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# Chairman's Introduction

## Serving our Community



St John Ambulance has been serving and operating as an integral part of the Western Australian community for more than 125 years. While the look of our organisation has changed over that time, our purpose and the dedication and commitment of our people has remained the same. As you read through the results for 2017/18 achieved by our 10,000 staff and volunteers you will see the tangible demonstration of our outward looking focus and continued improvement in the way we provide services to our community.

This financial year has been a strong one for St John in Western Australia. Once again, we have demonstrated the strengths of our integrated model and shown that when combined, the elements of that model enable a greater impact on service provision and building community resilience than any of the elements could have in isolation.

What makes the journey of St John in Western Australia so unique is the way it has evolved the provision of the highest quality professional services with an incredibly strong connection to the community through various forms of volunteerism.

Over the past year we have made excellent progress with making first aid a part of everyone's life. We continue to provide a world class ambulance service that is the most cost-effective in Australia and continue to develop our ability to provide the community with a service that is the gateway for any unscheduled care needs. Our connection to and engagement with the community through volunteerism, participation through our smartphone app and Community First Responder program and defibrillators in the community continues to grow. The level of charitable activities has continued to increase. All of this has been achieved whilst delivering a strong financial result.

As you read through the annual report and see the levels of activity and performance in our various endeavours you will get a sense of the breadth of the organisation and its complexity. For myself, the Board and our CEO and his executive team, our key role is to ensure we are focused and on track in delivering on our purpose. The elements of our purpose are further explained in the next section of the report.

I had the honour of attending many of the organisation's events during the year and was able to meet and interact with many of our dedicated staff and volunteers. As always, I consistently came away inspired by the dedication, generosity and commitment to purpose shown by our people. There is no doubt that the quality of ambulance, first aid, community, patient transfer and emergency preparedness services across Western Australia is due to this dedication.

Everyone at St John Ambulance Western Australia should feel justifiably proud of their achievements and be satisfied that collectively we have continued to fulfil our purpose of serving humanity through the relief of sickness, distress, suffering and danger.

I would like to thank my fellow Board Members for their support and encouragement, their wisdom and guidance in the governance of our organisation and most importantly their commitment to our purpose. I would also like to thank the Government of Western Australia and specifically the Health Minister and the WA Department of Health and its Director General for their continued support of St John Ambulance and its work within the WA community.

This report will be the final annual report for our current CEO Tony Ahern, who will retire in October 2018. It is very rare in today's day and age that an organisation is led by a person who has been with that same organisation for 45 years. Tony's career and contributions to St John, particularly during his tenure as Deputy CEO and CEO, have been extraordinary and the positive results, world class performance, and exciting advancements in innovation you will read about in this annual report are the result of his vision and leadership.

On behalf of the Board, I take this opportunity to thank Tony for his exceptional service over the last 45 years to both St John Ambulance and the people of Western Australia. To the 10,000 staff and volunteers who make up St John in WA, thank you for your service to humanity, your commitment to St John's purpose, and your willingness to serve the people of this great state.



**Shayne Leslie**  
Chairman



# Our Purpose

Our purpose in Western Australia is to serve humanity and build resilient communities through the relief of sickness, distress, suffering and danger.

We do this by:

- Making first aid a part of everyone's life.
- Delivering high quality cost-effective ambulance services to Western Australians.
- Providing appropriate, timely and equitable access into the health system for unscheduled care.

We are able to deliver our purpose not just as a leading provider of first aid training or the principal provider of ambulance services, but through maintaining a strong focus on our obligations as a charitable organisation and maximising a charitable contribution to our community, over and above what would be expected of the services funded by government, businesses or the community.

St John is proud to deliver this net benefit to the community while at the same time realising our vision of service to humanity in Western Australia.

An important and significant factor in the special contribution St John makes to the service of humanity is our integrated model.

One of our strengths is our ability to harness the combination of career staff and volunteers, which together ensure Western Australians, have access to leading ambulance and first aid services across metropolitan Perth and regional WA.

The organisation takes a broad view to deliver our integrated model. Investments are made strategically across the range of services and activities to ensure the best outcomes are achieved from the time of an incident to provision of definitive care.

This is further complimented by using evidence to drive service delivery and recognising the importance of the organisation's heritage while at the same time driving the need to operate differently in the future.

The unique integrated St John model enhances the service we are able to provide to the community, in particular because of the extent to which the community is engaged with the provision of our services through participation as volunteers.

In delivering on our purpose through the integrated model, St John seeks to:

- Improve patient outcomes and position ourselves for future healthcare challenges.
- Strengthen our relationships with partners and the community.
- Build strong, customer focused businesses in emerging competitive markets.

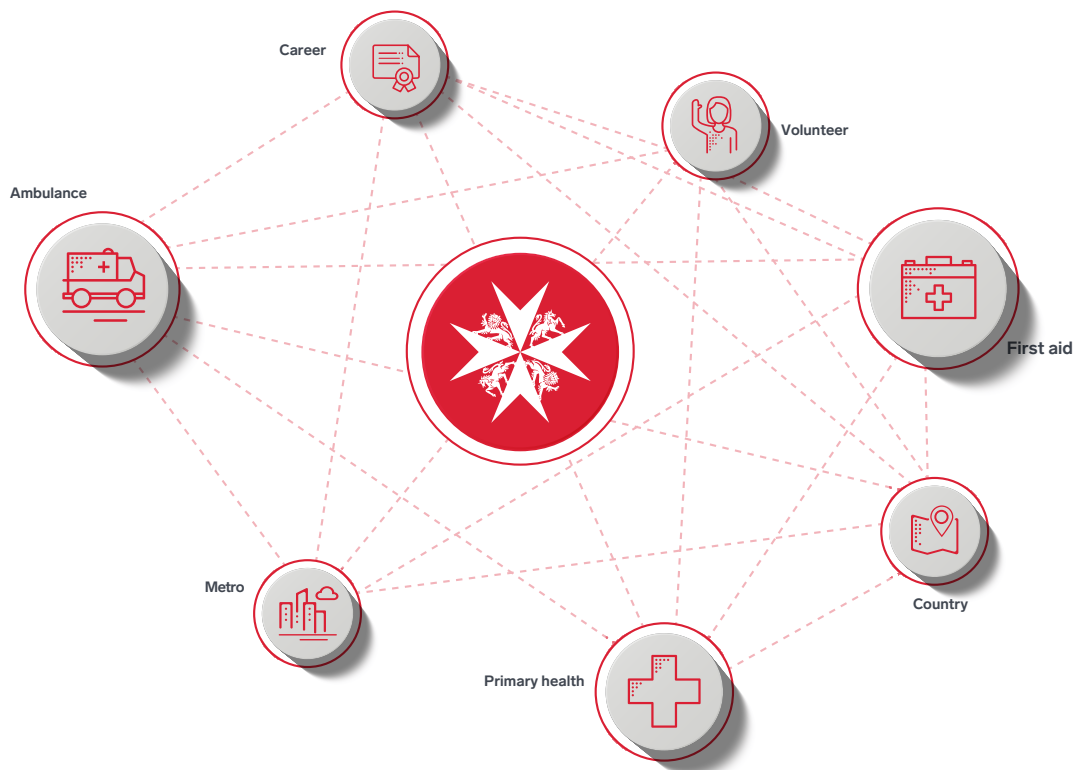


# Integrated Service Model

The unique integrated St John model enhances the service we are able to provide to the community. Combined, these elements make a greater impact than any of the elements could have individually.

Each component of the model connects, supports and enhances the other elements. This approach improves community resilience and enhances our high quality

ambulance services and clinical pathways, resulting in the best possible patient outcomes.



## Our Governance

St John Ambulance Western Australia Ltd is a company limited by guarantee. We are accountable under the *Corporations Act 2001* and regulated by the Australian Securities and Investment Commission and the Australian Charities and Not-for-profits Commission.

The St John Board sets the organisation's direction and takes responsibility for good governance through self-regulation, prudent funds management and by ensuring best practice.

Reporting to the Board are three committees; Audit and Risk Committee, Board Selections Committee and Remuneration Committee.

The Board delegates day-to-day operational responsibility to the Chief Executive Officer, who is assisted by the executive team.

St John has service agreements with the State Government to provide ambulance services throughout the state.

# Chief Executive Officer's Report



**This is my final report as the Chief Executive Officer of St John Ambulance in Western Australia. As such, while written with a great sense of pride there is also an element of sadness and nostalgia at the conclusion of this chapter of my life.**

The annual report allows us to focus on the achievements of all of us collectively and in doing so consider the exceptional things that the people of St John can achieve in the future.

Through the remainder of the report you can read about more of the detail of each of the organisation's areas of activity. In my overview, I will summarise that performance in the context of a very integrated organisation and the collective impact on our purpose and objectives.

2017/18, has been an excellent year for St John. We continued to demonstrate that our goal of making first aid a part of everyone's life is not simply a set of words but rather a genuine commitment. A key component of our integrated activities is training the community in first aid. This year we trained 403,806 students. That represents 14.6 per cent of the state's population. Another part of the first aid objective is the way we facilitate the ability for the community to act for themselves in an emergency. We now have 2,128 community first responder locations. At 30 June we also had close to 40,000 downloads of the First Responder smartphone app with almost 10,000 users. The results reported in our clinical governance section of this report shows significant increases in bystander CPR and the use of publically accessible



defibrillators demonstrates the community's capability, given the training and support provided by St John. All of this demonstrates amazing progress in the objective of making first aid a part of everyone's life.

Australia is blessed with some of the best ambulance services in the world. We can be incredibly proud of the ambulance service we have here in this state. When we talk about the ambulance service in WA we mean all of its components; emergency ambulance, rescue helicopter, state operations centre and patient transport. Whilst each element is fantastic, it is the combined impact which is truly world class. In 2017/18 we handled 335,609 cases. The quality of service being delivered, with the support of our education and training and clinical governance teams, is of the highest order.

A component of our integrated model which is critical in maximising the effectiveness of both our first aid and

**“It has been another outstanding year and a tribute to the thousands of people who work for St John, in either a paid capacity or as volunteers.”**

ambulance effort is our Event Health Services. This area ensures we bring the best of first aid and ambulance together when there are large numbers of people at public gatherings.

St John identified that the way we previously expressed our two key goals, necessary to be successful in our purpose of serving humanity through the relief of sickness, distress suffering and danger, did not adequately describe what would be necessary to be successful in the years ahead. A significant missing component was the role the state's ambulance service, and therefore St John, should play in helping people access the health system in the most appropriate way. For this reason, we added a third objective which is “providing appropriate, timely and equitable access into the health system for unscheduled care”. This objective will ultimately involve both St John playing a coordination role as well as expanding its range of services to facilitate this access to health services.

The identification of this third goal led to the acquisition of Apollo Health in June 2016. June 30 marked the end of our second year of operation of the medical centres since that acquisition. In 2017/18 we saw a total of 288,691 patients in our primary care centres. Of these, 57,558 were patients seen in the three urgent care centres. We believe almost 20,000 of these patients would have required Emergency Department presentation had the urgent care centres not been available. In addition to the amazing service this provides the community, it is positioning us well for this journey of transition from response to gateway and in particular the capability we are building will allow us to consider some really innovative solutions for the provision of health services, ambulance and primary health, in country areas.

It has been another outstanding year and a tribute to the thousands of people who work for St John, in either a paid capacity or as volunteers. A special thank you to all of the people who work more behind the scenes in one of the many support functions – these results could not be achieved by our frontline staff without your dedication and contribution.

I would like to say a special thank you to the two chairmen I have worked with during my time as CEO; Gerard King and Shayne Leslie. A special thank you to my predecessor, Ian Kaye-Eddie who has remained a great friend and mentor to me over the past 12 years. Also, thank you to the current and former Board Members who have given me their absolute support and encouragement in my role as CEO. Finally, thank you all for your support during my career journey and particularly for your support during my period as Chief Executive Officer. It has been such an honour and privilege as well as a very humbling experience to have been given this opportunity. Thank you.

**Tony Ahern**  
Chief Executive Officer



# Key Achievements



**403,806**

Delivered first aid training to more than 403,000 Western Australians.



**2,128**

Community First Responder defibrillator locations across the state (up 28 per cent on the previous year).



**653,776**

St John responded to more than 653,000 patient cases in 2017/18 across our ambulance, GP and Urgent Care services.



**\$27 million**

Invested in capital projects for the year ending 30 June, 2018.



**308,568**

Western Australians received first aid training from our charitable first aid programs.



**29,476**

People cared for at events all over WA, with St John maintaining and strengthening its position as the premier event health service.



**8,489**

Volunteers contributed 4 million hours.



**592,079**

The State Operations Centre provided telephone assistance to more than 592,000 individuals during 2017/18.



**4,088**

St John serviced more than 4,000 events across the metropolitan area.



**790**

The RAC Rescue Helicopter service performed 790 patient retrievals.

# Statewide Resources

We invest in resources including our people and volunteers to ensure that we are able to meet the continually growing demands for ambulance services, first aid training, primary health care and event support.



## Ambulance vehicles

Metropolitan (ambulance service and patient transfer)	146
Country Career Sub Centres	63
Country Volunteer Sub Centres	270
Event Health Services/Youth & Community	43
<b>Total</b>	<b>522</b>



## Paid staff (FTE)

Metropolitan (ambulance and patient transfer service)	903
Country Career Sub Centres	113
Country Volunteer Sub Centres	31
Event Health Services/Youth & Community	15
Rescue Helicopter	14
Community Transport Services	4
Primary Health Services	97
Other (includes admin staff)	402
<b>Total</b>	<b>1,578</b>



## Number of People Trained in First Aid

Metropolitan	67,845
Country Career Sub Centres	29,791
Country Volunteer Sub Centres	25,218
Event Health Services/Youth and Community	280,952
<b>Total</b>	<b>403,806</b>



## Other vehicles

Metropolitan	86
Country Career Sub Centres	46
Country Volunteer Sub Centres	5
Event Health Services/Youth & Community	9
Community Transport Services	22
Other	30
<b>Total</b>	<b>198</b>



## Patients/Customers

Metropolitan (ambulance service and patient transfer)	249,804
Country Career Sub Centres	44,882
Country Volunteer Sub Centres	22,864
Event Health Services	29,476
Community Transport Service	16,698
Rescue Helicopter	790
Primary Health Services	288,691
Neonatal Emergency Transport Service	571
<b>Total</b>	<b>653,776</b>



## Volunteers

Country Career Sub Centres	966
Country Volunteer Sub Centre	2,297
Event Health Services/Youth and Community	1,460
Community Transport Services	269
Other	3,496*
Primary Health	1
<b>Total</b>	<b>8,489</b>

\*Other is made up of Community First Responders, Commandery Members and Friends of St John

# The Fabric of St John





# Community Contributions

**St John Ambulance in Western Australia delivers significant charitable and community services over and above the services that are paid for by government, business or individuals.**

Our organisation is proud of our rich history of humanitarian work which is as relevant in today's modern world as it has been over many decades. The strength of the integrated St John model is that this charitable/humanitarian work sits front and centre with all of our services. In fact, the ultimate aim of St John's commercial activities is to provide a sustainable means for our contribution to the community.

**In 2017/18 we were proud to be able to deliver these important outcomes to the community:**



## Youth and community engagement

In 2017/18 the number of students trained by our range of youth programs was more than 180,000.

The St John youth engagement initiative provides a range of programs for school students of all ages, including First Aid Focus, First Aid Club, First Aid Frenzy and Cadetships. Our First Aid Focus program which provides free training to school children, remained a vital avenue in our aim to make first aid a part of everyone's life, training 161,967 students in 2017/18. More than 20,000 additional young people were enrolled in our other youth programs.

During the year a further 112,000 people took part in training provided for free by St John at events such as Perth Royal Show. In 2017/18 the value of these charitable services was \$700,000.



## Volunteer contributions

Our 8,489 volunteers contributed in excess of 4 million hours of volunteer activity during the year. Volunteer activities include: rural ambulance services, first aid services, first aid training, event health services, community transport, and engaging as a community first responder.

The value of the volunteer hours contributed was in excess of \$202 million.



## National assistance and contributions

During the year, St John Ambulance continued to provide assistance and donation to our national St John counterparts. This has included providing operational guidance, sharing training materials including Western Australia's First Aid for Mental Health modules, the St John smart phone app developed here in WA and secondhand ambulance vehicles donated to Tasmania.



## Humanitarian missions

St John continues with assistance given to developing countries around the world. In 2017/18 St John donated an ambulance vehicle to the Democratic Republic of Congo, specifically to Mission in Health Care and Development, an NGO working in six of the 11 provinces in the country. The vehicle will be located at Luvungi Hospital in the South Kivu province, and will be transformed into a mobile clinic to help locals in remote villages.

Assistance is being provided to St John Ambulance in Papua New Guinea via volunteer opportunities for St John Western Australian paramedics in an operational capacity, training and development opportunities as well as assistance with administrative processes.



## Community resilience

Over and above its youth engagement activities, St John Western Australia engages in first aid awareness initiatives for the broader community with the objective of making first aid a part of everyone's life.

These activities are charitable undertakings provided free and delivered by the Event Health Services team. It provided first aid training for more than 112,000 people at public events and gatherings. In 2017/18 St John also donated first aid kits to 35 organisations for the benefit of the community.

In a major boost for the community, St John was successful in gaining a \$1.37 million Lotterywest grant to be used to purchase lifesaving public access defibrillators and first aid training for sporting, community and not for profit groups all over Western Australia. The project will be rolled out over the next 24 months through collaboration with state and local government and non-government groups.



## Ophthalmic Branch

An annual donation from the Perth Eye Surgery Foundation, and a levy on St John's annual dinner dance tickets, combined to fund three nursing positions at the St John Eye Hospital in Jerusalem.

Raising money for the ophthalmic activities are separate to fundraising activities for first aid and ambulance. No first aid or ambulance revenue from any source, is directed towards this charitable activity.

## Total value

**Overall in 2017/18 St John Western Australia supported charitable services and activities to a value in excess of \$202 million. This contribution was possible due to the effective integrated model used in Western Australia and the organisation's commitment to its purpose.**

# Global Impact

As well as providing charitable and community services at home, St John WA has a proud record of providing international assistance, once again aligning with our purpose. This work has covered the provision of vehicles to developing nations, providing funding to the St John of Jerusalem Eye Hospital and helping countries in Asia to establish ambulance services and first aid training.

Here is a snapshot of that international work:



## Training

Assisting in developing ambulance and first aid services  
**Malaysia, Vietnam**

Free first aid training provided to more than 180,000 school students each year  
**Western Australia**

Maintain a network of defibrillators and provide training to the community  
**Western Australia**

We've trained in remote communities including  
**Jigalong and Warralong**



## Ophthalmic Care and Procedures

Funding nursing positions at the St John Eye Hospital Group  
**Jerusalem**, the only provider of expert eye care in the West Bank, Gaza and East Jerusalem.



## Volunteers

More than 8,400 volunteers donate 4 million hours of their time every year  
**Western Australia**

There are now more volunteer roles in St John than ever including Event Health officers, Community Transport, First Aid Assistants and Awareness officers, Logistics officers, Early Childhood Education volunteers and First Impressions volunteers, as well as regional ambulance and community roles.



## Ambulance and Equipment Donations

Donated ambulances  
**DR Congo, Zambia, Zimbabwe, South Africa and Solomon Islands**

Donated ambulance equipment  
**Zimbabwe, South Africa, Zambia**

Donated patient transfer vehicles  
**Tasmania**

Donated defibrillators  
**South Africa, Papua New Guinea, Timor-Leste, Nepal, Malawi, Kenya**



**181,000+**

school students trained in first aid each year.



**4 million**

volunteer hours each year.



St John of Jerusalem Eye Hospital group treats more than

**130,000**

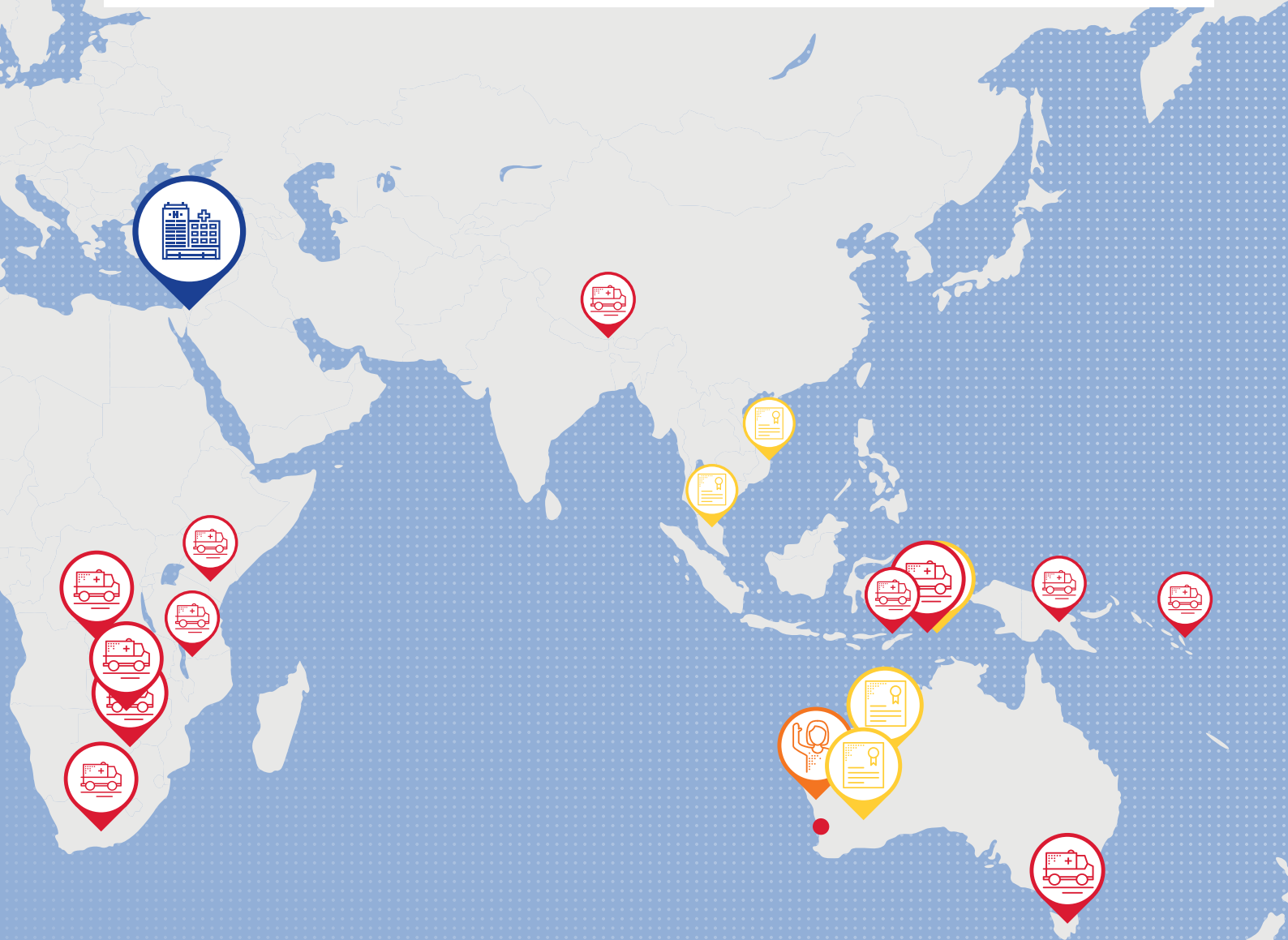
patients each year.



St John responded to more than

**318,000**

ambulance cases in 2017/18, an increase of 5.6 per cent.



*\*This map shows our charitable contributions since 2010.*



# Fabric Experience



The St John Fabric Scholarship Program is quite unique. Its purpose is to provide our people with the opportunity to seek out world's best practice, while at the same time leveraging the history and traditions of the St John organisation.

It offers exciting and challenging opportunities to look and learn from organisations across Australasia and around the world with the specific aim of identifying ideas and generating innovation to ensure our services are truly world's best practice.

Fabric participants are given the opportunity to undertake a journey of learning the origins of the Order of St John. This includes visiting the Order's historic sites and building understanding of how the Order has grown and adapted over time and shows how innovation has always been an important attribute in St John delivering its purpose.

**2018 marks five years of the Fabric program and now includes 103 Fabric Alumni members**

## Specifically, the Fabric program:

- Looks to benchmark St John's activities, processes, and performance against that of other ambulance services worldwide.
- Allows participants to acquire knowledge and understanding to drive continual improvement.
- Strengthens participants' ability to take information and ideas about concepts, processes and operations and think critically about their application at St John WA.
- Provides opportunities to see and hear first-hand about the origins and history of the Order of St John (Rhodes, Malta and London) and to reflect on how the Order has adapted over time, maintained its relevance, and served a community/society/worldwide need.
- Aims to shape a generation of 'future pioneers', through the Fabric Alumni, so the collective body of knowledge and experience can help guide the organisation.

# Fabric Experience

Paramedic Tania Rego



**Tania Rego has been a part of St John for almost 20 years. In April 2018 she was selected to visit Europe and learn about the St John organisation and its international activities and to observe and learn from other ambulance services.**

Tania has been employed as a paramedic for 10 years and before that volunteered as part of St John's Event Health Services team and the ambulance service.

She said: "In 2018 I was extremely fortunate to have been selected as a participant in the Fabric Scholarship Program."

"As part of this program we travelled to Copenhagen to attend the Emergency 2018 Conference as well as the UK, visiting London, Wales and Yorkshire before travelling to Malta."

"The three day Copenhagen conference exactly suited our group's purpose with insights for clinical, organisational, pre-hospital and patient handover. The clinical people in our group also had the opportunity to attend a pre-conference cadaver lab skills workshop, currently not offered in Australia."

"In Malta I was able to step into the buildings where the Knights of St John provided healthcare and learn about their beginnings and their humanitarian work."

"The impact and personal development of this has been profound and something I probably underestimated until I had been able to experience being a part of this."

Tania said St John WA stood out as a world class service on a number of levels.

"We have a clear purpose and direction, we are professional and resilient, and our clinicians are highly skilled and competent," she said.

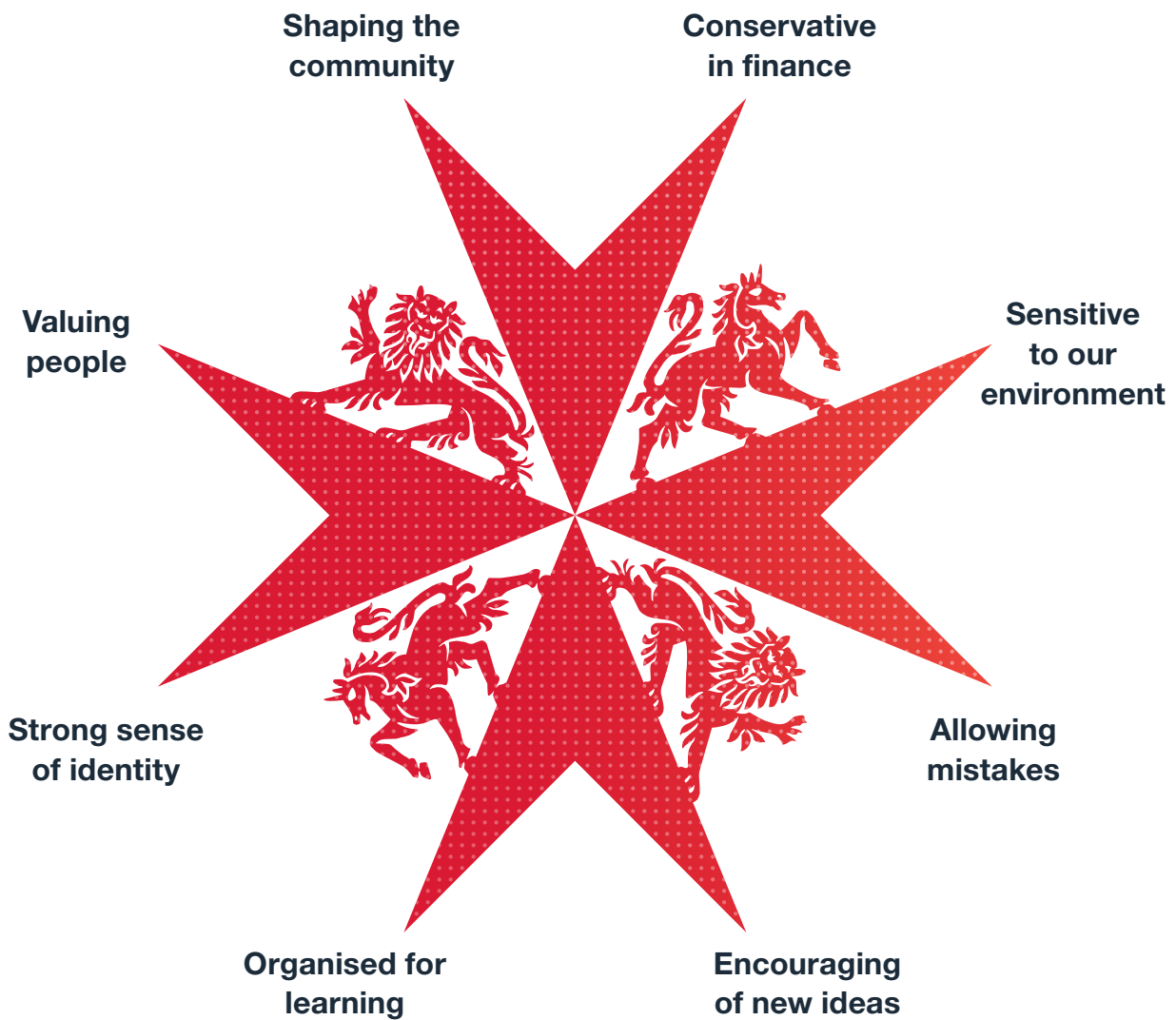
"The Fabric Experience helped to reinforce my appreciation and honour of being an employee and previous volunteer with St John. I wear my uniform with pride and have an enormous respect for a company and organisation with such a rich history."



# Our Values

Our eight values define the character of our organisation as we strive to deliver on our purpose of serving humanity and developing resilient communities in Western Australia.

Our values help to guide us both in setting organisational direction and in our daily activities. Working within these values helps to shape our organisation as contemporary and responsive to internal responsibilities and the broader community and its business environments.



# Youth Ambulance Officers

## Arnya Arnold and Leah Matta



High school students Arnya Arnold and Leah Matta are part of a St John program that is teaching new skills and providing a pathway for young people to become health professionals.

The two Manea Senior College year 11 students are recognised as country youth ambulance officers.

As part of the partnership, a group of 32 Year 11 and 12 students from the school are trained by St John in occupational first aid, workplace health and safety, clinical health systems and emergency management.

Additional formal training delivered through St John at the Health Training Centre on the Manea Campus, will enable Arnya and Leah to earn a Certificate III in Basic Health Care.

The program, which was launched in 2013 has great mutual benefits. It allows St John to develop the next generation of volunteers, while also providing a valuable service to our community.

Aside from the skills training with St John, the youth officers are able to shadow ambulance crews while on duty, and assist our experienced volunteers at local events such as football matches and community fairs.

Leah said learning about first aid and seeing St John volunteers up close had made her more confident.

“I have learned some great skills and the training has helped me to interact better with people – I just really enjoy the action and being able to help people,” she said.

Leah’s sister Chloe, who participated in the program in 2016, has now become a volunteer ambulance officer in Capel.

Arnya said she has enjoyed learning about the St John world via the program.

“I think the course is absolutely brilliant. One of the most vital things I have learned was communication and how critical it is in an emergency,” she said.

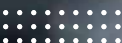
At the start of the year she said she was thinking about doing a course in childcare but now she is keen to look at a career in nursing or paramedicine.

Both Leah and Arnya said they would also like to continue their association with St John post graduation at Manea.





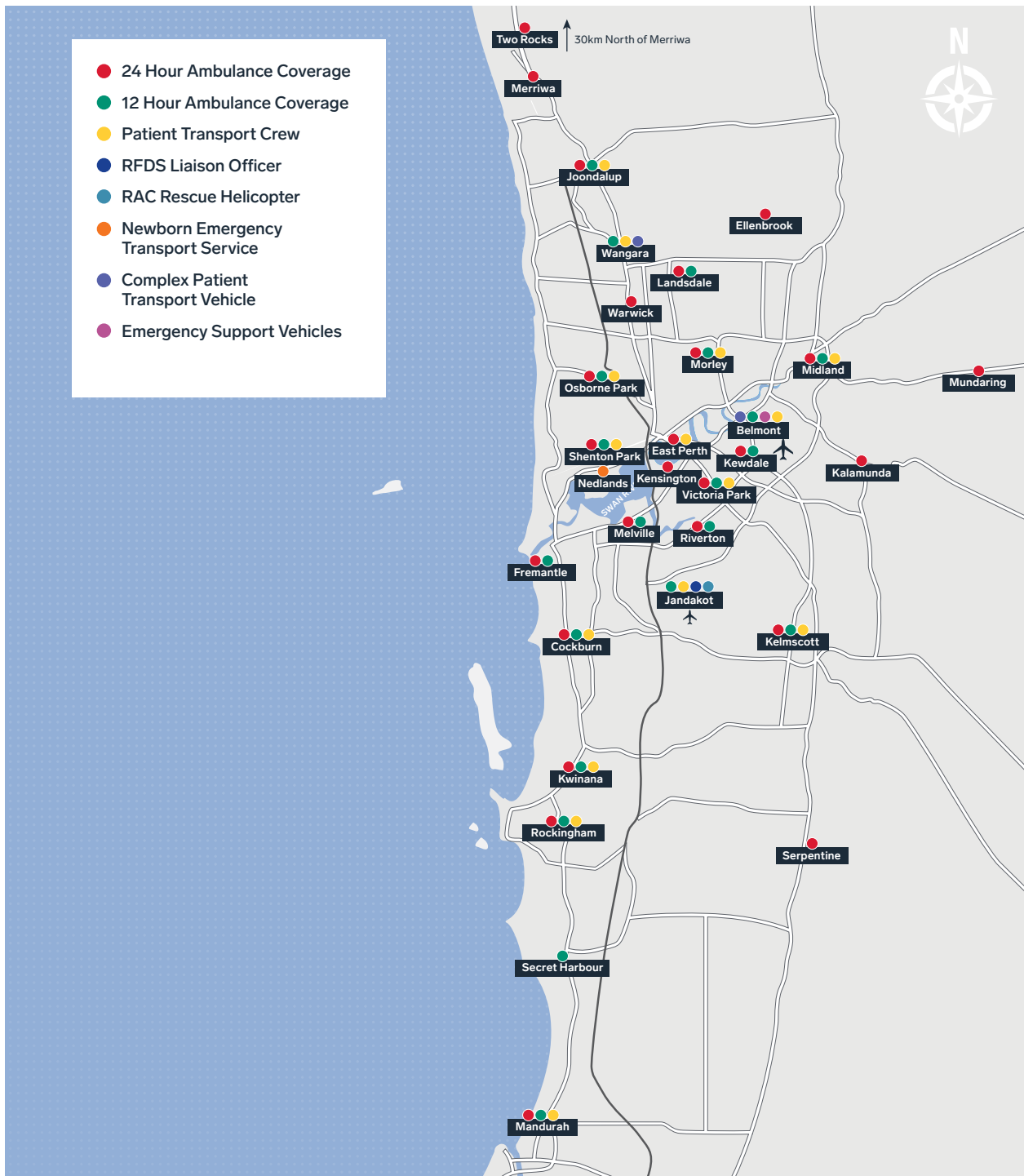
# Service Provision and Performance



# Metropolitan Ambulance Depot Locations and Resources

St John maintains a network of ambulance depots and hubs across the metropolitan area so that we can respond to emergencies any time of day and night, continue our patient transfer work in a coordinated way as well as respond to specialised needs such as mass casualty, bariatric patients and newborn medical emergencies.

The map below shows the spread of resources.



# Paulette Sullivan

## Critical Care Paramedic



The RAC Rescue helicopter service provides vital search and rescue and critical care medical services to the WA community. St John, which is contracted to dispatch the helicopters and provide the service with paramedics, is extremely proud of its association with RAC Rescue and those who take to the skies to save lives.

Only the third woman to become a St John WA critical care paramedic, Paulette Sullivan had to undertake a series of rigorous physical and mental assessments before being selected from a competitive field of candidates.

Critical care paramedics have advanced paramedic skills in order to fulfil the search and rescue requirements and medical role on the two RAC Rescue helicopters.

St John critical care paramedics provide immediate medical attention for various incidents including car accidents, farming and mining accidents and search and rescue missions.

Prior to taking on the role of critical care paramedic Paulette had been an ambulance paramedic for ten years in both WA and Britain, developing and broadening her skill base.

“This is the ideal job for me as it combines my interest in human biology and science with the opportunity to help others,” Paulette said.

“You also have to be quite fit because you never know what physically challenging situation you might come up against.

“You may need to go into the ocean, traverse rock faces and generally navigate dangerous situations.”

Funded by the State Government and managed by the Department of Fire and Emergency Services, the RAC has sponsored the emergency rescue helicopters since the first was introduced in 2003.

A second helicopter was introduced in 2016 and is based out of Bunbury. Together they cover around 95 per cent of the WA population.





# Ambulance Services

St John's objective is to provide world class ambulance services that are the most cost-effective in Australia. Our service in Western Australia is based on a single response model whereby every crewed ambulance is able to respond and provide the required care for patients in any circumstances.

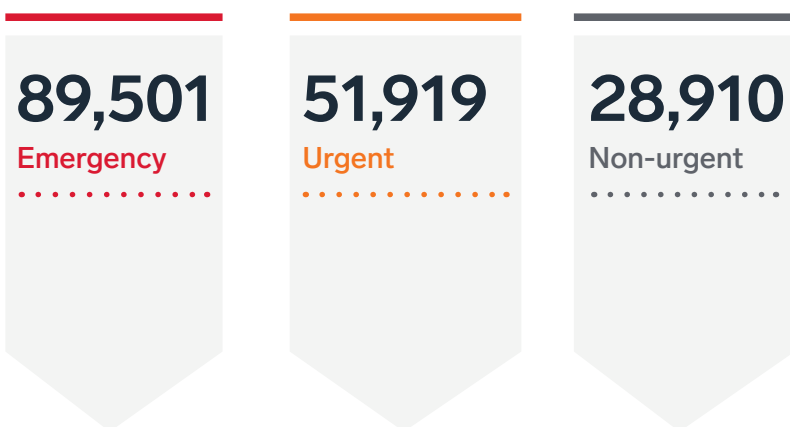
With the challenges of providing coverage across a large geographic area and wide distribution of smaller populations, St John has evolved a strong blended model of career paramedics with emergency medical technicians who volunteer across the regions.

Full career paramedic crews provide the ambulance service in metropolitan Perth. Blended crews of career paramedics and clinical volunteers provide service in large regional locations and clinical volunteer crews provide coverage in the remainder of the state.

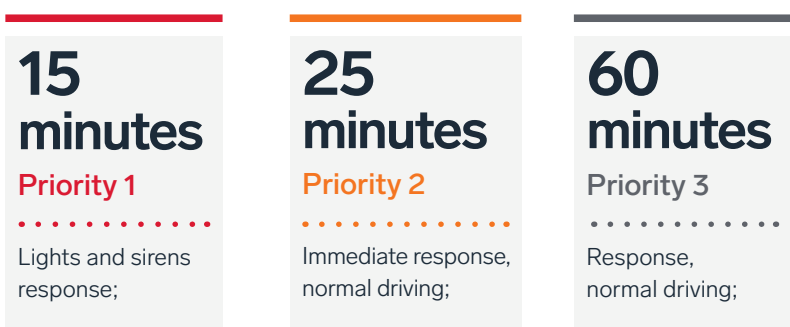
## Metropolitan Ambulance Service

During the 2017/2018 year, metropolitan ambulance activity levels were:

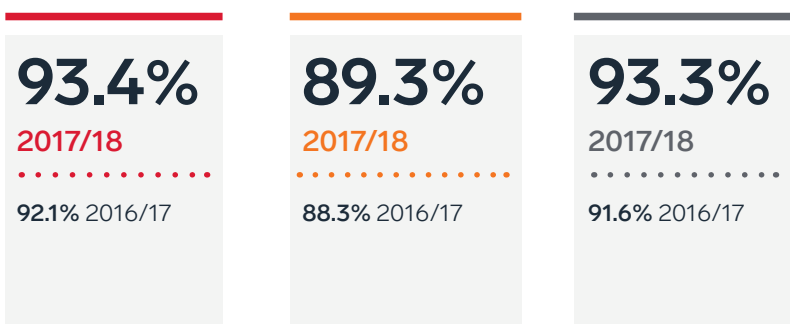
These activity levels represented an increase of 5.6 per cent in ambulance activity compared to the previous year. In addition to the road ambulance service, the emergency rescue helicopters completed 790 cases during the year.



In the Perth metropolitan area our response time targets 90 per cent across all incidents:



Our response performance was:



As shown here, there was an increase in workload of 5.6 per cent for the metropolitan area over the prior year which is above the long term trend of 4 per cent.

Despite this growth in demand, ambulance response times across the Perth metropolitan area improved in all categories.

During the year a significant investment was made in reshaping integration between Metropolitan and Country Ambulance with the State Operations Centre.

This program is being rolled out over the coming years with key objectives across these six focus areas:

- Connection with workforce
- Strengthening the integration of operations
- Building a whole of health system approach
- Clinical teams focussed on clinical operations
- Enhancements and investment in systems
- A strong leadership and management model


This work, along with the continued focus on improving patient outcomes through investment in ambulance operations, will place St John in an even stronger position as we approach 100 years of providing ambulance services in Western Australia.

## State Operations Centre

	Financial Year 2016/17	Financial Year 2017/18	% Variance
Number of triple zero (000) emergency calls only	231,843	238,643	2.9%
Non emergency calls (for example, Health Direct, hospitals and other emergency services)	342,636	353,436	3.1%
<b>Total number of calls</b>	<b>574,479</b>	<b>592,079</b>	<b>3%</b>

A critical function of our operations centre is the efficient and effective handling of triple zero (000) emergency calls, dispatching ambulances and managing ambulance resources. Our State Operations Centre receives and manages 590,000 calls a year and dispatches all

ambulance resources across the State. Now located across the two sites at Belmont and Wangara this team of dedicated professionals provide an outstanding service as demonstrated in the strong performance that has been achieved in the two key performance indicators:



.....

**94.3%**  
of all triple zero (000) calls answered within 10 seconds.



.....

**98.6%**  
compliance with our structured call taking guidelines.

# Ambulance Services

## Country Ambulance Service

St John's integrated model ensures that all members of the community across our vast state have access to high quality ambulance services. Our model continued to deliver a responsive and adaptive service during the year which maximises the expertise of highly trained clinicians with community participation.

During the year we achieved a 99 per cent capacity availability rate across the state, allowing a timely and high quality response to primary ambulance cases.

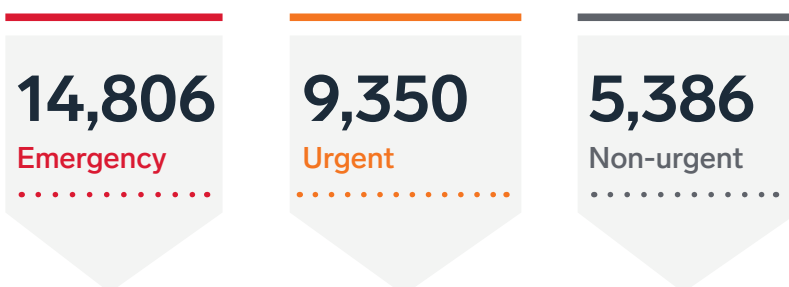
Ensuring the provision of long distance patient transfers for country patients within resource constraints, remained a

challenge during the year. To address this, St John is employing nurses in specific regions to work on patient transport vehicles to relieve pressure on regional nursing staff and paramedics.

St John continues to work with the WA Country Health Service to develop better and more innovative ways to deal with the growing demand for patient transfers in the country.

St John's clinical volunteers play an essential role in the delivery of these high quality services across the state.

Country mixed crew (paramedic and clinical volunteer) ambulance activity levels (provided from 16 country locations)



Country clinical volunteer ambulance activity levels (provided from 143 country locations)



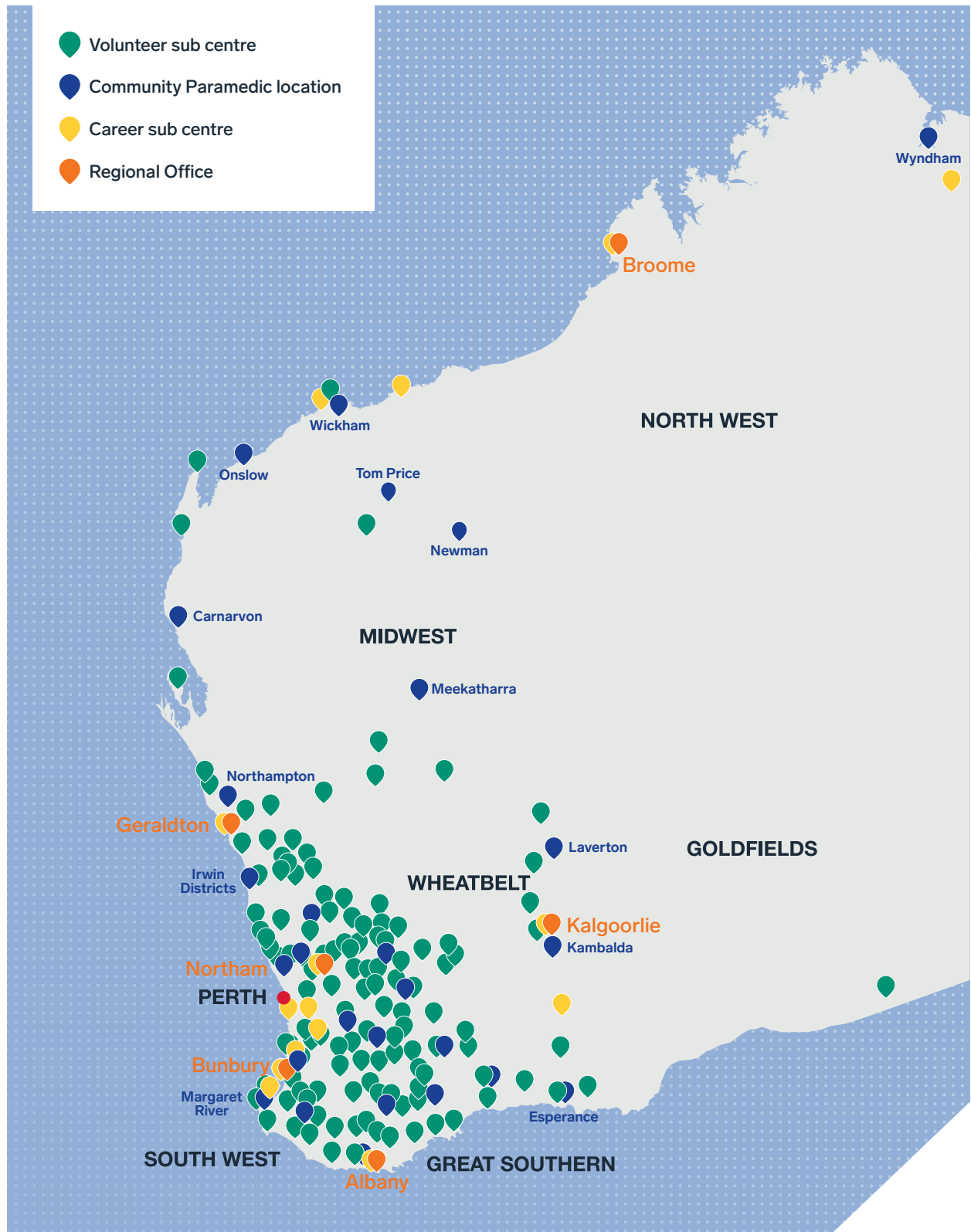
Overall growth in country activity levels was 5.9 per cent, representing a greater growth than experienced in the metropolitan area. The growth in ambulance demand was relative between the career and volunteer sub centres.

Country Ambulance cases	Financial Year 2016/17	Financial Year 2017/18	% Variance
Career sub centre cases	42,450	44,882	5.7%
Volunteer sub centre cases	21,529	22,864	6.2%
<b>Total country cases</b>	<b>63,979</b>	<b>67,746</b>	<b>5.9%</b>

The total country case number also includes priority 4 transfers.

# Regional Ambulance Locations

St John has 159 regional locations as well as 30 depots in the Perth metropolitan area. In the regions, our Community Paramedics provide training and mentoring along with clinical and operational support for clinical volunteers.



# Country Ambulance Response Times

The spread of population in regional areas and the need to travel longer distances dictates that different targets and performance expectations are set for major country locations in Western Australia. Our performance against those targets in 2017/18 can be seen below.



\* All response time targets are shown in brackets. These are applicable to all ambulance calls within a 10km radius of the town centre. Targets were the same for both 2016/17 and 2017/18.

# Nisha Smith

## Volunteer Ambulance Officer



Moving to a small mining town and wanting to make a contribution to that community was the impetus for Nisha Smith joining St John as an ambulance volunteer. Nisha, a former nurse, is one of 3,263 country ambulance volunteers, who ensure West Australians have access to high quality pre-hospital care.

I originally joined St John in Tom Price after a meeting with their Community Paramedic. I have never looked back and am very glad I made the decision to join such a valuable organisation that gives so much to the WA community.

On relocating to the Kimberley in December 2017 I joined the Broome sub centre and the move has been extremely smooth. During my time with St John I have never felt anything but supported and appreciated and always feel like I can approach any of them without hesitation if I have any concerns.

Becoming a St John volunteer has been rich and rewarding for me, from not only the continuous ongoing training and support we receive as volunteers, but also a social one. I have made some lifelong friends through my volunteering with St John, which in small remote communities, become your family.

The training received as a volunteer is exceptional and the opportunities made available to us was above and beyond my expectations. The training package is brilliant and the support for volunteers who want to gain extra knowledge is also good.

I believe that the training I have received was the reason I was able to confidently offer assistance and provide effective care until the paramedics arrived when I happened to be a bystander to a crash involving a cyclist and a car.

The training and support received at Broome is exceptional. The paramedics at the sub centre, from the Station Manager to each individual Paramedic, are always willing to make themselves available to provide support and training to all volunteers.

Working so closely with the paramedics also provides great hands-on learning and I have definitely found my confidence levels and knowledge base has grown since having a paramedic on shift with me.

I believe there are some important attributes to make the volunteering journey an enjoyable and successful experience for everyone. These include being open minded and non-judgemental towards others, being a team player, and being able to work under pressure and follow directions.



# Patient Transfer Services

Our Patient Transfer Service is an essential pillar in the St John integrated model. Patient Transfer Services is a key component of efficient and effective ambulance service provision and a key in ensuring easy, equitable and appropriate access to health services.

The service is fundamental to St John's vision of transforming ambulance from a purely response model to a gateway into the health system for unscheduled care.

During the year, St John continued to grow the range of transport options which includes stretcher patient transfer, wheelchair patient transfer and community transport which is a volunteer led service.

Patient transfer activity in the metropolitan area, increased by 8 per cent during 2017/18.



## Our Integrated Patient Transport Model

Community and hospital response

Stretcher patient transfer

Wheelchair patient transfer

Community transport

### In 2017/18 Patient Transfer Services:



Increased the number of wheelchair vans in the fleet to allow people with limited movement to access services, while retaining the independence provided by their wheelchair or mobility device. This has resulted in a 28 per cent growth in this area of the service.



Worked closely with the State Operations Centre and Metropolitan Ambulance Service, resulting in increasing availability of emergency ambulance vehicles for higher priority emergency attendance.



Assisted Event Health Services with requirements for trained officers at events, ensuring St John provide the best possible care to meet and exceed expectations at these mass public events and gatherings.

# Event Health Services

Our Event Health Services unit continued to work across a broad spectrum of areas including large scale events, supporting crowds of 50,000 and more, as well as smaller community events.

In 2017/18 the number of events covered increased by 10 per cent. The 1,460 event health officers deliver professional and tailored first aid care in accordance with St John policies and guidelines.

Event Health Services have been offering services to the WA community for more than a century. The experience,

adaptability and client-focused approach, has ensured St John remains the market leader for these services.

St John has continued to grow the business by successfully tendering for the contract at Optus Stadium as well as securing the contract with harness racing venue Gloucester Park.

We provided first aid and pre-hospital care at **4,088** events

**1,460** volunteers



Volunteer service hours went up by **7%**



**5,449** patients received clinical services at these events



**24,342** patients received additional services





# Health Services

To fulfil its third objective of providing appropriate, timely and equitable access into the health system for unscheduled care, St John now delivers a primary health service for the community. These services are very much about building an effective and intergrated ambulance service with the health sector.

Drawing on the specific innovation and learnings from concepts such as Community Paramedic, Extended Care Paramedic and Secondary Triage, as used by other ambulance services around the world, St John has sought to build an innovative alternative pathway that is patient-centric.

The key features of the design of our patient-centric services has been to provide patients with an alternative to an emergency department where the patient could more appropriately be treated in a primary care setting.

St John believes this service is necessary to ensure it continues the delivery of effective and efficient services now and into the future.

June 2018 saw the completion of the first two years of operation of our Primary Care activities. St John Health operates four primary health clinics across the metropolitan area located in Armadale, Cannington, Cockburn and Joondalup. The clinics offer a broad range of primary care services including general practice, dental, physiotherapy and podiatry.



## St John Medical

### General Practice Services

St John GP Services provide affordable healthcare for all patients by bulk billing Medicare card holders. The GP clinics are located around the metropolitan area, giving patients easy access to quality health within their community. The centres are modern, bright, family friendly locations.

Across the four centres in 2017/18, 210,190 patients were provided services, with our busier locations servicing upwards of 15,000 patients each month.

## St John Dental

### Dental Services

Our integrated primary health services include dental services at our Armadale, Cockburn and Joondalup locations.

In 2017/18 St John treated more than 20,900 people across the three locations.

## St John UrgentCare

### Urgent Care Centres

St John Urgent Care Centres allow for patients with non-life threatening injuries or illnesses to be seen by a doctor in a primary setting, without an appointment and receive high quality care without the need to attend an emergency department.

The centres at Cockburn, Joondalup and Armadale are staffed by highly skilled doctors and nurses and offer a high quality, safe and timely alternate care pathway for unscheduled care, including x-rays, pathology and follow-up treatments such as plaster, urgent dental and stitches onsite.

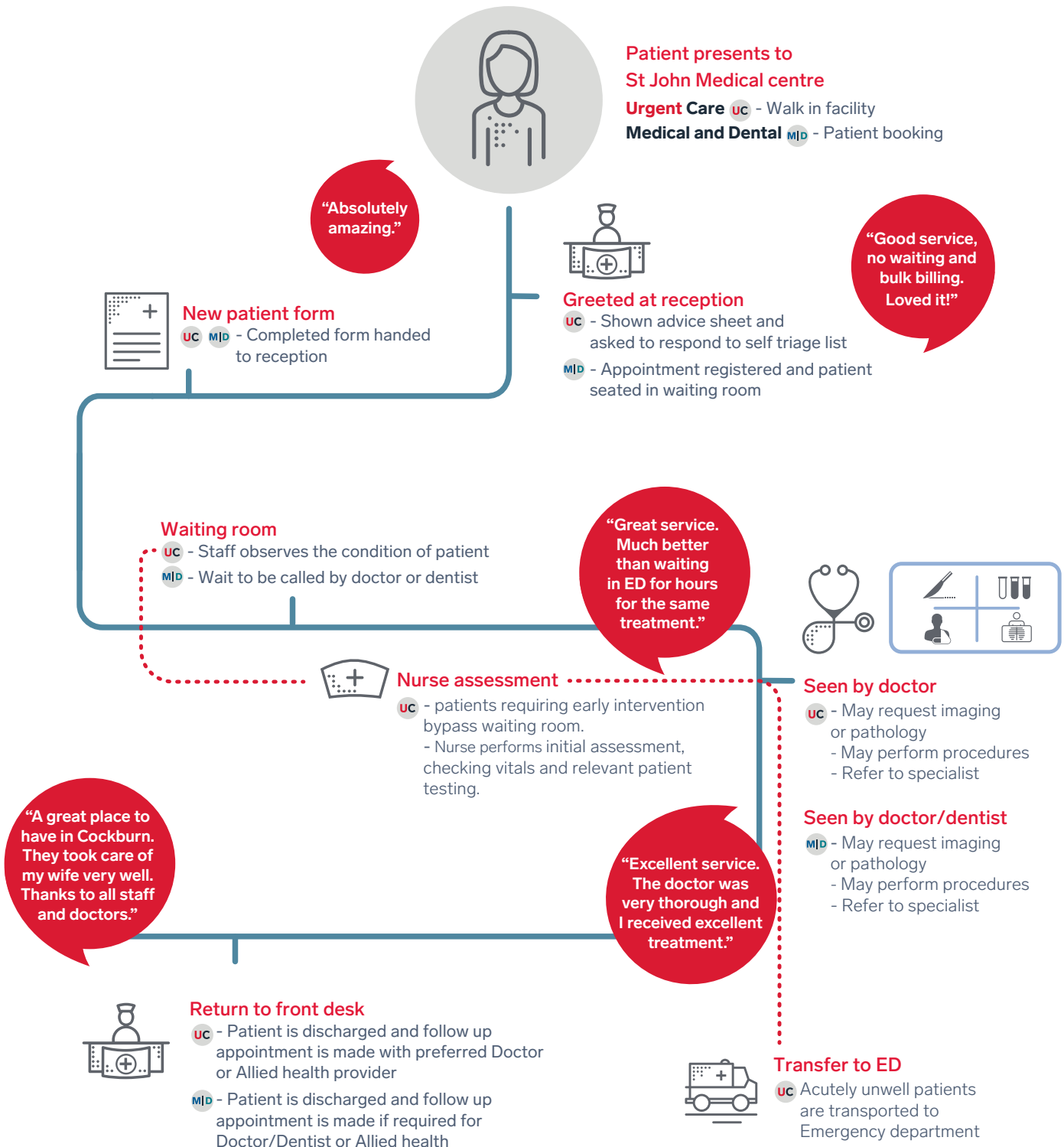
St John's three urgent care centres provided treatment to 57,558 patients throughout 2017/18, a 36 per cent increase on the numbers seen in the previous year.

Ancillary services such as pathology and medical imaging offered by these centres increased by 20 per cent in the 2017/18 financial year and the number of x-ray requests increased by 78 per cent.

Of the 57,558 people that visited an urgent care centre for treatment, our data shows approximately 20,000 patients would have otherwise visited an Emergency Department. This equates to an additional 55 people a day being diverted from the already stretched Perth emergency departments to the Primary Care setting.

# Patient Journey

St John Medical uses an integrated approach that means in addition to family medicine we bring together multiple allied health services under the one roof to provide an accessible and comprehensive healthcare solution that is patient-centric.





St John



# Clinical Governance

Impacting across all areas of clinical activity is our clinical governance function led by the Clinical Services Director and supported by the Clinical Governance and Medical Policy committees. Our Clinical Services team ensure an evidence-based systematic approach to high quality patient care.

At St John we maintain industry leading standards relating to incident reporting, clinical quality and patient safety. The Clinical team also strives to bring about effective change, utilising world's best practice, so that our very high standards of care are maintained.

## Highlights for 2017/18 include:

- A significant increase in bystander CPR rates; something that is strongly associated with patient survival in Out-of-Hospital Cardiac Arrest.
- Following visits to the Resuscitation Academy in Seattle and the CPR University at the University of Arizona in Phoenix, St John undertook significant work to achieve improvements to our on-scene management of Out-of-Hospital Cardiac Arrest

patients, in order to meet world's best practice standards. A new process of high performance CPR has been designed and labelled IMPACT CPR. Scope has been expanded to include country paramedics and volunteer ambulance officers.

- Started an Australia-first clinical trial in country locations to improve pain relief for people suffering traumatic injuries.
- Published our first Out-of-Hospital Cardiac Arrest Report. The report allows St John and our stakeholders to benchmark our performance in cardiac arrest against other ambulance services and to better understand the factors that contribute to improved outcomes for patients.



# Leading the way in prehospital care



A unique collaboration between St John WA and Curtin University is providing important research through the Prehospital, Resuscitation and Emergency Care Research Unit (PRECRU). Partnerships such as these enable St John to forge the frontline of health care in WA.

PRECRU is based in the School of Nursing, Midwifery and Paramedicine at Curtin University, where a team of researchers, under the direction of Professor Judith Finn, conduct clinical studies aimed at improving outcomes for prehospital resuscitation and emergency care patients.

In 1996 St John helped establish PRECRU, initially based at the University of Western Australia under the leadership of the late Professor Ian Jacobs (previously known as WAPCRU – the WA Prehospital Care Research Unit).

This led to the establishment of the Western Australian out of hospital cardiac arrest database, the oldest in Australia and one of the most comprehensive of its kind. Following the move to Curtin University in 2013, PRECRU continues to be a key player in prehospital research.

St John Clinical Services Director Dr Paul Bailey, part of the PRECRU collaboration, said some of the most interesting recent work involves the language (linguistics) of cardiac arrest phone calls to the State Operations Centre. Research performed by Dr Marine Riou, demonstrated the vital importance of language in this time pressured environment.

“The most serious event that occurs in the community is sudden cardiac arrest,” Dr Bailey said.

“Immediate intervention is critical in the event of a cardiac arrest, and research shows that the community has an important role to play in this process.”

“If a bystander can be assisted to recognise that someone is experiencing a cardiac arrest and encouraged to initiate resuscitation by performing CPR or using an automated external defibrillator, the patient is more likely to survive.”

“Furthermore, our data shows that patients shocked by a public defibrillator survive at twice the rate of those shocked when paramedics arrive only a few minutes later.”

Other research undertaken by PRECRU includes participation in the Aus-ROC International cardiac arrest registry; and a randomised controlled trial of different methods of oxygen delivery in patients with severe breathlessness.

“St John’s collaboration with Curtin means we can develop our expertise even further, tapping into a vast network of experienced healthcare researchers to deliver life-changing prehospital care,” Dr Bailey said.



# First Aid Training

St John continued its important role of delivering first aid training to the community in 2017/18, further enhancing our mission of making first aid a part of everyone's life.

St John's first aid training not only prepares individuals to cope in an emergency but also helps create resilient communities.

Resilient communities well versed in first aid are vital if we are to maximise the effectiveness of our ambulance services and they are also vital in providing that broader resilience in times of community crisis.

In addition, St John WA:

- Continued to grow the St John Safe program which helps businesses, clubs and associations to build their ability and capacity to respond to unscheduled health incidents.
- Launched a First Aid for Mental Health course.

**St John trained 403,806 people, or 14.6 per cent of the state's population. This number represents an increase of 4 per cent on the number trained last year.**



# First Aid Student Numbers

Key: 2016/17  2017/18 

## Metropolitan commercial students



## Metropolitan charitable students



## Total metropolitan students



## Regional commercial students



## Regional charitable students



## Total regional students



## Total commercial



## Total charitable



## Total first aid students





# Community First Responder and St John Smartphone App

The St John Ambulance Community First Responder program is a free service that aims to get defibrillators to cardiac arrest victims in the vital minutes before an ambulance arrives. When a person unexpectedly collapses due to a cardiac arrest, bystanders may not know if there is a defibrillator close by.

Organisations that are part of the St John Community First Responder program have their defibrillator location and a contact person registered with St John Ambulance.

This helps a defibrillator to be retrieved as soon as possible and applied to the patient in the time critical period before an ambulance arrives.

The St John First Responder smartphone app alerts qualified first aiders to nearby emergency situations and allows them to provide patient care while an ambulance is en-route. A notification is sent to registered responders who are within 500 metres of a public emergency incident

enabling the responder to locate the patient and provide immediate, appropriate first aid care.

Importantly, the app also allows people to dial triple zero (000) and automatically sends GPS coordinates to St John's State Operations Centre, helping paramedics easily locate the patient. It also provides the location and wait times for nearby medical centres and emergency departments.

The app's first aid toolbox functionality now also includes a CPR metronome, providing audio and visual cues to aid the timing of chest compression for people providing CPR.

## Achievements in 2017/ 2018 include:

- 2,128 locations representing a 28 per cent increase on the 1,664 locations at 30 June 2017 and a 68 per cent increase on the number two years ago.
- 6,052 activations of community first responders. Activating these responders is more than just assisting with cardiac arrest. It is about engaging the community in pre-ambulance first aid, i.e. making first aid a part of everyone's life. The activations for 2017/18 represented an 18 per cent increase over the previous year.

There are a number of initiatives that were commenced during the year which will see significant community benefit in the next period. These include:

- A Lotterywest grant of \$1.3m for a program to place 1,000 AEDs into community sporting clubs.
- Pilot programs aimed at saturating coverage of AEDs in specific Perth metropolitan regions. These initiatives are about ensuring that there will be an AED within 500 metres of a cardiac arrest anywhere within the city.



At the end of the 2018 financial year, the St John First Responder app had achieved

39,000 smartphone app downloads

Almost 7,000 registered first responders

1,312 notifications during the year

10% response rate to incidents

# CPR Saves a Life Back on the Bike



**In 2017/18 St John provided prehospital care to more than 318,000 people – a 5.6 per cent increase on the previous year. But we also trained more than 403,000 people in first aid. When first aid skills are applied in a medical emergency it can often bring about better patient outcomes. Perth dad Paul Humphreys embodies the St John belief that “first aid saves lives”.**

Quite simply, Paul owes his life to his cycling buddies. Going for their usual Saturday morning ride, they pulled over to fix a tyre when Paul suddenly collapsed. Recognising that he was not breathing his fellow riders immediately called triple zero (000) and began performing CPR.

Initially Paul was unresponsive to their efforts. He had no pulse and was starting to turn blue. Three of them took turns performing CPR, fracturing Paul’s ribs under the intense activity.

When paramedics arrived it took five shocks from a defibrillator to regain a heartbeat before being rushed to Joondalup Hospital.

An avid cyclist in his mid-50s, Paul had no pre-existing heart issues and was in good health, so it was not something anyone expected. Doctors found he had a piece of plaque blocking one of his arteries which was fixed with the insertion of a stent.

Paramedics said that Paul’s survival was largely due to the excellent response from his fellow cyclists and their ability to undertake CPR.

Paul, who has made a full recovery and is now cycling again, said he is incredibly grateful to have such courageous friends willing to do everything they could to keep him alive.

“It has highlighted to me just how important it is for people to learn CPR,” Paul said.

“I would really encourage everyone to learn CPR because you never know when you may be in a position to save someone’s life.”

Since Paul’s heart attack many of his cycling buddies have gone and had heart checks and have undertaken CPR training. One even helped to save the life of someone who had a heart attack on the train.





# Staff and Volunteers



# Our Executive Team



## **Tony Ahern ASM**

**Chief Executive Officer**  
Knight of the Order of St John

Tony joined St John in 1973 as a cadet and in 1980 he became a career ambulance officer. After completing a business degree in 1989, Tony moved into accounting and computing services, taking a lead role in modernising St John's administrative and financial systems. He went on to complete a Masters of Information Systems, researching the investment made by every Australian ambulance service in information technology. In 2000 Tony was made Deputy Chief Executive Officer and in 2006 he was appointed Chief Executive Officer. Tony attended the London Business School to further develop his leadership skills and in 2004 he was awarded the prestigious Ambulance Service Medal. Tony is a Knight of the Order of St John, Board member for the Council of Ambulance Authorities (CAA), a Board member of the WA Primary Health Alliance, Chairman of the Emergency Services Volunteer Hardship Fund and a member of the Australian Institute of Company Directors.



## **Anthony Smith**

**Deputy Chief Executive Officer and Ambulance Service Director**  
Member of the Order of St John

Anthony was appointed Deputy Chief Executive Officer in 2012 after joining St John in 2007 and having held the positions of Business Services Director and Finance and Administration Director. Anthony completed the Advanced Management Program at Harvard Business School in 2011. He holds a Bachelor of Commerce, Graduate Certificate in Public Sector Management and Diploma in Local Government. Anthony is a Fellow of Leadership WA, a member of the Australian Institute of Company Directors and he is a member of the Order of St John. Anthony has provided executive leadership for two decades across corporate, not for profit and government organisations. He is Deputy Chair of Gowrie Child Care, a PlusLife board member and a member of the Australian Resuscitation Outcomes Consortium Management Committee at Monash University.



## **A/Prof Paul Bailey**

**Clinical Services Director**

Paul joined St John as Clinical Services Director in April 2015 and he is also Emergency Department Director at St John of God Hospital in Murdoch. Paul is a Perth based emergency physician with a long standing interest in pre and inter-hospital medicine including domestic and international aero-medical retrieval. His medical undergraduate training was at The University of Western Australia. Over the last 12 months Paul has attended the Resuscitation Academy in Seattle and the CPR University at the University of Arizona in Phoenix as part of a focus on the development of a new process of high performance CPR. Paul also has a laboratory biochemistry PhD in jellyfish venomology.



## **Phil Holman**

**Health Services Director**

Phil joined St John in 2014 as General Manager Patient Transfer Services and later that year took on Medical Services before being appointed Health Services Director in late 2015. Phil's role as Health Services Director is focused on ensuring the provision of primary and urgent health care services; in particular their integration into the ambulance service as a gateway to the health system. The Health Services portfolio includes St John Health, Event Health, First Aid Training, Marketing, Patient Transport and the Youth and Community charitable operations. In 2018 Phil attended the prestigious London Business School, completing the Senior Executive Program. Phil's key skills are in corporate relationships and sales, operational delivery, leadership and commercial management and he has a strong focus on inclusivity and drive to succeed and deliver outcomes.



## Michelle Fyfe APM

CEO Designate

Michelle brings decades of experience in understanding the diverse and complex issues that affect Western Australian emergency service organisations, most recently as WA Police Assistant Commissioner of State Crime. Graduating from the WA Policy Academy in 1984, Michelle has played an active and significant role in elevating the status of women in business through her participation on the Leadership Development for Women Program and as the Chair of the WA Police Executive Committee for Women. Michelle has a Master of Leadership, a Graduate Diploma - Executive Leadership, and a Graduate Certificate - Applied Management. In 2017 Michelle received a Telstra Business Women's Award in the WA Public Sector and Academia category. She was a non-Executive Director of the P&N Bank during a period of substantive strategic and leadership change. Michelle was awarded the Australian Police Medal in 2012 for her diligent and committed service to WA Police and the Western Australian community. In March 2018 Michelle was appointed Chief Executive Officer Designate of St John and commenced in the role in June 2018.



## Debbie Jackson ASM

People and Culture Director  
Member of the Order of St John

Debbie joined St John in 2003 and as People and Culture Director she leads a broad range of strategic and operational people services which are focused on supporting our workforce through high quality proactive and pragmatic solutions. Her contribution to the growth of a strong organisational culture has enhanced the capacity of our people to guide change within our integrated ambulance service. With a comprehensive strategic knowledge of the organisation and a passion for cultural authenticity, her ability to contribute through effective leadership optimises the impact of our people strategies and supports innovation across the business. Debbie was admitted as a member of the Order of St John in 2014 and was awarded the prestigious Ambulance Service Medal in 2015.



## Ashley Morris ASM

Technical Services Director  
Member of the Order of St John

Ashley joined St John Ambulance in 1991 and held a variety of roles before his appointment as Technical Services Director in 2007. Ashley's expertise in information technology coupled with his extensive experience with St John has seen him oversee several transformational projects including the move to electronic patient care records, the metropolitan digital radio network, mobile data terminals and development of the First Responder smartphone app. Ashley has also been instrumental in numerous property development projects, including the north and central hubs. He holds a Bachelor of Applied Science, is an Officer in the Order of St John and in 2015 was awarded the Ambulance Service Medal.



## Antony Smithson

Finance and Supply Chain Director

Antony joined St John in April 2014 as Finance and Administration Director. Antony is a Fellow Chartered Accountant, qualifying with Deloitte in the UK. He has more than 20 years of accountancy, audit and Chief Financial Officer experience with a range of large international companies. He holds a Bachelor of Science (Physics and Computer Science) from Manchester University and has extensive commercial experience encompassing strategic reviews and turnarounds, commercial agreements, partnerships and joint ventures, contract tendering and statutory reporting. An inclusive leader and team builder, Antony's focus at St John is on finance, business analytics, supply chain and major contracts.

# People and Culture

**Our 10,000 people are the essence of our organisation and are integral to the success of what we do. In 2018 we continued to implement a range of initiatives to build a supportive culture that values performance, innovation, professional development, flexibility and wellbeing.**

**St John strives to be an employer and volunteer organisation of choice.**

There was significant interest in volunteering opportunities at St John with 1,500 applications received to volunteer with Event Health Services, as well as large numbers applying for Community Transport and Volunteer Ambulance Officer roles in regional locations. St John is constantly seeking to create new volunteer opportunities. This year included a new First Impressions Volunteer, a front of office position located at the Central Hub and other facilities.

Over the 2017/2018 period, 621 people received training across 81 internal courses. A total of 5,118 volunteers received training during the year.

## Education and Accreditation

Nearly 2,000 operational staff attended one or more of the 352 operational and clinical training courses facilitated by the training team in the College of Pre Hospital Care. New programs included the On Road Mentor course, Country Mobilisation course and Event Medic courses to support operational teams on road.

The College of Pre Hospital Care successfully moved registering bodies from state based Training and Accreditation Council (TAC) to the national regulator Australian Skills Quality Authority (ASQA), developed more than 200 new courses and accredited/reaccredited 169 trainers to deliver first aid training for the organisation.



## Wellbeing and Support

Our Wellbeing and Support team is a multidisciplinary team comprised of mental health professionals and chaplains with a wealth of diverse experience. First and foremost, St John's Wellbeing and Support Service is deeply committed to supporting the psychological wellbeing of all St John staff, volunteers and family members.

Our goal is to move through the stigma surrounding mental health which can often prevent individuals from seeking support. Instead, we strive to build resilience in all individuals through evidence based awareness and skills to address this stigma, and to help our people to support themselves and each other in an informed way.

Throughout 2018 our Wellbeing and Support team continued to engage with our people and provide education and support via these three levels of support:

- Mental health literacy to cultivate a culture of support (annual face-to-face education).
- Contact with Wellbeing and Support services (24/7 phone support).
- Professional psychological services utilising external providers.

2018 saw the finalisation of work undertaken by the external Expert Advisory Group (EAG) as well as establishment of an ongoing EAG which will continue to guide the organisation in formalising our understanding of the unique psychological needs of our workforce and provide evidence based guidance in our wellbeing and mental health education.

St John understands the importance of continuing to be involved in research and evaluation and that our partnerships with both Beyondblue and Curtin University are crucial to the continuing high standard of wellbeing services we are able to provide.



## Corporate Events

A key component of our goal to be an employer and volunteer organisation of choice is the way in which we connect. Our array of corporate events seeks to do this by linking our people across a multitude of events through a collection of celebrations and the showcasing of achievements, sites, and various projects including:

- The St John Experience – attended by approximately 5,500 people.
- Regional seminars – attended by 800 people.
- The Recognition Ceremony – attended by 400 people.
- The Order of St John Investiture Ceremony – attended by 400 people.

Our events provide the opportunity for staff and volunteers to directly participate in the process of connecting to the organisation, celebrate outstanding achievements and network with colleagues.

## Employee Engagement Program

Established in 2016 the St John Employee Engagement Program aims to provide a broad engagement forum on the issues that are important to our people.

The program's purpose can be summarised by its statement of principles. The Employee Engagement Program is committed to acting as a voice for all St John people on issues of importance to the organisation and engaging in constructive, respectful and productive discussions with decision-makers in order to understand perspectives, find common ground, and achieve realistic outcomes to make the entire St John workforce more connected, informed and engaged.

The group meets regularly and its agenda includes discussing career transition pathways and family-friendly workplaces as well as a focus during 2018 to support the development and implementation of activities within the St John SHAPE (Class Act) program, which is focussed on creating a healthy organisational culture.

**'The Employee Engagement Program is committed to acting as a voice for all St John people on issues of importance to the organisation and engaging in constructive, respectful and productive discussions...'**



# Support and Resources

St John's support and administrative services work hard behind the scenes to enable the delivery of high quality health services. The following highlights from the support areas show just some of the important work undertaken during 2017/18 to ensure St John in Western Australia was able to deliver outstanding results.

## Fleet and Radio

In 2017/18 St John's Fleet and Radio departments undertook significant work and innovations leading to some exciting results, including:

- Internal ambulance design updates improving workflows and safety.
- Expansion of the fleet including an additional 12 new vehicles for community patient transport, and six more vans with hydraulic ramps for patients with wheelchairs.
- A project to devise a system that can transmit both voice and data over the radio network via a single radio site. Our technical services have worked alongside a third party provider to develop a system which was not commercially available.

## Supply Chain and Business Support Services

Our St John centralised supply department provided support across the state and helped the organisation to deliver on its goal of making first aid a part of everyone's life through the efficient and timely delivery of products and training resources.

Among the highlights for 2017/18:

- Supply and delivery of more than 25,000 first aid kits to businesses and communities of Western Australia, an average of almost 500 kits per week.
- Internal restructure leading to achievement of significant financial and process efficiencies.

## Business Analytics and Performance

St John's business analytics team works hard to support a strong evidence led decision making process by providing vital performance data and information. The team consists of reporting analysts and a service improvement facilitator.

One of the significant achievements during the year was the work toward providing the ability for users to access performance related data via a self-service dashboard.

## Property

By assisting ambulance sub centres with their project needs, the property department is able to help create better functioning buildings which improves productivity and operational efficiency.

Major achievements in the 2017/18 year include:

- New ambulance and training sub centre buildings completed in Northam, Port Hedland, Katanning and Augusta.
- A location secured for the new Fremantle area depot.
- Fremantle training centre project complete.
- Photo Voltaic Solar panel project complete at State Office, Central Hub and North Hub.
- Construction commenced on a new facility in Merredin.
- Support provided for numerous regional sub centres in completing projects or securing land for future projects.

## IT and Systems

St John's information technology and systems teams continue to undertake exciting and innovative work, including:

- Developmental work on a new rostering system for ambulance, patient transport and operations centre personnel improving efficiency and streamlining the information flow to users.
- Further development of the St John First Responder smartphone app increasing engagement and functionality.
- Ongoing enhancements to key in-house systems, including Computer Aided Dispatch, the Volunteer Information Portal and training and reporting systems.
- Continued research into mobile telehealth solutions, including the use of satellite based communication systems for very remote areas.

# The Ian Kaye-Eddie Heritage Centre



## Curating the history of St John Ambulance in Western Australia

The Ian Kaye-Eddie Heritage Centre, consists of a museum, archival centre, and library. It is in the care of Dr Edith Khangure and Dr Harry Oxer supported by a loyal, enthusiastic, and very skilled group of other St John volunteers. This team undertakes research, presentation and clasification of memorabilia and historical documents. The centre also publishes books and pamphlets, and assists with historical education resources including videos.

The on-going recording and preservation of our history and artefacts is augmented by an extensive photography library and items are entered into a comprehensive museum database. The aim is to ensure that no written or physical material is ever thrown away without it first being reviewed.

The centre also answers queries regarding past St John members. This recognition of our history including the service of former staff and volunteers is fundamental to the fabric of St John Ambulance.

It acknowledges the compassion and pioneering spirit that continues to guide St John in its work, and the incredible stories that provide inspiration to the community both internally and externally. Their service, humanity, and

selflessness are all values which are central to the purpose and worldwide work of the Order of St John "For the Service of Humanity".

Those who have served St John for many years will have seen changes to both the organisation and the provision of access to health care.

The success of St John moving forward is dependent on blending a modern organisation firmly focused on the future, with the rich heritage it is privileged to have.

Throughout its history, St John in Western Australia has evolved over time and been an innovator in terms of bringing vital services to the community which others could not. We are proud of this profound community impact.





# Roll of Order of Members

## The Commandery in Western Australia

The Most Venerable Order of the Hospital of St John of Jerusalem (the Order of St John), traces its origins back over 900 years.

It is an Order of Chivalry of the British Crown, with Queen Elizabeth II presiding as Sovereign head. Membership is awarded to those who have provided outstanding service to St John. Admittance is a prestigious honour, and those listed represent Western Australian members.

### KNIGHTS OF GRACE

Mr Anthony John Ahern ASM KStJ  
 Mr William John (Jack) Barker KStJ  
 Mr George Charles Ferguson KStJ  
 Mr Desmond Ernest Franklin BEM KStJ  
 Dr Thomas Hamilton KStJ  
 Mr Ian Lindsay Kaye-Eddie ASM KStJ  
 Mr Gerard Arthur King KStJ  
 Mr Malcolm McCusker AC QC KStJ  
 Dr Kenneth Comninos Michael AC KStJ  
 Dr Harry Frank Oxer ASM AM KStJ  
 Mr John Edward Ree KStJ  
 Mr Peter Stuart Wood ASM JP KStJ  
 Mr Kevin James Young KStJ

### DAMES OF GRACE

Ms Billie Annette Andrews ASM DStJ  
 Mrs Merle Isbister ASM OAM DStJ  
 Mrs Joan Johnston OAM DStJ \*  
 Dr Edith Khangure DStJ  
 Mrs Tonya McCusker DStJ  
 Mrs Margaret Muirhead DStJ  
 Mrs Kerry Gaye Sanderson AC DStJ

### COMMANDERS

Mrs Pauline Gladys Bates CStJ  
 Miss Margaret Jane Cockman OAM CStJ  
 Dr Kenneth Ernest Collins AM Cit. WA CStJ  
 Mrs Gertrude Betty Crandell CStJ  
 Mr John Di Masi CStJ  
 Mr Rex Warner Dyer ASM CStJ  
 Mr Douglas James Gildersleeve CStJ  
 Mrs Maria Kay Godwell CStJ  
 Mr Brian Kenneth Hampson CStJ  
 Mr Ronald Neville Jesson CStJ  
 Mr John Charles Jones ASM CStJ  
 Mr Shayne Graham Leslie LLB CStJ  
 Dr Ross Kenneth Littlewood CStJ  
 Dr Richard Simon William Lugg CStJ  
 Mr Bevan Francis McInerney OAM CD CStJ  
 Mr Darren Clive Brooks Mouchemore CStJ  
 Mrs Jillian Ann Neave CStJ  
 Dr Robert Lyons Pearce AM RFD CStJ  
 Mrs Ruth Amelia Reid AM CitWA CStJ  
 Mr David James Saunders JP CStJ  
 Mrs Carole Schelfhout CStJ  
 Mr Brendan John Sinclair CStJ  
 Mr John Derek Snowdon OAM CStJ  
 Mr David John Stewart OAM CStJ  
 Mr Kevin Wayne Swansen CStJ  
 Mrs Andrea Marie Williams CStJ  
 Mr Jeffrey Mark Williams CStJ  
 Mr John Leonard Williams CStJ

### OFFICERS

Mr Donald John Atkins OSTJ  
 Mr Robert Edwin (Bob) Barker ASM OSTJ  
 Mr Lester Johnson Barnes OSTJ  
 Mr Colin Peter Barron OSTJ  
 Mr Paul James Beech OSTJ  
 Mrs Margaret Joan Bell OSTJ  
 Mr David Brian Bromell OSTJ  
 Mr Lester Johnson Barnes OSTJ  
 Mr Colin Peter Barron OSTJ  
 Mr Paul James Beech OSTJ  
 Mrs Margaret Joan Bell OSTJ  
 Mr David Brian Bromell OSTJ  
 Mr Phillip David Cammiade OSTJ  
 Mrs Verity Jane Campbell OSTJ  
 Mr Carlo Capriotti OSTJ  
 Mr David Anthony Carbonell JP OSTJ  
 Mrs Elizabeth Ann Carpenter OSTJ  
 Mrs Virginia Cheriton OSTJ \*  
 Mr John Glen Corbin OSTJ  
 Mrs Winifred Victoria Corbin OSTJ  
 Mr Richard Edward Daniels OSTJ  
 Ms Kerry Davis OSTJ  
 Mr Michael Ronald Divall OSTJ \*  
 Mrs Elizabeth (Elsa) Drage OSTJ  
 Dr Stephen John Dunje OSTJ  
 Miss Marie Elizabeth (Betty) Dyke OSTJ  
 Mrs Ethel Grace Farley OSTJ  
 Mr Clifford Fishlock OSTJ  
 Mr Kenneth Allan Ford ASM OSTJ  
 Mrs Barbara Anne Franklin OSTJ  
 Mr Charles Gerschow OSTJ  
 Mrs Sally Gifford OSTJ  
 Mrs Janet Goodwin OSTJ  
 Mrs Hazel Jean Green OSTJ  
 Mr Gary Guelfi OSTJ  
 Rev Peter Harris JP OSTJ \*  
 Mr Murray Joseph Henderson OSTJ  
 Mr Desmond Henderson OSTJ  
 Ms Eleanor Hill OSTJ  
 Mr Ewen Gilchrist Hill OSTJ  
 Mr Alan John Hughes OSTJ  
 Mr Simon Warwick Hughes ASM OSTJ  
 Ms Lynne Elizabeth Hunt OSTJ  
 Mr Stuart Campbell Hunter OSTJ  
 Mrs Catherine Patricia Ivey OSTJ  
 Mrs Anna Patricia Jaskolski OSTJ  
 Mr Ronald Cedric Jeakes OSTJ  
 Mr Leslie William Johnson OSTJ  
 Mr Ian Lionel Jones OSTJ  
 Mr Kevin Wallace Jones OSTJ  
 Mr Terry Jongen OSTJ  
 Mr Brian William Keding ASM OSTJ  
 Mrs Fay Margaret Kite OSTJ  
 Mr Brian Peter Landers OSTJ  
 Mr Colin Oliver Lock OSTJ  
 Mr Philip William Martin OSTJ  
 Mr Alan Felix McAndrew OSTJ  
 Mr Vince McKenney OSTJ  
 Mrs Lydia Irene Mills OSTJ  
 Mr David Edward Broadbent Morgan OSTJ  
 Mr Ashley Gerard Morris ASM OSTJ  
 Mr Frank Barnett Murray OSTJ  
 Prof John Michael Papadimitriou AM OSTJ

Mrs Viola Frances Pentland OSTJ \*  
 Mr Barry Daniel Price OSTJ  
 Mr Trevor Walter Prout OSTJ  
 Mrs Thelma Joyce Rafferty OSTJ  
 Mr Garth Alan Roberts OSTJ  
 Mr Michael James Robertson OSTJ  
 Mr Christopher Paul Sabourne OSTJ  
 Mrs Carmel Jean Honorah Sands OSTJ  
 Miss Margaret Evelyn Savage OSTJ  
 Mr Brian James Savory OSTJ  
 Mr Allan Keith Shawyer OSTJ  
 Ms Sally Simmonds ASM OSTJ  
 Mrs Irene Simpson OSTJ  
 Mr Anthony Thomas Joseph Smith OSTJ  
 Mr Neville Steicke OSTJ  
 Dr Peter James Strickland OSTJ  
 Mr Dirk Christopher Sunley OSTJ  
 Mr Ronald Gus Swansen OSTJ  
 Mr Antony Afric Tanner OSTJ  
 Mr Alexander Edward Taylor OSTJ  
 Mr Paul Stylianos Vassis OSTJ  
 Mr Johannes-Wilhelmus Veraart OSTJ  
 Mrs Alice Joanna Vinicky OSTJ  
 Mrs Carol Joyce Wallace OSTJ  
 Mr Leslie Wells OSTJ  
 Mr Glenn Matthew Willan OSTJ  
 Rev Henry Gordon Williams OSB JP OSTJ  
 Ms Carol Anne Williams OSTJ  
 Mr Graham Alfred Wilson ASM OSTJ  
 Mrs Sheryl Lesley Wood OSTJ  
 Mrs Barbara May Wright OSTJ

### MEMBERS

Ms Emily Adams MSTJ  
 Mrs Anne Margaret Adcock MSTJ  
 Mrs Natalie Anne Andersen MSTJ  
 Mr George Edwin (Ed) Anderson MSTJ  
 Mr Peter Albert John Ansell MSTJ  
 Ms Kaie Ashenden MSTJ  
 Mr Dene Maxwell Ashfield MSTJ  
 Mr Barry Hilton Atkin MSTJ  
 Mrs Gail Leslie Atkin MSTJ  
 Mr John Edwin Austin MSTJ  
 Mr Wayne Austin MSTJ  
 Mrs Aileen Joyce Austin MSTJ \*  
 Ms Persine Ayensberg MSTJ  
 Ms Deborah Badger MSTJ  
 Mr Gavin Bagley MSTJ  
 Ms Kylie Bailie MSTJ  
 Mrs Irene Edith Bain MSTJ  
 Mr Gregory Robin Baird MSTJ  
 Mrs Michelle Bames MSTJ  
 Mr Joshua Richard Bamford MSTJ  
 Mrs Judith Margaret Barker MSTJ  
 Mrs Anette Barnes MSTJ  
 Mr John Bartle MSTJ  
 Mr Troy Andrew Bates MSTJ  
 Mr Darryl Wayne Beaton MSTJ  
 Mrs Susan Joy Beech MSTJ  
 Mr Keith Billingham MSTJ \*  
 Mr Shane Joseph Bilston MSTJ  
 Mr David Birnie MSTJ  
 Ms Dawn Anne Bishop MSTJ  
 Ms Jodie Blackman MSTJ

Mr Robert Charles Boase MSTJ  
 Mrs Venita Merle Bodle OAM MSTJ \*  
 Mr Arnold Bogaers MSTJ  
 Mr Paul Bogoni MSTJ  
 Mr Keith Douglas Bolitho MSTJ  
 Mr Baxter James Bothe MSTJ  
 Ms Elizabeth Bott MSTJ  
 Mr Sergio (Sarge) Bottacin MSTJ  
 Ms Vivien Elaine Bowkett MSTJ  
 Mr James Edwin Boyd MSTJ  
 Ms Isabel Blanche Bradbury MSTJ  
 Mr Arthur Benjamin Bransby MSTJ  
 Mrs Maxine Leslie Brass MSTJ  
 Mr Neville Gilbert Brass MSTJ  
 Mr Peter Ross Bremner MSTJ  
 Mrs Kathleen Elizabeth Broadbent MSTJ  
 Mr Kevin James Broadbent MSTJ  
 Mr Graeme Henry Brockman MSTJ \*  
 Mr Andrew John Brooker MSTJ  
 Ms Sherie Brooks MSTJ  
 Mrs Valmea Wendy Brown MSTJ \*  
 Rev Bernard Russell Buckland MSTJ  
 Ms Thea Buckley MSTJ  
 Mrs Christine Johanna Bull MSTJ  
 Mr Thomas Bunt MSTJ  
 Mrs Dorothy Burgess MSTJ  
 Mrs Ellen Merle Burrows MSTJ  
 Mr Bradley Carle MSTJ  
 Miss Morena Carusi MSTJ  
 Mr Kim Stuart Carver MSTJ  
 Ms Fay Castling MSTJ  
 Mrs Dawn Frances Chadwick MSTJ  
 Mr Shaun Champ MSTJ  
 Mrs Ingrid Chrisp MSTJ  
 Mr Darrell Kevin Church MSTJ  
 Mrs Linley Anne Cilia MSTJ  
 Mr Neville James Clarke MSTJ  
 Mr Robert George Clarke MSTJ  
 Mrs Natasha Lee Clements MSTJ  
 Mr Barry Thomas Coleman MSTJ  
 Mr Alan Lindsay Connell MSTJ  
 Mr David Cook MSTJ  
 Mr Stanley Victor Cook MSTJ  
 Mrs Naomi Michelle Cornwall MSTJ  
 Mrs Heidi Jaqueline Cowcher MSTJ  
 Mr John Cecil Craze MSTJ  
 Mr Neil Crofts MSTJ  
 Mr Wayne Peter Cullen MSTJ  
 Mrs Leanne Winifred Dale MSTJ  
 Mrs Joanne Daley MSTJ  
 Mr George Laurence David Daley MSTJ \*  
 Mr John Leslie Darcey MSTJ  
 Mr Gary Davies ASM MSTJ  
 Mr Damian Peter Davini MSTJ  
 Mrs Gloria Christa Davini MSTJ  
 Mr Garry Norman Davis MSTJ  
 Mrs Kerry Dianne Davis MSTJ \*  
 Mr Lancelot Norman George Davis MSTJ \*  
 Mrs Gail Patricia Dennert MSTJ  
 Mr Ian Digweed JP MSTJ  
 Mr Andrew Diong MSTJ  
 Ms Diane Elizabeth Doak MSTJ  
 Mr Jeff Hugh Doggett MSTJ  
 Ms Beth Donaldson MSTJ  
 Mr Clifford Loyal Doncon MSTJ  
 Mr Steven William Douglas MSTJ



- Mr John Patrick Downey MSTJ \*  
 Ms Erica Duffett MSTJ  
 Ms Terri Fiona Edwards MSTJ  
 Mr Ashley James Elder MSTJ  
 Mr Robert Ellis MSTJ  
 Mr Robert Edward Elphick MSTJ  
 Miss Gail Patricia Elson MSTJ  
 Mr Aaron Peter Endersby MSTJ  
 Ms Julie Kay Ettridge MSTJ  
 Ms Helen Evans MSTJ  
 Mr John Richard Evans MSTJ  
 Mrs Lynette Mae Evans MSTJ  
 Mr Glen Exelby MSTJ  
 Mr Andrew Raymond Eyre MSTJ  
 Mr Cornelis Anthonie (Kees) Faas MSTJ  
 Mr Alan Thomas Fairall MSTJ  
 Mr Colin Fairhead MSTJ  
 Mr Gary Fairman MSTJ  
 Mr James Farnworth MSTJ  
 Mr Eric Campbell Farrell MSTJ  
 Mr Mark James Felstead MSTJ  
 Mr Peter Wiltshire Felton MSTJ \*  
 Mr Nelson John Fewster MSTJ  
 Mrs Linda Field MSTJ  
 Mr Justin Fonte MSTJ  
 Mr Daniel Martin Forsdyke MSTJ  
 Dr John Graham Francis MB BS FRAC GP MSTJ  
 Mr Brian Gallop MSTJ  
 Mr Sydney Albert Garlick MSTJ  
 Mr James Kelvin Gattera MSTJ  
 Mrs Lynette Gail Gell MSTJ  
 Mrs Elizabeth Mary Gent MSTJ  
 Mr Otto Herman Gerschow MSTJ  
 Mr Robert Christopher Gibson MSTJ  
 Ms Bronwyn Giles MSTJ  
 Mr Michael Giovinozzo MSTJ  
 Mr Brynley Colin Gladwin MSTJ  
 Mr Ellis Francis Godwin MSTJ  
 Mr Robert John Gray MSTJ  
 Ms Erica Gray MSTJ  
 Dr Kelvin Paul Gray MSTJ  
 Mr Peter Alan Green MSTJ  
 Mr David Jon Grimmond MSTJ  
 Ms Jill Grist ASM MSTJ  
 Mr Philip Keith Groom MSTJ  
 Mrs Barbara Groves MSTJ  
 Mr Gary Guelfi MSTJ  
 Ms Allison Gulland MSTJ  
 Mr David Gulland MSTJ  
 Mrs Margaret Josephine Haddon MSTJ  
 Mr Arthur Robert Hall MSTJ  
 Mrs Janet Elizabeth Hall MSTJ  
 Mr Philip Hall MSTJ  
 Mr Glen Lindsay Hall MSTJ \*  
 Mr Douglas Kemble Hancock MSTJ  
 Mr Mervyn Desmond Hansen MSTJ  
 Mrs Tanya Hansen MSTJ  
 Ms Rita Hansen MSTJ  
 Mr John Victor Hards MSTJ  
 Mrs Pauline June Harris MSTJ  
 Mr John Harrison-Brown MSTJ  
 Mr Ken Hart MSTJ  
 Mr Jeremy Michael Haslam MSTJ  
 Mrs Patricia Hatch MSTJ  
 Mrs Beth Hayward MSTJ  
 Mr Graham Head MSTJ  
 Mr John William Hemsley MSTJ  
 Mr Desmond Robert Henderson MSTJ  
 Mr Peter Robert Hewat MSTJ  
 Miss Doreen Grace Higgins MSTJ \*  
 Ms Megan Hinkley MSTJ  
 Mrs Beth Hopley MSTJ  
 Mr Christopher Edward Hodgson MSTJ  
 Mrs Carol Ann Hope ASM MSTJ  
 Mrs Joan Horne MSTJ  
 Mr Robert George Horton MSTJ
- Mr Patrick Hourigan MSTJ  
 Mr Robert James Howard MSTJ  
 Mr Clifford Morrison Howe MSTJ  
 Mr Antony George Howe MSTJ \*  
 Mrs Betty Valma Hudson MSTJ  
 Mrs Vicki Raye Humphry MSTJ  
 Mr Graham Leslie Hunt MSTJ  
 Mrs Doris Marilyn Hunter MSTJ  
 Mr Damian Ryszard Ingram-Malecky MSTJ  
 Mr James Harvey Irvine MSTJ  
 Ms Katherine Jane Irvine MSTJ  
 Mr Michael James Jack ASM MSTJ  
 Ms Deborah Gail Jackson ASM MSTJ  
 Mr John Colin Jarrett MSTJ  
 Mrs Gaynor Jefferies MSTJ  
 Mr Peter Jenkin MSTJ  
 Mr Keith Jenkins MSTJ  
 Mr Anthony Francis Jenkinson MSTJ  
 Mrs Pamela Joan Jenkinson MSTJ  
 Ms Leeanne Jane Johnson MSTJ  
 Mrs Ruth Minnie Johnson MSTJ  
 Mr David Bernard Jolly MSTJ  
 Ms Cheryl Jones MSTJ  
 Ms Jill Jones MSTJ  
 Mr Trevor Kim Jones MSTJ  
 Mr Bauke Theodore Jongeling MSTJ  
 Mr Brendan Jordan MSTJ  
 Mrs Lara Suzette Karatzis MSTJ  
 Mrs Valerie June Kelly MSTJ  
 Ms Glenys Kendrick MSTJ  
 Mr Gary Victor Kenward MSTJ  
 Mr Peter Wesley King ASM MSTJ  
 Ms Annabel Jessie Knapp MSTJ  
 Mr Ronald Vaughan Knapp MSTJ  
 Mr Peter Cecil Kristiansen MSTJ \*  
 Mr Horst Kubsch MSTJ  
 Ms Taryn Lee Kunzli MSTJ  
 Mr Roger James Ladyman MSTJ  
 Mrs Stephanie Lalor MSTJ  
 Mrs Denise Kathleen Lane ASM MSTJ  
 Ms Dianne Joan Langford-Fisher MSTJ  
 Ms Christine Larkin MSTJ  
 Mrs Helen Margaret Laycock MSTJ  
 Mrs Daphne Joan Lee MSTJ  
 Mr Leonard Allan Leeder MSTJ  
 Mrs Mary Patricia Leeson MSTJ  
 Mr Kelvin Allen Lemke MSTJ  
 Mr Gregory Lincoln MSTJ  
 Mr Martin Luscher MSTJ  
 Ms Sandra Irene Lymbery MSTJ  
 Mr Norman Lyon MSTJ  
 Mr Robert Ian MacDonald MSTJ  
 Ms Jacqueline Louise MacKay MSTJ  
 Mr Kenneth Sydney MacKenzie MSTJ  
 Mrs Rosemary Maidment MSTJ  
 Mrs Anita Lee Martin MSTJ  
 Mr John Martin MSTJ  
 Mr Leonard Reginald Martin MSTJ  
 Ms Lorraine Jan Martin MSTJ  
 Mrs Maxine June Martin MSTJ  
 Mr Peter Maughan JP MSTJ  
 Mrs Jennifer Rose Maughan MSTJ  
 Mrs Ethel Elizabeth Mayers MSTJ  
 Mrs Dee McBride MSTJ  
 Mrs Susan Mary McCreery MSTJ \*  
 Mrs Joyce McCubbing MSTJ  
 Mr Ian McDonald MSTJ  
 Mr James Eric McGlinn MSTJ  
 Mr Kevin Francis McKenna MSTJ  
 Mr Vince McKenney MSTJ  
 Mr Allan Arthur McSwain MSTJ  
 Mr Paul Peter Monger MSTJ  
 Mrs Dorothy Faye Morgan OAM MSTJ  
 Ms Maxine Moroney MSTJ  
 Mrs Hassidah Morrissey MSTJ  
 Mrs Ilse Adelheid Mueller MSTJ  
 Mrs Margaret Patricia Murdoch MSTJ  
 Mr Colin James Murphy MSTJ \*
- Mrs Audrey Veronica Murphy SRN OND MSTJ  
 Ms Robyn Murray MSTJ  
 Mr George Ian Murray MSTJ  
 Mrs Jan Kerry Murray MSTJ  
 Mr Michael Napier MSTJ  
 Mrs Dianne Leslie Nicholls MSTJ  
 Mr Peter Leonard Nicholls MSTJ  
 Ms Hilary Jeanne Nind MSTJ  
 Miss Melissa Northcott MSTJ  
 Mrs Christine Nye MSTJ  
 Mr Christopher John Obst MSTJ  
 Mrs Jennifer Lee Oliver MSTJ  
 Mr David Ovans MSTJ  
 Mr Kenneth W Parker MSTJ  
 Mr Graeme Parkes MSTJ  
 Mr Edwin Harold Parry MSTJ \*  
 Ms Anne Louise Parsons MSTJ  
 Mr Lance Murray Paterson MSTJ  
 Ms Sharon Leanne Patterson MSTJ  
 Mr Brian John Payne MSTJ  
 Ms Zoe Payne MSTJ  
 Mrs Kelly Ann Pearce MSTJ  
 Mr Anthony Colin Pegram MSTJ  
 Mr Ross Walter Perry MSTJ  
 Mr Steven Petchell MSTJ  
 Mr Jeremy Peterson MSTJ  
 Ms Christine Philippa MSTJ  
 Mr Philip Arthur Pickering MSTJ  
 Mr John Piggott MSTJ \*  
 Mr Arthur Pincham MSTJ  
 Ms Vanisha Pindoria MSTJ  
 Mr Clarence Richard Plummer MSTJ\*  
 Mr Robert Pownall MSTJ  
 Mrs Maxine Puljiz MSTJ  
 Dr Ashleigh Jessica Punch MSTJ  
 Mr Arthur Arnold Putland MSTJ  
 Mr Owen Randell MSTJ  
 Dr Richard Frederick Reynolds MSTJ  
 Mr David Rhodes MSTJ  
 Mrs Janet Mary Rhodes MSTJ  
 Mrs Carol Ridgway MSTJ  
 Mr Stewart Ridgway MSTJ  
 Miss Evelyn Faye Ridley MSTJ  
 Mr Leonard (John) Riley MSTJ  
 Mr Alan Rimmer MSTJ  
 Mr Robert John Rimmer MSTJ  
 Mrs Mary Bridget Ripper MSTJ  
 Mr Geoffery Roberts MSTJ  
 Ms Wendy Robertson MSTJ  
 Mr Philip John Robinson MSTJ  
 Mr Darren Roche MSTJ  
 Mrs Tamra (Tammy ) Rogers MSTJ  
 Miss Melissa Rorke MSTJ  
 Mr Anthony John Rose MSTJ  
 Mr Scott Russell MSTJ  
 Mr Glen Saunders MSTJ  
 Mrs Lorna Saunders MSTJ  
 Ms Kaitini Scott MSTJ  
 Mr Keith Raymond Scoullar MSTJ  
 Mr John Seaman MSTJ  
 Mr Christopher Leonard Searle MSTJ  
 Dr Brendan John Selby MSTJ \*  
 Mr Craig Edward Sigley MSTJ  
 Mr Kenneth Henry Simmons MSTJ  
 Mr Robert Maxwell Simper MSTJ  
 Mr Kevin Francis Simpson MSTJ  
 Ms Kristine Simpson MSTJ  
 Mr Ian Mark Sinclair JP MSTJ  
 Ms Donna Alice Skerris MSTJ  
 Ms Vanessa Elouise Skinner MSTJ  
 Mr Brendan Warwick Sloggett MSTJ  
 Mrs Elaine Smallwood MSTJ  
 Mr Graham Smeed MSTJ \*  
 Mr David Smeeton MSTJ  
 Mr Anthony Bowyer Smith MSTJ  
 Mr Ian Andrew Smith MSTJ  
 Ms Jae Nicole Smith MSTJ  
 Mrs Janet Ellen Smith MSTJ  
 Mr Julian John Smith ASM MSTJ
- Mrs Sandra Gwen Smith MSTJ  
 Mr Thomas Smith MSTJ  
 Mr Darren Glen Spouse MSTJ  
 Mrs Lynette Elizabeth Somers MSTJ  
 Mr Grant Solomon MSTJ  
 Mr Mathew Luke Squires MSTJ  
 Mrs Julie Starcevic MSTJ  
 Mr Matthew David Staunton MSTJ  
 Mr Neville Bruce Steicke JP MSTJ  
 Mr David George Stevens MSTJ  
 Mrs Dorothy Lenise Stevenson MSTJ \*  
 Mrs Katrina Elizabeth Stewart MSTJ  
 Ms Lorna Elaine Stewart MSTJ  
 Ms Patricia Stidworthy MSTJ  
 Mr Arnold Mervyn Stokes MSTJ  
 Mrs Dorothy Stokes MSTJ  
 Mr Errol Dale Stone MSTJ  
 Mrs Lorraine Elsie Stone MSTJ  
 Mrs Mary Strickland MSTJ \*  
 Mrs Judith Anne Summers MSTJ  
 Ms Denise Sutherland MSTJ  
 Mr Terrence Sweeney MSTJ  
 Miss Sharon Tate MSTJ  
 Mrs Andrea Marie Teakle MSTJ  
 Mrs Sharon Tracey Teale MSTJ  
 Mr Andrew Philip Templeman-Twells MSTJ  
 Mr Roger Telfer MSTJ  
 Mrs Pam Tennant ASM MSTJ  
 Mr George William James Thompson MSTJ  
 Ms Robyn Olivia Thompson MSTJ  
 Mr John Thomson ASM MSTJ  
 Mr Neil Thornton MSTJ  
 Mr Nathan Phillip Tournay MSTJ  
 Ms Christine Lindsay Trappitt MSTJ  
 Mrs Rosemary Helen Tulloch MSTJ  
 Mrs Judith Pamela Tyler MSTJ  
 Mrs Lynda Tyler MSTJ  
 Mrs Pamela Margaret Usher MSTJ  
 Mr Raul Valenzuela MSTJ  
 Mr Hans Vandenberg MSTJ  
 Mr John Hartley Vaux MSTJ  
 Ms Sarah Louise Vivian MSTJ  
 Mrs Maxine Janice Walker MSTJ  
 Mr Richard Charles Walker MSTJ  
 Mr Tom Walker MSTJ  
 Mrs Leonie Walker OAM MSTJ  
 Mr Ronald Maxwell Waller MSTJ  
 Dr Allan Stephen Walley MSTJ  
 Mr Robert Edward Wallis MSTJ  
 Ms Pamela June Walsh MSTJ  
 Mrs Josephine Isabel Walters MSTJ  
 Mr James (Neil) Warne MSTJ  
 Mrs Julie Watkins MSTJ  
 Mr Terence Harold Watts MSTJ  
 Mrs Rosemary Anne Waud MSTJ  
 Ms Gabrielle West MSTJ  
 Mr Kent Ruthen Westlake MSTJ  
 Mr Peter Whitney MSTJ  
 Dr Garry John Wilkes MSTJ  
 Mrs Jennifer Willgoss MSTJ \*  
 Mrs Shirley Elizabeth Williams JP MSTJ  
 Miss Christine Ann Williams MSTJ  
 Mrs Judith Jean Williams MSTJ  
 Mrs Johanna Helen Wills MSTJ  
 Mr Ian Brownlie Wilson MSTJ  
 Mrs Marylyn Joy Wilson MSTJ  
 Miss Renee Joy Wirth MSTJ  
 Ms Victoria Wilson MSTJ  
 Ms Trudy Wisewould MSTJ  
 Mr Philip Joseph Wishart MSTJ  
 Mrs Fay Margaret Wolfenden MSTJ  
 Mr Kevin Wood MSTJ  
 Mr James Alan Wright MSTJ

\* Indicates a member of the Order of St John residing in Western Australia who has not consented to membership of the commandery of WA under the Company Limited by Guarantee structure.

# Honours and Awards

The following staff and volunteers were recognised in 2018 for outstanding and distinguished service to St John and their community, with admission to, or promotion within, the Order of St John, the Commandery in Western Australia.

ADMISSION AS A MEMBER	
Kalie Ashenden	EHS
Deborah Badger	Great Southern
David Birnie	Southwest
Elizabeth Bott	Goldfields
Paul Bradley	Great Southern
Thea Buckley	Southwest
Tana Burgess	Wheatbelt
Maurice Busch (dec)	Southwest
James Byles	Northwest
Sally Carbon	Belmont
Shaun Champ	Northwest
Kathryn Clune	EHS
Erica Duffett	Southwest
Lorraine Dusci	Southwest
Colin Fairhead	Wheatbelt
Justin Fonte	Belmont
Susan Gianni	Goldfields
Debbie Gillard	Southwest
Rita Hansen	Midwest
Megan Hinkley	Northwest
Sonia Huggins	Great Southern
Bob James	Wheatbelt
Cheryl Jones	Southwest
David Joseph	Northwest
Ken Lawrence	Southwest
Conrad Lowe	Goldfields
John Martin	Southwest
Janet Mazza	Goldfields
Hassidah Morrissey	EHS
Vanisha Pindoria	EHS
Sharyn Pither	Great Southern

ADMISSION AS A MEMBER	
Carol Ridgway	Wheatbelt
Stewart Ridgway	Wheatbelt
Darren Roche	Midwest
Scott Russell	EHS
Lorna Saunders	Wheatbelt
Barry Savage Great	Southern
Lynne Schreurs	Southwest
Kristine Simpson	Midwest
Clive Stone	Wheatbelt
Lorna Teakle	Midwest
Roger Telfer	Wheatbelt
Pam Toyne	EHS
Robyn Willey	Wheatbelt
Victoria Wilson	Great Southern

COMMANDERY COMMENDATION	
Naomi Bailye	Goldfields
Jenni Brown	Wheatbelt
Laurel Evenis	Wheatbelt
Beverley Giles	Wheatbelt
Lyndsay Greenwood	Wheatbelt
Shirley Hallas	Wheatbelt
Glyn Harrington	Wheatbelt
Nicola Lane	Wheatbelt
Kim Maddrell	Wheatbelt
Karen McMeekin	EHS
Lynette Piper	Midwest
Elliott Ramsay	EHS
Michael Ridgway	Goldfields
Patti Robertson	Goldfields
Peter Sandercock	Wheatbelt
Isaac Sealey	EHS
Craig Sisson	Southwest
Jacqueline Turnbull	Northwest
Jennifer Wiles	Wheatbelt

# Honours and Awards

PROMOTION TO OFFICER		ADMISSION AS OFFICER	
Kerry Davis	Southwest	Dane Hendry	Southwest
Gary Guelfi	Wheatbelt	Sally Gifford	Belmont
Desmond Henderson	Southwest		
Vince McKenney	Southwest		
Christopher Sabourne	Southwest		
Neville Steicke	Wheatbelt		

# Mark of Respect

We honour the following members of the Order of St John who passed away during 2017/18		
John Joseph McKenna Stevenson	MStJ	July 2017
Chester Hutton	OStJ	August 2017
David Plenty	MStJ	September 2017
Lorna Whiteman	MStJ	September 2017
Alexander John (Bill) Barclay	MStJ	October 2017
John (Jock) Swan	MStJ	January 2018
Allan Smith	MStJ	June 2018

Great care has been taken in compiling the foregoing nominal roll of members of the Order. It is possible, however, that mistakes have occurred. Please notify St John Ambulance Western Australia immediately if any errors or omissions are detected.

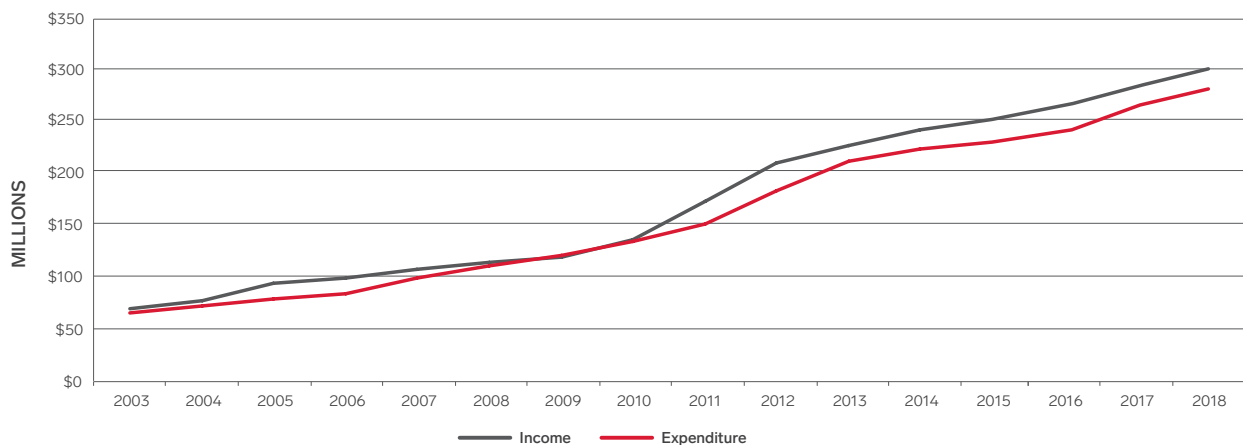


# Annual Report Summary

## Organisation

Year	Income \$'000	Expenditure \$'000	Surplus/(Deficit) \$'000
2003	70,168	66,080	4,088
2004	77,716	72,632	5,084
2005	93,745	79,951	13,794
2006	99,487	83,848	15,639
2007	107,269	99,466	7,803
2008	113,876	110,437	3,439
2009	119,704	121,733	(2,029)
2010	135,624	134,568	1,056
2011	173,370	151,317	22,053
2012	209,298	183,168	26,130
2013	226,646	210,640	16,006
2014	240,981	222,345	18,636
2015	251,461	229,956	21,505
2016	261,564	241,320	20,244
2017	280,629	263,226	17,403
2018	299,888	280,877	19,011

## Income and Expenditure



## Statewide Income Sources

	\$'000	% of Total
Ambulance Services	162,108	54%
Department of Health	97,743	33%
First Aid Training	13,119	4%
Medical Health Services	3,276	1%
Benefit Fund	2,557	1%
Primary Health Services	10,457	3%
Other	10,628	4%
<b>TOTAL</b>	<b>299,888</b>	<b>100%</b>

## Statewide Operating Expenditure

	\$'000	% of Total
Personnel	190,451	68%
Property and Vehicles	13,548	5%
Bad Debts	23,262	8%
Medical and First Aid	4,024	1%
Primary Health Services	12,902	5%
Other	36,690	13%
<b>TOTAL</b>	<b>280,877</b>	<b>100%</b>

## Lotterywest Contributions

	\$
Buildings	-
Equipment	1,375,586
<b>TOTAL</b>	<b>1,375,586</b>



# Financial Report

St John Ambulance Western Australia Limited

Financial report for the year ended 30 June 2018





## Directors' Report

The Board of the Commandery of St John Ambulance Western Australia Limited ("the Company") submit herewith the Directors' Report together with the consolidated financial statements of the Company and its controlled entities ("the Group") for the financial year ended 30 June 2018. In order to comply with the provisions of the *Corporations Act 2001*, the Directors Report as follows:

## Directors' Report (continued)

### Information about the Directors

The names and particulars of the Directors of the Company during or since the end of the financial year ended 30 June 2018 are:



**Mr Shayne Leslie**  
**B.Juris LL.B**  
 Commander of the Order of St John  
 Chairman

Graduating from The University of Western Australia Law School in 1982, Shayne Leslie has focused on commercial litigation/dispute resolution with law firms Phillips Fox, Wilson and Atkinson, Talbot Olivier, Metaxas & Hager and Zafra Legal. A Commander of The Order of St John, he joined the Ambulance Service Board in July 2002. He was a member of the Board until it was replaced by the State Council in 2006. He has served on the Board since then and became its Chairman in 2016. Shayne is also a director of St John Ambulance Australia.



**Mr Ian Kaye-Eddie**  
**ASM**  
 Knight of Grace of the Order  
 of St John  
 Non-executive Director

Ian Kaye-Eddie has been contributing to ambulance services throughout Australia for 40 years. He was Chief Executive Officer of St John Ambulance Western Australia from 1978 to 2006. He has degrees in commerce, finance and the arts and has studied at universities in South Africa, the USA and Australia. He is actively involved with several community and charitable organisations.



**Ms Sally Carbon**  
**AM**  
 Member of the Order of St John  
 Non-executive Director

Sally Carbon is a business strategist and is the Managing Director of Green Eleven, a strategic planning, marketing and communications company in Western Australia with clients from all sectors, such as urban renewal, transport, insurance, agriculture, health and tertiary education. She is a qualified company director, and Fellow of the Australian Institute of Company Directors. She is a deputy chair of the Australian Sports Foundation and chair of its finance, audit and risk committee. She also sits on the UWA Sport Advisory Council and Screenwest boards, and Chairs the private company Honan Insurance Group WA. She was previously the Director of Marketing and Communications at the urban renewal project at Docklands Authority in Melbourne. Sally is a dual Olympian and has won an Olympic and World Cup gold medal. She has had seven books published. In 2017 Ms Carbon was admitted to the Order of St John as a Member, in recognition of her service to the organisation.



**Mrs Sally Gifford**  
**ASM**  
 Officer in the Order of St John  
 Non-executive Director

Sally Gifford became a member of the Board in 2014, and has a strong history in volunteer and community engagement, as well as in fundraising and governance in the charitable and not-for-profit environment. Mrs Gifford came to Australia in 1990 and joined the Chittering/Gingin Sub Centre in 2001 as a volunteer dispatcher. In 2006, Mrs Gifford became Chairman of the Chittering/Gingin Sub Centre and in 2013 she was awarded the prestigious Ambulance Services Medal and the Shire of Gingin's Active Citizens Award. She is a former vice chair and had an active role in recruitment for the Sub Centre and represented the Sub Centre on the Local Emergency Planning Committee. Currently she is serving on the planning committee to build a new Sub Centre in Bindoon. Mrs Gifford was promoted to Officer in the Order of St John for her services to the organisation and within the Wheatbelt Region.

## Directors' Report (continued)



### Professor Ian Rogers

Non-executive Director

Professor Ian Rogers is a Clinical Professor of Emergency Medicine at St John of God Hospital Murdoch and the University of Notre Dame. He graduated from The University of Melbourne in 1984 and completed his emergency medicine specialist training in 1991. He is widely published, and a regular speaker at major meetings, in his special research interest areas including sports medicine, wilderness medicine and palliative care. His past roles have included overseeing emergency medicine training at hospitals such as St John of God Murdoch Hospital, Sir Charles Gairdner Hospital and Auckland Hospital, and he continues to serve in training and education roles within the Australasian College for Emergency Medicine.



### Mr Andrew Chuk

Non-executive Director

Andrew Chuk holds degree qualifications in both engineering and economics and is a Graduate Member of the Australian Institute of Company Directors. Since 2005 he has worked internationally as an investment specialist in the resources sector valuing mining assets for finance, stock listing, and board investment considerations. In the 10 years to 2005, Andrew held senior roles in the Western Australian Government including Executive Director and Deputy Director General in the Treasury and Health departments. Earlier in his career, Andrew worked in business analysis, development and engineering.



### Ms Andrea LeGuier

Non-executive Director

Andrea LeGuier is the Chief Executive Officer of the Perth Eye Hospital, a specialist ophthalmic day hospital located in West Perth. Since leaving her hometown in Bunbury, she has enjoyed a diverse Australian and International career in senior management and director roles across the sectors of information technology, private education and health. She is also a director of the National Board of Day Hospitals Australia, the peak industry body for independent private hospitals. Previously she has held the position of State Chapter Chair and National Director of the Association of Development and Alumni Professionals in Education.



### Mr Michael Gurry AM

Non-executive Director  
Appointed 30 October 2017

Mr Gurry was Managing Director of HBF from 1995 to 2007 and prior to that, President (Asia Pacific) of the DMR Group. He is the current Deputy Chair of Joyce Corporation Limited (an ASX listed company) and is a Fellow of the Australian Institute of Company Directors. Prior to these roles Mr Gurry was Vice President of the Asian Association of Management Organisations, National President of the Australian Institute of Management and Chairman of United Way Inc. He is the former Chairman of Foundation Housing Ltd, former Chairman of the Forest Products Commission, and of Reignite Pty Ltd. He is a councillor of HBF Ltd and has served on numerous Boards including the Australian Health Insurance Association, The Australian Information Industry Association, the West Australian Ballet and Integrated Group Ltd. For the past decade Mr Gurry has supported the work of the Tabitha Foundation, helping build schools and homes in Cambodia, and also developed the Animal Bank, enabling poor families to raise animals for food and sale.

The above named Directors' held office during the whole of the financial year and since the end of the financial year, unless otherwise indicated.

## Directors' Report (continued)

### Company Secretary

Mr Tony Ahern held the position of Company Secretary at 30 June 2018. Mr Ahern was appointed Company Secretary when the Company transferred from an Association to a Company Limited by Guarantee on 30 September 2013. Tony joined St John in 1973 as a cadet and in 1980 he became a career ambulance officer. After completing a business degree in 1989, Tony moved into accounting and computing services and took a lead role in modernising St John's administrative and financial systems. He went on to complete a Masters of Information Systems, researching the investment made by every Australian ambulance service in information technology. In 2000 Tony was made Deputy Chief Executive Officer and in 2006 he was appointed Chief Executive Officer. Tony attended the London Business School to further develop his leadership skills and in 2004 he was awarded the prestigious Ambulance Service Medal. Tony is a Board member for the Council of Ambulance Authorities (CAA), a Board member of the WA Primary Health Alliance, Chairman of the Emergency Services Volunteer Hardship Fund and a member of the Australian Institute of Company Directors.

### Directors Meetings

The following table sets out the number of Directors meetings (including meetings of committees of directors) held during the year ended 30 June 2018 and the number of meetings attended by each Director (while they were a director or committee member). During the year ended 30 June 2018, 10 Board meetings, two Audit Committee meetings and one Remuneration Committee meeting were held.

Directors	Board of Directors		Audit Committee		Remuneration Committee	
	Eligible	Attended	Eligible	Attended	Eligible	Attended
Mr Shayne Leslie	10	9	1	1	1	1
Mr Ian Kaye-Eddie	10	9	2	2	1	1
Mr Andrew Chuk	10	8	2	2	1	1
Mr Michael Gurry	6	5	1	1	-	-
Ms Sally Carbon	10	9	-	-	-	-
Professor Ian Rogers	10	8	-	-	-	-
Mrs Sally Gifford	10	10	-	-	-	-
Ms Andrea LeGuier	10	9	-	-	-	-

### Principal Activities

The Group's principal activities in the course of the financial year were the provision of first aid, ambulance services and primary and ancillary care within the state of Western Australia.

### Objectives

Our purpose in Western Australia is to serve humanity and build resilient communities through the relief of sickness, distress, suffering and danger. We do this by:

1. Making first aid a part of everyone's life.
2. Delivering high quality cost-effective ambulance services to Western Australians.
3. Providing a gateway into the health system for unscheduled care; in a way that provides easy, timely and equitable access to the most appropriate healthcare.

The unique integrated St John model of service, which entails a high level of volunteerism and participation, provides the bedrock for the state's ambulance service. In harnessing all of the elements of the model, St John can truly claim to provide a world class service.

## Directors' Report (continued)

### Performance Measures

The Company measures its performance in many ways, including by measuring and focusing on:

**Emergency Ambulance:** Ambulance response times for P1, P2 and P3 incidents, availability of ambulance services across regional Western Australia and total number of country volunteers (standby capacity).

**First Aid Training:** Our percentage of commercial market share, total students trained, percentage of population trained in first aid, and community first aid sentiment index.

**Community First Responder Program:** The number, distribution and utilisation of our CFR program/locations.

**Event Health Services:** Total duty hours, patient numbers, total market share and volunteer numbers.

**Clinical Outcomes:** OHCA survivors to hospital discharge, STEMI call to destination time, meaningful pain reduction.

**Patient Transfer Services:** Growth in clients, growth in revenue and surplus, percentage of market share, on-time performance and customer satisfaction.

**Benchmarking:** Lowest cost per capita, cost to government per capita, cost per patient and cost to government per patient as reported in the annual Report on Government Services; at or below the Australian average cost per user; complaints received per cases.

**Primary Health Services:** Growth in clients/ patients/ utilisation, financial sustainability, access, ED diversions, and customer experience UCC median wait time.

**Financial Management:** Return an operating surplus supported through:-

- I. Management of labour costs below other Australian services on a per incident and per population basis;
- II. Utilisation of staff resources to match demand.
- III. Successful contract negotiations and grant funding
- IIII. Capital investment in assets of at least 11% of operating expenditure per annum.
- IV. Revenue growth in our commercial activities.

**People:** Volunteer numbers and retention rates, staff and volunteer engagement (Culture Survey and a comprehensive engagement program), guiding and influencing the university based education model to ensure it is focused and effective, utilisation of our evidence based decision making approach within clinical, ambulance operations and our business activities, listening and responding to feedback from recipients of our services, engagement with support services including Safety and Wellbeing.

**Reputation, Brand, Fabric:** Staff and volunteer connection to the Order. Staff and volunteer connection to purpose, Award and Recognition activity, engagement in Corporate Events. Public perception of the value of the St John brand and understanding of the St John point of difference.

### Financial Results

The consolidated net surplus for the year ended 30 June 2018 was \$19 million (2017: \$17.4 million).

Highlights of the current financial result include:

- ▷ Increase in ambulance transport revenue due to increased demand for ambulance services.
- ▷ Continued support from our corporate partner BHP for the construction of the new Port Hedland sub centre and the Australian Government for the Port Hedland project and the new facilities in Northam. In addition the State Government provided support through Royalties for Regions and Lotterywest for various regional projects.

The surplus facilitates the ongoing capital investment requirements of the Group to meet the growing demand for the ambulance service across the state. During the past year, St John has invested \$26.6 million in its capital works program, including:

- ▷ Property: \$10.4 million (2017: \$9 million)
- ▷ Fleet: \$12.2 million (2017: \$9.9 million)
- ▷ Plant and Equipment: \$4 million (2017: \$2.8 million)

### Review of Operations

The financial year ended 30 June 2018 has been another year of significant growth. Ambulance activity grew by more than five per cent across the State. Even with the increased demand for ambulance services, our ambulance response time performance was better than the contracted target for two of the three categories. This result speaks to the dedication of operational staff and our continuing innovation to meet growing demand.

This financial year saw a continued investment in developing community resilience through making first aid a part of everyone's lives. Our total number of first aid students trained grew by more than four per cent, partly thanks to our community engagement initiatives and increased drive to train more youth. Our Youth and Community Engagement programs continued to have a huge impact, with a total of 308,568 people being trained, including 161,967 First Aid Focus students.

In order to deliver a high quality, cost-effective ambulance service across Western Australia, St John relies on the

## Directors' Report (continued)

### Review of Operations (continued)

support of thousands of volunteers. The scope and range of volunteering roles within St John continues to expand and combined these people have a profound impact on the community of Western Australia. We are grateful to all of our volunteers – each and every one of them helps us deliver on our motto of being for the service of humanity.

To provide a truly modern, advanced and first class ambulance service, and in order to meet increasing demand for services, St John must continue reinvesting in its capital works program of property, fleet and equipment. Accordingly, it must achieve financial surpluses and deliver sound financial performances. Having achieved this, we have great confidence that we will be able to make the necessary investments in our infrastructure and operations to continue meeting demand while simultaneously maintaining the quality of our service.

### Changes in the State of Affairs

There were no significant changes in the state of affairs of the Company during the financial year.

### Subsequent Events

There has not been any matter or circumstance occurring subsequent to the end of the financial year that has significantly affected, or may significantly affect, the operations of the Group, the results of those operations, or the state of affairs of the Group in future financial years.

### Indemnification of Officers and Auditors

During the financial year, the Group paid a premium in respect of a contract insuring the Directors of the Group (as named on pages 59 and 60), the Company Secretary and all Executive Officers of the Group and of any related body corporate against a liability incurred as such a Director, Secretary or Executive Officer to the extent permitted by the Corporations Act 2001. The contract of insurance prohibits disclosure of the nature of the liability and the amount of the premium.

The Group has not otherwise, during or since the end of the financial year, except to the extent permitted by law, indemnified or agreed to indemnify an officer or auditor of the company or of any related body corporate against a liability incurred as such an Officer or Auditor.

### Future Developments

The Group will continue to pursue its principal activities of providing first aid, ambulance services and primary care within the State of Western Australia for furtherance of the objectives mentioned above.

### Proceedings on Behalf of the Company

No person has applied for leave of Court to bring proceedings on behalf of the Group or intervene in any proceedings to which the Group is a party for the purpose of taking responsibility on behalf of the Group for all or any part of those proceedings.

The Group was not a party to any such proceedings during the year.

### Environmental Regulation

The Group's operations are not subject to any significant environment regulation under a law of the Commonwealth or of a State or Territory.

### Auditor's Independence Declaration

The auditor's independence declaration has been given to the directors in accordance with section 307C of the *Corporations Act 2001* on page 64.

This directors' report is signed in accordance with a resolution of directors made pursuant to section 298(2) of the *Corporations Act 2001*.

Signed on behalf of the Board:



**Shayne Leslie**

Chairman

Date: 27 September 2018



# Deloitte.

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The Board of the Commandery in Western Australia  
St John Ambulance Western Australia Ltd  
209 Great Eastern Highway  
Belmont WA 6104

28 September 2018

Dear Board Members

**St John Ambulance Western Australia Ltd**

In accordance with section 307C of the *Corporations Act 2001*, I am pleased to provide the following declaration of independence to Board of Commandery of St John Ambulance Western Australia Ltd.

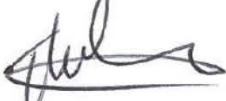
As lead audit partner for the audit of the financial statements of St John Ambulance Western Australia Ltd for the financial year ended 30 June 2018, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

Yours sincerely

DELOITTE TOUCHE TOHMATSU

DELOITTE TOUCHE TOHMATSU



**John Sibenaler**  
Partner  
Chartered Accountants

Liability limited by a scheme approved under Professional Standards Legislation.

Member of Deloitte Touche Tohmatsu Limited



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## Independent Auditor's Report to the Members of St John Ambulance Western Australia Ltd

### *Opinion*

We have audited the financial report of St John Ambulance Western Australia Ltd (the "Company") and its subsidiaries (the "Group") which comprises the consolidated statement of financial position as at 30 June 2018, the consolidated statement of profit or loss and other comprehensive income, the consolidated statement of changes in equity and the consolidated statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the Directors declaration. In addition, we have audited the Company's compliance with the specific requirements of the *Charitable Collections Act (WA) 1946 and Charitable Regulations (WA) 1947* (collectively "Specific Requirements").

In our opinion,

- a) the accompanying financial report of the Group is in accordance with the *Corporations Act 2001*, including:
  - (i) giving a true and fair view of the Group's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
  - (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.
- b) the Company complied, in all material respects, with the specific requirements of the *Charitable Collections Act (WA) 1946 and Charitable Regulations (WA) 1947*.

### *Basis for Opinion*

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report and Compliance with the Specific Requirements section of our report. We are independent of the Group in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report and compliance with the Specific Requirements in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the Directors of the St John Ambulance Western Australia Ltd, would be in the same terms if given to the Directors as at the time of this auditor's report.

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





### *Other Information*

The Directors are responsible for the other information. The other information comprises the information included in the Group's financial report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated. 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.

### *Responsibilities of the Directors for the Financial Report and Compliance with the Specific Requirements*

The Directors of the Company are responsible for Compliance with the Specific Requirements and the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the ability of the Group 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 to cease operations, or has no realistic alternative but to do so.

### *Auditor's Responsibilities for the Audit of the Financial Report and Compliance with the Specific Requirements*

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error; and the Company has complied, material respects, with the Specific Requirements, 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 the Australian Auditing Standards 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 this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of non-compliance with the Specific Requirements and the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement



resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' 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 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 auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Group to express an opinion on the financial report. We are responsible for the direction, supervision and performance of the Group's audit. We remain solely responsible for our audit opinion.

Because of the inherent limitations of any compliance procedure, it is possible that fraud, error or noncompliance with the Specific Requirements may occur and not be detected. An audit is not designed to detect all weaknesses in the Company's compliance with the Specific Requirements as an audit is not performed continuously throughout the period and the tests are performed on a sample basis. Any projection of the evaluation of the compliance procedures to future periods is subject to the risk that the procedures, may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

DELOITTE TOUCHE TOHMATSU

DELOITTE TOUCHE TOHMATSU

**John Sibenaler**

Partner

Chartered Accountants

Perth, 28 September 2018



## St John Ambulance Western Australia Limited Declaration by The Board Of The Commandery in Western Australia

St John Ambulance Western Australia Limited operates in Western Australia under the guidance and control of the Board.

The Board declares that:

- (a) In the opinion of the Board, the attached financial statements are in compliance with Australian Accounting Standards, as stated in Note 3 to the financial statements.
- (b) In the opinion of the Board, the attached financial statements and notes thereto are in accordance with the *Corporations Act 2001*, including compliance with accounting standards and gives a true and fair view of the financial position and performance of the Group; and
- (c) In the opinion of the Board, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed on behalf of the Board:



**Shayne Leslie**

Chairman

Date: 27 September 2018

## Consolidated Statement of Profit or Loss and Other Comprehensive Income for the financial year ended 30 June 2018

	Note	2018 \$'000	2017 \$'000
Revenue	5	299,888	280,629
Administration expenses		7,046	7,140
Ambulance operating expenses		7,085	5,860
Bad and doubtful debts		23,262	23,331
Depreciation		17,738	16,443
Amortisation		489	489
Financial charges		1,296	1,138
Marketing expenses		5,475	4,439
Professional fees		2,334	2,710
Property and equipment expenses		15,598	13,664
Employee benefits		199,614	186,795
Training materials		940	1,217
<b>Surplus for the year</b>		<b>19,011</b>	<b>17,403</b>
<b>Other Comprehensive Income</b>		<b>-</b>	<b>-</b>
<b>Total Comprehensive Income for the year</b>		<b>19,011</b>	<b>17,403</b>

Notes to the financial statements are included on pages 73 to 94.

## Consolidated Statement of Financial Position as at 30 June 2018

	Note	2018 \$'000	2017 \$'000
<b>Current Assets</b>			
Cash at bank	19	72,297	62,290
Restricted cash	7, 19	2,091	2,156
Inventories	8	2,643	2,269
Trade and other receivables	9	24,101	21,021
Other current assets	10	2,718	3,238
<b>Total Current Assets</b>		<b>103,850</b>	<b>90,974</b>
<b>Non-Current Assets</b>			
Property, plant and equipment	11	190,247	182,824
Goodwill	12	8,314	8,314
Other intangible assets	13	4,402	4,891
<b>Total Non-Current Assets</b>		<b>202,963</b>	<b>196,029</b>
<b>Total Assets</b>		<b>306,813</b>	<b>287,003</b>
<b>Current Liabilities</b>			
Trade and other payables	15	4,009	4,645
Provisions	16	31,944	30,611
Other current liabilities	17	6,278	6,863
<b>Total Current Liabilities</b>		<b>42,231</b>	<b>42,119</b>
<b>Non-Current Liabilities</b>			
Provisions	16	10,333	9,646
<b>Total Non-Current Liabilities</b>		<b>10,333</b>	<b>9,646</b>
<b>Total Liabilities</b>		<b>52,564</b>	<b>51,765</b>
<b>Net Assets</b>		<b>254,249</b>	<b>235,238</b>
<b>Equity</b>			
Retained surpluses		254,249	235,238
<b>Total Equity</b>		<b>254,249</b>	<b>235,238</b>

Notes to the financial statements are included on pages 73 to 94.

## Consolidated Statement of **Changes in Equity** for the financial year ended 30 June 2018

	Note	2018 \$'000	2017 \$'000
<b>Retained Surpluses</b>			
Balance at the start of year		235,238	217,835
Surplus for the year		19,011	17,403
Other comprehensive income for the year		-	-
Total comprehensive income for the year		19,011	17,403
Balance at the end of year		254,249	235,238
<b>Total Retained Surpluses</b>		<b>254,249</b>	<b>235,238</b>
<b>Total Equity</b>		<b>254,249</b>	<b>235,238</b>

Notes to the financial statements are included on pages 73 to 94.





## Consolidated Statement of **Cash Flows** for the financial year ended 30 June 2018

	Note	2018 \$'000	2017 \$'000
<b>Cash Flows From Operating Activities</b>			
Receipts from operating activities		190,217	172,376
Health Department contract for services		107,462	104,223
Payments for operating activities		(264,626)	(245,356)
<b>Net Cash Provided by Operating Activities</b>	<b>19b</b>	<b>33,053</b>	<b>31,243</b>
<b>Cash Flows From Investing Activities</b>			
Proceeds from the sale of property, plant and equipment		1,906	1,077
Payments for property, plant and equipment		(26,557)	(27,228)
Interest income		1,540	1,378
Net cash outflow on acquisition of subsidiary		-	(481)
<b>Net Cash Used in Investing Activities</b>		<b>(23,111)</b>	<b>(25,254)</b>
<b>Net Movement in Cash and Cash Equivalents</b>		<b>9,942</b>	<b>5,989</b>
<b>Cash and Cash Equivalents at the Beginning of the Financial Year</b>		<b>64,446</b>	<b>58,457</b>
<b>Cash and Cash Equivalents at the End of the Financial Year</b>	<b>19a</b>	<b>74,388</b>	<b>64,446</b>

Notes to the financial statements are included on pages 73 to 94.

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

Note	Contents
1	General information
2	Application of new and revised Accounting Standards
3	Significant accounting policies
4	Critical accounting judgements and key sources of estimation uncertainty
5	Revenue
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# Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

## 1. General Information

St John Ambulance Western Australia Limited (the Company) is a company limited by guarantee incorporated in Australia. The address of its registered office and principal place of business is as follows:

209 Great Eastern Highway, Belmont, Western Australia, 6104

Phone: (08) 9334 1222

Web Site: [www.stjohnwa.com.au](http://www.stjohnwa.com.au)

The Company's principal activities are the provision of first aid, ambulance services and primary and ancillary care within the State of Western Australia.

## 2. Application of New and Revised Accounting Standards

### a) New Standards and Interpretations adopted

The Group has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board that are relevant to their operations and are effective for the current financial reporting period beginning 1 July 2017. The adoption of these standards and interpretations did not have a material impact on the Group.

### b) Accounting Standards and Interpretations issued but not yet effective

The following Australian Accounting Standards and Interpretations have recently been issued or amended but are not yet effective and have not been adopted by the Group for the year ended 30 June 2018:

Standard / Interpretation	Effective for annual reporting periods beginning/ending on or after	Expected to be applied by the Company
AASB 9 Financial Instruments, and the relevant amending standards	1 January 2018	30 June 2019
AASB 15 Revenue from Contracts with Customers, AASB 2014-5 Amendments to Australian Accounting Standards arising from AASB 15, AASB 2015-8 Amendments to Australian Accounting Standards – Effective Date of AASB 15, and AASB 2016-3 Amendments to Australian Accounting Standards – Clarifications to AASB 15	1 January 2019	30 June 2020
AASB 16 Leases	1 January 2019	30 June 2020
AASB 1058 Income of Not-for-Profit Entities, AASB 1058 Income of Not-for-Profit Entities (Appendix D), AASB 2016-8 Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities	1 January 2019	30 June 2020
AASB 2017-1 Amendments to Australian Accounting Standards – Transfers of Investment Property, Annual Improvements 2014–2016 Cycle and Other Amendments	1 January 2019	30 June 2020
AASB 2018-1 Amendments to Australian Accounting Standards – Annual Improvements 2015 - 2017 Cycle	1 January 2019	30 June 2019

The impact of these recently issued or amended Standards and Interpretations is still being assessed by the Group.

# Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

## 3. Significant Accounting Policies

### Statement of Compliance

The consolidated financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards ("AASBs") and other authoritative pronouncements of the *Australian Accounting Standards Board ("AASB") and the Corporations Act 2001*.

These consolidated financial statements reflect the financial position of St John Ambulance Western Australia Limited ("Company") and its consolidated entities ("Group"). The financial position of the Company constitutes the combined financial position of Metropolitan and Country operations. Country operations include the amalgamated financial position of 99 country sub centres staffed by volunteers, 16 country sub centres predominantly staffed by a mixture of volunteers and paid staff and four regional support funds (refer note 28).

For the purposes of preparing the financial statements, the Group is a not-for-profit entity.

The financial statements were authorised for issue by the Directors on 27 September 2018.

### Basis of Preparation

The consolidated financial statements have been prepared on the basis of historical cost. Historical cost is based on the fair values of the consideration given in exchange for goods and services.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique. In estimating the fair value of an asset or a liability, the Group takes into account the characteristics of the asset or liability if market participants would take those characteristics into account when pricing the asset or liability at the measurement date.

Fair values for measurement and or disclosure purpose in these consolidated financial statements is determined on such a basis except leasing transactions that are within the scope of AASB 117, and measurements that have some similarities to fair value but are not fair value, such as net realisable value in AASB 102 or value in use in AASB 136.

In addition, for financial reporting purposes, fair value measurements are categorised into level 1, 2 or 3 based on the degree to which the inputs to the fair value measurements are observable and the significance of the inputs to the fair value in its entirety, which are described as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date
- Level 2 are inputs other than quoted process included within level 1 that are observable for the asset or liability either directly or indirectly; and
- Level 3 inputs are unobservable inputs for the asset or liability.

All amounts are rounded to the nearest thousand dollars, unless otherwise indicated and are presented in Australian dollars.

The following significant accounting policies have been adopted in the preparation and presentation of the financial statements:

#### (a) Basis of Consolidation

The consolidated financial statements incorporate the financial statements of the Company and entities controlled by the Company. Control is achieved when the Company:

- has power over the investee;
- is exposed, or has rights, to variable returns from its involvement with the investee; and
- has the ability to use its power to affect its returns

The Company reassesses whether or not it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control listed above.

Consolidation of a subsidiary begins when the Company obtains control over the subsidiary and ceases when the Company loses control of the subsidiary. Specifically, income and expenses of a subsidiary acquired or disposed of during the year are included in the consolidated statement of profit and loss and other comprehensive income from the date the Company gains control until the date when the Company ceases to control the subsidiary.

Profit or loss and each component of other comprehensive income are attributed to the owners of the Company. Total comprehensive income of subsidiaries is attributed to the owners of the Company.

When necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies into line with the Group's accounting policies.

All intragroup assets and liabilities, equity, income, expenses and cash flows relating to transactions between members of the Group are eliminated in full on consolidation.

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 3. Significant Accounting Policies (continued)

#### (b) Business Combinations

Acquisitions of businesses are accounted for using the acquisition method. The consideration transferred in a business combination is measured at fair value which is calculated as the sum of the acquisition-date fair values of assets transferred by the Group, liabilities incurred by the Group to the former owners of the acquiree and the entity instruments issued by the Group in exchange for control of the acquire. Acquisition-related costs are recognised in profit or loss as incurred.

At the acquisition date, the identifiable assets acquired and the liabilities assumed are recognised at their fair value, except that deferred tax assets or liabilities and assets or liabilities related to employee benefit arrangements are recognised and measured in accordance with AASB 112 "Income Taxes" and AASB 119 "Employee Benefits" respectively.

Goodwill is measured as the excess of the sum of the consideration transferred, the amount of any non-controlling interests in the acquiree, and the fair value of the acquirer's previously held equity interest in the acquiree (if any) over the net of the acquisition-date amounts of the identifiable assets acquired and the liabilities assumed. If, after reassessment, the net of the acquisition-date amounts of the identifiable assets acquired and liabilities assumed exceeds the sum of the consideration transferred, the amount of any non-controlling interests in the acquiree and the fair value of the acquirer's previously held interest in the acquire (if any), the excess is recognised immediately in profit or loss as a bargain purchase gain.

If the initial accounting for a business combination is incomplete by the end of the reporting period in which the combination occurs, the Group reports provisional amounts for the items for which the accounting is incomplete. Those provisional amounts are adjusted during the measurement period (see above), or additional assets or liabilities are recognised, to reflect new information obtained about facts and circumstances that existed as of the acquisition date that, if known, would have affected the amounts recognised as of that date.

#### (c) Goodwill

Goodwill arising on an acquisition of a business combination is carried at cost as established at the date of the acquisition of the business (see note b above) less accumulated impairment losses, if any.

For the purposes of impairment testing, goodwill is allocated to each of the Group's cash generating units

(or Groups of cash-generating units) that is expected to benefit from the synergies of the combination.

A cash-generating unit to which goodwill has been allocated is tested for impairment annually, or more frequently when there is an indication that the unit may be impaired. If the recoverable amount of the cash-generating unit is less than its carrying amount, the impairment loss is allocated first to reduce the carrying amount of any goodwill allocated to the unit and then to the other assets of the unit pro rata based on the carrying amount of each asset in the unit. Any impairment loss recognised for goodwill is not reversed in subsequent periods.

On disposal of the relevant cash-generating unit, the attainable amount of goodwill is included in the determination of the profit or loss on disposal.

#### (d) Cash and Cash Equivalents

Cash comprises of cash on hand and demand deposits. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash which are subject to an insignificant risk of changes in value.

#### (e) Employee Benefits

Provision is made for benefits accruing to employees in respect of salaries and wages, annual leave and long service leave when it is probable that settlement will be required and they are capable of being measured reliably.

Provisions made in respect of salaries and wages, annual leave and long service leave expected to be settled within 12 months, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Provisions made in respect of annual and long service leave which is not expected to be settled within 12 months is measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to reporting date.

#### *Defined contribution plans*

Contributions to defined contribution superannuation plans are recognised as an expense when employees have rendered services entitling them to the contribution.

#### (f) Financial Assets

Investments are recognised and derecognised on trade date where the purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value,

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 3. Significant Accounting Policies (continued)

#### (f) Financial Assets (continued)

net of transaction costs except for those financial assets classified as at fair value through profit or loss which are initially measured at fair value.

Other financial assets are classified into the following specified categories: financial assets 'at fair value through profit or loss', 'held-to-maturity investments', 'available-for-sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

##### *Effective interest method*

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts (including all fees on points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the financial asset, or, where appropriate, a shorter period. Income is recognised on an effective interest rate basis for debt instruments other than those financial assets 'at fair value through profit or loss'.

##### *Financial assets at fair value through profit or loss*

Financial assets are classified as financial assets at fair value through profit or loss where the financial asset:

- (i) has been acquired principally for the purpose of selling in the near future;
- (ii) is a part of an identified portfolio of financial instruments that the Group manages together and has a recent actual pattern of short-term profit-taking; or
- (iii) is a derivative that is not designated and effective as a hedging instrument.

Financial assets at fair value through profit or loss are stated at fair value, with any resultant gain or loss recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any dividend or interest earned on the financial asset. Fair value is determined in the manner described in note 21.

##### *Loans and receivables*

Trade receivables, loans, and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment.

Interest is recognised by applying the effective interest rate, except for short term receivables when the recognition of interest would be immaterial.

##### *Impairment of financial assets*

Financial assets are assessed for indicators of impairment at the end of each reporting period. Financial assets are considered to be impaired where there is objective evidence that as a result of one or more events that occurred after the initial recognition of the financial asset the estimated future cash flows of the investment have been impacted. For financial assets carried at amortised cost, the amount of the impairment is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate.

The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of trade receivables where the carrying amount is reduced through the use of an allowance account. When a trade receivable is uncollectible, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against the allowance account. Changes in the carrying amount of the allowance account are recognised in profit or loss.

#### (g) Grants

##### *Government and Other Grants*

Grants are recognised as income over the periods necessary to match them with the related costs which they are intended to compensate, on a systematic basis. Grants that are receivable as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the Company with no future related costs are recognised as income of the period in which it becomes receivable.

Grants whose primary condition is that the Company should purchase, construct or otherwise acquire long-term assets are recognised as revenue in the period in which the funds are received.

#### (h) Impairment of Tangible and Intangible Assets other than Goodwill

At the end of each reporting period, the Company reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). When it is not possible to estimate the recoverable amount of an individual asset,

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 3. Significant Accounting Policies (continued)

#### (h) Impairment of Tangible and Intangible Assets other than Goodwill (continued)

the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs. When a reasonable and consistent basis of allocation can be identified, Company assets are also allocated to individual cash-generating units, or otherwise they are allocated to the smallest group of cash-generating units for which a reasonable and consistent allocation basis can be identified.

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (or cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognised immediately in profit or loss, unless the relevant asset is carried at a revalued amount, in which case the impairment loss is treated as a revaluation decrease.

When an impairment loss subsequently reverses, the carrying amount of the asset (or cash-generating unit) is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (or cash-generating unit) in prior years. A reversal of an impairment loss is recognised immediately in profit or loss, unless the relevant asset is carried at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase.

#### (i) Income Tax

The Company is a public benevolent institution, and is exempt from income tax from 1 July 2000 under Subdivision 50-B of the *Income Tax Assessment Act 1997*.

The subsidiary Apollo Health Ltd is a not-for-profit entity and is exempt from income tax.

#### (j) Inventories

Inventories are valued at the lower of cost and net realisable value. Net realisable value represents the estimated selling price less estimated costs of completion and costs necessary to make the sale.

#### (k) Leased Assets

Leases are classified as finance leases when the terms of the lease transfer substantially all the risks and rewards incidental to ownership of the leased asset to the lessee. All other leases are classified as operating leases.

##### *Group as lessee*

Operating lease payments are recognised as an expense on a straight-line basis over the lease term, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed. Contingent rentals arising under operating leases are recognised as an expense in the period in which they are incurred.

#### (l) Property, Plant and Equipment

Land is measured at cost.

Plant and equipment, buildings and leasehold improvements are stated at cost less accumulated depreciation and impairment. Cost includes expenditure that is directly attributable to the acquisition of the item. In the event that settlement of all or part of the purchase consideration is deferred, cost is determined by discounting the amounts payable in the future to their present value as at the date of acquisition.

Depreciation is provided on property, plant and equipment, including freehold buildings but excluding land. Depreciation is provided so as to write off the net cost of each asset over its estimated useful life. Depreciation is calculated using the following basis:

Buildings and Leasehold Improvements - 2.5% straight-line method

Plant and Equipment - Between 10% to 33% straight-line method

Ambulances and Other Vehicles - Between 12.5% and 25% straight-line method

Land is not depreciated

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, with the effect of any changes recognised on a prospective basis.

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. Any gain or loss arising from the disposal is determined as the difference between the carrying amount of the asset and is recognised in profit or loss.

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 3. Significant Accounting Policies (continued)

#### (m) Intangible Assets

##### (i) Intangible assets acquired separately

Intangible assets with finite lives that are acquired separately are carried at cost less accumulated amortisation and accumulated impairment losses. Amortisation is recognised on a straight-line basis over their estimated useful lives. The estimated useful life and amortisation method are reviewed at the end of each reporting period, with the effect of any changes in estimate being accounted for on a prospective basis. Intangible assets with indefinite useful lives that are acquired separately are carried at cost less accumulated impairment losses.

##### (ii) Intangible assets acquired in a business combination

Intangible assets acquired in a business combination and recognised separately from goodwill are initially recognised at their fair value at the acquisition date (which is regarded as their cost).

Subsequent to initial recognition, intangible assets acquired in a business combination are reported at cost less accumulated amortisation and accumulated impairment losses, on the same basis as intangible assets that are acquired separately.

##### (iii) Derecognition of intangible assets

An intangible asset is derecognised on disposal, or when no future economic benefits are expected from use or disposal. Gains or losses arising from derecognition of an intangible asset, measured as the difference between the net disposal proceeds and the carrying amount of the asset are recognised in profit or loss when the asset is derecognised.

#### (n) Provisions

Provisions are recognised when the Group has a present obligation (legal or constructive) as a result of a past event, it is probable that the Group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

#### (o) Revenue

Revenue is measured at the fair value of the consideration received or receivable. Revenue is reduced for estimated customer returns, rebates and other similar allowances.

##### *Sale of Goods and Disposal of Assets*

Revenue from the sale of goods and disposal of other assets is recognised when the Company has passed control of the goods or other assets to the buyer.

##### *Rendering of Services*

Ambulance Transport revenue is recognised when the service is provided and when the fee is receivable.

Primary Health revenue is recognised net of doctor and dentist fees and when the service has been completed.

Other Revenue is recognised as services are provided to customers.

##### *Services to the Health Department of Western Australia*

Revenue is recognised as services are provided to the Health Department of Western Australia. Revenue is received from the Health Department of Western Australia in the form of transfers of resources to the Company in return for past or future compliance with certain conditions relating to the operating activities of the entity. Health Department of Western Australia revenue includes assistance where there are no conditions specifically relating to the operating activities of the Company other than the requirement to operate in certain regions or industry sectors.

Government revenues are not recognised until there is reasonable assurance that the Company will comply with the conditions attaching to them and the revenue will be received.

Government revenue whose primary condition is that the Company should purchase, construct or otherwise acquire long-term assets are recognised as revenue in the period in which the funds are received.

##### *Interest*

Interest revenue is accrued on a time basis, by reference to the principal outstanding and at the effective interest rate applicable, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to that asset's net carrying amount.



# Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

## 3. Significant Accounting Policies (continued)

### p) Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except:

- (i) where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
- (ii) for receivables and payables which are recognised inclusive of GST.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables.

Cash flows are included in the Statement of Cash Flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

### (q) Pensioner Concessions

Pensioner Concessions are recorded as discounted revenue rather than as expenditure. Pensioners are entitled to a 50% concession on ambulance transport if they hold a valid Pensioner Concession Card.

### (r) Trade and Other Payables

Trade payables and other accounts payable are recognised when the Company becomes obliged to make future payments resulting from the purchase of goods and services.

## 4. Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the Group's accounting policies, which are described in note 3, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

### Key Sources of Estimation Uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

#### *Impairment of receivables*

Ambulance transport receivables have been provided for based on history. The exact adjustment to the amount receivable can not be ascertained with any certainty and thus assumptions/estimates have been made about the demographics and the location in which the service was provided.

#### *Impairment of goodwill*

Determining whether goodwill is impaired requires an estimation of the recoverable value to which goodwill has been allocated. Recoverable value is determined through the use of a value in use calculation which requires the directors to estimate the future cash flows expected to arise from the cash-generating unit and a suitable discount rate in order to calculate present value. Where the actual future cash flows are less than expected, a material impairment loss may arise.

The carrying amount of goodwill as at 30 June 2018 was \$8,314,244 (2017: \$8,314,244). No impairment loss was recognised during the year. Refer to note 12.

#### *Valuation of identifiable intangible assets*

The Group uses the Multi-period Excess Earnings method to value the patient list intangible asset. For this model assumptions are made and forecasts used in regards to inputs and rates used in the model.

#### *Useful lives of property, plant and equipment*

As described in note 3(l) the Group reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

#### *Useful lives of other intangible assets*

The Group reviews the estimated useful life of the patient list at the end of each annual reporting period.

#### *Annual leave and long service leave provisions*

In determining the liability to the Company for employee leave entitlements the following factors have been based on estimates:

- (i) On-costs – superannuation and workers compensation
- (ii) Probability of employee turnover
- (iii) Future pay and allowance increases

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 5. Revenue

The following is an analysis of the Group's revenue for the year.

	2018 \$'000	2017 \$'000
<b>Revenue</b>		
Ambulance transport fees <sup>(i)</sup>	160,517	151,091
DFES helicopter fees	2,647	2,767
Medical health services	3,276	2,034
First aid training and services income	13,119	12,146
Event health services	2,527	2,389
Primary health services	10,457	8,422
Health Department contract for services	97,743	94,901
Lotterywest grants	93	470
Interest income	1,540	1,378
Donations and bequests <sup>(ii)</sup>	816	965
Gain on sales of property, plant and equipment	1,385	410
Other income	5,768	3,656
<b>Total</b>	<b>299,888</b>	<b>280,629</b>

(i) An amount of \$45.7 million was paid to the Company in 2018 by the Health Department of Western Australia (2017: \$41.5 million) to fund transports for patients aged over 65 years of age.

(ii) Donations received are utilised in general operating activities and there are no expenses arising from fundraising activities.

### 6. Surplus for the Year

	2018 \$'000	2017 \$'000
The surplus from ordinary activities includes the following items of expenditure:		
Employee Benefit Expense:		
Personnel salaries and wages	166,754	156,596
Defined contribution plan	15,070	14,024
Other staff expenses	17,790	16,175
<b>Total Employee Benefit Expense</b>	<b>199,614</b>	<b>186,795</b>

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 7. Restricted Cash

	2018 \$'000	2017 \$'000
Student fees received in advance	125	200
The Bertie & Olga Cohen Charitable Trust	1,966	1,956
<b>Total</b>	<b>2,091</b>	<b>2,156</b>

The Company is the Trustee of the Bertie & Olga Cohen Charitable Trust and the St John Ambulance Australia (Western Australia) Inc. Training Trust No 1. The funds contained within the Trusts have been brought to account as restricted cash to be distributed according to the terms of each respective Trust.

### 8. Inventories

	2018 \$'000	2017 \$'000
Inventories at cost	2,643	2,269
<b>Total</b>	<b>2,643</b>	<b>2,269</b>

### 9. Trade and Other Receivables

	2018 \$'000	2017 \$'000
Ambulance transport receivables <sup>(i)</sup>	14,907	13,563
Allowance for doubtful debts	(6,496)	(5,557)
	8,411	8,006
Sundry receivables <sup>(i)</sup>	16,069	13,425
Allowance for doubtful debts	(379)	(410)
	15,690	13,015
Net Goods and Services Tax	-	-
<b>Total</b>	<b>24,101</b>	<b>21,021</b>

(i) The average credit period is 14 days for all receivables. Ambulance transport accounts are written off 75 days from the date of invoicing and are sent to collection agencies. An allowance has been made for estimated irrecoverable trade receivable amounts arising from ambulance transport accounts and the rendering of services (refer note 4).

### Movement in the Allowance for Doubtful Debts

	2018 \$'000	2017 \$'000
Balance at the start of the year	5,967	5,761
Net impairment losses provided for	908	206
<b>Balance at the end of the year</b>	<b>6,875</b>	<b>5,967</b>

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 10. Other Current Assets

	2018 \$'000	2017 \$'000
Prepayments	1,022	1,112
Accrued income	1,696	2,126
<b>Total</b>	<b>2,718</b>	<b>3,238</b>

### 11. Property, Plant and Equipment

	Leasehold and Freehold Land at Cost \$'000	Buildings and Leasehold Improvements at Cost \$'000	Plant and Equipment at Cost \$'000	Ambulance and Vehicles at Cost \$'000	Assets Under Construction \$'000	Total \$'000
<b>Gross Carrying Amount</b>						
Balance as at 01 July 2016	26,568	96,913	57,398	87,536	6,327	274,742
Additions	-	-	-	-	27,574	27,574
Assets under construction transferred	1	9,146	2,837	9,846	(21,830)	-
Disposals	-	-	(1,051)	(5,718)	-	(6,769)
<b>Balance at 01 July 2017</b>	<b>26,569</b>	<b>106,059</b>	<b>59,184</b>	<b>91,664</b>	<b>12,071</b>	<b>295,547</b>
Additions	-	-	-	-	25,682	25,682
Assets under construction transferred	-	12,624	3,112	11,643	(27,379)	-
Disposals	(30)	(38)	(1,282)	(6,491)	-	(7,841)
<b>Balance at 30 June 2018</b>	<b>26,539</b>	<b>118,645</b>	<b>61,014</b>	<b>96,816</b>	<b>10,374</b>	<b>313,388</b>
<b>Accumulated Depreciation</b>						
Balance at 01 July 2016	-	19,522	32,260	50,600	-	102,382
Disposals	-	-	(1,042)	(5,060)	-	(6,102)
Depreciation expense	-	3,171	4,531	8,741	-	16,443
<b>Balance at 01 July 2017</b>	<b>-</b>	<b>22,693</b>	<b>35,749</b>	<b>54,281</b>	<b>-</b>	<b>112,723</b>
Disposals	-	(6)	(1,246)	(6,068)	-	(7,320)
Depreciation expense	-	3,142	5,113	9,483	-	17,738
<b>Balance at 30 June 2018</b>	<b>-</b>	<b>25,829</b>	<b>39,616</b>	<b>57,696</b>	<b>-</b>	<b>123,141</b>
<b>Net Book value</b>						
as at 30 June 2017	26,569	83,366	23,435	37,383	12,071	182,824
as at 30 June 2018	26,539	92,816	21,398	39,120	10,374	190,247

The following useful lives are used in the calculation of depreciation:

Buildings and leasehold improvements	10-40 years
Plant and equipment	3-10 years
Ambulances and other vehicles	4-8 years

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 12. Goodwill

	2018 \$'000	2017 \$'000
Cost	8,314	8,511
Final working capital adjustment	-	(197)
Accumulated impairment losses	-	-
<b>Total</b>	<b>8,314</b>	<b>8,314</b>

The goodwill arose from the acquisition of Apollo Health Ltd in 2016.

Goodwill has been allocated for impairment testing purposes to the Apollo Cash Generating Unit Group ("Apollo CGU group"). The recoverable amount of the Apollo CGU Group has been determined based on a value in use calculation which uses cash flow projections based on financial budgets approved by the directors covering a one year period, and a discount rate of 9.5% per annum. Cash flows beyond that one year period have been extrapolated utilising projected growth in line with sustainable capacity. The long term growth rate used was 2.5% in line with the Reserve Bank of Australia inflation target.

Based on the impairment assessment performed, no impairment loss was recognised.

### 13. Other Intangible Assets – Patient List

	2018 \$'000	2017 \$'000
<i>Cost</i>		
Balance at 01 July	5,380	5,380
Acquisition through business combination	-	-
<b>Balance at 30 June</b>	<b>5,380</b>	<b>5,380</b>
<i>Accumulated Amortisation</i>		
Balance at 01 July	489	-
Amortisation expense	489	489
<b>Balance at 30 June</b>	<b>978</b>	<b>489</b>
<b>Carrying Amount at 30 June</b>	<b>4,402</b>	<b>4,891</b>

The patient list is amortised over 11.5 years. It arose from the acquisition of Apollo Health Ltd during the financial year ended 30 June 2016.

### 14. Subsidiary

Details of the Group's material subsidiaries at the end of the reporting period are as follows:

Name of Subsidiary	Principal Activity	Place of Incorporation and Operation	Proportion of Ownership Interest and Voting Held by the Group	
			2018	2017
Apollo Health Ltd	Provision of primary and ancillary health services	Australia	100%	100%

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 15. Trade and Other Payables

	2018 \$'000	2017 \$'000
Trade payables	2,687	3,022
Other payables	1,131	1,499
Net Goods and Services Tax	191	124
<b>Total</b>	<b>4,009</b>	<b>4,645</b>

The average credit term offered to the Group is 30 days interest free from date of invoice. Metropolitan operations pay all accounts by the due date but normally within 14 days from the receipt of invoices. The Group has financial risk management policies in place to ensure that all payables are paid within the credit terms.

### 16. Provisions

	2018 \$'000	2017 \$'000
<b>Current</b>		
Provision for annual leave	20,751	19,887
Provision for long service leave	11,193	10,724
<b>Total</b>	<b>31,944</b>	<b>30,611</b>
<b>Non Current</b>		
Provision for long service leave	10,333	9,646
<b>Total</b>	<b>10,333</b>	<b>9,646</b>

The current provision for annual leave and vested long service leave entitlements represent employee benefits that are expected to be taken within 12 months.

### 17. Other Current Liabilities

	2018 \$'000	2017 \$'000
Accrued expenses	4,234	3,397
Accrued expenses – property, plant and equipment	276	1,151
Unearned revenue	1,768	2,315
<b>Total</b>	<b>6,278</b>	<b>6,863</b>

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 18. Commitments for Expenditure

	2018 \$'000	2017 \$'000
<b>Capital Expenditure Commitments</b>		
<b>Land and buildings</b>		
Not longer than 1 year	2,194	4,020
Longer than 1 year and not longer than 5 years	-	-
Longer than 5 years	-	-
	<b>2,194</b>	<b>4,020</b>
<b>Total Commitments for Capital Expenditure</b>	<b>2,194</b>	<b>4,020</b>
<b>Operating Lease Commitments</b>		
<b>Radio Sites</b>		
Not longer than 1 year	136	132
Longer than 1 year and not longer than 5 years	159	294
Longer than 5 years	-	-
	<b>295</b>	<b>426</b>
<b>Residential Properties</b>		
Not longer than 1 year	62	114
Longer than 1 year and not longer than 5 years	-	1
Longer than 5 years	-	-
	<b>62</b>	<b>115</b>
<b>Commercial Properties</b>		
Not longer than 1 year	1,443	1,200
Longer than 1 year and not longer than 5 years	5,852	4,977
Longer than 5 years	2,564	2,603
	<b>9,859</b>	<b>8,780</b>
<b>Total Commitments for Operating Lease Expenditure</b>	<b>10,216</b>	<b>9,321</b>

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 19. Notes to the Statement Of Cash Flows

For the purpose of the Statement of Cash Flows, cash includes cash on hand and in banks and investments in short term deposits, net of outstanding bank overdrafts. Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

	2018 \$'000	2017 \$'000
<b>a) Reconciliation of Cash and Cash Equivalents</b>		
Cash	18,718	14,458
Term deposit investments (short term)	53,579	47,832
<b>Cash at bank</b>	<b>72,297</b>	<b>62,290</b>
Restricted cash	2,091	2,156
<b>Total Cash and Cash Equivalents</b>	<b>74,388</b>	<b>64,446</b>
<b>b) Reconciliation of Surplus to Net Cash Flow</b>		
Surplus	19,011	17,403
Depreciation expense	17,738	16,443
Amortisation expense	489	489
Gain on sale of property, plant and equipment	(1,385)	(410)
Interest received	(1,540)	(1,378)
(Increase)/decrease in assets:		
Inventories	(374)	(841)
Receivables	(3,080)	(2,933)
Prepayments	90	(28)
Accrued income	430	(317)
(Decrease)/increase in liabilities:		
Payables	(636)	928
Leave provisions	2,020	2,130
Accrued expenses	837	(68)
Unearned revenue	(547)	(175)
<b>Net Cash from Operating Activities</b>	<b>33,053</b>	<b>31,243</b>

### c) Financing Facilities

An unsecured bank overdraft facility was available at the end of the year for \$7.5 million (2017: \$7.5 million), the facility was not used during the year. The facility is reviewed annually.

### d) Non-cash Financing and Investing Transactions

There were no non-cash transactions during the period (2017: nil)



# Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

## 20. Business Combinations

The company did not make any acquisitions during the current year ended 30 June 2018. (2017: nil)

## 21. Financial Instruments

### (a) Financial Risk Management

The Group has a policy of being conservative in financial risk management. The Group does not enter into or trade financial instruments, including derivative securities. Excess funds are placed in term deposits with banks in order to achieve a modest rate of return.

Standard trade reference checks are undertaken to assess counterparty risk prior to extending trade credits.

Trade debtors and trade creditors are monitored on an ongoing basis to mitigate risk exposures.

### (b) Capital Risk Management

The Group manages its capital to ensure that the Group will be able to continue as a going concern while fulfilling its objective of providing first aid and ambulance services within the State of Western Australia.

The Group's overall strategy remains unchanged from 2017. The capital structure of the Group consists of cash and cash equivalents and retained surpluses.

The Group is not subject to externally imposed capital requirements.

Operating cash flows are used to maintain and expand the Group's capital requirements.

### (c) Significant Accounting Policies

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, in respect of each class of financial asset, financial liability and equity instrument are disclosed in note 3 to the financial statements.

### (d) Interest Rate Risk Management

The Group operates with no external debt funding and therefore is not exposed to interest rate risks on borrowings. The Group's exposure to interest rate movements relates to amounts of interest income derived from bank deposits. Any reduction in interest rates will result in a fall in interest income for the Group.

### (e) Liquidity Risk Management

Ultimate responsibility for liquidity risk management rests with the senior management team, who has built an appropriate liquidity risk management framework for the management of the Group's short, medium and long-term funding and liquidity management requirements. The Group manages liquidity risk by maintaining adequate cash reserves and banking facilities by continuously monitoring forecast and actual cash flows and matching the maturity profiles of financial assets and liabilities. Note 19 (c) sets out details of undrawn facilities that the Group has as its disposal to further reduce the liquidity risk.

### (f) Credit Risk Management

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in financial loss to the Group. The Group has credit approval processes in place to scrutinise commercial applications for credit prior to providing services on credit terms.

Trade receivables relating to ambulance transport consist of a large number of customers. Individual receivables are written off 75 days from the date of invoicing and are sent to debt collection agencies for recovery.

The credit risk on liquid funds is limited because the counterparties are banks with high credit ratings assigned by international credit rating agencies.

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 21. Financial Instruments (continued)

#### g) Categories of Financial Instruments and their Fair Values

This note provides information about the categories of the Group's financial instruments and how the Group determines fair values of various financial assets and financial liabilities.

The Board considers that the carrying amounts of financial assets and financial liabilities recognised in the financial statements approximate their fair values.

	2018		2017	
	Carrying Amount \$'000	Fair Value \$'000	Carrying Amount \$'000	Fair Value \$'000
<b>Financial Assets</b>				
Trade and other receivables	24,101	24,101	21,021	21,021
Accrued income	1,696	1,696	2,126	2,126
Cash and cash equivalents	74,388	74,388	64,446	64,446
<b>Total Financial Assets</b>	<b>100,185</b>	<b>100,185</b>	<b>87,593</b>	<b>87,593</b>
<b>Financial Liabilities</b>				
Trade and other payables	4,009	4,009	4,645	4,645
<b>Total Financial Liabilities</b>	<b>4,009</b>	<b>4,009</b>	<b>4,645</b>	<b>4,645</b>

The fair value hierarchy of the Group's financial assets and financial liabilities that are measured at fair value on a recurring basis is set out below:

	Fair Value Hierarchy as at 30 June 2018			
	Level 1 \$'000	Level 2 (i) \$'000	Level 3 \$'000	Total \$'000
<b>Financial Assets</b>				
Trade and other receivables	-	24,101	-	24,101
Accrued income	-	1,696	-	1,696
Cash and cash equivalents	74,388	-	-	74,388
<b>Total Financial Assets</b>	<b>74,388</b>	<b>25,797</b>	<b>-</b>	<b>100,185</b>
<b>Financial Liabilities</b>				
Trade and other payables	-	4,009	-	4,009
<b>Total Financial Liabilities</b>	<b>-</b>	<b>4,009</b>	<b>-</b>	<b>4,009</b>

(i) The fair value of financial assets and financial liabilities with standard terms and conditions (ie level 2 above) are determined with reference to nominal values (which approximates fair value) with relevant adjustments that reflects the credit risk of counterparties.

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 21. Financial Instruments (continued)

#### (h) Maturity Profile of Financial Instruments

The maturity profile of financial assets and financial liabilities held by the Group are detailed on the following pages. The following table details the Group's exposure to interest rate and liquidity risk as at 30 June 2018:

2018	Fixed Maturity Dates				
	Interest Rate	Variable Interest Rates (at call) \$'000	Less than 1 Year \$'000	1-2 Years \$'000	Total \$'000
<b>Financial Assets</b>					
Non-interest bearing	-	-	25,797	-	25,797
Cash and cash equivalents	1.92%	18,718	55,670	-	74,388
	-	18,718	81,467	-	100,185
<b>Financial Liabilities</b>					
Non-interest bearing	-	-	4,009	-	4,009
	-	-	4,009	-	4,009

The following table details the Group's exposure to interest rate and liquidity risk as at 30 June 2017:

2017	Fixed Maturity Dates				
	Interest Rate	Variable Interest Rates (at call) \$'000	Less than 1 Year \$'000	1-2 Years \$'000	Total \$'000
<b>Financial Assets</b>					
Non-interest bearing	-	-	23,147	-	23,147
Cash and cash equivalents	1.76%	14,458	49,988	-	64,446
	-	14,458	73,135	-	87,593
<b>Financial Liabilities</b>					
Non-interest bearing	-	-	4,645	-	4,645
	-	-	4,645	-	4,645

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 22. Key Management Personnel

The aggregate compensation made to Board members and other members of key management personnel of the Group is set out below:

	2018 \$'000	2017 \$'000
Short-term employee benefits	3,076	3,017
Post-employment benefits	247	241
Other long-term benefits	(17)	15
Termination benefits	-	-
<b>Total</b>	<b>3,306</b>	<b>3,273</b>

During the financial year a member's long service leave liability became unconditional as such this benefit is included in short term employee benefits.

### 23. Remuneration of Auditors

	2018 \$'000	2017 \$'000
Audit of the financial report	135	150
<b>Other services:</b>		
Cost benefit analysis	30	-
<b>Total</b>	<b>165</b>	<b>150</b>

The auditors for the Group are Deloitte Touche Tohmatsu.

### 24. Related Party Transactions

There were no transactions with other related parties of the Group during the financial year. In the prior year the Group obtained legal services to the value of \$13,205 from Zafra Legal, a firm in which a Board Member is a Principal.

There were no balances outstanding at the end of the reporting period due to or from related parties.

Balances and transactions between the Company and its subsidiary, which is a related party of the Company, have been eliminated on consolidation and are not disclosed in this note.

### 25. Subsequent Events

There has not been any matter or circumstance occurring subsequent to the end of the financial year that has significantly affected, or may significantly affect, the operations of the Group, the results of those operations, or the state of affairs of the Group in future financial years.

### 26. Contingent Liability

In the opinion of the Directors, the Group did not have any contingent liabilities as at 30 June 2018.

As at the 30th of June 2017, the contingent liability amount was \$2.3m relating to the service agreement with the State of Western Australia for the provision of the State-wide emergency road ambulance service for the period 1 July 2010 to 30 June 2015 which included funding for certain real property and other capital acquisitions. The terms of the contract specified that if the Group ceases providing the State-wide emergency road ambulance service prior to 30 June 2020 that the real property funding received since 1 July 2010 plus interest (Federal Treasury bond rate) would become immediately repayable. The amount of the repayment for other capital funding received since 1 July 2010 is reduced by one third for each subsequent completed year after the funding is provided.

The Group continues to provide the State-wide emergency road ambulance service.

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 27. Parent Entity Information

The accounting policies of the parent entity, which have been applied in determining the financial information shown below, are the same as those applied in the consolidated financial statements except as set out below. Refer to note 3 for a summary of the significant accounting policies relating to the Group.

#### Investments in Subsidiaries

Investments in subsidiaries are accounted for at cost. Dividends received from subsidiaries are recognised in profit or loss when its right to receive the dividend is established (provided that it is probable that the economic benefits will flow to the Parent and the amount of income can be measured reliably).

	2018 \$'000	2017 \$'000
<b>Financial Position</b>		
<b>Assets</b>		
Current assets	105,128	88,700
Non-current assets	205,834	199,670
<b>Total Assets</b>	<b>310,962</b>	<b>288,370</b>
<b>Liabilities</b>		
Current liabilities	40,691	40,477
Non-current liabilities	10,318	9,647
<b>Total Liabilities</b>	<b>51,009</b>	<b>50,124</b>
<b>Equity</b>		
Retained surpluses	259,953	238,246
<b>Total Equity</b>	<b>259,953</b>	<b>238,246</b>
<b>Financial Performance</b>		
Surplus for the year	21,707	20,317
Other comprehensive income	-	-
<b>Total Comprehensive Income</b>	<b>21,707</b>	<b>20,317</b>
<b>Capital Expenditure Commitments by the Parent Entity</b>		
<b>Property, Plant and Equipment</b>		
Not longer than 1 year	2,194	4,020
Longer than 1 year and not longer than 5 years	-	-
Longer than 5 years	-	-
	<b>2,194</b>	<b>4,020</b>
<b>Operating Lease Commitments by the Parent Entity</b>		
Not longer than 1 year	415	418
Longer than 1 year and not longer than 5 years	667	476
Longer than 5 years	19	3
	<b>1,101</b>	<b>897</b>

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 28. Country Sub Centres

The following sub centre locations and support funds have been aggregated with the metropolitan operations in the aggregated financial statements:

Sub centres with volunteers :		
Augusta	Irwin Districts	Northampton
Beverley	Jerramungup	Northcliffe
Boddington	Jurien Bay	North Midlands
Boyup Brook	Kalbarri	Nyabing
Bridgetown	Kambalda	Onslow
Brookton	Katanning	Pemberton
Bruce Rock	Kellerberrin	Perenjori
Brunswick	Kojonup	Pingelly
Bullsbrook	Kondinin	Pingrup
Capel	Kulin	Port Gregory
Carnarvon	Kununoppin	Quairading
Cervantes	Lake Grace	Ravensthorpe
Chapman Valley	Lake King	Rocky Gully
Chittering/Gingin	Lancelin	Sandstone
Christmas Island	Laverton	Shark Bay
Coolgardie	Leeman Greenhead	Southern Cross
Corrigin	Leinster	Tambellup
Cranbrook	Leonora	Tom Price
Cue	Manjimup	Toodyay
Cunderdin	Margaret River	Varley
Dalwallinu	Meekatharra	Victoria Plains
Dandaragan	Menzies	Wagin
Darkan	Merredin	Walpole
Denmark	Moora	Waroona
Donnybrook	Morawa	Wickepin
Dowerin	Mt Barker	Wickham-Roebourne
Dumbleyung	Mt Magnet	Williams
Dunsborough	Mullewa	Wongan Hills
Esperance	Nannup	Wundowie
Exmouth	Narembeen	Wyalkatchem
Gnowangerup	Narrogin	Wyndham
Goomalling	Newdegate	Yalgoo
Harvey	Newman	York

## Notes to the Consolidated Financial Statements for the financial year ended 30 June 2018

### 28. Country Sub Centres (continued)

Sub centres with paid staff:		
Albany	Dawesville	Karratha
Australind	East Bunbury	Kununnurra
Broome	Geraldton	Norseman
Bunbury	Hedland	Northam
Busselton	Kalgoorlie	Pinjarra

Regional support funds:
Great Southern Regional Support Fund
Midwest Regional Support Fund
Wheatbelt Regional Support Fund
South West Regional Support Fund



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**Would you like to help?**

St John is always on the look out for new volunteers to fill a range of roles:

Email [volunteermemberservices@stjohnambulance.com.au](mailto:volunteermemberservices@stjohnambulance.com.au)

Phone us on **08 9334 1306** or toll free **1800 069 393**