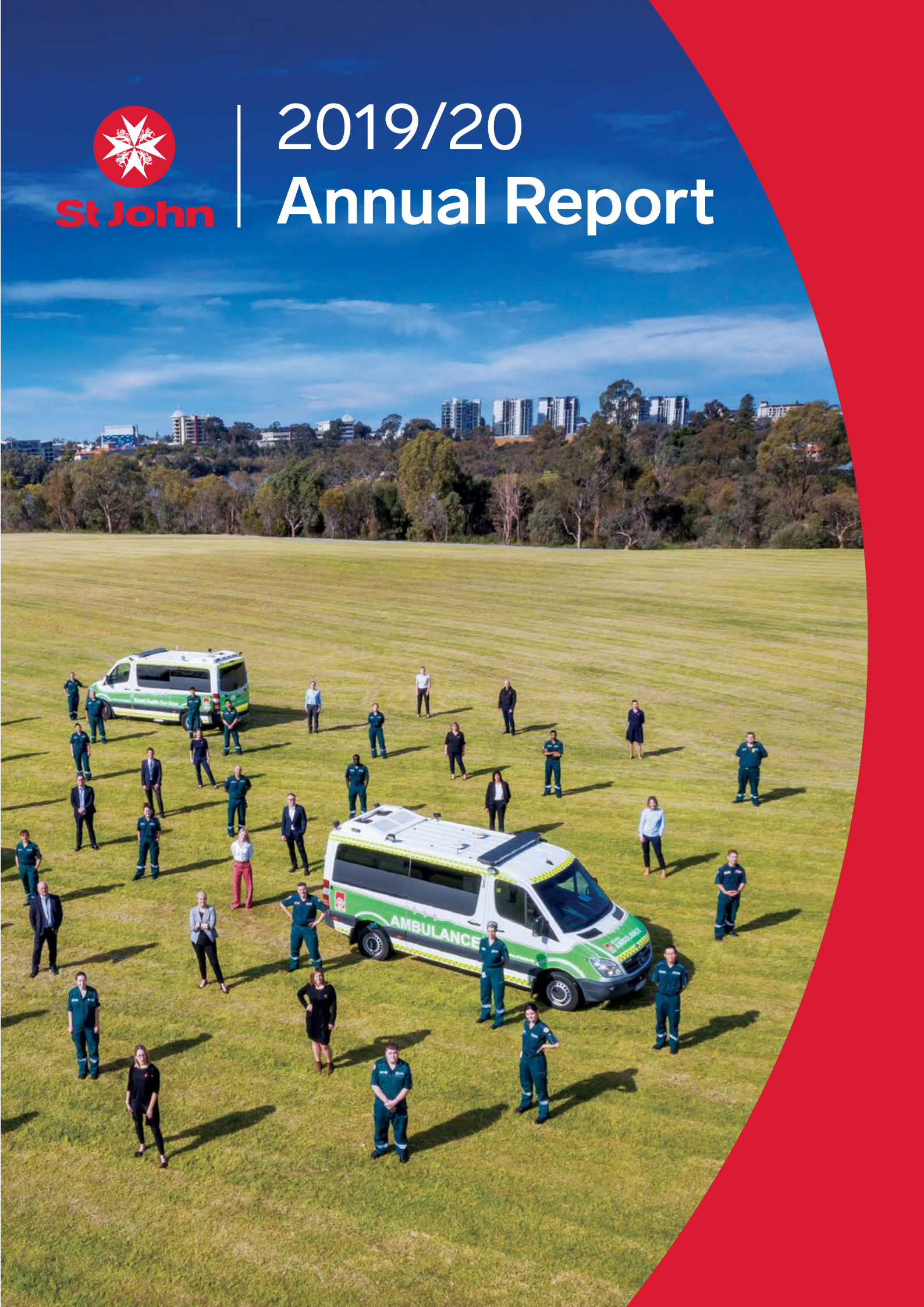
St John

2019/20 Annual Report



Contents

	Who we are, what we do, why it matters	04
	Our 2020 - 2025 strategy	06
	Impact stories	07
	Letter from the Chairman	08
	Our people and resources	10
	Our impact	12
	CEO year in review	15
	In the media	18
01	**Excellence and leadership in ambulance services**	**20**
	Overview	21
	Impact stories	32
02	**Focused expansion of the integrated model of first aid, ambulance and primary care**	**36**
	Overview	37
	Impact stories	44
03	**A focussed and continually learning organisation**	**48**
	Overview	49
	Impact stories	52
	Our governance	58
	Our Executive Directors	59
	Our structure	64
	Honours and awards	66
	Roll of Order Members	68
	Financial report	70
	Directors report	72

St John
AMBULANCE

Who we are, what we do, **why it matters**

Who we are

Twenty police, ten railway workers and two community volunteers were the first Western Australians trained by St John WA to provide emergency first aid. It was 3 March 1892 and the rapid urbanisation and industrialisation of our State was increasing the frequency of accidents in the community and the need for people skilled in first aid to attend to their neighbours.

Today St John offers Western Australians the full range of pre-hospital heath care services through an integrated model that harnesses the support of approximately 11,374 community volunteers and 1,791 employees across metropolitan and regional WA.

While the organisation has grown and evolved over the past 130 years our purpose remains the same: To serve humanity and build resilient communities through the relief of sickness, distress, suffering and danger. We achieve this goal through first aid training and a community first responder network that includes public access to defibrillators, paramedical services, general medical, dental clinics and Urgent Care.

What we do

St John WA provides emergency ambulance and transport services in metropolitan Perth and fifteen regional centres. Volunteer teams provide these services in other regional areas allowing St John WA to meet the diverse needs of the communities we serve, spread over 2.5 million square kilometres. This is the largest geographical area serviced by a single ambulance operator in the world.

Our network of volunteers also provides first aid training, community transport, medical aid and community education at shopping centres, events, schools and day care centres. Our paid workforce includes doctors, nurses, dentists, paramedics, patient transport officers, first aid trainers, communication officers and administration staff, who play a vital role supporting our organisation in the coordination of a sophisticated, centralised supply chain, and providing opportunities for training and development. We also run the State Operations Centre, which fields Triple Zero calls.

Why it matters

On a day-to-day basis our staff and volunteers make a difference to the lives of countless people. We pride ourselves on our relationship with the community and understand how important it is to feel we each have the care and support of our neighbours in times of need. It's a unique insight that comes from our foundation as an organisation of volunteers who came together 128 years ago to do just that.

We continue to share this affinity with the community we serve, knowing accidents, injuries and emergencies can happen at any time. A community that is capable, competent and equipped to provide vital first aid and support in an emergency is critical. It has also earned St John WA a reputation as the best value provider of pre-hospital care in the country.
(Report on Govt Services 2020)

A health and emergency services organisation made from **community** for **community.**

Our 2020-2025 **strategy**

Our purpose

To serve humanity and build resilient communities through the relief of sickness, distress, suffering and danger.

Our aspiration

To be the most trusted provider of clinical care in the community of Western Australia.

Our goals

01

Excellence and leadership in ambulance care

- Operational best practice
- Cost efficiency
- Policy and systems partnerships
- Community commitment

02

Focussed expansion of the integrated model of first aid, ambulance and primary care

- Targeted expansion of the integrated model of first aid, ambulance and primary care
- Unique value proposition to stakeholders and the community
- Scalable business operations

03

A focussed and continually learning organisation

- Disciplined execution
- Doing fewer things, better
- Learning and continuous improvement
- Safety and wellbeing

Community calls for local defibrillators Pg 46

Specialist services from the skies Pg 32

Integrated model of health services Pg 37

Saving lives Pg 44

Volunteers keeping country on track Pg 52

Pit-crew approach to CPR improves survival hopes Pg 56

Letter from the **Chairman**

The fabric of our community was tested throughout 2019-2020 as we faced a catastrophic fire season from October to May and a deadly coronavirus (COVID-19) that spread throughout the globe reaching our Australian shores in early 2020.

While nine lives were tragically lost to the virus, Western Australia has (as at the end of the financial year) been spared the full impact of COVID-19. Experience in other states and around the world suggests a second wave is quite possible so vigilance around precautions, planning and training is steadfast.

I am prouder than ever to be the Chairman of St John WA and of the roots we have firmly embedded in Western Australian communities. It is through the support of our 11,374 volunteers that we can provide exceptional pre-hospital services for all Western Australians that are reasonably equitable, accessible and sustainable. Our volunteers contribute to the resilience of country communities with services in emergency ambulance, community and patient transfer, event health services, youth engagement and first aid.

In the metropolitan area and regional centres they attend events, visit schools, teach first aid, answer the call for community First Responder assistance and provide community transport services.

Some have been part of the St John WA family for just a few weeks or months, others have made this commitment to the community a life-long service. Our various services connected with a staggering 50 per cent of the State's population.

Special operations paramedics were deployed to fires to support their emergency services counterparts, while volunteers and other St John WA officers showed their support donating time, bandages and other supplies.

During the height of the COVID-19 outbreak, our staff and volunteers were on the frontline, serving those in need, transporting critically ill patients and providing crucial medical assistance. Our State Operations Centre used their expertise to adapt quickly to the wave of new kinds of COVID-19-centred queries that came in and the change in questions they needed to incorporate to keep everyone COVID-19-safe. We thank each one of our people for their tireless efforts, sacrifices and dedication.

Our business areas demonstrated their resilience, agility and flexibility, refocussing efforts to support the pandemic and our frontline personnel.

St John's integrated health services model allowed us to divert skills and resources to areas of greatest need.

At the end of 2019-20 our financial position remains strong, putting us in good stead to weather a second wave of COVID-19 if we must and to continue to deliver on our 2020-2025 strategic plan. We look forward to building on this progress and achieving our ambition to be the most trusted provider of clinical care in Western Australia.

Looking further afield, St John WA both nationally and internationally has been active in our shared purpose of serving humanity during this pandemic. Across Australia, our interstate counterparts had to make broad changes to services to incorporate appropriate COVID-19-safe requirements. Our National Office undertook a great deal of work to secure Personal Protective Equipment (PPE) supply and ensure that effective infection control was in place for St John WA staff and volunteers across the country.

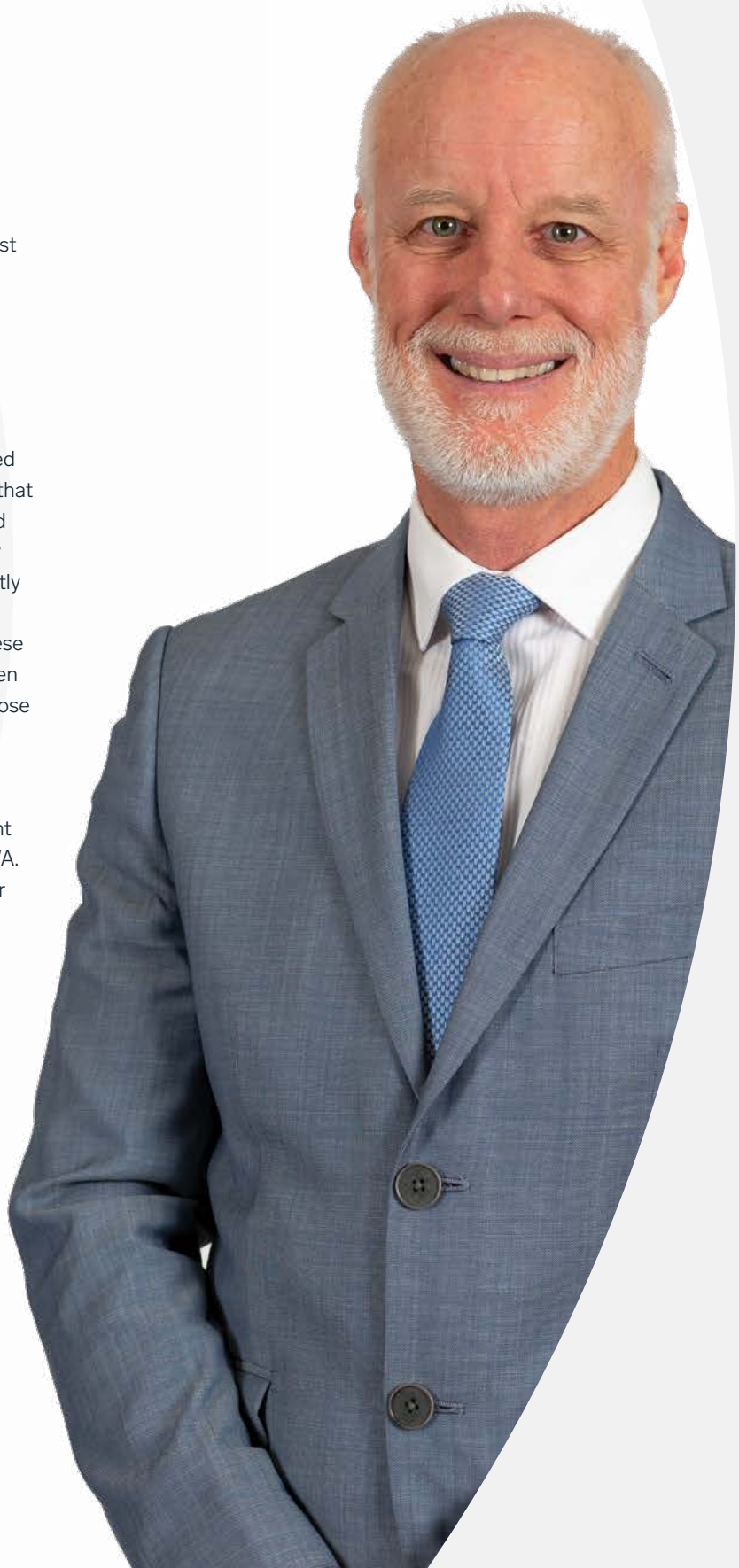
For the first time the Commandery of Western Australia participated in the meeting of the global Grand Council of St John (as an observer) and took part in online collaborations in the lead up. There is currently a focus on developing and driving the international brand and clearly identifying and articulating the Order's international objectives and the work of the Order is encouraging.

As the global pandemic developed, the St John International office developed the Together Against COVID-19 campaign, bringing together the global community of St John organisations, priories and agencies by sharing updates on how different St John's around the world were responding and providing support in their home countries.

It is in reflecting on how St John WA has responded so positively locally, nationally and internationally that we can gain a deeper understanding of our shared purpose. Our global purpose of Serving Humanity can mean different things and be realised differently around the world, responding to the health needs that are most appropriate for that community. These unprecedented times of global pandemic have seen a more united one St John where our shared purpose has been especially clear.

My sincere gratitude to my fellow Directors, the Chief Executive Officer, the executive management team and all the staff and volunteers at St John WA. Thank you for all the work you do in support of our community and each other.

Shayne Leslie
Chairman



Our **people and resources**

St John WA continues to develop programs and services to improve outcomes for patients and build stronger, more resilient communities.

11,374
Volunteers

2,234	Country Volunteer sub centres (all positions)
1,035	Country career sub centres
567	Community transport services
1,928	Event health services /youth and community
3	Primary health services (Urgent Care Centre)
5,607	Other (First Aid Services and Training, Volunteer Development Officers, Volunteer Member Service, Voluntourism, Commandery, Friends of St John WA.)

1,791
Paid staff (FTE)

1,195	Metropolitan (ops, SOC and support)
204	Country career sub centres (community paramedics, ambulance paramedics and support)
115	Primary health services
27	Country volunteer sub centres (support staff)
181	Patient transport services (metro and country)
69	Event Health /First Aid (trainers and admin)

556

Ambulance vehicles

181	Metropolitan (Incl. patient transfer)
262	Country Volunteer sub centres
68	Country Career sub centres
45	Event Health Services /Youth and Community

272

Other vehicles

114	Metropolitan
43	Country Volunteer sub centres
45	Country Career sub centres
18	Event Health Services /Youth and Community
52	Community Transport Services

St John WA Critical Care paramedics completed 1,002 missions aboard the RAC Helicopter.
38.6% increase on the previous year.

Our **impact**

Across the State St John WA has a number of programs and services embedded in the community to assist in medical emergencies.

Community actions

7,344 Digital First Aid Skills purchased

26,609 Registered first responders

4,883 Community access defibrillators
2,365 country locations 2,518 metropolitan locations

Volunteers

11,374 Volunteers in ambulance, community and patient transfer, event health services, youth engagement and first aid

First aid

408,292 Western Australians received first aid training

321,434 trained through one of our charitable programs
86,858 paid for training, supporting our charitable programs

Event health services

20,626 Patients treated at events across the metropolitan area

3,453 Events across the State

1,760 Volunteers gave 70,761 total hours

State Operations Centre

305,900 Triple Zero (000) calls
10.8% increase on the previous year

Patient transport

77,072 Metropolitan patients transferred
25,193 Country patients transferred
33,991 Community transport cases

Ambulance patient cases

191,958 Metropolitan ambulance cases
43,806 Country ambulance cases
1,456 Mental health patient cases

Primary health

73,859 Urgent Care patient cases
202,578 General practice patient cases
22,271 Dental patient cases

CEO overview

2019-20 has been unprecedented for many reasons. It brought us closer together while we were separated from our friends and loved ones. And for the first time, in potentially many decades, we remembered the true value of community.

Proudly and without hesitation Western Australians accepted the responsibility placed on us to support the healthcare system and protect the elderly and vulnerable from the potentially deadly and highly infectious COVID-19 virus.

This is the foundation on which St John WA was built almost 130 years ago and it remains an aspirational signpost for our future.

Our overarching goal at St John is to serve humanity and build resilient communities that are confident, competent and equipped to care for each other in an emergency, giving the sick and injured the best chance of recovery.

This goal, along with our ambition to be the most trusted provider of clinical care in Western Australia, underpins St John's 2020-2025 three-pronged Strategic plan, launched in the first quarter of 2019-20.

1. Excellence and leadership in ambulance care:

- Enhancing the way we triage and match clinical frontlines to demand
- Using advanced analytics and real time support to predict the optimal configuration, numbers and deployment of crews at each base and depot
- Leading a systemic approach to problem solving
- Enhancing our voice in community advocacy
- Improving access to paramedics and support in country areas, based on demand
- Continuous improvement of patient care and use of data and analytics

2. Focussed expansion of the integrated model of first aid, ambulance and primary care:

- Expanding our network of primary health care centres in metropolitan and country WA
- Fundraising in the community
- Digital first aid training
- Continuous improvement

3. A focussed and continually learning organisation:

- Disciplined execution
- Doing fewer things better
- Safety and wellbeing
- Continuous improvement

While COVID-19 was a catalyst to fast-track some of this work, it was also a reminder that to be effective in meeting the changing needs of society, our organisation must be agile, flexible and resilient.

We are seeing advances in technology and innovation in health and ambulance services around the world; our health system is under increasing pressure and facing complex problems that require systemic change; and we, as an organisation, are challenged to meet the rising expectations of both our partners and community stakeholders.

As a result, our approach to emergency response is to act quickly and with conviction based on the best available information.

Lessons learned

We have learned many lessons from the 2020 global pandemic and they will help form the basis of a more effective and efficient service in the future.

For St John WA this means more stringent rules around management of infectious disease; it means incorporating more flexible work arrangements into our daily operations; and it means standing at the forefront of technology, innovation and leadership.

Finance

As with many businesses across the State and the country, and particularly the charitable sector, we were not immune to the financial impact that COVID-19 had and continues to have on our economy. To that extent we took a prudent approach to some of our longer-term property investments and pushed back the start dates for development of new buildings such as the State Office and the Central South Hub until such time that the full impact could be reasonably assessed.

The impact was such that in April, St John WA recorded a near 20 per cent drop in qualifying revenue and so became eligible for the Federal JobKeeper scheme. This supported us, as intended, during the last quarter of the financial year and as a result, we are able to report a modest surplus; though this was lower than our targets and previous years' results.

The impact of COVID-19 and the extended recovery period we now find ourselves in, along with the relocation of our Cannington General Practice centre, meant that an impairment write down was required on the goodwill and assets relating to the acquired St John Primary Health business. The overall value of the business remains strong as we grow the number of centres and are progressing the expansion of our Urgent Care Centres in line with our $28 million Federal Health funding agreement.

Innovation

Significant investment was made in reviewing our processes, improving our infection control methods and introducing a Statewide Telehealth service that meant WA people had access to pre-hospital health care despite not being able to attend a medical centre in person.

We introduced COVID-19-safe first aid training and embedded paramedic medical teams in city buildings to support corporate clients to maintain staff safety and wellbeing.
A new First Aid Skills online course was launched in May allowing people to learn lifesaving skills online, at any time and from any location, requiring only an internet connection and tablet, laptop or computer.

Communication with our people and the community was a key focus throughout the year, but critically, to ensure all of our staff were informed and educated about the rapidly changing COVID-19 environment and response.

Despite our people attending to a number of high risk patients, no St John WA staff tested positive as a result of their work. This is due to strict adherence to protocols in the use of PPE, a pleasing testament to the high level of skill and training among both our paid and volunteer paramedics.

With that, I would like to recognise the outstanding work of our supply chain team who worked tirelessly and strategically to ensure our people in both country and metropolitan WA had the PPE they required to keep themselves and the community safe.

This included sourcing a more sustainable, reusable mask, in the early days of the crisis, as an alternative to the standard disposable masks.

A special thank you to all our people at St John for your unwavering support and commitment to Western Australia.

Whether you are a volunteer in one of our many community programs and services, part of our metropolitan and regional ambulance services, working in our primary health clinics, or one of the team providing support services, our success is your achievement.

Michelle Fyfe
CEO

#inthemedia

As an emergency service and healthcare provider, St John WA naturally attracts media interest. As well as engaging with media to keep the community informed, we are also committed to educating and inspiring via the sharing of stories from across our State.

These stories celebrate our purpose - for the service of humanity. In 2020 we worked with media to tell stories about overcoming adversity, the history of St John in WA as part of the fabric of our community, and stories around how we are changing and why.

As well as showcasing the great work of our staff and volunteers, our goal is to build resilient communities for the future.

To facilitate this we created specific campaigns around;

- Learning first aid and CPR
- Externally accessible defibrillators
- First Responder App
- Safe driving education for school children

Reach **4.8 million**

Reach **453,000**

Reach **2.8 million**

Wundowie vollies celebrate 70 years

EMERGENCY SERVICES

BY **ELIZA WYNN**

THE dedication of a small Wheatbelt town's local volunteers was celebrated at last weekend's 70th anniversary of the St John Ambulance WA Wundowie sub-centre and the surrounding communities."

Long-term volunteer and past sub-centre chairperson Tamra Rogers thanked the volunteers for their support in putting together the event, as well as members of the public for attending - includ-

Bunbury St John Ambulance patient transport officers Graham Hunt and Gay Paterson show off an automated external defibrillator. Picture: Kate Fielding

St John seeks more defibrillation points

South West community groups, sporting clubs and businesses are being urged to play their part in efforts to provide life-saving equipment at more locations.

St John WA is embarking on a bold new mission to register 5000 Community First Responder locations across the State by Christmas.

The CFR program aims to get defibrillators to cardiac arrest victims in the vital moments before an ambulance arrives, dramatically increasing a person's chance of survival.

At the moment there are 3700 registered locations, including more than 110 in the Bunbury, Eaton and Australind areas.

"In the South West we're fortunate to have many CFR locations, however, we're encouraging more community groups, sporting clubs and businesses to come on board as we close in on our target of 5000 locations," St John CFR manager Sally Simmonds said. "The CFR program creates a vital link between St John, local businesses and community groups which makes early defibrillation possible.

"A cardiac arrest can affect anyone regardless of age, gender or health status.

"More than 33,000 Australians die from the condition each year, and the single biggest factor in improving survival rates is the time taken to administer early CPR and defibrillation.

"It's our mission to make defibrillators as commonly thought of as fire extinguishers and smoke alarms — to make this happen, we need the community's help."

Each location has its details registered with St John and when an emergency call is received, the operator is able to direct the caller to a nearby defibrillator while an ambulance is enroute.

The program is linked with St John's First Responder smartphone app, which shows the location of all CFR sites and alerts registered first aiders in the vicinity of an unfolding public emergency. To register as a CFR location call (08) 9334 1428.

01

Excellence and leadership in ambulance care

- Operational best practice
- Cost efficiency
- Policy and systems partnerships
- Community commitment

In March 2020 the World Health Organisation announced a pandemic that would challenge the world's most advanced health services.

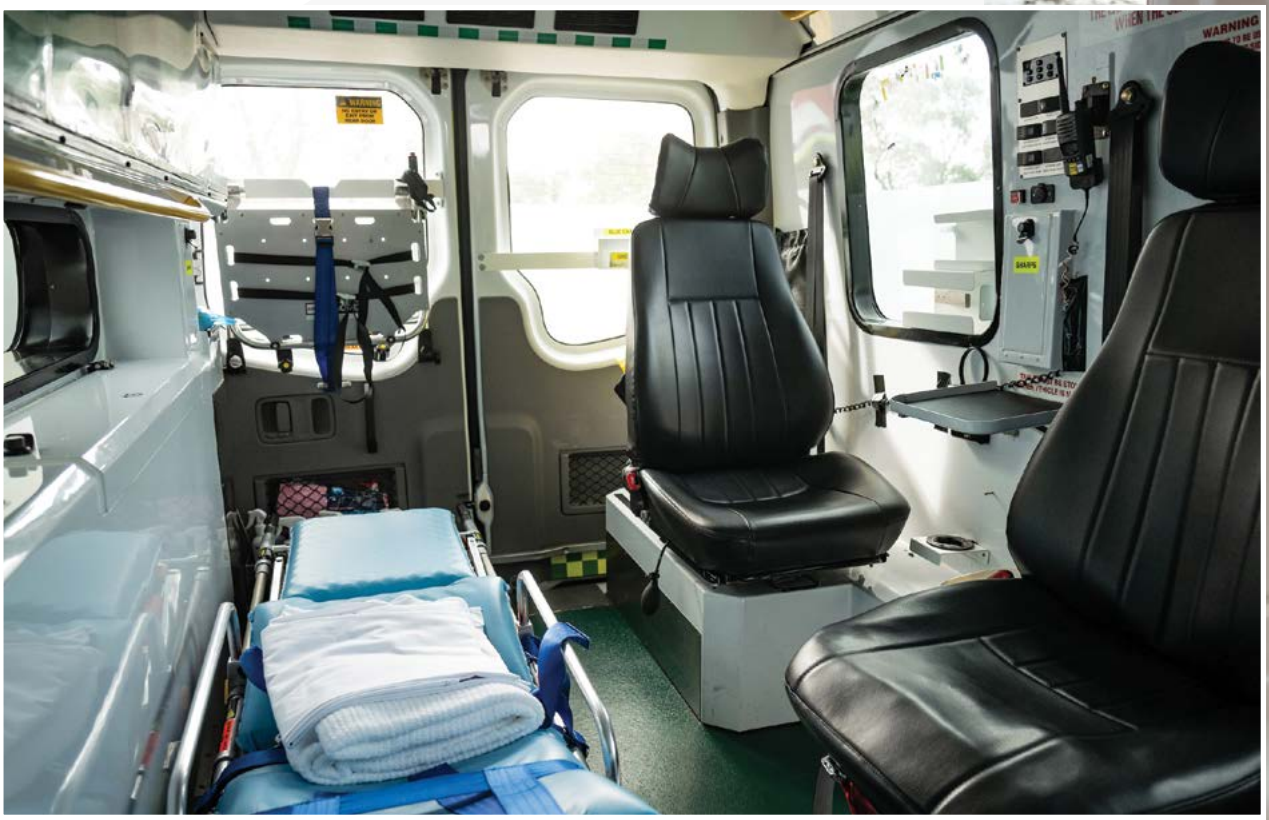
Our focus in early 2019 on strategic planning and a disciplined approach to execution laid strong foundations for meeting the challenges of 2020 and our response to this global pandemic.

Preparations began early with our ambulance operations activating the Incident Management Team to monitor the progress of the virus and plan for the anticipated flood of patients who would require treatment and transport should the virus take hold.

We became part of the State, National and Global response with senior operational and logistics staff embedded in key strategic teams.

Locally, our priority was to ensure our people had the PPE they needed to protect themselves and the community, and to put in place systems that would eliminate the risk of spreading the virus through treatment and transport of infected patients.

We reviewed all existing procedures and protocols to close any gap that might lead to cross infection. We constructed specialised isolation ambulances to transport potentially infectious patients and we worked with the State's hospitals on patient triage and handover procedures.



We met our target for priority one cases in 2019-2020 as an average over the year.

We also locked down our State Operations Centre to protect these critical workers and established a unique secondary triage procedure, where Triple Zero callers were asked additional questions by medical staff to identify high risk cases and direct people to the best care option.

At the frontline our people implemented a screening process to reduce wastage of valuable and short supply PPE while ensuring their personal safety and that of their patients. The determination and strategic management of our logistics team meant our people weren't without supplies despite a nationwide and global shortage.

A steady flow of information throughout the organisation and maintaining training on new procedures and equipment was fundamental to safety and wellbeing.

To 30 June 2020, we conducted secondary triage on 1,694 patients identified as COVID-19 risk cases. An ambulance was sent to 19 suspected COVID-19 cases and 12 suspected cases were referred to a COVID-19 clinic for testing.

Another 1,030 non-COVID-19-related calls were directed to secondary triage resulting in 60 per cent of ambulance requests being cancelled or diverted. Of the 1,030 calls, crews were required to attend 412 cases, another 540 ambulances were stood down and 78 were referred to patient transport.

Since the flattening of the curve in Western Australia, our focus has been on business continuity planning and fine tuning our response, reviewing our procedures and training for the anticipated second wave of COVID-19 infections, as well as unexpected and unpredictable emergency events.

Arriving on time

As the State's sole provider of emergency ambulance care, we are committed to maintaining the highest standard of service to the community. In the metropolitan area we commit to arriving at the scene within 15 minutes of being called to attend a priority one emergency.

Our target arrival time ranges from 25 minutes to 60 minutes in priority two and three incidents, which are assessed as non-life threatening.

Generally, we exceeded these targets in March, April and May 2020, due to a substantial reduction in demand attributable to the fall in road, workplace and other lifestyle injuries during COVID-19's first WA wave. Calls to Triple Zero fell by as much as 50 per cent during the peak of COVID-19.

As a result, we met our target for priority one cases in 2019-2020 as an average over the year. While these results are pleasing, pressure is mounting on Western Australia's pre-hospital care.

Case numbers in the metropolitan area exceeded our budget estimate in each priority area despite COVID-19 and were higher than the previous financial year.

In every month from July 2019 to January 2020 the total hours ramped at public hospitals were higher than the same month of the previous year. During this period in 2019-20, there were 14,743 ramped hours, compared to 11,495 hours in 2018-19. As of the end of 2019-20, August 2019 was the worst month ever recorded with 2,789 ramped hours.

Across the full 2019-20 financial year hours ramped totalled 20,548, compared to 21,374 in 2018-19 despite the drop in demand associated with COVID-19 related restrictions during March, April and May 2020.

St John WA is resourced with 556 ambulances and 1,791 paramedics and support staff to service 2.5 million square kilometres. Of these, 181 ambulances service the metropolitan area and the remainder are spread across regional Western Australia.

How quickly we can attend to our patient, transport them to an Emergency Department (ED) and hand over patient care to the hospital, impacts the availability of our ambulances to attend the next call.

However, pressure at EDs can sometimes mean our crews are ramped for long periods. To achieve our target response times, 90 per cent of the time, requires ambulance standby capacity to be maintained at 52.5 per cent.

Target response times vary in country WA according to geographic location, population, and proximity to ambulance stations and hospitals.

A priority for St John under the 2020-25 strategic plan is to work with the government and health authorities on a more equitable service arrangement that meets the growing needs of country Western Australia.

Outside of the 15 key regional centres, the service is operated solely by volunteers, trained by St John WA and supported by their local community.

Response to an emergency call is based on volunteer availability which means it can be more challenging to achieve targets, given most are full time workers in their community.

Targets were met mostly at towns with career sub centre regional towns which is testament to the commitment of our remote and rural volunteers. Country case volumes during 2019-20 were below the previous year by as much as nine per cent for priority one cases.

More information on response times and hours spent ramped at hospital EDs is available on our website, **www.stjohnwa.com.au**

A holistic approach to problem solving

At St John WA we recognise that achieving meaningful long-term solutions to the issues facing our health care system is complex and will require the consolidated efforts of government, industry and researchers.

Under our 2020-2025 strategic plan we aim to promote debate on addressing these issues and lead reforms which will have sustainable benefits for health services and the communities we serve.

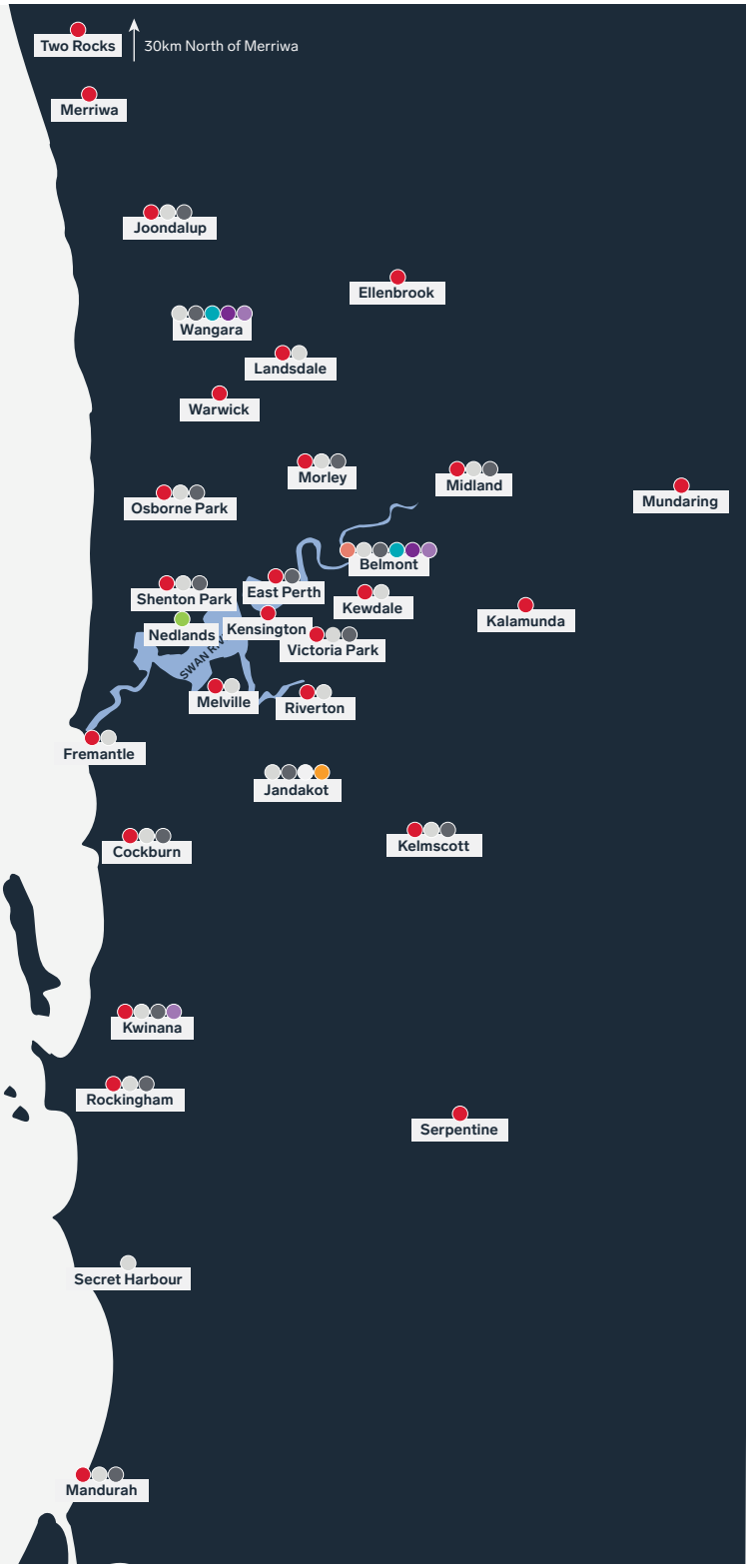
Among our priorities at St John WA is to enhance the way we triage patients so clinical skill sets can be matched to patient needs. We will also employ advanced analytics and real time support to help us predict what skill sets are required at each base and depot, and in what numbers so that we are using our limited resources to maximum effect.

Change will also be required in other areas of health care including expanding our network of community first aid champions, public access to equipment, urgent and after-hours treatment options as well as hospital Emergency Departments.

Metro Ambulance **locations and resources**

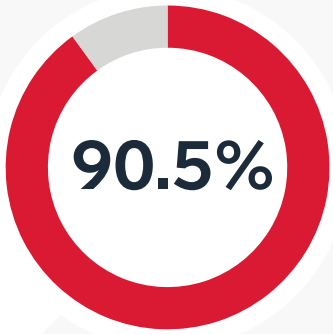
The map below shows the spread of resources.

- 24 hr ambulance coverage
- 12 hr ambulance coverage
- Patient transport crew
- RFDS Liaison Officer
- RAC Rescue Helicopter
- Clinical support vehicles (Clinical Support Paramedic)
- Newborn emergency transport service
- Complex patient transport vehicle
- Emergency support vehicles
- Operational support vehicles (Area Manager)

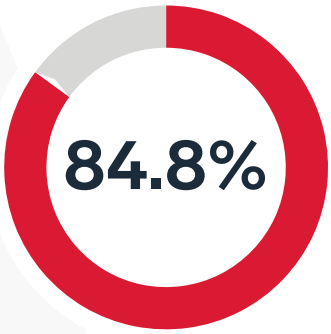


Metro Ambulance **response cases**

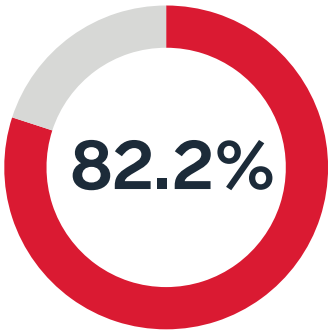
Percentage of target response times achieved is below 2018-2019 in all priorities. Ambulance activity and response times are publicly available on the St John WA website.



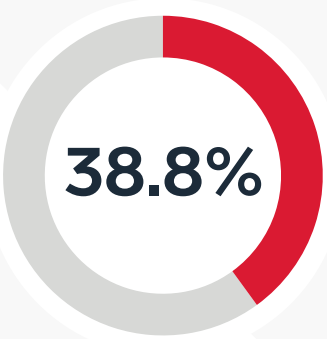
Priority one cases
Target 90%



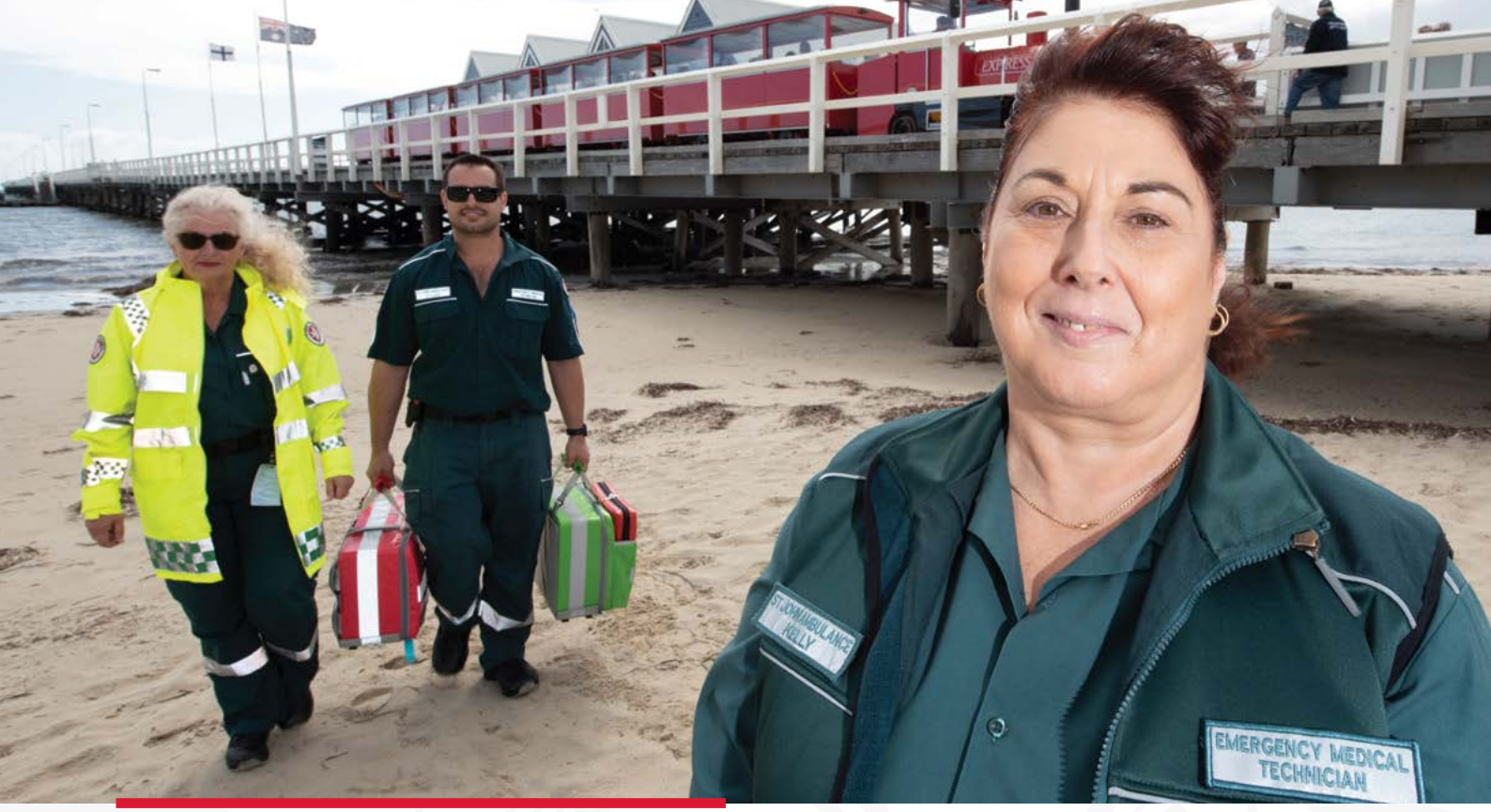
Priority two cases
Target 90%



Priority three cases
Target 90%



Metro crew capacity standby
Target 52.5%



In the air and on the road Statewide

St John WA aims to provide a cost-effective world-class ambulance operation that serves the needs of all Western Australians.

Our primary challenge is the unique geographical isolation of so many regional populations, due to the vast expanse of the State. However, Western Australia's regional communities are also unique in the generosity of spirit of the people who contribute to resilience and ambulance service delivery in their towns.

State funding is provided to support St John WA ambulance services in the metropolitan area and many of the paid paramedic resources in major regional centres. In rural and remote Western Australia, ambulance operations rely on Clinical Volunteers, trained by St John WA trainers and Community Paramedics, partially funded by the State.

As part of St John's five year strategy, we are developing a new leadership model for regional operations to improve support to staff and volunteers. This initiative is expected to achieve high performance through tighter governance and increased access to guidance, support and engagement for personnel in regional towns.

A successful trial of increased frontline leadership in Kalgoorlie has paved the way forward for a new Country Management model. The next phase of the new model will include a pilot program in the South West region.

Our unique integrated model allows us to deliver a responsive and adaptive service which includes clinical volunteers, paid paramedics, community paramedics, critical care paramedics on board the RAC rescue helicopters, Community Paramedics and clinical support paramedic guidance from the State Operations Centre.

Larger regional centres are serviced by crews consisting of career paramedics paired with highly trained clinical volunteers. From the remaining 163 response locations throughout the

State, Clinical Volunteers are paired to provide ambulance crews as required for their communities. This model delivers more response locations to low population regional communities than any other operating rural ambulance service.

In partnership with the Department of Fire and Emergency Services, we provide critical care paramedics on the RAC Rescue Helicopter, supporting search and rescue and transferring critical patients to hospital.

With a helicopter based in Jandakot and one in Bunbury, the service captures about 95 per cent of the State's population.

St John WA is continuing to work with the WA Country Health Service and our other stakeholders to develop modern and innovative ways to support the growing demand for ambulance services in the country

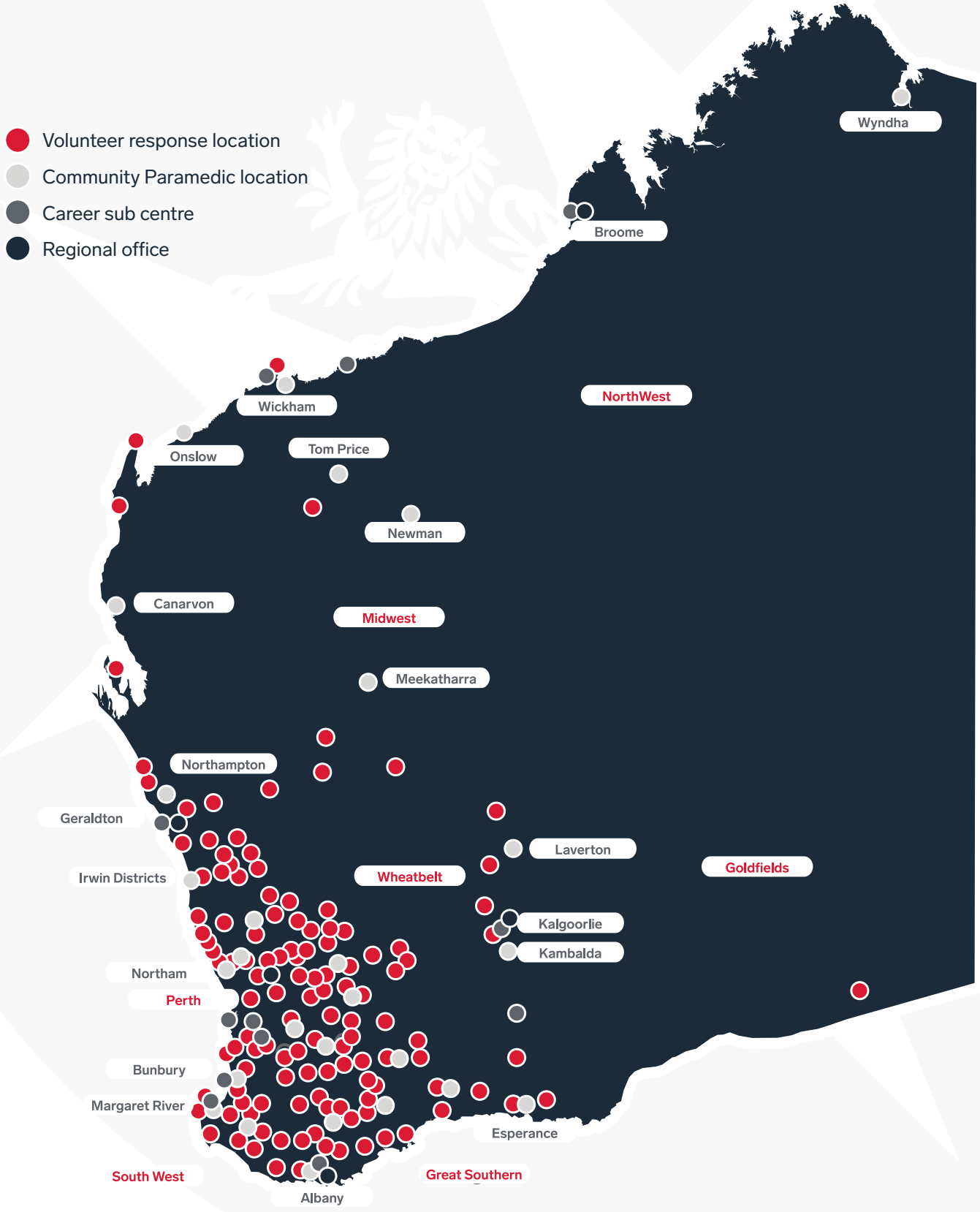
Country case volumes during 2019-20 were below the previous year by as much as nine per cent for priority one cases, as a result of COVID-19. As such we achieved 99 per cent capacity availability, allowing a timely and high-quality response to primary ambulance cases.

St John WA Clinical Volunteers maintained service levels throughout the COVID-19 pandemic, despite the high level of uncertainty and anxiety that accompanied the pandemic.

This is testament to the dedication and community spirit throughout regional WA and further demonstrates the value of the St John Volunteer Model for ambulance service delivery.

There were 43,804 ambulance cases managed by country career crews and 26,203 cases managed by country volunteers. Another 555 cases were looked after by the Newborn Emergency Transfer Service (NETS).

Country Ambulance **locations**



Country Ambulance **response cases**

Country mixed crew* ambulance case numbers:

(Provided from 16 country locations)

13,624	**Priority one**
8,894	**Priority two**
20,278	**Priority three**

Country clinical volunteer ambulance case numbers:

(Provided from 144 country locations)

8,225	**Priority one**
4,957	**Priority two**
13,021	**Priority three**

Country Ambulance cases	Financial year 18/19	Financial year 19/20	% Variance
Career sub centre cases	40,544	42,796	5.5%
Volunteer sub centre cases	26,187	26,203	0.06%
Total country cases	**66,731**	**68,999**	**3.4%**

* Paid and volunteer crews

Specialist services from the skies

Western Australia is known for its baron lands, beautiful stretches of beaches, amazing gorges, and rugged terrain. Many of these landscapes are the drawcard for locals and visitors exploring our State and venturing into unique locations.

Our 14 Critical Care Paramedics (CCPs) and 13 Special Operations Paramedics know the challenges of this land more than most and see the dangers our vast rural highways often bring. Being lowered, winched, and propelled from the RAC Rescue Helicopter is all part of a regular day for our advanced paramedics who are a dual service providing primary rescue across the State as well as supporting road accidents.

In October 2019, a young man was hiking with friends through the Stirling Ranges National Park and fell 10 metres onto a rock, needing specialised care and extraction. The RAC rescue Helicopter was called to help the man and stabilise his injuries while transporting him to Albany Hospital.

Our CCPs have an extended skill set gained through intensive training, six months of mentoring and upskilling including stints at Royal Perth Hospital and Perth Children's Hospital working with anaesthetists, surgeons, and trauma specialists.

They are also specially trained in rescue techniques including winching and accessing patients during sea and cliffside rescues. These advanced skills allow our paramedics to recover patients from remote locations.

The RAC Rescue Helicopter service has been operating for 17 years and now has two helicopters based in Jandakot and Bunbury, covering approximately 95 per cent of the population.

This service is the epitome of teamwork and interservice cooperation. It is managed by the Department of Fire and Emergency Services (DFES) and sponsored by RAC, with flight crews and aircraft provided by CHC Helicopter.

Cases such as the Arthur River traffic accident in June highlight the incredible teamwork involved in regional accidents where the RAC Rescue Helicopter plays a vital role.

Two trucks had a major accident with a car resulting in a 10-hour entrapment and the need for a crane as well as specialised rescue crews.

Our CCPs worked with DFES and other emergency services to extricate the patient and safely transport them to a local hospital for assessment.

The service flew over 1,000 missions in the past financial year and covered more than 181,804 kilometres in 2,021 hours.

In 2019 the CCP role extended to include trialling an Air Desk in the State Operations Centre to focus on communication between the different services. Trials will continue to take place over the coming years to assist the service in planning for the future.

Isolating infection

International cruise ships docking in the Port of Fremantle with sick and potentially COVID-19-infected passengers proved one of the greatest risks to Western Australia with the spread of the virus.

In 2020 when it was discovered that arriving cruise ships had passengers suspected of having COVID-19, the decision was made for all passengers and crew to be sent into quarantine facilities in either Perth or Rottnest Island. St John WA was engaged by the Department of Health to assist with these multi-patient transfers.

The Multi Passenger Transfer Vehicle was able to carry up to nine seated passengers and five stretchered patients in a single trip.

Specialised Isolation Ambulances were also constructed to safely manage high care patients, who have been incubated and ventilated, and aid the transfer of patients between facilities.

The vehicles were used in the metropolitan area and provided in country WA aligned to key regional hospitals. Modifications included:

- A barrier which completely separates the driver from the patient care area.
- Provision of powered air-purifying respirator (PAPR) devices, providing a higher level of PPE protection suited to the transfer of Intensive Care Unit (ICU) type patients.
- Updated layout guide that reduces the risk of exposure to equipment and reduces cleaning required.

These specialised vehicles are utilised for:

- Calls to the community of known COVID-19 positive patients.
- State-wide provision of inter-hospital retrievals for unwell (ICU) patients testing positive to COVID-19.
- Calls for inter-hospital transfers of COVID-19 positive patients.

Medical crews were specially trained to work in these vehicles.

156
St John
For the service of humanity
AMBULANCE

Supporting the fires

For the service of humanity... and wildlife

Before COVID-19, Australians faced a crisis of another kind. A catastrophic fire season that burned hot and furious for weeks blackening millions of hectares of land, destroying property, shattering lives and devastating native habitat.

Over a two month period, significant bushfires broke out across Western Australia in locations as diverse as Yanchep, north of Perth, Collie to the south east, Mogumber (in the Wheatbelt), the Stirling Ranges on the eastern escarpment, and Norseman, north east of Perth.

Many St John WA staff and volunteers were deployed to the bushfire fronts in case medical support was required. Thankfully there were no major injuries from any of the fires.

The Norseman bushfire was a significant operation that meant closing the Eyre Highway, causing many travellers to be stranded at the roadhouse for two weeks. Special Operation Paramedics were deployed to work from the Department of Fire and Emergency Services Dauphin Heavy rescue helicopter, providing aerial fire ground retrieval. St John's country paramedics and volunteers provided medical support onsite and transported prescriptions to stranded travellers.

Some of our special operations paramedics were also mobilised as part of Australian Medical Assistance Teams (AUSMAT) operations to assist with the New South Wales bushfires.

As the enormity of the bushfire situation unravelled, people began to see the devastating impact, not just to people and property, but our native wildlife as well.

St John's motto is "for the service of humanity" but after seeing so many innocent animals injured, our people were moved to assist wildlife rescue efforts.

St John WA sub centres across the State rallied to collect unused medical supplies to send to the animal welfare groups on the East coast. Two large shipments of supplies were sent thanks to Land Transport, who kindly donated their services to the cause.

02

Focussed expansion of the integrated model of first aid, ambulance and primary care.

- Targeted expansion of the integrated model of first aid, ambulance and primary care
- Unique value proposition to stakeholders and the community
- Scalable business operations

St John's unique integrated model for pre-hospital care aims to provide choice to all Western Australians for easy, timely, equitable and sustainable health care.

It draws on St John's foundations as a not-for-profit, community-driven charity - attracting the support of 11,374 volunteers who deliver a network of integrated health services that include first aid, community responders, event health services, youth and community engagement, emergency ambulance, patient transfers, community transport, Medical, Dental and Urgent Care.

Our goal is to continue the targeted expansion of this model, unique to St John in Western Australia.

During 2019-20 Western Australians made 305,900 emergency Triple Zero calls to St John's State Operations Centre, a 10.8 per cent increase on the previous financial year and evidence of the mounting pressure on ambulance services and the hospital system.

As part of our response to COVID-19 and strategies to manage demand and patient flow, secondary triage was introduced in the State Operations Centre to assist with identifying possible COVID-19 cases. This involved medical staff asking additional questions to direct the caller to the best care option.

In total, 1,694 calls were identified as potentially COVID-19-related with an ambulance called for 19 patients and 12 making their own way to a COVID-19 testing clinic.

Another 1,030 non-COVID-19-related calls were directed to secondary triage resulting in 60 per cent of ambulance requests being cancelled or diverted. Of the 1,030 calls, crews were required to attend 412 cases, another 540 ambulances were stood down and 78 were referred to patient transport.

Dental, Medical and expansion of St John Urgent Care

The availability of after-hours Urgent Care facilities to treat urgent but non-life-threatening conditions, is a critical component in St John's integrated model, and provides a valuable alternative to Emergency Departments.

St John WA opened its first Urgent Care clinics in Cockburn, Joondalup and Armadale in 2015-2016 with the acquisition of Apollo Health.

In 2019 the Federal government announced a $28 million grant to establish four additional centres in Cannington, Midland, Mandurah and Osborne Park as part of a four-year trial and research project to test the success and impact of this approach.

COVID-19 stalled the construction of these centres but work has now recommenced with the Cannington centre expected to open in early 2021.

Our primary health services continued to gain the support of local communities with patient attendances forecast to exceed 2018-2019, prior to the outbreak of COVID-19 and global health advice, warning people to self-isolate and keep physical interactions to a minimum.

In the first weeks of the pandemic, patients were asked to self-identify as high risk if they had returned from overseas in the previous two weeks or had flu-like symptoms. An additional pre-consultation assessment was done including temperature checking, and PPE was worn based on this risk assessment to protect the wellbeing of medical and support staff.

By April St John WA had introduced a sophisticated phone and video Telehealth consultation service to offset and, in some cases, replaced face-to-face appointments. Through Telehealth, doctors were able to refer patients to another service if required, including COVID-19 Clinics for testing, hospital Emergency Departments or an in-clinic Urgent Care booking. They were also able to send prescriptions electronically to a pharmacy of choice as well as provide medical certificates sent directly to the patient.

Our sustainability is built on a partnership with community

Normal face-to-face appointments were combined with telehealth appointments during COVID-19 restrictions, enabled us to meet targets.

Telehealth Services, which have been operating in Kambalda since 2018, will remain in place permanently at St John WA with 20 per cent of all future appointments expected to involve a Telehealth consultation.

St John
Transport

Patient transfer services

As part of St John's integrated model there are three key ambulance areas: Emergency, Patient transfer and Community transport. This creates a gateway to the health system for unscheduled and scheduled care that is equitable and sustainable.

St John WA is the sole provider of emergency ambulance services in Western Australia. While we compete with other transport providers for metropolitan inter-hospital transfers, we remain the largest and leading supplier of this service.

The patient transport services offered are:

- Multi-patient transfer vehicle
- Stretcher patient transfer
- Wheelchair patient transfer
- Community transport

St John WA provided inter-hospital transport in 2019-2020 to 77,072 metropolitan patients and 25,195 country patients. Community transport was provided to 33,991 people.

When appropriate, calls from the public received through the State Operations Centre (Triple Zero), are redirected to patient transfer rather than an emergency ambulance. All other bookings are either directed to the Transfer Call Centre or booked through the online portal.

This allows us to keep emergency ambulances available to attend priority cases and achieve our target response times in line with national standards of best practice.

Support from volunteers and charitable activities play a key role in community transport and allow St John WA to sustain its cost-effective model.

First aid

COVID-19 restrictions and safety precautions meant in-class first aid training was suspended in March 2020 but we were able to quickly adapt our program and offer COVID-19-safe training to meet the essential needs of the corporate sector and high-risk community organisations.

This service was provided at all 10 metropolitan centres and involved implementing physical distancing measures, and additional hygiene procedures including using life size mannequins as training partners.

Demand also increased for in-house St John WA trained first aiders to support companies while they implement rosters to reduced staff numbers in offices during restrictions.

With all non-essential workers and school children asked to isolate in their homes from March 2020, St John WA fast tracked the release of First Aid Skills, an online training course that allows people to learn critical lifesaving skills using interactive technology.

The 30-skills course was launched in May with 5,700 individual skills purchased between May and 30 June.

First responder ready

As part of our integrated model we aim to build community resilience by equipping our community with the skills and confidence to manage any emergency requiring first aid. We want to make first aid part of the life of all Western Australians and have set ourselves the ambitious goal of reaching the State's 225,000 school students.

This is in addition to a target of 200,000 fee paying students and 10,000 youth participants in First Aid Club and Cadetship. To support this goal, we sell first aid kits, supplies and equipment, including defibrillators, and provide personalised services and advice to the corporate sector to change behaviours into the future.

Our hope is that in every household there will be at least one person with the capability and competence to apply first aid. We want a network of first aid responders in every neighbourhood prepared to support their community when needed and that they have access to life-saving cardiac equipment (defibrillators) - accessible to the public - at the end of every street, in office buildings, shopping centres, sporting facilities and recreation centres.

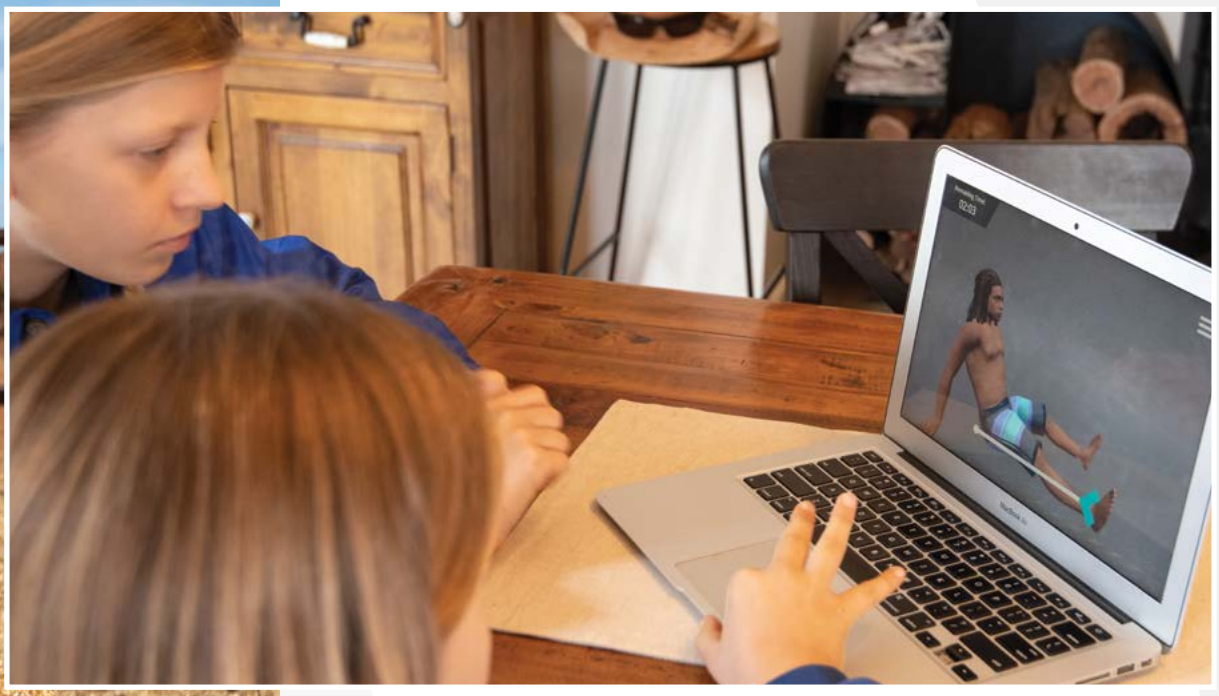
In 2019-20 we provided first aid training to 408,292 people including 321,434 free classes and 86,858 paid first aid to the public and corporate sector.

Recognition and support for our first responder app, launched in 2018, continues to grow with more than 26,609 people now registered first responders. Our goal is to continue to expand this network of community members ready and able to respond to a call for first aid of a community member.

We also increased the number of public access defibrillators with more than 4,883 available to support this community response.

Event Health Services and Youth and Community

Our 1,760 Event Health Service and Youth and Community Engagement volunteers continued to provide high level medical services at public places and community events across the State for most of the year.



We are committed to innovation to offer the broadest possible access to services

We have seen significant growth in demand for these services in recent years and that trend continued in the first half of 2019-2020. This is driven by the determination of our volunteers and support staff to ensure St John WA delivers outstanding care and exceptional service by providing professional, clinically appropriate and timely health care services at events.

When public events were cancelled in March, our people transferred their skills to other areas of community service. Demand quickly resumed when restrictions were eased in the last days of the financial year.

Event Health Services have been providing services to the WA community for more than 120 years. This experience, coupled with an adaptable, flexible and solutions-focussed approach, has ensured St John WA remains the market leader.

In 2020 our 1,760 volunteers attended 3,453 events, providing 70,761 hours of service and caring for 20,626 patients.

As a registered charity and not-for-profit organisation, every dollar of surplus made from our commercial activities is reinvested in community programs, including:

- Medical volunteer training and supplies to build safer communities
- Free first aid in school programs
- Leading educational campaigns such as Restart a Heart
- St John Ambulance Youth program
- Free community first aid information and training

Saving Lives

Dozens of Western Australian lives were saved this year because of the early intervention of a family member, friend, neighbour or stranger who applied critical first aid within minutes of the trauma.

- **When Geoff Thompson's heart stopped beating during a dinner party one evening, his friends launched into emergency response, calling 000, checking for a heartbeat, clearing his airways, and applying CPR until St John WA paramedics arrived.**
- **Remembering the first aid demonstration given to her class by St John WA volunteers just weeks before, a 10-year-old girl dragged her father from the water's edge, then dialled 000 while a passing stranger applied CPR as they waited for the ambulance to arrive.**
- **And a man who collapsed on the streets of Perth survived a heart attack thanks to St John WA First Responder app that alerted a nearby registered responder that help was needed. The rescuer used the app to locate the nearest defibrillator and was able to restart the 58-year-old man's heart before St John WA paramedics arrived.**

These are just some of dozens of known stories of survival that highlight why St John is working with the community on a plan that will put lifesaving skills, equipment and services within the reach of all Western Australians.

At 30 June, there were 26,609 registered first responders and 4,883 community accessible defibrillators located across the State.

434 First Responder app incidents were accepted in 2019/20. Public access defibrillator locations were used on 101 occasions.

Thanks to Lotterywest, 525 public access community defibrillators were installed in 2019-20 at community venues, sporting clubs and not-for-profit facilities across WA.

Funds raised through the St John WA Defib Drive campaign supported the installation of 13 defibrillators in areas of critical need; and community fundraising supported another four defibrillators and 11 lockboxes.

St John WA provided first aid training to 408,292 individuals in 2019-20 - including 321,434 people through its charitable programs.

Never more than a phone call away

Statewide Telehealth services meant Western Australians were able to receive the same high standard of primary medical care during COVID-19, despite not being able to meet with a St John physician in person.

Our model for online medical consultations, introduced in 2018 to provide remote Goldfields communities with access to convenient and timely expert health advice, was quickly adapted and up-scaled in 2020 to address patient care needs across all of Western Australia during COVID-19.

Global shortages in PPE supplies including gloves, gowns and masks meant close-proximity consultations had to be restricted to safeguard our medical staff, as well as their patients, from the risk of exposure to the highly infectious virus.

Through the Telehealth service, our physicians were able to assess the patient's condition, advise treatment, prescribe medication when needed, and refer people to other services as required.

The expanded service operated out of the State Office in Belmont with a network of medical and dental physicians around the State assessing patients by telephone or televideo between March and June.

Where urgent treatment was required and there was no indication of fever or the flu-like symptoms associated with COVID-19, individuals were referred to a St John Urgent Care Centre. Others were referred to one of the State's COVD Clinics for testing. Telehealth is now being integrated into St John's network of health services designed to ensure our communities are capable, competent and equipped to support each other.

Telehealth was critical during the COVID-19 pandemic because health experts advised people to stay isolated as much as possible, but that put some of our most vulnerable community members at risk.

Telehealth provided access to treatment in the security of their own homes. It meant people feeling unwell could get treatment and access to medication without having to drive, take transport or get a family member, or other service, to take them to a medical clinic, where they would risk spreading the infection and potentially being exposed to other illnesses.

Telehealth will continue to be a valuable component of St John's integrated model. There is no doubt some of the actions put in place during COVID-19 will remain part of our operational practice into the future. We won't see people with fever, flu and potentially contagious viruses sharing the same waiting room. We will take additional precautions to limit the spread of germs through sanitising and the use of PPE.

Community calls for local defibrillators

The sudden death of George Correia from an undiagnosed heart condition prompted a community campaign by his family to raise money for lifesaving defibrillators to be installed in publicly accessible areas around Cockburn.

Real estate firm GLC pledged $250 from every property sale toward the purchase of these vital lifesaving devices. The aim is for defibrillators to be placed in prominent locations in the communities where GLC operates, and where their clients live. GLC Licensee Lisa Correia said the "heart-starting" initiative honoured the memory of her late husband and GLC founder, reflecting his compassion and community commitment.

By 30 June 2020, the campaign had raised enough money from peer-to-peer donations to place four publicly accessible community defibrillators in the City of Cockburn.

Out of reach - Kurt Von Knoll

On the oval at Mundaring Recreation Ground on 26 January 2019, aspiring runner Elysha Von Knoll, 14, suffered a sudden cardiac arrest and lapsed into a coma, sadly never to regain consciousness.

Her parents called Triple Zero and commenced CPR but they couldn't get into the Mundaring Arena building just 200 metres away, which would have given them access to a defibrillator and a better chance of saving her life.

Today Elysha is the driving force behind the Von Knoll's quest to have external defibrillators installed at Shire facilities including one by the oval where Elysha collapsed. And they are encouraging other local governments to do the same.

They are also advocates for the St John WA First Responder App, which connects people trained in first aid with community members in an emergency, and the location of the nearest defibrillator.

Through technology, innovation and our network of health services, St John WA plans to create communities that are capable, competent and equipped to care for each other in an emergency.

Sudden Cardiac Arrest strikes about 30,000 Australians every year. Fewer than five per cent survive, often because they cannot reach help in time. It is critical an Automated External Defibrillator is used within minutes to maximise the chance of survival.

For every minute a person waits for defibrillation, the chance of survival decreases by 10 per cent. It can take up to 15 minutes for an ambulance to arrive at the scene of a priority one call.

In 2019-20, the Von Knoll's raised money for 11 defibrillator lockboxes in memory of their daughter.
www.rememberelysha.org

St John
For the Service of Humanity
St John

03

A focussed and continually learning organisation

- Disciplined execution
- Doing fewer things, better
- Learning and continuous improvement
- Safety and wellbeing

To succeed in our aspiration to be the most trusted provider of clinical care in the community, we recognise the importance of financial prudence, of ensuring our organisation is constantly evolving, and that we value our people and develop leadership. This set the foundation for our strategic planning, programs and focus throughout 2019-2020.

Our strategy

As a charitable, not-for-profit organisation we aim to serve humanity by providing quality comprehensive pre-hospital health services that meet the needs of Western Australians.

We therefore promote the development of capable and competent communities equipped to support each other during an emergency.

We are challenged in Western Australia by an ageing population, with residential housing that is now both dense and dispersed, with demand that is perpetually increasing.

In 2011, Western Australia had a population of approximately 2.3million. In 2020 it is estimated to be 2.7 million, and forecasts are that it will tip three million by 2030.

Maintaining an effective and efficient health sector for the long term will therefore require a focus on the complex and systemic issues facing the sector today, and an industry-wide approach to research, leadership, collaboration and strategic long-term problem solving.

St John WA is committed to this charge and is working with government and the Department of Health on the first steps of this journey which is underpinned by meaningful relationships with government and industry, by partnering with experts on evidence-based research and by capitalising on technology and innovation to reorganise the way we offer our services.

Significant inroads were made toward this plan in 2019-20 as we responded to the challenges of COVID-19, a worldwide health crisis that highlighted the importance of a well-structured and disciplined approach learning.

Our finances

Our financial management balances investment in our services, expansion plans, and capital assets with the prudence of maintaining adequate cash flow. Funds raised through commercial enterprises are reinvested in community services including emergency ambulance and free first aid, with grants and community partnerships providing additional revenue to support critical projects.

More than $2.4 million in grants and community partnerships supported 20 projects including contributions from the Australian Government's Building Better Regions Fund to construct the new Depot in Busselton ($1.53 million) and extensions to the Northampton sub centre ($157,285). Other projects included construction of the Ellenbrook and O'Connor Depots; work on the Onslow sub centre and planning for the new Australind sub centre.

COVID-19 temporarily delayed other significant works including construction of new buildings in the State Office Master Plan, and the Central South Hub. This work has now been rescheduled, having since delivered results that show a huge appetite for fostering a sharing and learning culture.

Our people

From a people perspective we have developed a strategy to enhance our employee experience, build their skills and experience, and develop our future leaders.

Early this year, we reorganised our People and Culture directorate to better service the needs of our people and achieve the organisation's goals for shaping and influencing a positive workplace experience for our staff and volunteers. We want to create the right conditions for our people to thrive. This will include operationalising leadership and communication practices; supporting people throughout their career and providing development opportunities.

Most importantly the wellbeing of our people remains front of mind in all our decision making and we are expanding our work in this area to incorporate initiatives such as Beyond Blue into our people experience programs and to be adopted organisation-wide.

Much of our planned progress in implementing this strategy has been stymied by COVID-19 but the work remains a focal point into the future.

Between January and June 2020 every element of our standard operating manual was reviewed and adapted. Critical training for staff and volunteers was quickly brought online; first aid training was offered as a digital course; new procedures were developed for onboarding staff, approving travel, returning from interstate or overseas locations, mandatory flu vaccines, and flexible work arrangements; and guidelines were introduced for self-isolation and quarantine.

This was in addition to the clinical procedures under constant review to remain inline with the most up-to-date expert health advice.

We set up a support line for people affected by the strain of the new work environment and living conditions imposed on all of us as a result of the pandemic.

Key staff were reprioritised into roles that supported our crisis response including supply chain, payroll and wellbeing. Others developed business continuity plans that would support our continued service to the community should our people fall ill or require isolation due to COVID-19.

Our technology

Our Information Technology and Internal Communications teams launched into plans to introduce collaboration tools, Microsoft Teams and Yammer to the organisation.

Originally scheduled for June 2020, the system was installed and in place by March 2020, having since delivered results that show a huge appetite for fostering a sharing and learning culture.

This tool was instrumental in keeping volunteers and staff informed throughout the crisis and continues to prove a valuable engagement tool with participation in excess of industry standards.

A Telehealth solution was quickly established to service both our General Practice customers while isolating and provided a secondary triage capability for our State Operations Centre receiving calls for ambulance. This tool is now embedded into the service and has created a new, alternative way of working, especially for our General Practice clinics.

In 2020-21 we will return our priority to implementation of our 2020-2025 strategy with a focus on:

- Implementing a new learning management platform (LMS) for our first aid training customers, volunteers and staff.
- Enhancing our Client Relationship Management (CRM) system to gain a greater understanding of our customers and what they need from us.
- Establishing a country ambulance volunteer turnout capability via our First Responder App.
- Being an early adopter of Advanced Mobile Location (AML) that will pinpoint the location of a 000 caller, ensuring a rapid and accurate response to an emergency.
- Refreshing our AmbiCAD mobile data terminal system in frontline vehicles with a new Windows 10 based platform.
- Piloting a satellite based Push To Talk (PTT) voice and data system to seamlessly provide the best communication medium for ambulance crews in remote locations.
- Increasing our focus on cyber security at the threat landscape continues to present a challenge to all organisations.

Volunteers keeping country on track

Without volunteers many Western Australian country towns would not have access to emergency ambulance services, and vulnerable people in both Perth and country WA needing to visit hospital for medical treatment would be forced to find their own transport.

They are a pillar of St John's integrated health services model and fundamental to our aspiration for resilient communities that are equipped to support each other in an emergency.

In 2019-2020, 11,374 volunteers gave significant hours to provide first aid training, education and patient treatment.

Our volunteers were not immune to the severe disruption caused by efforts to combat the spread of COVID-19.

The State Government banned travel between regions and restricted the number of people permitted in confined spaces and at outdoor events from March 2020, resulting in the closure of restaurants, hotels, entertainment venues and public events.

The Australian Resuscitation Council mandated the temporary pause of First Aid courses. St John WA was unable to provide first aid training classes for the public and corporate sector or to continue training its volunteer workforce under the existing format.

To allow that vital training to continue, strict COVID-19 hygiene practices were applied to all volunteer courses. Class sizes were reduced to facilitate physical distancing and additional training resources were made available to allow thorough cleaning between contacts.

We were able to provide training to Event Health Service volunteers by applying these principles and to divert volunteers to new areas of priority training, such as completing conversion courses to work in country areas.

Training of country volunteers interested in driving the ambulance-only was fast tracked and delivered locally by regional country paramedics with the support of online tools. Previously this had only been available to a small number of sub centres.

The First Aid pre requisite of training for Emergency Medical Responders was waived during the peak of COVID-19 restrictions and is now being provided as restrictions are removed, with Emergency Medical Responders now being upskilled to Emergency Medical Assistants.

Recognising the importance of our volunteers in all service areas across the State, St John WA plans to offer additional skills to its Event Health volunteers to meet growing client demand.

Online resources specifically related to COVID-19 were also produced to protect the health and wellbeing of our workforce such as donning and doffing of PPE, wearing and fitting of masks, and working in the COVID-19 Isolation vehicles. These were used by volunteers and Community Paramedics in the regions.

In 2019 the Critical Care Paramedic (CCP) role extended to include trialling an Air Desk in the State Operations Centre to focus on communication between the different services. Trials will continue to take place over the coming years to assist the service in planning for the future.

Joining our team in 2019-20

It takes a special person to become a St John WA Ambulance Paramedic. They are courageous, caring, confident and patient. They put themselves on the frontline of pre-hospital medical care every day, making life changing decisions.

These traits shone brighter than ever during 2019-2020 as 40 people signed up to join the frontline serving Western Australians during the height of an unprecedented and unpredictable global health crisis.

During January 2020 and July 2020, 39 people joined St John WA as paramedics through its Student Ambulance Officer program where they will complete a Science Degree in Paramedicine at Curtin University, while undertaking practical training at St John WA.

Another 40 are part of a pilot Direct Entry recruitment program where we called for trained paramedics from across the health sector in Australia and abroad to join our team. Successful candidates spent three weeks at the St John College of Pre-hospital Care, learning the St John WA way, before going on-road.

At 30 June, 28 new members had been deployed to serve the WA community including seven graduates and six direct entrants. A fifth group was scheduled to be included into the college in early July and the final group scheduled for early August.

Among them is Tommy Burraston, who made the journey to St John WA from the London Ambulance Service: “Being a paramedic, I just wanted to evolve. It is the scope of practice St John WA has and their clinical skills, as well the area which I want to explore.”

Celebrating our community

The highlight of the St John WA event calendar is our four-day event that brings together volunteers and staff from across our State to meet, share and experience.

Through 10 separate events, The Experience brings together inspirational speakers, networking functions, education and development opportunities and a chance for St John WA volunteers and staff from all over Western Australia to celebrate the enormous contribution they make to the community.

This year the Deputy Premier and the Minister for Health, Roger Cook thanked St John WA in an opening address.

Taking place in August each year it is the culmination of a year-long calendar of activities supported by the organisation's events team, which includes our Recognition Ceremony and Investiture of the Western Australian Commandery of the Order of St John WA, to recognise and award the incredible achievements and milestones our people accomplish each year.

Events also mark the opening of new regional sub centres, educational seminars and the ongoing involvement of our people in community activities.

Pit-crew approach to CPR improves survival

St John WA was one of the first services in Australia to implement a service-wide High Performance CPR model, that we call 'IMPACT'. It is a critical component of a system-wide improvement programme to improve outcomes from out-of-hospital cardiac arrest (OHCA).

The key difference in this modified approach and traditional CPR is that officers are taught to deliver an already high standard of care to a smarter set of guiding principles. Examples include establishing excellent team leadership and cohesion, rotating compressors to reduce fatigue and sustain excellent compressions, reducing unnecessary interruptions in compressions, and making best use of the CPR quality feedback devices on our monitors.

The guiding principles for IMPACT are:

- Create or move to a good working space
- High quality focussed compressions with minimal interruption
- Use feedback and CPR quality devices
- Leadership established to foster excellence

In Jan – Dec 2019, 12 per cent of patients survived to hospital discharge. (i.e. 136 people from 1095 cases where SJA commenced resuscitation).

When a Triple Zero (000) call consistent with cardiac arrest is detected by our call takers, the highest priority response is triggered, resulting in the dispatch of the nearest available ambulance resources.

While ambulances are en-route, the call taker provides over-the-phone instructions on how to perform CPR – a key step in maximising the patient's chances of survival, as well as providing information on the location of nearby automated external defibrillators (AEDs).

At the same time, the St John WA First Responder smartphone app automatically alerts any nearby community first responders, who may choose to assist the patient and bystanders.

In the Perth metropolitan area, two ambulances (each consisting two crew members) respond to a cardiac arrest, in addition to either a Clinical Support Paramedic or an Area Manager. In larger regional centres, the response typically consists of two ambulances, while in smaller rural and regional locations, a single ambulance crew consisting of two Emergecy Medical Technicians responds.

stjohnwa.com.au/about-us/corporate-publications

Creating a culture of communication

Our staff and volunteers are the foundation of everything we do. As part of our commitment to our people, and to enable continual improvement, St John WA undertakes a bi-annual culture survey to identify opportunities to improve the experience of its workforce and volunteers.

Better communication tools and opportunities to learn from each other, collaborate, and share information were recurring themes in the 2019 feedback.

Importantly there was a desire to better understand the organisation's vision, goals and aspirations and how individuals and teams contribute to our aspiration to be the most trusted provider of clinical care in the community of Western Australia.

Through a review of existing communication channels and structures, improvements were made to the organisation's intranet, and online information sharing and collaboration tools were rolled out across the organisation.

Microsoft platforms Yammer and Teams were implemented, allowing our people to participate in workshops, be more active in cross regional project teams, share learning experiences, and communicate in real time across the State.

Our governance

St John WA is part of a global humanitarian organisation which works to improve health and wellbeing across the world. The Order of St John is a major international charity, accredited by the United Nations, which provides first aid, health care and support services in more than 40 countries.

In Australia, the organisation is active within all States and Territories. As part of a federated structure it is governed by the St John Ambulance Australia National Board which determines national policy, and the Australian Priory. St John in Western Australia forms part of that federated structure, governed by a Board of Directors.

Directors are responsible for the performance of organisation, a company limited by guarantee. They ensure St John WA is appropriately managed and provides leading services consistent with the culture and values of the Order of St John.

St John WA operates within the highly regulated not-for-profit healthcare, education and training sectors. 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 WA Board sets the organisation's direction and takes responsibility for good governance through adherence to regulatory governance requirements, prudent funds and risk management and by ensuring best practice standards are maintained. Reporting to the Board are three committees; the Audit and Risk Committee, the Board Selection Committee and the Remuneration Committee.

St John WA is also subject to governance requirements of the following regulatory bodies:

- Australian Skills Quality Authority (ASQA)
- Australian Taxation Office
- Poisons Permit - Poisons Act 1964
- Australian Health Practitioner Regulation Agency which regulates the professional registration of paramedics

The State Office is on Great Eastern Highway in Belmont. There are 30 metropolitan depots and 164 regional sub centres.

Our **Executive Directors**

Michelle Fyfe, APM

Chief Executive Officer

Michelle has an incomparable understanding of the diverse and complex issues that affect Western Australian emergency service organisations.

A graduate of the Police Academy, Michelle was with WA Police for 34 years in roles including Assistant Commissioner of State Crime. Michelle was awarded the Australian Police Medal in 2012 for her diligent and committed service to WA Police and the Western Australian community.

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 and sits on the Board of the Council of Ambulance Authorities.

Michelle has a Master of Leadership, a Graduate Diploma - Executive Leadership, and a Graduate Certificate - Applied Management.

Our **Executive Directors**

Phil Holman

Health Services

Phil joined St John WA in 2014 as General Manager Patient Transfer Services and later that year added Medical Services to his portfolio before being appointed Health Services Executive Director in late 2015.

Phil's role is focussed 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, Urgent Care, Event Health, First Aid Training, Patient Transport and the Youth and Community charitable operations. In 2018 Phil attended the prestigious London Business School, completing the Senior Executive Program.

Scott Higgins

Strategy and Performance

Scott joined St John WA in April 2019 to lead the implementation of the 2020-2025 Strategic Plan.

Scott brings a wealth of experience from 33 years with WA Police, most recently as the Commander of State Traffic where he was responsible for delivering Western Australia's road safety enforcement strategy.

Scott holds a Bachelor of Business (Human Resource Management) and a Graduate Certificate in Applied Management.

Our **Executive Directors**

Deon Brink

Ambulance Operations

Deon has been a paramedic for 22 years, (road, helicopter and fixed wing) working in services in WA and abroad. During his 12 years at St John WA, Deon has held positions including on-road Paramedic, Clinical Team Leader, Clinical Support Paramedic, Clinical Governance Operations Manager and General Manager Clinical Services.

Deon has been an Advanced Paediatric Life Support instructor since 2011 and a course director since 2015. He represents St John WA on committees with the Australasian Council of Ambulance Authorities and WA Trauma and Stroke, and holds an Adjunct Research Associate position at Curtin University.

He is a steering committee member and associate investigator for the Centre of Research Excellence Pre-Hospital Emergency Care at Monash University and holds a Master's in Health Service Management from Monash University, Melbourne.

Ashley Morris, ASM, OStJ

Technical Services

Ashley joined St John WA 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 at St John WA 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 WA and in 2014 was awarded the Ambulance Service Medal.

Our **Executive Directors**

Associate Prof Paul Bailey

Medical Director

Paul is a highly regarded Western Australian-trained emergency physician who joined St John WA in 2015.

He has held leadership positions at St John of God Healthcare and Ramsay Healthcare. He has a long standing interest in pre-hospital care and aeromedical transport and is proud to lead St John's Clinical Services team.

Paul also has a laboratory biochemistry PhD in jellyfish venomology.

Debbie Jackson, ASM, MStJ

People and Culture

Debbie leads a broad range of strategic and operational services focussed on supporting our workforce. With St John WA since 2003, Debbie's comprehensive knowledge of the organisation is invaluable and contributes to her optimising the impact of our people strategies and influencing innovation across the business.

Debbie has expertise in human resources, industrial relations, safety and wellbeing, and strategic workforce planning. Through effective leadership and with an eye for cultural authenticity, Debbie has strengthened the capacity of our people by guiding change throughout the organisation. Debbie was admitted as a Member of the Order of St John in 2014 and was awarded the prestigious Ambulance Service Medal in 2015.

Our **Executive Directors**

Antony Smithson

Finance and Supply Chain

Antony joined St John WA in 2014. He is a Fellow Chartered Accountant, qualifying with Deloitte in the UK, and has more than 20 years of experience in accountancy, audit and as Chief Financial Officer in Perth and overseas.

He is a Graduate member of the AICD, an Associate Fellow of the ACHSM and has extensive commercial experience encompassing strategic reviews and turnarounds, commercial agreements, partnerships and joint ventures, contract tendering and statutory reporting.

Aaron Crowther

Communications and Brand

Aaron joined St John WA WA in 2019. His portfolio includes Marketing Programs, Community Engagement, Brand Media and Fundraising. Aaron has a broad set of experiences, spanning his time as a journalist, to roles with local health and global technology enterprises, to running some of Asia Pacific's most awarded integrated marketing and public relations agencies.

His focus at St John WA is on driving consistency of brand expression across all touch points in the organisation, so that the organisation is clearly seen as living its values and delivering on its purpose as a community-centred organisation that serves humanity.

Aaron has an undergraduate degree in Arts, with majors in writing and media production, as well as a Post-Graduate Certificate in Business Administration.

Our **structure**

Medical Director A/Prof Paul Bailey
Director Finance & Supply Chain Antony Smithson
Director Ambulance Operations Deon Brink
Director Technical Services Ashley Morris
Clinical Governance
Medical Advisors
Medical Policy Committee
Finance
Supply Chain
Legal
Country Ambulance
Metropolitan Ambulance
State Operations Centre
Special Services
Fleet & Radio
Information Technology
Property

Honours and awards

The following staff and volunteers were recognised in 2019/20 for outstanding and distinguished service to St John WA and their community, with admission to, or promotion within, the Order of St John, the Commandery in Western Australia.

Admission as a member

Admission as a member		
Austin Whiteside	ASM MStJ	State Office
Keren Ahern	MStJ	State Office
Melinda Parker	MStJ	Metro Operations
Alexander Gibson	MStJ	EHS
Nicola Gibson	MStJ	EHS
Andrew Moffat	MStJ	EHS
Sheryl Siekierka	MStJ	EHS
Rodney Barrett	MStJ	South West
Marie Chinnick	MStJ	South West
Alan Dreaver	MStJ	South West
Terrance Linz	MStJ	South West
Jana Mayhew	MStJ	South West
Leisa Prangnell	MStJ	South West
Stacey Abbott	MStJ	Great Southern
Jennifer Cavanagh	MStJ	Great Southern
Louise Gadsby	MStJ	Great Southern
Harold Luxton	MStJ	Great Southern
Cristen Peacock	MStJ	Great Southern
Neil Ridgway	MStJ	Great Southern
Nerida Watterson	MStJ	Great Southern
Rasa Patupis	MStJ	Goldfields
Yvonne Cangemi	MStJ	Midwest
Marise Dudley	MStJ	Midwest
Peter Tupman	MStJ	Midwest
Richard Waldron	MStJ	Midwest
Michael Weston	MStJ	Midwest
Alexandra Adams	MStJ	Wheatbelt
Julie-Anne Bidmead	MStJ	Wheatbelt
Graeme Button	MStJ	Wheatbelt
Paul Higginson	MStJ	Wheatbelt

Admission as a member		
Robert Hodges	MStJ	Wheatbelt
Ian Lehmann	MStJ	Wheatbelt
Colin Muir	MStJ	Wheatbelt
Jane Patroni	MStJ	Wheatbelt
Janette Pratt	MStJ	Wheatbelt
Raymond Reid	MStJ	Wheatbelt
Sharon Robinson	MStJ	Wheatbelt
Caroline Smith	MStJ	Wheatbelt
David Stroud	MStJ	Wheatbelt
Belinda Dwyer	MStJ	North West
Lynette Godfrey	MStJ	North West
Philip Stanaitis	MStJ	North West
Paul Willett	MStJ	North West

Honours and awards

Promotion to Knight/Dame		
Shayne Leslie	B.Juris LL.B KStJ	State Office

Promotion to officer		
Christine Trappitt	OStJ	Southwest
Natasha Clements	OStJ	Wheatbelt
Leonard Leeder	OStJ	Wheatbelt

Mark of respect

We honour the following members of the Order of St John who passed away during 2019/20		
Winifred Corbin	OStJ	August 2019
Cornelius Kees Faas	MStJ	November 2019
Isle Mueller	MStJ	November 2019
Rev. Peter Harris	OStJ	January 2020
Audrey Murphy	MStJ	January 2020
David Smeeton	MStJ	January 2020
Stanley Cook	MStJ	April 2020
Barry Clements	OStJ	April 2020
Dorothy Burgess	MStJ	June 2020
Alex Taylor	OStJ	August 2020
Otto Gerschow	MStJ	August 2020
Leslie Johnson	OStJ	August 2020
Dr Thomas Hamilton	AM KStJ	August 2020
Michael Divall	OStJ	September 2020

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.

Roll of **Order 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 to the ninteenth century. 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.

Knight Commander
Kim Beazley AC KStJ
Commandery Lieutenant
Shayne Graham Leslie B.Juris LL.B KStJ
Commandery Secretary
Michelle Fyfe APM
Dames of Grace
Billie Annette Andrews ASM DStJ
Merle Isbister OAM ASM DStJ
Edith Khangure DStJ
Margaret Muirhead DStJ
Carole Schelfhout DStJ
Knights of Grace
Anthony John Ahern ASM KStJ
William John (Jack) Barker KStJ
George Charles Ferguson KStJ
Desmond Ernest Franklin BEM KStJ
Ian Lindsay Kaye-Eddie ASM KStJ
Gerard Arthur King KStJ
Kenneth Comninos Michael AC KStJ
Harry Frank Oxer AM ASM KStJ
John Edward Ree KStJ
Jeffrey Mark Williams KStJ
Peter Stuart Wood ASM JP KStJ
Kevin James Young KStJ
Commanders
Pauline Gladys Bates CStJ
Margaret Jane Cockman OAM CStJ
Kenneth Ernest Collins AM Cit.WA CStJ
Gertrude Betty Crandell CStJ
John Di Masi CStJ
Rex Warner Dyer ASM CStJ
Maria Kay Godwell CStJ
Brian Kenneth Hampson CStJ
Simon Warwick Hughes ASM CStJ
Ronald Neville Jesson CStJ
John Charles Jones ASM CStJ
Ross Kenneth Littlewood AM CStJ
Richard Simon William Lugg CStJ
Bevan Francis McInerney OAM CD CStJ
Darren Clive Brooks Mouchemore CStJ
Jillian Ann Neave CStJ
Robert Lyons Pearce AM RFD CStJ
Ruth Amelia Reid AM CitWA CStJ
David James Saunders ASM JP CStJ
Brendan John Sinclair CStJ
Derek Snowdon OAM CStJ
Kevin Wayne Swansen CStJ
John Leonard Williams CStJ
Andrea Marie Williams CStJ
Officers
Donald John Atkins OStJ
Robert Edwin (Bob) Barker ASM OStJ
Lester Barnes OStJ
Colin Peter Barron OStJ
Paul James Beech OStJ
Margaret Joan OStJ
Kevin Blake OStJ
David Brian Bromell OStJ
Phillip David Cammiade OStJ
Verity Jane Campbell OStJ
Carlo Capriotti OStJ
Sally Carbon OAM MStJ
David Anthony Carbonell JP OStJ
Elizabeth Ann Carpenter OStJ
Virginia Cheriton OStJ
Linley Anne Cilia OStJ
Robert George Clarke OStJ
Natasha Lee Clements OStJ
John Glen Corbin OStJ
Richard Edward Daniels OStJ
Kerry Davis OStJ
Steven William Douglas OStJ
Elizabeth (Elsa) Drage ASM OStJ
Stephen John Dunjey OStJ
Marie Elizabeth (Betty) Dyke OStJ
Ethel Grace Farley OStJ
Clifford Fishlock OStJ
Kenneth Allan Ford ASM OStJ
Barbara Anne Franklin OStJ
Bruce North Fraser OStJ
Charles Gerschow OStJ
Sally Gifford ASM OStJ
Janet Goodwin OStJ
Hazel Jean Green OStJ
Gary Guelfi OStJ
Murray Joseph Henderson OStJ
Desmond Henderson OStJ
Dane Hendry OStJ
Eleanor Hill ASM OStJ
Ewen Gilchrist Hill OStJ
Alan John Hughes OStJ
Lynne Elizabeth Hunt OStJ
Stuart Campbell Hunter OStJ
Catherine Patricia Ivey OStJ
Anna Patricia Jaskolski OStJ
Ronald Cedric Jeakes OStJ
Kevin Wallace Jones OStJ
Ian Lionel Jones OStJ
Kim Jones OStJ
Terry Jongen OStJ
Brian William Keding ASM OStJ
Fay Margaret Kite OStJ
Brian Peter Landers AFSM OStJ
Leonard Allan Leeder OStJ
Philip William Martin OStJ
Alan Felix McAndrew OStJ
Vince McKenney OStJ
Lydia Irene Mills OStJ
David Edward Broadbent Morgan OStJ
Ashley Gerard Morris ASM OStJ
Frank Barnett Murray OStJ
John Michael Papadimitriou AM OStJ
Anne Louise Parsons OStJ
Viola Frances Pentland OStJ
Barry Daniel Price OStJ
Trevor Walter Prout OAM OStJ
Thelma Joyce Rafferty OStJ
Garth Alan Roberts OStJ
Michael James Robertson OStJ
Christopher Paul Sabourne OStJ
Carmel Jean Honorah Sands OStJ
Margaret Evelyn Savage OStJ
Brian James Savory OStJ
Allan Keith Shawyer OStJ
Sally Simmonds ASM OStJ
Irene Simpson OStJ
Anthony Thomas Joseph Smith OStJ
Neville Bruce Steicke JP OStJ
Peter James Strickland OStJ
Dirk Christopher Sunley OStJ
Ronald Gus Swansen OStJ
Antony Afric Tanner OStJ
Christine Lindsay Trappitt OStJ
Paul Stylianos Vassis OStJ
Johannes-Wilhelmus Veraart OStJ
Alice Joanna Vinicky OStJ
Carol Joyce Wallace OStJ
Leslie Wells OStJ
Glenn Matthew Willan OStJ
Carol Anne Williams OStJ
Graham Alfred Wilson ASM OStJ
Sheryl Lesley Wood OStJ
Barbara May Wright OStJ
Members
Stacey Abbott MStJ
Alexandra Adams MStJ
Emily Adams MStJ
Anne Margaret Adcock MStJ
Keren Ahern MStJ
Natalie Anne Andersen MStJ
George Edwin (Ed) Anderson MStJ
Peter Albert John Ansell MStJ
Kalie Ashenden MStJ
Dene Maxwell Ashfield MStJ
Barry Hilton Atkin MStJ
Gail Leslie Atkin MStJ
John Edwin Austin MStJ
Wayne Austin MStJ
Aileen Joyce Austin MStJ
Persine Ayensberg MStJ
Deborah Badger MStJ
Gavin Bagley MStJ
Kylie Bailye MStJ
Irene Edith Bain MStJ
Gregory Robin Baird MStJ
Doris Ball MStJ
Michelle Bamess MStJ
Joshua Richard Bamford MStJ
Judith Margaret Barker MStJ
Anette Barnes MStJ
Rodney Barrett MStJ
Susan Eva Barrett MStJ
John Bartle MStJ
Troy Andrew Bates MStJ
Darryl Wayne Beaton MStJ
Susan Joy Beech MStJ
Julie Bidmead MStJ
Keith Billingham MStJ
Shane Joseph Bilston MStJ
David Birnie MStJ
Dawn Anne Bishop MStJ
Jodie Blackman MStJ
Robert Charles Boase MStJ
Venita Merle Bodle OAM MStJ
Arnold Bogaers MStJ
Paul Bogoni MStJ
Keith Douglas Bolitho MStJ
Baxter James Bothe MStJ
Elizabeth Bott MStJ
Sergio (Sarge) Bottacin MStJ
Vivien Elaine Bowkett MStJ
James Edwin Boyd MStJ
Isabel Blanche Bradbury MStJ
Paul Bradley MStJ
Arthur Benjamin Bransby MStJ
Neville Gilbert Brass MStJ
Maxine Leslie Brass MStJ
Peter Ross Bremner MStJ
Kevin James Broadbent MStJ
Kathleen Elizabeth Broadbent MStJ
Graeme Henry Brockman MStJ
Andrew John Brooker MStJ
Sherise Brooks MStJ
Bernard Russell Buckland MStJ
Thea Buckley MStJ
Christine Johanna Bull MStJ
Thomas Bunt MStJ
Tana Burgess MStJ
Ellen Merle Burrows MStJ
Graeme Button MStJ
James Byles MStJ
Yvonne Cangemi MStJ
Bradley Carle MStJ
Morena Carusi MStJ
Kim Stuart Carver MStJ
Fay Castling MStJ
Jennifer Cavanagh MStJ
Dawn Frances Chadwick MStJ
Shaun Champ MStJ
Marie Chinnick MStJ
Ingrid Chrisp MStJ
Darrell Kevin Church MStJ
Neville James Clarke MStJ
Trudy Clothier MStJ
Kathryn Clune MStJ
Wendy Ruth Cochrane MStJ
Janelle Leanne Cockayne MStJ
Alan Lindsay Connell MStJ
Christine Jane Conning MStJ
David Cook MStJ
Naomi Michelle Cornwall MStJ
Heidi Jaqueline Cowcher MStJ
John Cecil Craze MStJ
Neil Crofts MStJ
Wayne Peter Cullen MStJ
Leanne Winifred Dale MStJ
George Laurence David Daley MStJ
Joanne Daley MStJ
John Leslie Darcey MStJ
Gary Davies ASM MStJ
Damian Peter Davini MStJ
Gloria Chrisma Davini MStJ
Garry Norman Davis MStJ
Lancelot Norman George Davis MStJ
Kristine Davis MStJ
Lois Dickins MStJ
Ian Digweed JP MStJ
Andrew Diong MStJ
Diane Elizabeth Doak MStJ
Jeff Hugh Doggett MStJ
Beth Donaldson MStJ
Clifford Lyall Doncon MStJ
John Patrick Downey MStJ
Alan Dreaver MStJ
Marise Dudley MStJ
Erica Duffett MStJ
Lorraine Dusci MStJ
Belinda Dwyer MStJ
Terri Fiona Edwards MStJ
Ashley James Elder MStJ
Robert Ellis MStJ
Robert Edward Elphick MStJ
Gail Patricia Elson MStJ
Aaron Peter Endersby MStJ
Julie Kay Ettridge MStJ
John Richard Evans MStJ
Lynette Mae Evans MStJ
Helen Jeannette Evans MStJ
Glen Exelby MStJ
Andrew Raymond Eyre MStJ
Alan Thomas Fairall MStJ
Colin Fairhead MStJ
Gary Fairman MStJ
James Farnworth MStJ
Eric Campbell Farrell MStJ

Oliver Patrick Farrelly MStJ
Mark James Felstead MStJ
Peter Wiltshire Felton MStJ
Nelson John Fewster MStJ
Linda Field MStJ
Justin Fonte MStJ
Daniel Martin Forsdyke MStJ
John Graham Francis MB BS FRACGP MStJ
Rodney Frost MStJ
Wendy Fry MStJ
Louise Gadsby MStJ
Carol Gale MStJ
Brian Gallop MStJ
Leon Russell Gardiner MStJ
Sydney Albert Garlick MStJ
James Kelvin Gattera MStJ
Lynette Gail Gell MStJ
Elizabeth Mary Gent MStJ
Alexander Gibson MStJ
Nicola Gibson MStJ
Robert Christopher Gibson MStJ
Bronwyn Giles MStJ
Debbie Gillard MStJ
Michael Giovinazzo MStJ
Brynley Colin Gladwin MStJ
Lynette Godfrey MStJ
Ellis Francis Godwin MStJ
Robert John Gray MStJ
Kelvin Paul Gray MStJ
Erica Gray MStJ
Peter Alan Green MStJ
Thomas Green MStJ
David Jon Grimmond MStJ
Jill Grist ASM MStJ
Philip Keith Groom MStJ
Barbara Groves MStJ
David Gulland MStJ
Allison Gulland MStJ
Margaret Josephine Haddon MStJ
Angela Hales MStJ
Glen Lindsay Hall MStJ
Arthur Robert Hall MStJ
Philip Hall MStJ
Janet Elizabeth Hall MStJ
Susan Narelle Hall MStJ
Douglas Kemble Hancock MStJ
Mervyn Desmond Hansen MStJ
Tanya Hansen MStJ
Rita Hansen MStJ
Fiona Hardingham MStJ
John Victor Hards MStJ
Pauline June Harris MStJ
John Harrison-Brown MStJ
Ken Hart MStJ
Jeremy Michael Haslam MStJ
Patricia Hatch MStJ
Beth Hayward MStJ
Graham Head MStJ
Lynette May Henderson MStJ
Peter Robert Hewat ASM MStJ
Sian Ellen Hewton MStJ
Doreen Grace Higgins MStJ
Paul Higginson MStJ
Megan Hinkley MStJ
Beth Hobley MStJ
Robert Hodges MStJ
Christopher Edward Hodgson MStJ
Carol Ann Hope ASM MStJ
Joan Horne MStJ
Robert George Horton MStJ
Patrick Hourigan MStJ
Robert James Howard MStJ
Clifford Morrison Howe MStJ
Antony George Howe MStJ
Sonia Huggins MStJ
Vicki Raye Humphry MStJ
Graham Leslie Hunt MStJ
Doris Marilyn Hunter MStJ
Damian Ryszard Ingram-Malecky MStJ
James Harvey Irvine MStJ
Katherine Jane Irvine MStJ
Michael James Jack ASM MStJ
Deborah Gail Jackson ASM MStJ
Robert James ASM MStJ
John Colin Jarrett MStJ
Gaynor Jefferies MStJ
Rebekah Louise Jenaway MStJ
Peter Jenkin MStJ
Keith Jenkins MStJ
Anthony Francis Jenkinson MStJ
Pamela Joan Jenkinson MStJ
Ruth Minnie Johnson MStJ
Leeanne Jane Johnson MStJ
David Bernard Jolly MStJ
Trevor Kim Jones MStJ
Jill Jones MStJ
Cheryl Jones MStJ
Jessica Mary Jones MStJ
Bauke Theodore Jongeling MStJ
Brendan Jordan MStJ
David Joseph MStJ
Lara Suzette Karatzis MStJ
Julieanne Joyce Keding MStJ
Valerie June Kelly MStJ
Glenys Kendrick MStJ
Gary Victor Kenward MStJ
Peter Wesley King ASM MStJ
Patricia Kirk MStJ
Ronald Vaughan Knapp MStJ
Annabel Jessie Knapp MStJ
Peter Cecil Kristiansen MStJ
Horst Kubsch MStJ
Taryn Lee Kunzli MStJ
Roger James Ladyman MStJ
Stephanie Lalor MStJ
Denise Kathleen Lane ASM MStJ
Dianne Joan Langford-Fisher MStJ
Christine Larkin MStJ
Kenneth Lawrence MStJ
Helen Margaret Laycock MStJ
Daphne Joan Lee MStJ
Anthony Bruce Leeson MStJ
Mary Patricia Leeson MStJ
Ian Lehmann MStJ
Kelvin Allen Lemke MStJ
Gregory Lincoln MStJ
Terrance Linz MStJ
Conrad Lowe MStJ
Stephen James Luke MStJ
Martin Luscher MStJ
Harold Luxton MStJ
Sandra Irene Lymbery MStJ
Norman Lyon MStJ
Robert Ian MacDonald MStJ
Jacqueline Louise MacKay MStJ
Kenneth Sydney MacKenzie MStJ
Rosemary Maidment MStJ
Sharyl Marsh MStJ
Leonard Reginald Martin MStJ
John Martin MStJ
Maxine June Martin MStJ
Anita Lee Martin MStJ
Lorraine Jan Martin MStJ
Peter Maughan JP MStJ
Jennifer Rose Maughan MStJ
Ethel Elizabeth Mayers MStJ
Jana Mayhew MStJ
De-arne McBride MStJ
Susan Mary McCreery MStJ
Joyce McCubbing MStJ
Ian McDonald MStJ
James Eric McGlinn MStJ
Kevin Francis McKenna MStJ
Allan Arthur McSwain MStJ
Amanda Iris Milton MStJ
Andrew Moffat MStJ
Paul Peter Monger MStJ
Dorothy Faye Morgan OAM MStJ
Maxine Moroney MStJ
Hassadah Morrissey MStJ
Patricia Maureen Moulton MStJ
Colin Muir MStJ
Margaret Patricia Murdoch MStJ
Colin James Murphy MStJ
George Ian Murray MStJ
Jan Kerry Murray MStJ
Robyn Murray MStJ
Michael Napier MStJ
Rhys Liam Nevin MStJ
Peter Leonard Nicholls MStJ
Dianne Leslie Nicholls MStJ
Hilary Jeanne Nind MStJ
Melissa Northcott MStJ
Christine Nye MStJ
Christopher John Obst MStJ
Jennifer Lee Oliver MStJ
David Ovans MStJ
Melinda Parker MStJ
Kenneth W Parker MStJ
Graeme Parkes MStJ
Edwin Harold Parry MStJ
Lance Murray Paterson MStJ
Jane Patroni MStJ
Sharon Leanne Patterson MStJ
Rasa Patupis MStJ
Brian John Payne MStJ
Zoe Payne MStJ
Cristen Peacock MStJ
Kelly Ann Pearce MStJ
Kellee Pedersen MStJ
Anthony ColinPegram MStJ
Ross Walter Perry MStJ
Steven Petchell MStJ
Jeremy Peterson, MStJ
Christine Philippa MStJ
Philip Arthur Pickering MStJ
John Piggott MStJ
Arthur Pincham MStJ
Vanisha Pindoria MStJ
Sharyn Pither MStJ
Clarence Richard Plummer MStJ
Robert Pownall MStJ
Leisa Prangnell MStJ
Janette Pratt MStJ
Andrew Price MStJ
Maxine Puljiz MStJ
Ashleigh Jessica Punch MStJ
Arthur Arnold Putland MStJ
Owen Randell MStJ
Raymond Reid MStJ
Richard Frederick Reynolds MStJ
David Rhodes MStJ
Janet Mary Rhodes MStJ
Neil Ridgway MStJ
Stewart Ridgway MStJ
Carol Ridgway MStJ
Evelyn Faye Ridley MStJ
Leonard (John) Riley MStJ
Robert John Rimmer MStJ
Alan Rimmer MStJ
Geoffery Roberts MStJ
Wendy Robertson MStJ
Sharon Robinson MStJ
Philip John Robinson MStJ
Darren Roche MStJ
Tamra (Tammy) Rogers MStJ
Melissa Rorke MStJ
Anthony John Rose MStJ
Barry Rowe MStJ
Scott Russell MStJ
Glen Saunders MStJ
Lorna Saunders MStJ
Barry Savage MStJ
Lynne Schreurs MStJ
Kaitlin Scott MStJ
Keith Raymond Scoullar MStJ
John Seaman MStJ
Christopher Leonard Searle MStJ
Brendan John Selby MStJ
Sheryl Siekierka MStJ
Craig Edward Sigley MStJ
Christine Louise Silvester MStJ
Kenneth Henry Simmons MStJ
Robert Maxwell Simper MStJ
Kevin Francis Simpson MStJ
Ian Mark Sinclair JP MStJ
Donna Alice Skerris MStJ
Vanessa Elouise Skinner MStJ
Brendan Warwick Sloggett MStJ
Elaine Smallwood MStJ
Graham Smeed MStJ
Caroline Smith MStJ
Julian John Smith ASM MStJ
Ian Andrew Smith MStJ
Anthony Bowyer Smith MStJ
Janet Ellen Smith MStJ
Sandra Gwen Smith MStJ
Jae Nicole Smith MStJ
Pauline Smoker MStJ
Grant Solomon MStJ
Lynette Elizabeth Somers MStJ
Darren Glen Spouse MStJ
Mathew Luke Squires MStJ
Philip Stanaitis MStJ
Julie Starcevich MStJ
Matthew David Staunton MStJ
David George Stevens MStJ
Dorothy Lenise Stevenson MStJ
Lorna Elaine Stewart MStJ
Katrina Elizabeth Stewart MStJ
Patricia Stidworthy MStJ
Dorothy Stokes MStJ
Errol Dale Stone MStJ
Clive Stone MStJ
Lorraine Elsie Stone MStJ
Mary Strickland MStJ
David Stroud MStJ
Judith Anne Summers MStJ
Denise Sutherland MStJ
Terrence Sweeney MStJ
Sharon Tate MStJ
Andrea Marie Teakle MStJ
Lorna Teakle MStJ
Sharon Tracey Teale MStJ
Roger Telfer MStJ
Pam Tennant ASM MStJ
John Robert Thomas ASM MStJ
Kylie Cheryl Thomas MStJ
George William James Thompson MStJ
Robyn Olivia Thompson MStJ
Neil Thornton MStJ
Nathan Phillip Tournay MStJ
Philip Harry Townsend MStJ
Pamela Toyne MStJ
Rosemary Helen Tulloch MStJ
Peter Tupman MStJ
Judith PamelaTyler MStJ
Lynda Tyler MStJ
Pamela Margaret Usher MStJ
Raul Valenzuela MStJ
Hans Vandenberg MStJh
John Hartley Vaux MStJ
Sarah Louise Vivian MStJ
Richard Waldron MStJ
Richard Charles Walker MStJ
Tom Walker MStJ
Maxine Janice Walker MStJ
Alexandra Elizabeth Walker MStJ
Leonie Walker OAM MStJ
Ronald Maxwell Waller MStJ
Allan Stephen Walley MStJ
Pamela June Walsh MStJ
Josephine Isabel Walters MStJ
James (Neil) Warne MStJ
Julie Watkins MStJ
Nerida Watterson MStJ
Terence Harold Watts MStJ
Rosemary Anne Waud MStJ
Gabrielle West MStJ
Kent Ruthen Westlake MStJ
Michael Weston MStJ
Paul White MStJ
Austin Whiteside MStJ
Peter Whitney MStJ
Garry John Wilkes MStJ
Paul Willett Robyn Willey MStJ
Jennifer Willgoss MStJ
Shirley Elizabeth Williams JP MStJ
Christine Ann Williams MStJ
Judith Jean Williams MStJ
Johanna Helen Wills MStJ
Ian BrownlieWilson MStJ
Marylyn Joy Wilson MStJ
Victoria Wilson MStJ
Renee Joy Wirth MStJ
Trudy Wisewould MStJ
Philip Joseph Wishart MStJ
Fay Margaret Wolfenden MStJ
Kevin Wood MStJ
James Alan Wright MStJ

Financial report

St John Ambulance Western Australia Limited
Financial report for the year ended 30 June 2020

St John

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 2020.

In order to comply with the provisions of the Corporations Act 2001, the Directors Report as follows:

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 2020 are:

Directors report (continued)

Mr Shayne Leslie, B.Juris LL.B, KStJ

Chairman
Commandery Lieutenant and Knight of the Order of St John

A graduate from The University of Western Australia Law School, Mr Leslie is a solicitor working in the area of commercial litigation and dispute resolution. He is a Knight of the of The Order of St John and the Commandery Lieutenant of the Western Australian Commandery.

Mr Ian Kaye-Eddie, AM, ASM, KStJ

Non-executive Director
Knight of Grace of the Order of St John
Retired 29 October 2019

Mr Kaye-Eddie has been contributing to ambulance services throughout Australia for over 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.

Mr Tony Ahern, ASM KStJ

Non-executive Director
Knight of the Order of St John
Appointed 29 October 2019

Mr Ahern was Chief Executive Officer of St John Ambulance Western Australia from 2006 to 2018, when he retired after 45 years' service. Mr Ahern has extensive Board experience including the Council of Ambulance Authorities and the WA Primary Health Alliance. Mr Ahern holds a business degree and a Masters in Information Systems and completed the London Business School Senior Executive program. Mr Ahern is a Knight of the Order of St John and a recipient of the Ambulance Service Medal.

Professor Shirley Bowen

Non-executive Director
Appointed 29 October 2019

Professor Shirley Bowen is the Chief Executive Officer of St John of God Subiaco Hospital. She has extensive experience in public health and hospital management. Her previous roles include Chief Health Officer of the ACT, Director of Communicable Diseases for Western Australia and Dean of Medicine at the University of Notre Dame. Professor Bowen holds dual medical fellowships and has extensive Board experience including her current appointment to the St John of God Foundation Board.

Directors report (continued)

Mr Andrew Chuk

Non-executive Director

Mr Chuk has qualifications in engineering and economics and is a Graduate Member of the Australian Institute of Company Directors. Mr Chuk has held senior roles in the Western Australian Government including Executive Director and Deputy Director General in the Treasury and Health departments.

Professor Ian Rogers

Non-executive Director

Professor Rogers is Professor of Emergency Medicine at St John of God Murdoch Hospital and the University of Notre Dame Fremantle. He is an emergency medicine specialist and educator, and is widely published and a regular speaker in his special interest areas including sports medicine, wilderness medicine, emergency medicine systems and palliative care.

Mrs Sally Gifford, ASM, OStJ

Non-executive Director
Officer of the Order of St John

Mrs Gifford 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 has volunteered with St John for 20 years, is an Officer in the Order of St John and a recipient of the Ambulance Service Medal.

Ms Sally Carbon, OAM, MStJ, FAICD

Non-executive Director
Member of the Order of St John

Ms Carbon is a business strategist and is the Managing Director of Green Eleven, a business strategy, execution, high performing teams and coaching company. She is a qualified company director, author, dual Olympian and Fellow of the Australian Institute of Company Directors.

Directors report (continued)

Ms Andrea LeGuier

Non-executive Director

Ms LeGuier is the Chief Executive Officer of the Perth Eye Hospital. She has enjoyed a diverse national and international career in senior management and director roles across many industry sectors including information technology, private education and health. Ms LeGuier is a Director of the Plastic Free Foundation and is a committed advocate for corporate social responsibility.

Mr Michael Gurry, AM

Non-executive Director

Mr Gurry is the former Managing Director of HBF and President (Asia Pacific) of the DMR Group. He is the current Chair of Joyce Corporation Limited and is a Fellow of the Australian Institute of Company Directors. He has served on numerous boards, been a Chairperson and President of various industry bodies, and works with the charitable Tabitha Foundation, undertaking programs in Cambodia.

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 Antony Smithson held the position of Company Secretary at 30 June 2020 and he has held the position since 29 October 2018. He is a Fellow Chartered Accountant, qualifying with Deloitte in the UK, and has more than 20 years of experience in accountancy, audit and as Chief Financial Officer in Perth and overseas.

He is a Graduate member of the AICD, an Associate Fellow of the ACHSM 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 here at St John WA is on finance, supply chain and major contracts.

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 2020 and the number of meetings attended by each Director (while they were a Director or committee member). During the year ended 30 June 2020, ten Board meetings, two Audit Committee meetings and one Remuneration Committee meeting were held.

Directors	Board Meetings		Audit Committee		Remuneration Committee	
	Eligible	Attended	Eligible	Attended	Eligible	Attended
Mr Shayne Leslie	10	10	-	-	1	1
Mr Ian Kaye-Eddie	4	4	1	1	-	-
Mr Andrew Chuk	10	10	2	2	1	1
Mr Michael Gurry	10	8	2	2	-	-
Ms Sally Carbon	10	10	-	-	-	-
Professor Ian Rogers	10	9	-	-	-	-
Mrs Sally Gifford	10	9	-	-	-	-
Ms Andrea LeGuier	10	9	1	1	1	1
Mr Tony Ahern	6	6	-	-	-	-
Professor Shirley Bowen	6	4	-	-	-	-

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 appropriate, timely and equitable access into the health system for unscheduled care.

The unique integrated St John WA 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 WA 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, and cost to government per patient as reported in ROGS. To be 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 (measured by urgent care centre 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
IV. Capital investment in assets of at least 11% of operating expenditure per annum
V. 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 focussed 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 and 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 WA brand and understanding of the St John WA point of difference.

Financial Results

The consolidated net surplus for the year ended 30 June 2020 was $14.3 million (2019: $19.5 million).

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 WA has invested $28.7 million in its capital works program, including:

- Property: $9.3 million (2019: $12 million)
- Fleet: $10.3 million (2019: $10 million)
- Plant and Equipment: $9.1 million (2019: $6.3 million)

Directors report (continued)
Review of Operations (continued)

Review of Operations

The financial year ended 30 June 2020 has been a significant chapter in the organisation's story in Western Australia. Not only was it the first year in the new five-year organisational strategy, but it was also a year in which the entire State was impacted by the COVID-19 pandemic.

This meant that we had to pause many of our non-emergency services, while ambulance demand also dipped significantly for a time, in line with less movement around Western Australia, post Government direction to institute virus risk mitigation measures, including social distancing.

Prior to a State of Emergency being declared, we experienced good growth across most of our service lines. As an example, 305,900 calls were taken by our State Operations Centre, 10.8 per cent up on the previous year.

The increased demand for ambulance services outside of the window when tighter government restrictions were in place to mitigate the virus' spread continued to test our operations, as we dealt with both the roll-out of our strategy and the pandemic.

When averaged across the year, our ambulance response time performance met our priority one targets, but without the disruption cause by the pandemic, this might not have been the case, further stressing the importance of the new organisational strategy. This includes working within the sector to continue addressing ramping, which remains an inhibitor.

This financial year saw a continued investment in building community resilience through the empowerment of people to be first aid trained and registered on our First Responder App. Our total number of first aid students was 408,292, including 321,434 free classes and 86,858 paid public and corporate sector courses. We also launched a revolutionary Digital First Aid service.

To provide a truly contemporary, first class ambulance service, and in order to meet increasing demand for services, St John WA continued reinvesting in its capital works program of property, fleet and equipment. Accordingly, it remains committed to sound financial performances and management, the legacy of which has allowed us to navigate this time without having to cut people costs when services revenue was impacted.

This greatly assisted our V-shaped recovery and 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 offer.

Further, our ability to deliver a high quality, cost-effective ambulance service across Western Australia, relies on the support of thousands of volunteers. The scope and range of volunteering roles within St John WA continues to expand and the combined efforts of this community continues to allow us to deliver on our promise to serve humanity. We are incredibly thankful for their contributions and they should be rightly proud.

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 page 72), 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.

Directors report (continued)
Review of Operations (continued)

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 is on page 80.

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

Shayne Leslie
Chairman
Date 24 September 2020t

Deloitte.

Deloitte Touche Tohmatsu
ABN 74 490 121 060

Tower 2
Brookfield Place
123 St Georges Terrace
Perth WA 6000
GPO Box A46
Perth WA 6837 Australia

Tel: +61 8 9365 7000
Fax: +61 8 9365 7001
www.deloitte.com.au

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

25 September 2020

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 2020, 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 Asia Pacific Limited and the Deloitte Network.

Deloitte Touche Tohmatsu
ABN 74 490 121 060

Tower 2
Brookfield Place
123 St Georges Terrace
Perth WA 6000
GPO Box A46
Perth WA 6837 Australia

Tel: +61 8 9365 7000
Fax: +61 8 9365 7001
www.deloitte.com.au

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 2020, 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 2020 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 & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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.

Liability limited by a scheme approved under Professional Standards Legislation.
Member of Deloitte Asia Pacific Limited and the Deloitte Network.

Deloitte.

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 2020, 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.

Deloitte.

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.

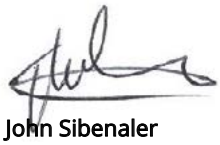
Because of the inherent limitations of any compliance procedure, it is possible that fraud, error or noncompliance with the Specific Requirements may occur and not be detected. An audit is not designed to detect all weaknesses in the Company's compliance with the Specific Requirements as an audit is 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.

Deloitte.

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, 25 September 2020

St John Ambulance Western Australia Ltd 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: 24 September 2020

Consolidated Statement of Profit or Loss and Other Comprehensive Income

For the financial year ended 30 June 2020

	Note	2020 $'000	2019 $'000
Revenue	5	339,998	315,701
Administration expenses		7,184	7,184
Ambulance operating expenses		7,848	7,557
Bad and doubtful debts		27,746	25,231
Depreciation of property, plant and equipment		18,045	19,721
Depreciation of right of use asset		1,557	-
Amortisation and impairment of intangibles		12,160	489
Interest expense – Lease liabilities		172	-
Financial charges		1,522	1,424
Marketing expenses		3,668	5,024
Professional fees		3,232	2,263
Property and equipment expenses		14,960	15,586
Employee benefits		227,067	210,995
Training materials		555	710
Surplus for the year		**14,282**	**19,517**
Other Comprehensive Income		**-**	**-**
Total Comprehensive Income for the year		**14,282**	**19,517**

Notes to the financial statements are included on pages 90 to 123

Consolidated Statement of Financial Position

As at 30 June 2020

	Note	2020 $'000	2019 $'000
Current Assets			
Cash at bank	21	111,909	87,127
Restricted cash	7, 21	1,984	1,976
Inventories	8	5,463	3,848
Trade and other receivables	9	34,549	28,747
Other current assets	10	8,794	2,325
Total Current Assets		**162,699**	**124,023**
Non-Current Assets			
Property, plant and equipment	11	207,270	197,684
Right of use assets	12	9,426	-
Goodwill	13	-	8,314
Other intangible assets	14	67	3,913
Total Non-Current Assets		**216,763**	**209,911**
Total Assets		**379,462**	**333,934**
Current Liabilities			
Trade and other payables	16	10,268	8,338
Provisions	17	38,150	35,112
Other current liabilities	18	22,114	6,604
Lease liabilities	19	1,954	-
Total Current Liabilities		**72,486**	**50,054**
Non-Current Liabilities			
Provisions	17	11,237	10,114
Lease liabilities	19	7,691	-
Total Non-Current Liabilities		**18,928**	**10,114**
Total Liabilities		**91,414**	**60,168**
Net Assets		**288,048**	**273,766**
Equity			
Retained surpluses		288,048	273,766
Total Equity		**288,048**	**273,766**

Notes to the financial statements are included on pages 90 to 123

Consolidated Statement of Changes in Equity

For the financial year ended 30 June 2020

	Note	2020 $'000	2019 $'000
Retained Surpluses			
Balance at the start of the year		273,766	254,249
Surplus for the year		14,282	19,517
Other comprehensive income for the year		-	-
Total Comprehensive Income for the year		14,282	19,517
Balance at the end of the year		288,048	273,766
Total Retained Surpluses		**288,048**	**273,766**
Total Equity		**288,048**	**273,766**

Notes to the financial statements are included on pages 90 to 123

Consolidated Statement of Cash Flows

For the financial year ended 30 June 2020

	Note	2020 $'000	2019 $'000
Cash Flow from Operating Activities			
Receipts from operating activities		220,693	201,818
Health Department contract for services		123,267	113,603
Payments for operating activities		(291,977)	(275,980)
Net Cash Provided by Operating Activities	**21 (b)**	**51,983**	**39,441**
Cash Flows from Investing Activities			
Proceeds from the sale of property, plant and equipment		1,659	1,675
Payments for property, plant and equipment		(28,683)	(28,255)
Interest income		1,341	1,854
Net Cash Used in Investing Activities		**(25,683)**	**(24,726)**
Cash Flow from Financing Activities			
Repayment of lease liabilities		(1,338)	-
Finance lease interest payment		(172)	-
Net Cash Used in Financing Activities		**(1,510)**	**-**
Net Movement in Cash and Cash Equivalents		**24,790**	**14,715**
Cash and Cash Equivalents at the Beginning of the Financial Year		**89,103**	**74,388**
Cash and Cash Equivalents at the End of the Financial Year	**21 (a)**	**113,893**	**89,103**

Notes to the financial statements are included on pages 90 to 123

Notes to the Consolidated Financial Statements

For the financial year ended 30 June 2020

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
6	Surplus for the year
7	Restricted cash
8	Inventories
9	Trade and other receivables
10	Other current assets
11	Property, plant and equipment
12	Right of use assets
13	Goodwill
14	Other intangible assets
15	Subsidiary
16	Trade and other payables
17	Provisions
18	Other current liabilities
19	Lease liabilities
20	Commitments for expenditure
21	Notes to the statement of cash flows
22	Financial instruments
23	Key management personnel
24	Remuneration of auditors
25	Related party transactions
26	Subsequent events
27	Contingent liabilities
28	Parent entity information
29	Country sub centres

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

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
Website: www.stjohnambulance.com.au

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

2. Application of New and Revised Accounting Standards

(a) New Standards and Interpretations adopted

In the current year, the Group has applied AASB 16 Leases and AASB 15 Revenue from Contracts with Customers which are effective for annual periods that begin on or after 1 January 2019.

AASB 16 Leases

AASB 16 introduces new or amended requirements with respect to lease accounting. It introduces significant changes to lessee accounting by removing the distinction between operating and finance lease and requiring the recognition of a right-of-use asset and a lease liability at commencement for all leases, except for short-term leases and leases of low value assets when such recognition exemptions are adopted. In contrast to lessee accounting, the requirements for lessor accounting have remained largely unchanged. Details of these new requirements are described in Note 3. The impact of the adoption of AASB 16 on the Group's consolidated financial statements is described below.

The date of initial application of AASB 16 for the Group is 1 July 2019.

(a) Impact of the new definition of a lease

The change in definition of a lease mainly relates to the concept of control. AASB 16 determines whether a contract contains a lease on the basis of whether the customer has the right to control the use of an identified asset for a period of time in exchange for consideration. This is in contrast to the focus on 'risks and rewards' in AASB 117 and IFRIC 4.

(b) Impact on Lessee Accounting

(i) Former operating leases

AASB 16 changes how the Group accounts for leases previously classified as operating leases under AASB 117, which were off balance sheet.

Applying AASB 16, for all leases (except as noted below), the Group:

- Recognises right-of-use assets and lease liabilities in the consolidated statement of financial position, initially measured at the present value of the future lease payments, with the right-of-use asset adjusted by the amount of any prepaid or accrued lease payments in accordance with AASB 16: C8(b)(ii)
- Recognises depreciation of right-of-use assets and interest on lease liabilities in the consolidated statement of profit or loss;
- Separates the total amount of cash paid into a principal portion (presented within financing activities) and interest (presented within financing activities) in the consolidated statement of cash flows.

Lease incentives (e.g. rent-free period) are recognised as part of the measurement of the right-of-use assets and lease liabilities whereas under AASB 117 they resulted in the recognition of a lease incentive, amortised as a reduction of rental expenses on a straight-line basis.

Under AASB 16, right-of-use assets are tested for impairment in accordance with AASB 136.

For short-term leases (lease term of 12 months or less) and leases of low-value assets (which includes tablets and personal computers, small items of office furniture and telephones), the Group has

2. Application of New and Revised Accounting Standards (continued)

(a) New Standards and Interpretations adopted (continued)

(b) Impact on Lessee Accounting (continued)

opted to recognise a lease expense on a straight-line basis as permitted by AASB 16. This expense is presented within 'other expenses' in profit or loss.

The Group has used the following practical expedients when applying the cumulative catch-up approach to leases previously classified as operating leases applying AASB 117.

- The Group has excluded initial direct costs from the measurement of the right-of-use asset at the date of initial application.
- The Group has used hindsight when determining the lease term when the contract contains options to extend or terminate the lease.

The right-of-use asset and the lease liability are accounted for applying AASB 16 from 1 July 2019.

(c) Impact on Lessor Accounting

AASB 16 does not change substantially how a lessor accounts for leases. Under AASB 16, a lessor continues to classify leases as either finance leases or operating leases and account for those two types of leases differently.

However, AASB 16 has changed and expanded the disclosures required, in particular regarding how a lessor manages the risks arising from its residual interest in leased assets.

Under AASB 16, an intermediate lessor accounts for the head lease and the sublease as two separate contracts. The intermediate lessor is required to classify the sublease as a finance or operating lease by reference to the right-of use asset arising from the head lease (and not by reference to the underlying asset as was the case under IAS 17).

(d) Financial Impact of initial application of AASB 16

The weighted average lessee's incremental borrowing rate applied to lease liabilities recognised in the statement of financial position on 1 July 2019 is 2.4%.

The following table shows the operating lease commitments disclosed applying IAS 17 at 30 June 2019, discounted using the incremental borrowing rate at the date of initial application and the lease liabilities recognised in the statement of financial position at the date of initial application.

	$'000
Operating lease commitments at 30 June 2019	8,264
Effect of discounting the above amount	(575)
Lease liability recognised at 01 July 2019	**7,689**

The Group has recognised $7.689 million of right of use assets and $7.689 million of lease liabilities upon transition to AASB 16. There was no impact on the retained earnings balance as at 30 June 2019.

AASB 2018-8 Amendments to Australian Accounting Standards – Right-of-Use Assets of Not-for-Profit Entities and AASB 2019-8 Amendments to Australian Accounting Standards – Class of Right-of-Use Assets arising under Concessionary Leases

In the current year, the Group has applied AASB 2018-8 and AASB 2019-8 which are effective for an annual period that begins on or after 1 July 2019. AASB 16.Aus25.2 Leases at significantly below-market terms and conditions (concessionary leases).

For Not-for-Profit (NFP) entities with leases that have significantly below-market terms and conditions principally to enable the entity to further its objectives (commonly known as concessionary leases or peppercorn leases), AASB 1058 and AASB 16 requires NFP entities to measure right-of-use assets at initial recognition at fair value (based on AASB 13), the lease liability per AASB 16 and the difference to be accounted as income upfront. AASB 2018-8 Amendments to Australian Accounting Standards – Right-of-Use Assets of Not-for-Profit Entities provides a temporary option for NFP lessees to elect to measure a class (or classes) of right-of-use assets arising under 'concessionary leases' at initial recognition, at either fair value or cost. If an entity chooses the cost option, additional disclosures are required on the nature and terms and the entity's dependence on concessionary / peppercorn leases.

(a) New Standards and Interpretations adopted (continued)

AASB 1058 Income of Not-for-Profit Entities and AASB 15 Revenue from Contracts with Customers

In the current year, the Group has applied AASB 1058 Income of Not-for-Profit (NFP) Entities and AASB 15 Revenue from Contracts with Customers which is effective for an annual period that begins on or after 1 January 2019.

The date of initial application of AASB 1058 and AASB 15 for the Company is 1 July 2019.

The Group has applied AASB 1058 and AASB 15 in accordance with the modified retrospective (cumulative catch-up) method where the comparative years are not restated. Instead, the Group has recognised the cumulative effect of initially applying AASB 1058 and AASB 15 for the first time for the year ending 30 June 2020 against retained earnings as at 1 July 2019. The Group has also elected to apply AASB 1058 and AASB 15 retrospectively only to contracts and transactions that are not 'completed contracts' as at 1 July 2019.

Overview of AASB 1058 and AASB 15 requirements
AASB 1058 clarifies and simplifies the income recognition requirements that apply to not-for-profit (NFP) entities, in conjunction with AASB 15. The new income recognition requirements shift the focus from a reciprocal/non-reciprocal basis to a basis of assessment that considers the enforceability of a contract and the specificity of performance obligations.

The core principle of the new income recognition requirements in AASB 1058 is that when a NFP entity enters into transactions where the consideration to acquire an asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives, the excess of the asset recognised (at fair value) over any 'related amounts' is recognised as income immediately.

An example of a 'related amount' is AASB 15 and in cases where there is an 'enforceable' contract with a customer with 'sufficiently specific' performance obligations, income is recognised when (or as) the performance obligations are satisfied under AASB 15, as opposed to any excess above the related amounts that would be immediate income recognition under AASB 1058.

Under AASB 15, an entity recognises revenue when (or as) a performance obligation is satisfied, i.e. when 'control' of the goods or services underlying the particular performance obligation is transferred to the customer. AASB 15 introduces a 5-step approach to revenue recognition, which is more prescriptive than AASB 118.

Financial statement impacts
The Group has applied the new income requirements to its revenue/income streams disclosed on note 5. The Group's accounting policies for its revenue/income streams are disclosed in detail in note 3(o) below. Apart from providing more extensive disclosures for the Company's revenue transactions, the application of AASB 15 and AASB 1058 has not had a significant impact on the Group's financial position and/or financial performance.

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

2. Application of New and Revised Accounting Standards (continued)

(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 2020:

Standard/Interpretation	Effective for annual reporting periods beginning/ ending on or after	Expected to be applied by the Company
AASB 2014-10 Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture, AASB 2015-10 Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and AASB 2017-5 Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections	1 January 2022	30 June 2023
AASB 2018-6 Amendments to Australian Accounting Standards - Definition of a Business	1 January 2020	30 June 2021
AASB 2018-7 Amendments to Australian Accounting Standards – Definition of Material	1 January 2020	30 June 2021
AASB 2019-1 Amendments to Australian Accounting Standards – References to the Conceptual Framework	1 January 2020	30 June 2021
AASB 2019-3 Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform	1 January 2020	30 June 2021
AASB 2019-5 Amendments to Australian Accounting Standards – Disclosure of the Effect of New IFRS Standards Not Yet Issued in Australia	1 January 2020	30 June 2021
AASB 2020-1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current	1 January 2022	30 June 2023
AASB 2020-3 Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments	1 January 2022	30 June 2023

The Company is in the process of determining the impact of these standards on the Group's future financial statements and does not plan to adopt these standards before their effective dates.

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 29).

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 24 September 2020

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.
- 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.

(a) Basis of Consolidation (continued)

Consolidation of a subsidiary begins when the Company obtains control over the subsidiary and cease 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.

(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 acquiree. 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

(c) Goodwill (continued)

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 Instruments

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

Financial assets

Initial recognition and measurement

Financial assets are classified, at initial recognition, as subsequently measured at amortised cost, fair value through other comprehensive income (OCI), and fair value through profit or loss.

The classification of financial assets at initial recognition depends on the financial asset's contractual cash flow characteristics and the Group's business model for managing them. With the exception of trade receivables that do not contain a significant financing component or for which the Group has applied the practical expedient, the Group initially measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss, transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

In order for a financial asset to be classified and measured at amortised cost or fair value through OCI, it needs to give rise to cash flows that are 'solely payments of principal and interest (SPPI) on the principal amount outstanding. This assessment is referred to as the SPPI test and is performed at an instrument level.

The Group's business model for managing financial assets refers to how it manages its financial assets in order to generate cash flows. The business model determines whether cash flows will result from collecting contractual cash flows, selling the financial assets, or both.

Purchases or sales of financial assets that require delivery of assets within a time frame established by regulation or convention in the market place (regular way trades) are recognised on the trade date, i.e., the date that the Group commits to purchase or sell the asset.

(f) Financial Instruments (continued)

Subsequent measurement

For purposes of subsequent measurement, financial assets are classified in four categories:

- Financial assets at amortised cost (debt instruments) Financial assets at fair value through OCI with recycling of cumulative gains and losses (debt instruments)
- Financial assets designated at fair value through OCI with no recycling of cumulative gains and losses upon derecognition (equity instruments)
- Financial assets at fair value through profit or loss

Financial assets at amortised cost (debt instruments)

The Group classifies its financial assets as at amortised cost only if both of the following criteria are met:

- The asset is held within a business model whose objective is to collect the contractual cash flows, and
- The contractual terms give rise to cash flows that are solely payments of principal and interest.

Trade and other receivables that have fixed or determinable payments that are not quoted in an active market are classified at amortised cost. Trade and other receivables are measured at amortised cost using the effective interest method, less any impairment. Interest income is recognised by applying the effective interest rate, except for short-term receivables when the recognition of interest would be immaterial.

Financial assets designated at fair value through OCI (equity instruments)

Upon initial recognition, the Group can elect to classify irrevocably its equity investments as equity instruments designated at fair value through OCI when they meet the definition of equity under AASB 132 Financial Instruments: Presentation and are not held for trading. The classification is determined on an instrument-by-instrument basis.

Gains and losses on these financial assets are never recycled to profit or loss. Dividends are recognised as other income in the statement of profit or loss when the right of payment has been established, except when the Group benefits from such proceeds as a recovery of part of the cost of the financial asset, in which case, such gains are recorded in OCI. Equity instruments designated at fair value through OCI are not subject to impairment assessment.

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss include financial assets held for trading, financial assets designated upon initial recognition at fair value through profit or loss, or financial assets mandatorily required to be measured at fair value. Financial assets are classified as held for trading if they are acquired for the purpose of selling or repurchasing in the near term. Financial assets with cash flows that are not solely payments of principal and interest are classified and measured at fair value through profit or loss, irrespective of the business model. Notwithstanding the criteria for debt instruments to be classified at amortised cost or at fair value through OCI, as described above, debt instruments may be designated at fair value through profit or loss on initial recognition if doing so eliminates, or significantly reduces, an accounting mismatch. Financial assets at fair value through profit or loss are carried in the statement of financial position at fair value with net changes in fair value recognised in the statement of profit or loss.

Derecognition of financial assets

The Group derecognises a financial asset when the contractual rights to the cash flows from the financial asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred or in which the Group neither transfers nor retains substantially all of the risks and rewards of ownership and it does not retain control of the financial asset.

Impairment of financial assets

The Group recognises an allowance for expected credit losses (ECLs) for all debt instruments not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows due in accordance with the contract and all the cash

(f) Financial Instruments (continued)

flows that the Group expects to receive, discounted at an approximation of the original effective interest rate. The expected cash flows will include cash flows from the sale of collateral held or other credit enhancements that are integral to the contractual terms.

ECLs are recognised in two stages. For credit exposures for which there has not been a significant increase in credit risk since initial recognition, ECLs are provided for credit losses that result from default events that are possible within the next 12 months (a 12 month ECL). For those credit exposures for which there has been a significant increase in credit risk since initial recognition, a loss allowance is required for credit losses expected over the remaining life of the exposure, irrespective of the timing of the default (a lifetime ECL).

For trade receivables, the Group applies a simplified approach in calculating ECLs. Therefore, the Group does not track changes in credit risk, but instead recognises a loss allowance based on lifetime ECLs at each reporting date. The Group has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment.

The Group considers a financial asset in default when internal or external information indicates that the Group is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Group. A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows.

Financial liabilities

Initial recognition and measurement

Financial liabilities are classified, at initial recognition, as financial liabilities at fair value through profit or loss, loans and borrowings, payables, as appropriate. All financial liabilities are recognised initially at fair value and, in the case of loans and borrowings and payables, net of directly attributable transaction costs.

The Group's financial liabilities include trade and other payables.

Subsequent measurement

All financial liabilities are measured subsequently at amortised cost using the effective interest method or at fair value through profit or loss.

Financial liabilities measured subsequently at amortised cost

Financial liabilities that are held for trading, or designated as at fair value through profit or loss, are measured subsequently at amortised cost using the effective interest method. The Group's only financial liabilities include the trade and other payables which are measured at amortised cost.

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss include financial liabilities held for trading and financial liabilities designated upon initial recognition as at fair value through profit or loss. Financial liabilities are classified as held for trading if they are incurred for the purpose of repurchasing in the near term. Gains or losses on liabilities held for trading are recognised in the statement of profit or loss. Financial liabilities designated upon initial recognition at fair value through profit or loss are designated at the initial date of recognition, and only if the criteria in AASB 9 are satisfied. The Group has not designated any financial liability as at fair value through profit or loss.

Derecognition of financial liabilities

A financial liability is derecognised when the obligation under the liability is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the statement of 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, 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) Leases

The Group has applied AASB 16 using the cumulative catch-up approach and therefore comparative information has not been restated and is presented under AASB 117. The details of accounting policies under both AASB 117 and AASB 16 are presented separately below.

Policies applicable from 1 July 2019

The Group as a lessee

The Group assesses whether a contract is or contains a lease, at inception of the contract. The Group recognises a right-of-use asset and a corresponding lease liability with respect to all lease arrangements in which it is the lessee, except for short-term leases

(k) Leases (continued)

(defined as leases with a lease term of 12 months or less) and leases of low value assets (such as tablets and personal computers, small items of office furniture and telephones). For these leases, the Group recognises the lease payments as an operating expense on a straight-line basis over the term of the lease unless another systematic basis is more representative of the time pattern in which economic benefits from the leased assets are consumed.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the lessee uses its incremental borrowing rate.

Lease payments included in the measurement of the lease liability comprise:

- Fixed lease payments (including in-substance fixed payments), less any lease incentives receivable;
- Variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- The amount expected to be payable by the lessee under residual value guarantees;
- The exercise price of purchase options, if the lessee is reasonably certain to exercise the options; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The lease liability is presented as a separate line in the consolidated statement of financial position.

The lease liability is subsequently measured by increasing the carrying amount to reflect interest on the lease liability (using the effective interest method) and by reducing the carrying amount to reflect the lease payments made.

The Group remeasures the lease liability (and makes a corresponding adjustment to the related right-of-use asset) whenever:

- The lease term has changed or there is a significant event or change in circumstances resulting in a change in the assessment of exercise of a purchase option, in which case the lease liability is remeasured by discounting the revised lease payments using a revised discount rate.
- The lease payments change due to changes in an index or rate or a change in expected payment under a guaranteed residual value, in which cases the lease liability is remeasured by discounting the revised lease payments using an unchanged discount rate (unless the lease payments change is due to a change in a floating interest rate, in which case a revised discount rate is used).
- A lease contract is modified and the lease modification is not accounted for as a separate lease, in which case the lease liability is remeasured based on the lease term of the modified lease by discounting the revised lease payments using a revised discount rate at the effective date of the modification.

The Group did not make any such adjustments during the periods presented.

The right-of-use assets comprise the initial measurement of the corresponding lease liability, lease payments made at or before the commencement day, less any lease incentives received and any initial direct costs. They are subsequently measured at cost less accumulated depreciation and impairment losses.

Whenever the Group incurs an obligation for costs to dismantle and remove a leased asset, restore the site on which it is located or restore the underlying asset to the condition required by the terms and conditions of the lease, a provision is recognised and measured under AASB 137. To the extent that the costs relate to a right-of use asset, the costs are included in the related right-of-use asset, unless those costs are incurred to produce inventories.

Right-of-use assets are depreciated over the shorter period of lease term and useful life of the underlying asset. If a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that

(k) Leases (continued)

the Group expects to exercise a purchase option, the related right-of-use asset is depreciated over the useful life of the underlying asset. The depreciation starts at the commencement date of the lease.

The right-of-use assets are presented as a separate line in the consolidated statement of financial position.

The Group applies AASB 136 to determine whether a right-of-use asset is impaired and accounts for any identified impairment loss as described in the 'Property, Plant and Equipment' policy.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and the right-of-use asset. The related payments are recognised as an expense in the period in which the event or condition that triggers those payments occurs and are included in 'Other expenses' in profit or loss.

As a practical expedient, AASB 16 permits a lessee not to separate non-lease components, and instead account for any lease and associated non-lease components as a single arrangement. The Group has not used this practical expedient. For contracts that contain a lease component and one or more additional lease or non-lease components, the Group allocates the consideration in the contract to each lease component on the basis of the relative stand-alone price of the lease component and the aggregate stand-alone price of the non-lease components.

Concessionary leases

The Group leases a number of buildings from Government and other third parties with significantly below-market terms and conditions principally to enable it to further its objectives. The Group is dependent on these leases to further its objectives as it utilises the buildings to run its operations to deliver its services. The Group is restricted on the use of the buildings as agreed with the counterparties and may not utilise it for other purposes including sub-leasing to other entities. The Group has elected to measure these leases at cost.

The Group as lessor

The Group enters into lease agreements as a lessor with respect to some of its investment properties. The Group also rents equipment to retailers necessary for the presentation and customer fitting and testing of footwear and equipment manufactured by the Group. Leases for which the Group is a lessor are classified as finance or operating leases. Whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee, the contract is classified as a finance lease. All other leases are classified as operating leases.

When the Group is an intermediate lessor, it accounts for the head lease and the sublease as two separate contracts. The sublease is classified as a finance or operating lease by reference to the right-of-use asset arising from the head lease.

Rental income from operating leases is recognised on a straight-line basis over the term of the relevant lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

Amounts due from lessees under finance leases are recognised as receivables at the amount of the Group's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Group's net investment outstanding in respect of the leases.

When a contract includes lease and non-lease components, the Group applies AASB 15 to allocate the consideration under the contract to each component.

Policies applicable prior to 1 July 2019

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.

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

3. Significant Accounting Policies (continued)

(k) Leases (continued)

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 amounts of the asset and is recognised in profit or loss.

(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.

(n) Provisions (continued)

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

The Group recognises income from its main revenue/ income streams as listed below:

- Ambulance transport fees
- Government grants and funding arrangements
- First aid training and services income
- Primary health services
- Capital grants

Ambulance transport fees

Ambulance Transport revenue is recognised when control of the services has been transferred to the customer at amounts that reflect the consideration to which the Group expects to be entitled in exchange for transferring services to the customer.

Government grants and funding arrangements

When the Group receives government grants and funding, it performs an assessment to determine if the contract is 'enforceable' and contains 'sufficiently specific' performance obligations. In cases where there is an 'enforceable' contract with a customer with 'sufficiently specific' performance obligations, the transaction is accounted for under AASB 15 where income is recognised when (or as) the performance obligations are satisfied. In all other cases (where the contract is not 'enforceable' or the performance obligations are not 'sufficiently specific'), the transaction is accounted for under AASB 1058 where the Group:

- Recognises the asset in accordance with the requirements of other relevant applicable Australian Accounting Standards (e.g. AASB 9, AASB 16, AASB 116 and AASB 138)
- Considers whether any other financial statement elements should be recognised ('related amounts') in accordance with the relevant applicable Australian Accounting Standard including:
  - contributions by owners (AASB 1004)
  - a lease liability (AASB 16)
  - revenue, or a contract liability arising from a contract with a customer (AASB 15)
  - a financial instrument (AASB 9)
  - a provision (AASB 137)
- Recognises income immediately in profit or loss for the excess of the initial carrying amount of the asset over any related amounts recognised.

In this regard, Revenue from Services to the Health Department of Western Australia 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.

First aid training and services income

First aid training and services income is recognised when the service has been completed at amounts that reflect the consideration to which the Group expects to be entitled in exchange for providing the service.

Primary health services

Primary Health revenue is recognised net of doctor and dentist fees and when the service has been completed at amounts that reflect the consideration to which the Group expects to be entitled in exchange for providing the service.

Capital grants – Buildings

For capital grants received under an enforceable agreement where it includes a transfer to enable the Group to acquire or construct a recognisable

(o) Revenue (continued)

non-financial asset to identified specifications which will be controlled by the Group when completed, the Group recognises a liability for the excess of the fair value of the transfer over any related amounts recognised and recognises income as it satisfies its obligations under the transfer.

As the capital grants received by the Group are primarily for the construction of buildings, the Group recognises income as the buildings are constructed (when it satisfies its obligations).

Unrecognised revenue - Volunteer services
The Group regularly receives volunteer services as part of its operations. Under AASB 1058, private sector not-for-profit entities have a policy option to account for donated services at fair value if the fair value can be reliably measured. The Group has decided to adopt the accounting policy option not to recognise volunteer services. Accordingly, no amounts are recognised in the financial statements for volunteer services.

Revenue is measured based on the consideration to which the Group expects to be entitled in a contract with a customer and excludes amounts collected on behalf of third parties. The Group recognises revenue when it transfers control of a product or service to a customer.

(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.

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:

Revenue recognition

To determine if a grant contract should be accounted for under AASB 1058 or AASB 15, the Group has to determine if the contract is 'enforceable' and contains 'sufficiently specific' performance obligations. When assessing if the performance obligations are 'sufficiently specific', the Group applies significant judgement in this regard by performing a detailed analysis of the terms and conditions contained in the grant agreements, review of accompanying documentation and holding discussions with relevant parties. Income recognition from grants received by the Group has been appropriately accounted for under AASB 1058 or AASB 15 based on the assessment performed.

Impairment of receivables

Ambulance transport receivables have been provided for based on history. The exact adjustment to the amount receivable cannot 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 2020 was $Nil (2019: $8,314,244) following the recognition of an impairment loss of $8,314,244 during the year (2019: $Nil). Refer to note 13.

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 Finanical Statements

For the financial year ended 30 June 2020

5. Revenue

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

	2020 $'000	2019 $'000
Ambulance transport fees (i)	177,836	172,689
DFES helicopter fees	2,941	2,987
Medical health services	4,444	4,022
First aid training and services income	12,250	14,058
Event health services	2,788	2,980
Primary health services	11,960	12,072
Health Department contract for services	107,109	100,985
Lotterywest grants	76	173
Interest income	1,341	1,854
Donations and bequests (ii)	896	1,009
Gain on sales of property, plant and equipment	781	532
Other income (iii)	17,576	2,340
Total	**339,998**	**315,701**

(i) An amount of $46.7 million was paid to the Company in 2020 by the Health Department of Western Australia (2019: $49.3 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.

(iii) Included in other income is an amount of $13.5 million relating to Job Keeper Government assistance for a proportion of the Group's employees.

6. Surplus for the year

The surplus from ordinary activities includes the following items of expenditure:

Employee Benefit Expense	2020 $'000	2019 $'000
Personnel salaries and wages	188,724	176,160
Defined contribution plan	17,098	15,976
Other staff expenses	21,245	18,859
Total Employee Benefit Expense	**227,067**	**210,995**

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

7. Restricted cash

	2020 $'000	2019 $'000
The Bertie and Olga Cohen Charitable Trust	1,984	1,976
Total	**1,984**	**1,976**

The Company is the Trustee of the Bertie & Olga Cohen Charitable Trust. The funds contained within the Trust have been brought to account as restricted cash to be distributed according to the terms of the Trust.

8. Inventories

	2020 $'000	2019 $'000
Inventories at cost	5,463	3,848
Total	**5,463**	**3,848**

9. Trade and Other Receivables

	2020 $'000	2019 $'000
Ambulance transport receivables (i)	21,452	15,691
Allowance for losses	(10,799)	(6,041)
	10,653	**9,650**
Sundry receivables (i)	24,263	19,523
Allowance for losses	(367)	(426)
	23,896	**19,097**
Total	**34,549**	**28,747**

(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 Impairment Losses

	2020 $'000	2019 $'000
Balance at the start of the year	6,467	6,875
Net impairment losses provided for/(released)	4,699	(408)
Balance at the end of the year	**11,166**	**6,467**

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

10. Other Current Assets

	2020 $'000	2019 $'000
Prepayments	1,232	1,046
Accrued income	7,562	1,279
Total	**8,794**	**2,325**

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

11. Property, plant and equipment

	Leasehold and Freehold Land at Cost	Buildings and Leasehold Improvements at Cost	Plant and Equipment at Cost	Ambulance and Vehicles at Cost	Assets Under Construction	Total
	$'000	$'000	$'000	$'000	$'000	$'000
Gross Carrying Amount						
Balance as at 1 July 2018	26,539	118,645	61,014	96,816	10,374	313,388
Additions	-	-	-	-	28,301	28,301
Transfer from capital work in progress	1,795	3,428	3,452	10,883	(19,558)	-
Disposals	(40)	(285)	(1,638)	(8,178)	-	(10,141)
Balance as at 1 July 2019	**28,294**	**121,788**	**62,828**	**99,521**	**19,117**	**331,548**
Additions	-	-	-	-	28,509	28,509
Transfer from capital work in progress	993	12,260	7,507	8,389	(29,149)	-
Disposals	(5)	(329)	(1,890)	(5,264)	-	(7,488)
Balance as at 30 June 2020	**29,282**	**133,719**	**68,445**	**102,646**	**18,477**	**352,569**
Accumulated Depreciation						
Balance as at 1 July 2018	-	25,829	39,616	57,696	-	123,141
Disposals	-	(131)	(1,583)	(7,284)	-	(8,998)
Depreciation expense	-	3,292	6,052	10,377	-	19,721
Balance as at 1 July 2019	**-**	**28,990**	**44,085**	**60,789**	**-**	**133,864**
Disposals	-	(128)	(1,868)	(4,614)	-	(6,610)
Depreciation expense	-	3,430	4,347	10,268	-	18,045
Balance as at 30 June 2020	**-**	**32,292**	**46,564**	**66,443**	**-**	**145,299**
Net Book Value						
as at 30 June 2019	**28,294**	**92,798**	**18,743**	**38,732**	**19,117**	**197,684**
as at 30 June 2020	**29,282**	**101,427**	**21,881**	**36,203**	**18,477**	**207,270**

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

Buildings and leasehold improvements	10–40 years
Plant and equipment	3–10 years
Ambulance and other vehicles	4–8 years

12. Right of use assets

	2020 $'000	2019 $'000
Cost		
Balance at 1 July	7,689	N/a
Additions	3,294	N/a
Balance at 30 June	**10,983**	**N/a**
Accumulated Depreciation		
Balance at 1 July	-	N/a
Depreciation expense	(1,557)	N/a
Balance at 30 June	**(1,557)**	**N/a**
Carrying amount at 30 June	**9,426**	**N/a**

(i) The right of use assets relate to several buildings that are leased by the Group. The average lease term for the current financial year is 4.7 years (2019: 5.7 years)

(ii) Depreciation expense of $1.5 million and interest expense on lease liabilities of $172 thousand were recognised in profit and loss in 2020.

(iii) The maturity of lease liabilities is presented in note 22

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

13. Goodwill

	2020 $'000	2019 $'000
Carrying Amount		
Cost	8,314	8,314
Accumulated impairment losses	(8,314)	-
Carrying amount	**-**	**8,314**

The movements in the carrying amount of goodwill are as follows:

	2020 $'000	2019 $'000
Cost		
Balance at 1 July	8,314	8,314
Recognised on acquisition of subsidiaries	-	-
Derecognised on disposal of subsidiaries	-	-
Balance at 30 June	**8,314**	**8,314**
Accumulated impairment		
Balance at 1 July	-	-
Impairment loss for the year	(8,314)	-
Balance at 30 June	**(8,314)**	**-**
Carrying amount at 30 June	**-**	**8,314**

The goodwill arose from the acquisition of Apollo Health Ltd during the financial year ended 30 June 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 10.5% per annum (2019: 9.5%). 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% (2019: 2.5%) in line with the Reserve Bank of Australia inflation target.

Based on the impairment assessment performed, an impairment loss of $9.6 million (2019: $Nil) was recognised in profit or loss which was allocated to goodwill ($8.3 million) and the patient list intangible asset (see note 14 below). The impairment has been driven by the following key factors:

- the closure of the current Cannington GP practice scheduled for June 2021. The new Cannington practice to be opened as part of the Group's expansion plans will include additional services and whilst it will contribute positive cash flows to the Group it is substantially different to the practice purchased at acquisition and is therefore not included in the CGU group.
- reduction in current and forecast patient numbers in the short term due to the impact of Covid-19
- reduction in pathology rentals

14. Other Intangibles – Patient List

	2020 $'000	2019 $'000
Cost		
Balance at 1 July	5,380	5,380
Acquisition through business combination	-	-
Balance at 30 June	**5,380**	**5,380**
Accumulated Amortisation		
Balance at 1 July	(1,467)	(978)
Amortisation and impairment expense	(3,846)	(489)
Balance at 30 June	**(5,313)**	**(1,467)**
Carrying amount at 30 June	**67**	**3,913**

The patient list intangible asset arose from the acquisition of Apollo Health Limited during the financial year ended 30 June 2016. The patient list is amortised over its estimated useful life of 5 years. The carrying amount will be fully amortised in 1 year (2019: 2 years).

During the year, an assessment was performed of the recoverability of the patient list intangible asset. This followed observation of a decline in the frequency of recurring visits from patients who were included in the patient list at the time of acquisition of Apollo Health Limited in 2016 (an impairment indicator under AASB 136). As a result of this assessment, it was observed that the rate of patient recurring visits was lower than estimated on acquisition and an impairment loss of $2 million was recognised. In addition, following the annual goodwill impairment assessment as detailed in note 13, an additional impairment loss of $1.3 million was recognised in relation to the patient list intangible asset.

15. 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	
			2020	2019
Apollo Health Limited	Provision of primary and ancillary health services	Australia	100%	100%

16. Trade and Other Payables

	2020 $'000	2019 $'000
Trade payables	4,283	3,723
Other payables	2,388	2,145
Net goods and services tax	3,597	2,470
Total	**10,268**	**8,338**

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.

17. Provisions

	2020 $'000	2019 $'000
Current		
Provision for annual leave	24,024	22,096
Provision for long service leave	14,126	13,016
Total	**38,150**	**35,112**

Non-Current		
Provision for long service leave	11,237	10,114
Total	**11,237**	**10,114**

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

18. Other Current Liabilities

	2020 $'000	2019 $'000
Accrued expenses	7,508	4,593
Accrued expenses – property, plant and equipment	148	322
Unearned revenue	14,458	1,689
Total	**22,114**	**6,604**

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

19. Lease Liabilities

	2020 $'000	2019 $'000
Secured-Amortised cost		
Current	1,954	N/a
Non-Current	7,691	N/a
Total	**9,645**	**N/a**

20. Commitments for expenditure

	2020 $'000	2019 $'000
Capital Expenditure Commitments		
Land and buildings		
Not longer than 1 year	1,160	2,126
Longer than 1 year and not longer than 5 years	-	-
Longer than 5 years	-	-
	1,160	**2,126**
Total Commitments for Capital Expenditure	**1,160**	**2,126**
Operating Lease Commitments		
Radio Sites		
Not longer than 1 year	89	136
Longer than 1 year and not longer than 5 years	163	48
Longer than 5 years	-	-
	252	**184**
Residential Properties		
Not longer than 1 year	163	87
Longer than 1 year and not longer than 5 years	-	-
Longer than 5 years	-	-
	163	**87**
Commercial Properties		
Not longer than 1 year	4	1,457
Longer than 1 year and not longer than 5 years	17	5,434
Longer than 5 years	-	1,373
	21	**8,264**
Total Commitments for Operating Lease Expenditure	**436**	**8,535**

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

21. 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:

	2020 $'000	2019 $'000
a) Reconciliation of Cash and Cash Equivalents		
Cash	73,893	25,641
Term deposit investments (short term)	38,016	61,486
Cash at bank	**111,909**	**87,127**
Restricted cash	1,984	1,976
Total Cash and Cash Equivalents	**113,893**	**89,103**
b) Reconciliation of Surplus to Net Cash Flow		
Surplus	14,282	19,517
Depreciation expense – property, plant and equipment	18,045	19,721
Depreciation expense – right of use assets	1,557	-
Amortisation and impairment expense	12,160	489
Gain on sale of property, plant and equipment	(781)	(532)
Interest received	(1,341)	(1,854)
Finance lease interest payment	172	-
(Increase)/decrease in assets:		
Inventories	(1,615)	(1,205)
Receivables	(5,802)	(4,646)
Prepayments	(186)	(24)
Accrued income	(6,283)	417
Increase/(decrease) in liabilities		
Payables	1,930	4,329
Leave provisions	4,161	2,949
Accrued expenses	2,915	359
Unearned revenue	12,769	(79)
Net cash from operating activities	**51,983**	**39,441**

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

21. Notes to the Statement of Cash Flows (continued)

c) Financing Facilities

An unsecured bank overdraft facility was available at the end of the year for $4.0 million (2019: $4.0 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 (2019: nil)

e) Reconciliation of liabilities arising from financing activities

The table below details changes in the Group's liabilities arising from financing activities, including both cash and non-cash changes. Liabilities arising from financing activities are those for which cash flows were, or future cash flows will be, classified in the Group's statement of cash flows as cash flows from financing activities.

2020			Non-cash changes		
	1 July 2019 $'000	Cash flows $'000	New Leases $'000	Other $'000	30 June 2020 $'000
Lease liabilities (i)	7,689	(1,338)	3,294	-	9,645
Total liabilities from financing activities	**7,689**	**(1,338)**	**3,294**	**-**	**9,645**

(i) The lease liability balance at 1 July arose from the adoption of AASB 16 Leases on 1 July 2019.

(ii) The Group classifies interest paid as cash flows for financing activities.

22. 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 Western Australia.

The Group's overall strategy remains unchanged from 2019. The capital structure of the Group consists of equity which wholly consists of 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's exposure to interest rate movements relates to amounts of interest income derived from bank deposits and finance costs relating to lease liabilities. Any change in interest rates will impact the interest income for the Group as well as the incremental borrowing rate associated with leases will in turn impact the Group's finance costs. The interest rate risk is inherently managed through the Group's investment and borrowing policies.

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 at 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.

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.

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

22. Financial Instruments (continued)

g) Categories of Financial Instruments and their Fair Values (continued)

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

	2020		2019	
	Carrying Amount $'000	Fair Value $'000	Carrying Amount $'000	Fair Value $'000
Financial Assets				
Trade and other receivables	34,549	34,549	28,747	28,747
Accrued Income	7,562	7,562	1,279	1,279
Cash and cash equivalents	113,893	113,893	89,103	89,103
Total Financial Assets	**156,004**	**156,004**	**119,129**	**119,129**
Financial Liabilities				
Trade and other payables	10,268	10,268	8,338	8,338
Finance lease liabilities	9,645	9,645	-	-
Total Financial Liabilities	**19,913**	**19,913**	**8,338**	**8,338**

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 2020			
	Level 1 $'000	Level 2 (i) $'000	Level 3 $'000	Total $'000
Financial Assets				
Trade and other receivables	-	34,549	-	34,549
Accrued income	-	7,562	-	7,562
Cash and cash equivalents	113,893	-	-	113,893
Total Financial Assets	**113,893**	**42,111**	**-**	**156,004**
Financial Liabilities				
Trade and other payables	-	10,268	-	10,268
Finance lease liabilities	-	9,645	-	9,645
Total Financial Liabilities	**-**	**19,913**	**-**	**19,913**

(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 Finanical Statements

For the financial year ended 30 June 2020

22. 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 2020:

		Fixed maturity dates			
2020	**Interest Rate**	**Variable Interest Rates (at call) $'000**	**Less than 1 Year $'000**	**Greater than 1 year$'000**	**Total $'000**
Financial Assets					
Non-interest bearing	-	-	42,111	-	42,111
Cash and cash equivalents	0.57%	73,892	40,001	-	113,893
	-	**73,892**	**82,112**	**-**	**156,004**
Financial iabilities					
Non-interest bearing	-	-	10,268	-	10,268
Finance lease iabilities	2.37%	-	1,954	7,691	9,645
	-	**-**	**12,222**	**7,691**	**19,913**

The following table details the Group's exposure to interest rate and liquidity risk as at 30 June 2019:

		Fixed maturity dates			
2019	**Interest Rate**	**Variable Interest Rates (at call) $'000**	**Less than 1 Year $'000**	**1-2 Years $'000**	**Total $'000**
Financial Assets					
Non-interest bearing	-	-	30,026	-	30,026
Cash and cash equivalents	1.78%	25,641	63,462	-	89,103
	-	**25,641**	**93,488**	**-**	**119,129**
Financial Liabilities					
Non-interest bearing	-	-	8,338	-	8,338
	-	**-**	**8,338**	**-**	**8,338**

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

23. Key Management Personnel

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

	2020 $'000	2019 $'000
Short-term employee benefits – Board Members	248	246
Short-term employee benefits – Management Personnel	2,910	3,313
Post-employment benefits	273	272
Other long-term benefits	91	9
Termination benefits	-	-
Total	**3,522**	**3,840**

Board members receive sitting fees in line with the St John Ambulance Western Australia Limited constitution and the State Board Sitting Fees and Reimbursement Policy. The fee is comprised of preparation fees and attendance fees. The State Board Sitting Fees and Reimbursement Policy provides an enabling mechanism to address the requirements of Section 38.12.1 of the St John WA constitution: "As reimbursement of reasonable expenses or as a sitting fee in accordance with the policies and procedures established by the State Board for this purpose." Sitting fees are determined by the Remuneration Committee in line with the St John WA constitution. The schedule of sitting fees and reimbursement is reviewed by the Remuneration Committee annually and is applicable from 1 April each year.

24. Remuneration of auditors

	2020 $'000	2019 $'000
Audit of the financial report	149	142
Other non-audit services:		
Risk advisory services	62	-
Cost benefit analysis	-	30
Total	**211**	**172**

The auditors for the Group are Deloitte Touche Tohmatsu.

25. Related Party Transactions

There were no transactions with other related parties of the Group during the financial year (2019: nil).

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.

26. 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.

27. Contingent Liabilities

In the opinion of the Directors, the Group did not have any contingent liabilities as at 30 June 2020 (2019: nil).

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

28. 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).

Financial position	2020 $'000	2019 $'000
Assets		
Current assets	160,294	124,176
Non-Current assets	210,742	213,965
Total Assets	**371,036**	**338,141**
Liabilities		
Current liabilities	68,293	48,748
Non-Current liabilities	14,695	10,081
Total Liabilities	**82,988**	**58,829**
Equity		
Retained surpluses	288,048	279,312
Total Equity	**288,048**	**279,312**
Financial Performance		
Surplus for the year	8,736	19,359
Other comprehensive income	-	-
Total comprehensive income	**8,736**	**19,359**
Capital Expenditure Commitments by the Parent Entity		
Property, Plant and Equipment		
Not longer than 1 year	1,160	2,126
Longer than 1 year but not longer than 5 years	-	-
Longer than 5 years	-	-
	1,160	**2,126**
Operating Lease Commitments by the Parent Entity		
Not longer than 1 year	256	402
Longer than 1 year but not longer than 5 years	180	637
Longer than 5 years	-	516
	436	**1,555**

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2020

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

Sub centres with paid staff			Manjimup
Albany	Busselton	Geraldton	Kununurra
Australind	Collie	Hedland	Norseman
Broome	Dawesville	Kalgoorlie	Northam
Bunbury	East Bunbury	Karratha	Pinjarra

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

Notes

Notes

St John WA

209 Great Eastern Highway, Belmont WA 6104
T 08 9334 1222

stjohnwa.com.au

Would you like to help?

St John WA is always looking for new volunteers to fill a range of roles.
Email us on volunteermemberservices@stjohnambulance.com.au

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

stjohnwa.com.au