2.6	2.8
	<b>2.6</b>	<b>2.8</b>

Stock expensed during the year within cost of sales was £9.3m (2019: £8.9m).

An impairment loss of £0.9m (2019: £Nil) was recognised against stock during the year due to slow moving and obsolete stock. The impairment primarily related to PPE stocks purchased in the first half of 2020 when supplies were scarce. Supplies expanded and prices reduced substantially later in 2020. The impairment loss is to hold the remaining stock at the current net realisable value.

No stock is pledged as security as at the balance sheet date (2019: £Nil).

### 17. Debtors

	2020 £m	2019 £m
Trade debtors	8.2	11.3
Legacies receivable	0.1	0.3
Other debtors	0.1	0.1
Prepayments and accrued income	5.5	4.6
	<b>13.9</b>	<b>16.3</b>

### 18. Cash and short term deposits

Cash and short term deposits includes monies held in interest-bearing bank accounts as well as monies held on short-term deposit with an initial maturity on deposit of less than three months (see note 28).

As at 31 December 2020, no funds were held within 12 month term deposits (2019: £10.9m). £7.0m of deposits were held within a 95 day notice deposit account with Santander plc (2019: £Nil). Such deposits are treated as a current asset investment and excluded from cash at bank and in hand.

### 19. Creditors falling due within one year

	2020 £m	2019 £m
Trade creditors	4.1	4.5
Obligations under finance leases	0.8	1.2
Pension contributions (see note 34)	0.7	0.7
Taxes and social security	3.3	2.0
Holiday pay	0.9	0.5
Other creditors	-	-
Accruals	5.8	4.4
Deferred income (see note 21)	6.7	4.5
	<b>22.3</b>	<b>17.8</b>

### 20. Creditors falling due after more than one year

Amounts falling due after more than one year comprise:

	2020 £m	2019 £m
Finance leases	0.6	1.4
Pension deficit funding plan (see note 34)	1.3	1.7
	<b>1.9</b>	<b>3.1</b>

### 21. Deferred income

	Course fees £m	Other £m	Total £m
Balance at 1 January 2020	3.9	0.6	4.5
Amount released to income	(3.9)	(0.6)	(4.5)
Amount deferred in the year	3.5	3.2	6.7
<b>Balance at 31 December 2020</b>	<b>3.5</b>	<b>3.2</b>	<b>6.7</b>

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 22. Financial commitments

Future minimum lease rentals receivable on land and buildings

	2020 £m	2019 £m
<b>Leases which expire within</b>		
Less than one year	0.5	0.6
Two to five years	0.6	1.1
Over five years	-	-
	<b>1.1</b>	<b>1.7</b>

Future minimum operating leases payable

	Land & buildings £m	Vehicles & equipment £m	Total 2020 £m	Land & buildings £m	Vehicles & equipment £m	Total 2019 £m
<b>Leases which expire within</b>						
Less than one year	0.8	0.4	1.2	1.1	0.5	1.6
Two to five years	1.5	0.2	1.7	2.3	0.5	2.8
Over five years	1.3	-	1.3	1.4	-	1.4
	<b>3.6</b>	<b>0.6</b>	<b>4.2</b>	<b>4.8</b>	<b>1.0</b>	<b>5.8</b>

Future minimum finance lease payments

Future minimum payments as at the balance sheet date in relation to finance leases, primarily relating to ambulances, comprise:

	2020 £m	2019 £m
Amounts payable within less than one year	0.9	1.3
Amounts payable between two and five years	0.6	1.5
	<b>1.5</b>	<b>2.8</b>

## 23. Capital commitments

At 31 December capital commitments contracted for amounted to:

	2020 £m	2019 £m
Property	0.1	-
Vehicles and equipment	5.2	-
	<b>5.3</b>	<b>-</b>

Capital commitments primarily relate to outstanding orders for ambulances, mobile treatment centres and support vehicles.

## 24. Analysis of total funds

Type of asset and liability

	Unrestricted funds £m	Restricted funds £m	Endowment funds £m	2020 £m	2019 £m
Heritage assets	2.0	-	-	2.0	2.0
Tangible fixed assets	69.6	-	-	69.6	69.3
Securities	12.3	0.7	1.1	14.1	19.5
Investment properties	12.9	-	-	12.9	16.7
Net current assets	8.6	7.0	-	15.6	16.3
Creditors falling due after more than one year	(1.9)	-	-	(1.9)	(3.1)
	<b>103.5</b>	<b>7.7</b>	<b>1.1</b>	<b>112.3</b>	<b>120.7</b>

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 25. Total funds

	1 Jan 2020 £'000	Incoming resources £'000	Outgoing resources £'000	Investment (losses)/gains £'000	Transfers and reallocations £'000	31 Dec 2020 £'000
<b>Restricted funds</b>						
<i>Lottery funds</i>						
National Lottery — Coronavirus Community Support Fund	-	154	-	-	-	154
<i>Other restricted funds</i>						
Airwing travelling fellowships	217	4	(8)	(6)	-	207
Building purchases and maintenance	31	106	(2)	-	(3)	132
Community care	12	57	(27)	-	-	42
Local and sundry funds	2,095	2,567	(248)	(7)	(1,481)	2,926
Medical equipment	-	165	(72)	-	(93)	-
Medical vehicle purchases and maintenance	1,163	219	-	-	1,031	2,413
R Luff benevolent fund	237	16	-	(8)	-	245
Training funds	41	1	(3)	-	(3)	36
Volunteer development and welfare	168	185	(33)	-	3	323
Grant from NHS England re NHS Cadets	500	1,000	(291)	-	-	1,209
Covid-19 support	-	360	(350)	-	-	10
Arts Council—Museum of St John	-	70	(9)	-	-	61
Coronavirus Job Retention Scheme	-	4,814	(4,814)	-	-	-
<b>Total restricted funds</b>	<b>4,464</b>	<b>9,718</b>	<b>(5,857)</b>	<b>(21)</b>	<b>(546)</b>	<b>7,758</b>
<b>Endowment funds</b>						
G Holland Trust	147	-	-	(12)	-	135
R Luff benevolent fund	832	3	-	(20)	-	815
Doug Spence fund	116	-	-	(9)	-	107
Other funds	13	-	-	-	-	13
<b>Total endowment funds</b>	<b>1,108</b>	<b>3</b>	<b>-</b>	<b>(41)</b>	<b>-</b>	<b>1,070</b>
<b>Unrestricted funds</b>						
<i>Designated funds</i>						
Ambulance hub— Kent	-	-	-	-	500	500
Grand Council 2022	-	-	-	-	200	200
	-	-	-	-	700	700
Fixed asset reserve – representing the book value of unrestricted fixed assets	71,258	-	-	-	368	71,626
<b>Total designated funds</b>	<b>71,258</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,068</b>	<b>72,326</b>
Investment property	16,670	-	-	(910)	(2,900)	12,860
Unrestricted funds (operational free reserves)	27,157	82,627	(93,385)	(480)	2,378	18,297
<b>Total unrestricted funds</b>	<b>115,085</b>	<b>82,627</b>	<b>(93,385)</b>	<b>(1,390)</b>	<b>546</b>	<b>103,483</b>
<b>TOTAL FUNDS</b>	<b>120,657</b>	<b>92,348</b>	<b>(99,242)</b>	<b>(1,452)</b>	<b>-</b>	<b>112,311</b>

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 25. Total funds, continued

Investment gains and losses arise in respect of investments which are held as part of the restricted and endowment fund assets.

Transfers and reallocations between funds arise from transfers between unrestricted and restricted funds, including the derestriction of fixed assets which have been purchased utilising restricted fund balances.

### Endowment funds

Endowment funds represent:

- G Holland Trust - provides income to be used by a specific unit of St John Ambulance in Kent
- R Luff benevolent fund - a capital fund established to support members in cases of hardship
- Doug Spence fund – a fund established for the benefit of St John Ambulance in Gloucestershire
- Other funds - comprise endowments held at local level to provide income to meet operational requirements.

### Designated funds

Designated funds which are, except for the fixed asset reserve, expected to be spent in 2020 and later, represent:

- Funds designated for the building of an ambulance hub in Kent, funded by the sale in 2020 of the former Kent Care Home building
- Funds designated for the holding of the Grand Council of the Order of St John, to be hosted in England in 2022.

## 26. Revaluation reserve

The revaluation reserve comprises the following elements, which are held within unrestricted funds

	2020 £m	2019 £m
Investment property	9.3	13.1
Operational free reserves (excluding investment property)	3.1	3.3
	<b>12.4</b>	<b>16.4</b>

The movement in the revaluation reserve of £4.0m during the year from £16.4m to £12.4m, shown within unrestricted funds, represents the unrealised reduction in 2020 in the fair value of the investment property of £3.8m and the unrealised loss on unrestricted securities (£Nil), less the £0.2m impact on the revaluation reserve of disposals of unrestricted securities.

## 27. Reconciliation of net income to net cash from operating activities

	2020 £m	2019 £m
<b>Net income</b>	<b>(8.4)</b>	<b>(2.5)</b>
<i>Adjustments for:</i>		
Net gain on disposal of tangible fixed assets	(1.0)	(1.4)
Losses/(gains) on investments	1.5	(3.2)
Dividends, interest and rents from investments	(1.1)	(1.3)
Depreciation	3.8	3.9
Decrease/(increase) in stocks	0.2	(0.8)
Decrease in debtors	2.4	1.4
Increase/(decrease) in creditors	4.5	(0.7)
<b>Net cash from operating activities</b>	<b>1.9</b>	<b>(4.6)</b>

## 28. Analysis of cash and cash equivalents

	2020 £m	2019 £m
Cash in hand	14.4	4.1
<b>Total cash and cash equivalents</b>	<b>14.4</b>	<b>4.1</b>

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 29. Changes in net debt

	As at 1 Jan 2020 £m	Cashflow movements £m	As at 31 Dec 2020 £m	As at 1 Jan 2019 £m	Cashflow movements £m	As at 31 Dec 2019 £m
Cash	4.1	10.3	14.4	7.1	(3.0)	4.1
Finance lease obligations	(2.6)	1.2	(1.4)	(4.1)	1.5	(2.6)
	<b>1.5</b>	<b>11.5</b>	<b>13.0</b>	<b>3.0</b>	<b>(1.5)</b>	<b>1.5</b>

## 30. Financial instruments

### Carrying amount of financial assets

	2020 £m	2019 £m
Measured at amortised cost (comprising trade debtors, cash and cash equivalents and current asset investments)	29.6	26.3
Instruments measured at fair value through the SOFA (comprising investments)	14.1	19.5
	<b>43.7</b>	<b>45.8</b>

### Carrying amount of financial liabilities

	2020 £m	2019 £m
Measured at amortised cost (comprising trade creditors, lease creditors, holiday pay and accruals)	12.2	12.1
	<b>12.2</b>	<b>12.1</b>

A revolving credit facility with Santander plc was confirmed in December 2020. The value of this basic financial instrument is £10 million and the term of the facility is three years, to December 2023, with one year extension options at the end of 2021 and 2022. No funds were drawn down from the facility in 2020, nor up to the date of approval of these financial statements.

The margin payable on amounts drawn down is 1.85%. The arrangement fee paid on agreement of the facility was 0.5% (£50,000). A commitment fee of 40% of the margin is payable quarterly on the value of the undrawn facility amount.

The facility is secured by a legal charge over the freehold property owned by the charity at 63 York Street, Marylebone, London, W1H 1PS. This property has a net book value of £2.0m recognised in these financial statements as at 31 December 2020.

## 31. Subsidiary companies

The Priory controls the two companies listed below.

St John Ambulance, a charitable company, which is the main operating company of the Priory. St John Ambulance is a company limited by guarantee and does not have any share capital. The Priory has undertaken to contribute an amount not exceeding £1 on a winding up of St John Ambulance.

Support St John Limited, a non-charitable trading subsidiary of St John Ambulance, through which activities are conducted that are not compatible with the charitable status of St John Ambulance. Taxable profits are transferred to St John Ambulance under gift aid. Support St John Limited is a company limited by guarantee and does not have any share capital. St John Ambulance has undertaken to contribute an amount not exceeding £10 on a winding up of Support St John Limited. A summary of the results of the subsidiaries for 2019 and 2020, as well as the aggregate amount of their assets, liabilities and funds as at 31 December of each year included in the St John accounts, is shown below.

	St John Ambulance		Support St John Limited	
	2020 £m	2019 £m	2020 £m	2019 £m
Income	92.2	102.0	0.1	0.4
Expenditure	(99.1)	(107.8)	(0.1)	(0.3)
Operating (loss)/profit	(6.9)	(5.8)	-	0.1
Gift aid	-	0.1	-	(0.1)
Gains/(losses) on investment	(1.5)	3.2	-	-
<b>Retained (loss)/profit</b>	<b>(8.4)</b>	<b>(2.5)</b>	<b>-</b>	<b>-</b>
Assets	136.4	141.5	0.3	0.2
Liabilities	(24.1)	(20.8)	(0.3)	(0.2)
<b>Funds</b>	<b>112.3</b>	<b>120.7</b>	<b>-</b>	<b>-</b>

# Notes to the consolidated accounts

## For the year ended 31 December 2020, continued

### 32. Associated charities

The Priory is associated with the Most Venerable Order of the Hospital of St John of Jerusalem ('the Order'). The Priory is one of a number of autonomous priories that form the Order. Together with the other priories throughout the world, the Priory provides financial support to the Order of an amount equal to the annual running costs of the Order in the proportion of the membership of the Priory relative to the memberships of all the priories. In 2020 the Priory contributed £0.3m (2019: £0.3m).

The Priory is also associated with the Eye Hospital. The Priory contributed £0.2m to the Eye Hospital in 2019 (2019: £0.2m).

### 33. Pension scheme

#### St John Ambulance

##### Pension arrangements

St John Ambulance participates in the Growth Plan, Unithised Ethical Plan ('UEP') and Flexible Retirement Plan ('FRP'), all of which are multi-employer pension plans provided by TPT Retirement Solutions.

Contributions paid into the Growth Plan up to and including September 2001 were converted to defined amounts of pension payable from normal retirement date. From October 2001 contributions were invested in personal funds which have a capital guarantee, and which are converted to pension on retirement, either within the Growth Plan or by the purchase of an annuity.

The Growth Plan Series 1, 2 and 3 are defined benefit schemes which provide benefits to some 950 non-associated participating employers. It is not possible for the charity to obtain sufficient information to identify the share of underlying Growth Plan assets and liabilities belonging to individual participating employers. Growth Plan assets are co-mingled for investment purposes and benefits are paid from the total Plan assets. Therefore, the Growth Plan is accounted for as a defined contribution scheme.

Membership of the UEP, the FRP or Growth Plan Series 4, all of which are defined contribution schemes, is made available to new employees. Employees, including those who are in the Growth Plan Series 1, 2 and 3, which are closed to new entrants, have the option to switch in the future to any of the three schemes that are currently available to new employees.

##### Membership and pension contributions

St John Ambulance paid contributions to all three plans at rates between 4% and 10% of the qualifying pensionable salary during the year. Members paid contributions generally between 4% and 10% during the year. Auto-enrolment of all employees into a pension plan came into effect from 1 October 2013. As at the year end, there were 1,257 employees (2019: 1,455) of St John Ambulance who were members of the available TPT Retirement Solutions plans, including 1,180 in the Growth Plan (2019: 1,297).

The total pension contributions payable to TPT Retirement Solutions in relation to 2020, including employee contributions, were £3.9m (2019: £4.0m). The amount owing to TPT Retirement Solutions at 31 December 2020 was £0.3m (2019: £0.3m).

##### Actuarial valuations

The Growth Plan is funded and is not contracted out of the state scheme. The plan trustee commissions a full actuarial valuation of the Growth Plan every three years, with updates in-between. The purpose of the actuarial valuation is to determine the funding position of the Growth Plan by comparing the assets with the past service liabilities as at the valuation date. Asset values are calculated by reference to market levels. Accrued past service liabilities are valued by discounting expected future benefit payments using a discount rate calculated by reference to the expected future investment returns.

The rules of the Growth Plan give the trustee the power to require employers to pay additional contributions to ensure that the statutory funding objective under the Pensions Act 2004 is met. The statutory funding objective is that a pension scheme should have sufficient assets to meet its past service liabilities, known as technical provisions.

A full actuarial valuation of the Growth Plan was performed as at 30 September 2017 by a professionally qualified actuary using the Projected Unit Method. The financial assumptions underlying the valuations were as follows:

	2017 valuation % pa	2016 update % pa	2015 update % pa	2014 valuation % pa
Investment return pre-retirement	3.1	2.6	3.6	4.2
Investment return post-retirement	2.3	1.7	2.7	3.3
Rate of price inflation – Retail Prices Index (RPI)	3.4	3.0	3.0	3.1
Rate of price inflation – Consumer Prices Index (CPI)	2.5	2.1	2.1	2.2

In determining the investment return assumptions, the trustee considered actuarial advice relating to the probability of achieving particular levels of investment return. The trustee has incorporated an element of prudence into the pre- and post-retirement investment return assumptions, such that there is a 60% expectation that the return will be in excess of that assumed and a 40% chance that the return will be lower than that assumed over the next 10 years.

# Notes to the consolidated accounts

## For the year ended 31 December 2020, continued

### 33. Pension scheme, continued

#### Actuarial valuations, continued

The scheme actuary has prepared a full actuarial valuation as at 30 September 2017. The fair values of the Growth Plan's assets as at the valuation date of 30 September 2017, as well as for previous years, are shown in the following table:

	2017 valuation £m	2016 update £m	2015 update £m	2014 valuation £m
Assets	795	901	857	793
Technical provisions (past service liabilities)	(926)	(1,052)	(996)	(970)
Shortfall of assets compared to the value of liabilities	(131)	(151)	(139)	(177)
Funding level	85.8%	85.7%	86.1%	81.8%

The actuarial valuation as at 30 September 2017 is the latest available. The next full actuarial valuation will be carried out as at 30 September 2020.

#### Deficit contributions

The scheme is subject to the funding legislation outlined in the Pensions Act 2004 which came into force on 30 December 2005. This, together with documents issued by the Pensions Regulator and Technical Actuarial Standards issued by the Financial Reporting Council, set out the framework for funding defined benefit occupational pension schemes in the UK.

A full actuarial valuation of the scheme was carried out at 30 September 2014. This valuation showed a funding shortfall of £177m. To eliminate this funding shortfall, the trustee asked participating employers to pay additional contributions to the scheme, calculated at £13.0m, increasing by 3% per annum on 1 April each year, from 1 April 2016 to 31 March 2028.

Subsequently, an updated full actuarial valuation of the scheme was carried out at 30 September 2017. This valuation showed a funding shortfall of £131m. To eliminate this funding shortfall, the trustee has updated the additional contribution amounts above and asked participating employers to pay additional contributions to the scheme, calculated at £11.2m, increasing by 3% per annum on 1 April each year, from 1 April 2019 to 31 January 2025. Unless a concession has been agreed with the trustee the term to 31 January 2025 applies.

The recovery plan contributions are allocated to each participating employer in line with their estimated share of the Growth Plan Series 1 and Series 2 scheme liabilities.

The additional contributions required from St John Ambulance were initially levied at £345,000 per annum from 1 April 2016, increasing at 3% per annum. From 1 April 2020 the amount payable was £400,000 per annum. From 1 April 2021 the amount payable is £411,000 per annum. Payments continue, increasing at 3% per annum, until 31 January 2025.

Where the scheme is in deficit and the participating employer has agreed to a deficit funding arrangement, the employer recognises a liability for this obligation. The amount recognised is the net present value of the deficit reduction contributions made under the agreement that relates to the deficit. The present value is calculated using the discount rate disclosed in the assumptions in note 34. The unwinding of the discount rate is recognised as a finance cost. Further details of the liability are also given in note 34.

#### Cessation of membership

The Growth Plan is classified as a 'last man standing' arrangement. Therefore the charity is potentially liable for other participating employers' obligations if those employers are unable to meet their share of the scheme deficit following withdrawal from the scheme. Participating employers are legally required to meet their share of the scheme deficit on an annuity purchase basis on withdrawal from the scheme.

In the event of a complete withdrawal from the Growth Plan by St John Ambulance or if TPT Retirement Solutions were wound up, St John Ambulance would have a legal liability to pay a share of the accumulated deficit in the Growth Plan, as calculated on an annuity purchase basis. The current contingent liability for St John Ambulance, based on an actuarial estimate at 30 September 2019, is estimated at £5.5m (30 September 2018: £5.3m). This liability is affected by changes in the fair value of the Growth Plan assets due to stock market fluctuations. There is no intention on the part of St John Ambulance to withdraw from the Growth Plan.

### 34. Pension contributions liability

#### (i) Total pension contributions liability

	2020 £m	2019 £m
Pension contributions payable on salaries	0.3	0.3
Present value of provision relating to pension deficit funding plan	1.7	2.1
	<b>2.0</b>	<b>2.4</b>
Amounts falling due within one year (see note 19)	0.7	0.7
Amounts falling due after more than one year (see note 20)	1.3	1.7
	<b>2.0</b>	<b>2.4</b>

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 34. Pension contributions liability, continued

### (ii) Reconciliation of opening and closing provisions relating to additional pension contributions

	2020 £m	2019 £m
Provision at 1 January	2.1	2.6
Deficit contribution paid	(0.4)	(0.4)
Re-measurements – impact of any change in assumptions	-	(0.1)
<b>Provision at 31 December</b>	<b>1.7</b>	<b>2.1</b>

### (iii) Income and expenditure impact

	2020 £m	2019 £m
Re-measurements – impact of any change in assumptions	-	(0.1)
<b>Total cost recognised in Statement of Financial Activities</b>	<b>-</b>	<b>(0.1)</b>

### (iv) Assumptions

	31 December 2020	31 December 2019	31 December 2018	31 December 2017	31 December 2016
	% per annum	% per annum	% per annum	% per annum	% per annum
Discount rate used	0.27	1.13	1.75	1.39	1.44

The discount rates shown above are the equivalent single discount rates which, when used to discount the future recovery plan contributions due, would give the same results as using a full AA corporate bond yield curve to discount the same recovery plan contributions.

### (v) Deficit contributions schedule

The following schedule details the deficit contributions agreed between St John Ambulance and the Growth Plan at each year end period:

Amounts payable in each future year as at the balance sheet date	2020 £'000	2019 £'000
Year 1	408	397
Year 2	421	408
Year 3	433	421
Year 4	446	433
Year 5	37	446
Year 6	-	37

St John Ambulance must recognise a liability measured as the present value of the contributions payable that arise from the deficit recovery agreement and the resulting expense in the income and expenditure account (the unwinding of the discount rate as a finance cost in the period in which it arises).

# Notes to the consolidated accounts

For the year ended 31 December 2020, continued

## 36. Comparative results for the year ended 31 December 2019, by type of fund

	Note	Unrestricted funds £m	Restricted and endowment funds £m	2019 Total £m
<b>Income and endowments from:</b>				
<b>Income from donations and legacies</b>	2	13.7	3.2	16.9
<b>Income from charitable activities:</b>				
<b>Delivering first aid:</b>				
First aid provision and youth development		7.2	0.1	7.3
Ambulance and transport services		12.8	-	12.8
Community support programmes		1.4	-	1.4
<b>Equipping the public:</b>				
Training		46.8	-	46.8
First aid products		12.7	-	12.7
Other charitable activities		0.1	-	0.1
<b>Total income from charitable activities</b>	3	<b>81.0</b>	<b>0.1</b>	<b>81.1</b>
<b>Income from other trading activities</b>	4	1.2	0.1	1.3
<b>Investment income</b>	5	1.3	-	1.3
<b>Other income</b>				
Net gain on disposal of assets		1.4	-	1.4
Other income		0.4	-	0.4
Total other income		1.8	-	1.8
<b>TOTAL INCOME</b>		<b>99.0</b>	<b>3.4</b>	<b>102.4</b>
<b>Expenditure on:</b>				
<b>Total expenditure on raising funds</b>	7	8.9	0.1	9.0
<b>Expenditure on charitable activities:</b>				
<b>Delivering first aid:</b>				
First aid provision and youth development		24.5	1.1	25.6
Ambulance and transport services		19.7	-	19.7
Community support programmes		3.9	0.1	4.0
<b>Equipping the public:</b>				
Training		35.8	0.1	35.9
First aid products		11.3	-	11.3
Other charitable activities		2.4	0.2	2.6
<b>Total resources expended on charitable activities</b>	7	<b>97.6</b>	<b>1.5</b>	<b>99.1</b>
<b>TOTAL EXPENDITURE</b>	7	<b>106.5</b>	<b>1.6</b>	<b>108.1</b>
<b>Gains on investments</b>	9	2.9	0.3	3.2
Transfers between funds	25	0.5	(0.5)	-
<b>NET MOVEMENT IN FUNDS</b>		<b>(4.1)</b>	<b>1.6</b>	<b>(2.5)</b>
Fund balances at 1 January 2019		119.2	4.0	123.2
<b>FUND BALANCES AT 31 DECEMBER 2019</b>	25	<b>115.1</b>	<b>5.6</b>	<b>120.7</b>

# Royal patrons, priory council of trustees, management and principal committees

## Royal Patrons

HM The Queen	Sovereign Head of the Order of St John
HRH The Duke of Gloucester	Grand Prior
HRH The Princess Royal	Commandant in Chief (Youth) St John Ambulance
HRH The Countess of Wessex	Grand President

## Priory Council of Trustees

The names of the members of the Priory Council of Trustees who have served since 1 January 2018 and the senior executives are set out below. Details of the key committees of the Priory Council are shown on pages 95 to 96.

<b>Surgeon Rear Admiral Lionel Jarvis CBE KStJ DL</b> Prior*	1,3	
<b>Mr M Messinger LVO KStJ QPM DL</b> Chancellor*	1,3,6	
<b>The Very Reverend Dr Nicholas Frayling KStJ</b> Dean*	1,6	Retired 25 June 2020
<b>The Very Reverend Dr John Hall KCVO CStJ</b> Dean*	1,6	Appointed 25 June 2020
<b>Mrs A Cable MBE DStJ DL</b> Chief Commissioner*	1,2,3,7	
<b>Mr S Frost CStJ</b>	2,4	
<b>Ms J Gough OBE OSTJ</b>	6	
<b>Sir David Hempleman-Adams KCVO OBE KStJ DL</b>		
<b>Mr N Wood MBE OSTJ</b>	2,5	

## Priory Secretary

<b>Mr T Hyun</b>	Appointed 28 July 2020
<b>Mr M Scott-Pearce</b>	Appointed 26 November 2019, resigned 28 July 2020

\* Also a director of St John Ambulance .

1. Member of Nominations Committee
2. Member of Audit and Risk Committee
3. Member of Remuneration Committee
4. Member of Finance Committee
5. Member of Fundraising Committee
6. Member of Heritage Committee
7. Member of People Committee

# Royal patrons, priory council of trustees, management and principal committees

## Nominations Committee

### Chair – Surgeon Rear Admiral Lionel Jarvis CBE KStJ DL

Mr S Bell (appointed 1 November 2020)  
 Ms M Boland CStJ  
 Mrs A Cable MBE DStJ DL  
 Mr J Dempster CB OSTJ  
 The Very Reverend Dr Nicholas Frayling KStJ (retired 25 June 2020)  
 Ms L Gordon (appointed 1 November 2020)  
 The Very Reverend Dr John Hall KCVO CStJ (appointed 25 June 2020)  
 Mr P Herbage MBE KStJ  
 Ms S Lowndes-Jones MStJ (retired 25 June 2020)  
 Mrs E Mackinlay MBE DStJ (retired 1 November 2020)  
 Ms J Mark-Richards (appointed 1 November 2020)  
 Mr M Messinger LVO KStJ QPM DL  
 Ms S Morgan MStJ (retired 25 June 2020)

## Audit and Risk Committee

### Chair – Mr N Wood MBE OSTJ (appointed as Chair 21 October 2020)

### Chair – Mr D Springthorpe MStJ (resigned 15 October 2020)

Mrs A Cable MBE DStJ DL (appointed 30 October 2020)  
 Mr S Frost CStJ  
 Mr R Harayda (appointed 9 October 2020)  
 Mr S Hargrave  
 Mr J Hayes  
 Ms L Smith

## Remuneration Committee

### Chair – Ms J Mee MStJ

Mrs A Cable MBE DStJ DL  
 Surgeon Rear Admiral Lionel Jarvis CBE KStJ DL  
 Mr M Mansigani OBE\* OSTJ  
 Mr M Messinger LVO KStJ QPM DL

\*OBE awarded in The Queen's Birthday Honours 2021.

## Finance Committee

### Chair – Mr S Frost CStJ

Ms R Foreman  
 Mr M Gibbons CStJ  
 Mr M Mansigani OSTJ  
 Mr J Macnamara CStJ TD VR JP  
 Mr D Springthorpe MStJ (resigned 15 October 2020)



# Royal patrons, priory council of trustees, management and principal committees

## Fundraising Committee

**Chair – Dr D Reeves OStJ** (appointed as Chair 21 October 2020)

**Chair – Mr N Wood MBE OStJ** (resigned 21 October 2020)

Mrs M Coleman OStJ

## Clinical Committee

**Chair – Professor Sir Keith Porter**

Dr S Davies OStJ (appointed 1 August 2020)

Colonel Professor I Greaves OStJ

Dr D Reeves OStJ

Ms V Storey OStJ (resigned 1 August 2020)

Mr S Verdon

Mr A Wapling CStJ (resigned 1 March 2020)

Major R Webber CStJ

## Heritage Committee

**Chair – Ms J Gough OBE OStJ**

The Very Reverend Dr Nicholas Frayling KStJ (retired 25 June 2020)

The Very Reverend Dr John Hall KCVO CStJ (appointed 25 June 2020)

Mr M Messenger LVO KStJ QPM DL

Dr J Warren OStJ

## People Committee

**Chair – Ms J Mee MStJ**

Mrs A Cable MBE DStJ DL

Mrs M Coleman OStJ

Mr C Frederick

Mr K Munday OStJ

Mr A Taylor

Ms L Wallace OStJ

Mr A Wapling CStJ

## Commercial Committee

**Chair – Mr M Mansigani OBE\* OStJ**

Mr R Harayda

The inaugural meeting of the Commercial Committee was held on 4 May 2021.

\*OBE awarded in The Queen's Birthday Honours 2021.

## Executive Leadership Team

**Mr M Houghton-Brown OStJ**, Chief Executive

**Ms S Duthie**, Director of Priory Affairs

**Mr S Foster**, Director of People and Organisation

**Mr M Fox OStJ**, Director of Training and Enterprise, resigned 30 November 2020

**Mr T Hyun**, Director of Governance, appointed 30 March 2020

**Mr R Lee MBE MStJ QAM**, Chief Operating Officer

**Ms R Mauger**, Director of Fundraising

**Mr J Radford**, Director of Strategy and Communications

**Mrs Y Smithers**, Director of Finance and Resources, appointed 28 July 2020

**Mr G Woods CStJ**, Chief Business Officer, appointed 1 January 2021

# Principal places of business and advisers

## The Priory of England and the Islands

St John's Gate  
St John's Lane  
Clerkenwell  
London  
EC1M 4DA

**020 7324 4000**  
[stjohnengland.org.uk](http://stjohnengland.org.uk)

## St John Ambulance

27 St John's Lane  
Clerkenwell  
London  
EC1M 4BU

**020 7324 4000**  
[sja.org.uk](http://sja.org.uk)

## Support St John Limited

27 St John's Lane  
Clerkenwell  
London  
EC1M 4BU

## Auditors

Grant Thornton UK LLP  
30 Finsbury Square  
London  
EC2A 1AG

## Bankers

Barclays Bank PLC  
1 Churchill Place  
London  
E14 5HP

## Investment managers

BlackRock Investment Management (UK) Limited  
12 Throgmorton Avenue  
London  
EC2N 2DL

## Property advisers

Daniel Watney LLP, Chartered Surveyors  
165 Fleet Street  
London  
EC4A 2DW

## Solicitors

Bircham Dyson Bell  
50 Broadway  
London  
SW1H 0BL

## Insurance brokers

Sydney Packett & Sons Limited  
Salts Wharf  
Ashley Lane  
Shipley  
BD17 7DB

## Pension fund

TPT Retirement Solutions  
Verity House  
6 Canal Wharf  
Leeds  
LS11 5BQ

**The Priory of England and the Islands**

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**St John Ambulance**

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