



ANNUAL REPORT 2016/17



CONTENTS

ST JOHN AMBULANCE 03

Serving Our Community	04
Our Purpose	05
What We Do	06
Our People	07
Our Governance	07
Chairman's Report	08
Chief Executive Officer's Report	09
Key Achievements	10

THE FABRIC OF ST JOHN 11

Community Contributions	12-13
Global Impact	14-15
The Fabric Program	16
Historical Perspective	17-18
Our Values	19
Statewide Resources	20

SERVICE PROVISION AND PERFORMANCE 21

Metropolitan Ambulance Depot Locations and Resources	22
Ambulance Services	24-27
Country Ambulance Response Times	28
Regional Ambulance Locations	29
Patient Transfer Services	30
Health Services	32
First Aid Training	33-34
Event Health Services	36
First Responders	38

STAFF AND VOLUNTEERS 39

Our Executive Team	40-41
People and Culture	42-43
Support Services	45-47
Corporate Events	48
Roll of Order Members	50-51
Honours and Awards	52-53
Mark of Respect	53

ANNUAL REPORT SUMMARY 54-55

FINANCIAL REPORT 57

Directors' Report	58-63
Directors' Declaration	68
Consolidated Statement of Profit or Loss and Other Comprehensive Income	69
Consolidated Statement of Financial Position	70
Consolidated Statement of Changes in Equity	71
Consolidated Statement of Cash Flows	72
Notes to the Financial Statements	73-95

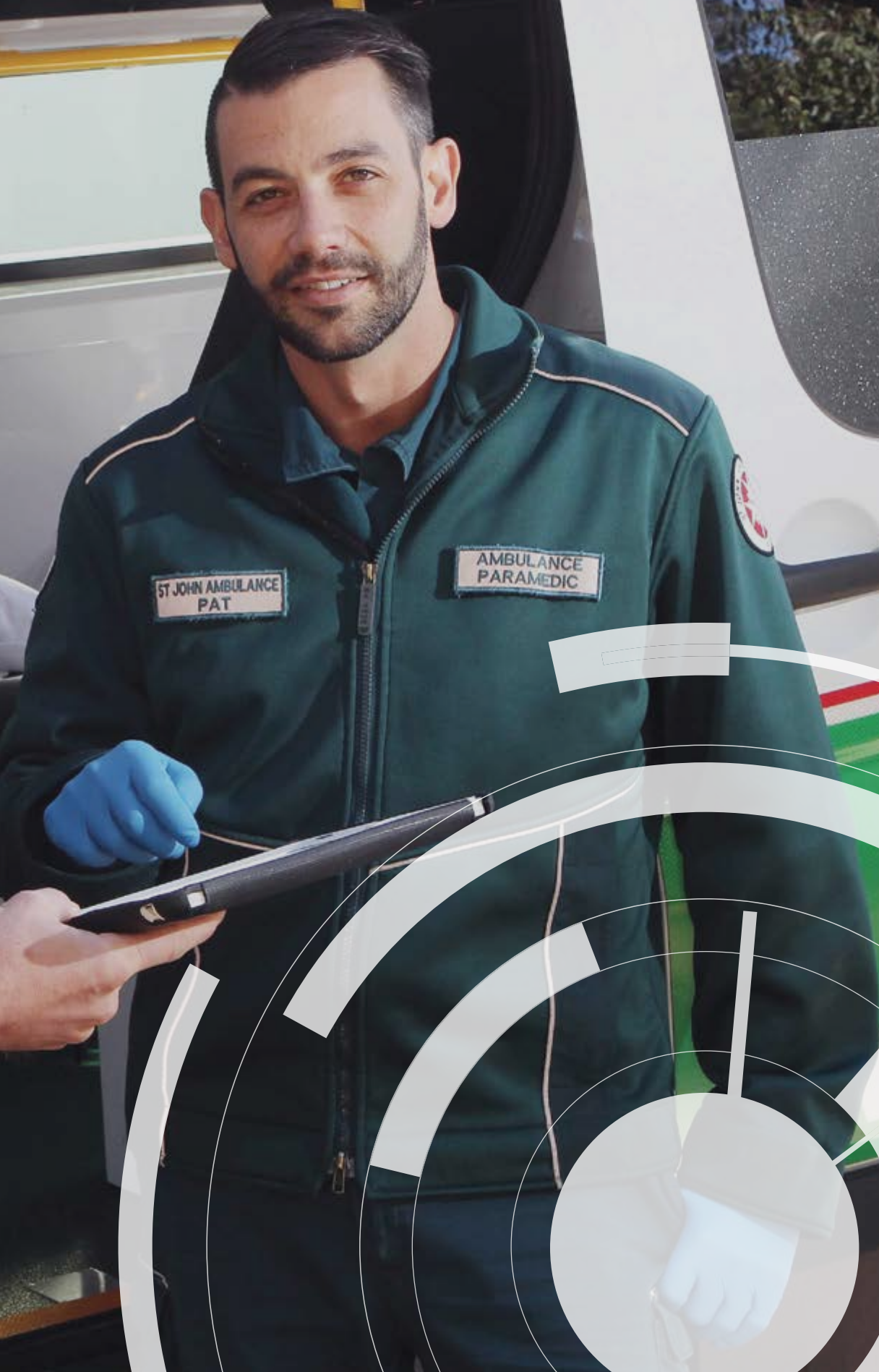
OUR STORIES

Phil Prosser Cardiac Arrest Survivor	23
Caryl Smith Community Paramedic	31
Rondel Dancer First Aid Trainer Team Leader	35
Ashleigh Punch Event Health Services Volunteer	37
Gary Guelfi Volunteer Ambulance Officer	44
Shu Yin Chia Youth Engagement Programs	49



3

ST JOHN AMBULANCE



SERVING OUR COMMUNITY

St John Ambulance has been serving and operating as an integral part of the Western Australian community for more than 125 years. Whilst the look of our organisation has changed dramatically over that time, our purpose, as well as the dedication and commitment of our people has remained the same. We pride ourselves on our outward looking focus and continual desire to improve our service to the community through our willingness to make the changes necessary to achieve this goal.

From its earliest origins, the Order of St John has been about immediate care for the sick and injured. Our journey through the provision of first aid training for the community, first aid and medical services at major public gatherings, patient transport services, emergency ambulance services and most recently the provision of primary health and urgent care services has maintained that absolute focus on our purpose – the service of humanity through the relief of sickness, distress, suffering and danger.

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

Not only does the journey continue as another financial year closes and we head towards the end of the second decade of the 21st century, but it gathers momentum as the environment around us changes rapidly, heralding the beginning of another exciting era of service to humanity for St John Ambulance Western Australia.



OUR PURPOSE

OUR PURPOSE

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



Making first aid a part of everyone's life.



Delivering high quality cost-effective ambulance services to Western Australians.



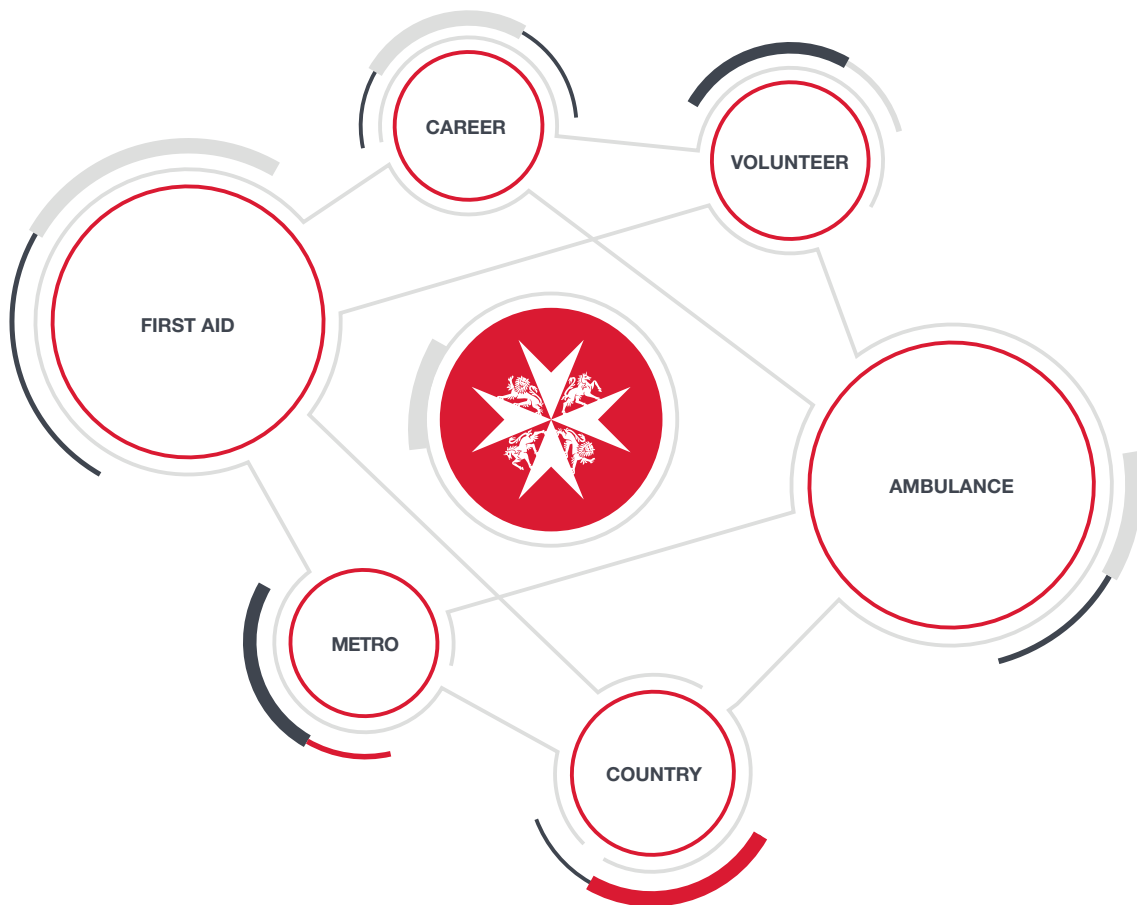
Providing appropriate, timely and equitable access into the health system for unscheduled care.

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

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

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

In addition to the specific services we provide, St John in Western Australia maintains a strong focus on its obligations as a charitable organisation maximising its charitable contribution to our community, over and above what would be expected of the services funded by government, businesses or the community.



St John's integrated model of service.

WHAT WE DO

St John provides the state's ambulance service, delivering pre-hospital care every day to Western Australians in need. We are also Western Australia's leading provider of first aid training, delivering first aid training to more than 14 per cent of the state's population (386,000 people) each year. We link the community's first aid capability with providing the state's emergency ambulance services in a number of ways:

- ▷ Supporting the provision of youth first aid training through schools and clubs.
- ▷ Activating Community First Responder (CFR) volunteers through the CFR program.
- ▷ Activating members of the community in emergencies through the St John First Responder app.
- ▷ Providing high quality medical and first aid services at public events.

During 2016/17 St John started providing primary health services through the acquisition of Apollo Health. We enhanced the Apollo service model with the introduction of urgent care centres.

Our expansion into primary health is a strategic move aimed at ensuring people can access vital health services, particularly when they have unexpected health needs. This is an extension of what we have always sought to achieve through first aid training and ambulance services. It helps us move towards the desired position of being an effective gateway into the health system for unscheduled care.

St John's integrated model provides a complete chain of survival for the Western Australian community.





OUR PEOPLE

St John is all about people helping people. Our people consist of highly trained and qualified career professionals, highly trained volunteer clinicians and trainers and many community members with basic training, all working together to deliver this chain of survival.

In all, there are more than 1,500 staff and 9,100 volunteers working for the Western Australian community in the name of St John. In addition to the amazing work by our staff, members of the community working for St John as volunteers deliver over 3.9 million hours of voluntary work each year.

OUR GOVERNANCE

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

The St John board sets the organisation's direction and takes responsibility for good governance through self-regulation, prudent funds management and by ensuring best practice. Reporting to the board are three committees; the Audit and Risk Committee, the Board Selection Committee and the Remuneration Committee. The board delegates day-to-day operational responsibility to the Chief Executive Officer, who is assisted by the executive team.

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

CHAIRMAN'S REPORT



This is my first report as Commandery Lieutenant (WA Chairman) and it is a great honour to share with you the achievements of St John Ambulance in Western Australia during 2016/17. I had the honour since 2006 of serving as a Board Member prior to stepping into this role in October 2016. During that time, I have seen many changes at St John and witnessed the amazing work of our staff and volunteers in serving the Western Australian community. 2016/17 has been yet another year of great achievement by everyone involved.

On a day-to-day basis, our staff and volunteers make such a difference to the lives of so many people. Last year, our retiring Chairman reported on the fact that through training and ambulance, St John directly touched the lives of almost 25 per cent of the state's population. With our entry into Primary Health and the development of our urgent care centres this year, we are positioned to touch 40 per cent of the state's population across all of our areas of activity in the coming year. This highlights the rate at which our organisation continues to grow its level of service to the community.

"... we are positioned to touch 40 per cent of the state's population across all of our areas of activity."

Expansion for expansion's sake would not be an appropriate path for St John. The expansion we have witnessed over the past 12 months is simply about continuing to deliver on our purpose of relieving sickness, distress, suffering and danger in our modern and rapidly changing world. Specifically, our aim remains to provide the best possible care, in a timely manner for unscheduled health events. Throughout this report you will read about the achievements in providing that care.

A great danger for an organisation with such a long and proud history as St John is that it can become inward focused, losing sight of its purpose and the needs of the community. I am personally very proud of the way in which St John in Western Australia actively resists this trap and focuses on the community rather than itself. More than this, on the way it focuses on the future needs of the community and the future of service provision.

As we grow and evolve the organisation we are very committed to maintaining its fabric. St John is a charitable and humanitarian organisation whose purpose extends beyond Western Australia's borders. We are part of the international Order of

St John whose work stretches across the world – in Africa, Asia, the Middle East, North America and Europe – delivering essential services to those most in need.

In meeting our international obligations and maintaining the fabric of St John, Western Australia again contributed to the Order's worldwide charitable efforts. We continued our sponsorship of three nurses at the St John of Jerusalem Eye Hospital Group, funded ophthalmic services in Timor-Leste, and continued with our help in developing ambulance and first aid services in Vietnam and Malaysia.

Our integrated St John model has significantly advanced the cause of making first aid a part of everyone's life and delivered world class ambulance services across the entire state at the same time as meeting our obligation to assist in international activities. The way in which our dedicated career staff and volunteers collectively impacted the Western Australian community during the year is a perfect illustration of the Order's motto of "service of humanity".

The integrated St John model can only deliver the results we have become accustomed to seeing with sound financial management. In 2016/17 we achieved the surplus required to continue our investment in service to our community.

I am very proud to be able to report on the outstanding progress made by St John in Western Australia in terms of the achievement of our key issues, financial performance targets and the strength of our strategic investments.

Thank you to my fellow Board Members, the Chief Executive Officer and all of the St John staff and volunteers for your contribution as we all continue in "the service of humanity".

SHAYNE LESLIE
Chairman

CHIEF EXECUTIVE OFFICER'S REPORT



We talk with great pride about our integrated model of St John in Western Australia. We set about establishing specific goals for each year of operation as we strive to ensure that each component of the integrated model benefits from the contributions from one or more of the other components. Further, we strive to build resilience in each component as a result of the contribution of the others. 2016/17 has delivered results that again testify to the success of the model.

Reaching more than 990,000 patients and first aid students over the course of the financial year highlights the degree to which we are making a difference to people's lives. This level of activity means we directly engaged with almost 2,500 people every single day of the year. This incredible achievement testifies to the hard work, dedication and commitment of St John's 10,000 plus team of staff and volunteers.

A record number of 386,092 students undertook St John first aid training in the 12 months to 30 June 2017. This represented an increase of almost 70,000 compared to the previous year. This demonstrates significant progress towards our 2020 vision and our goal of making first aid a part of everyone's life.

“A record number of 386,092 students undertook St John first aid training in the 12 months to 30 June 2017.”

Ambulance and patient transport activity continued to grow with a total of 311,884 patients for the year. Notwithstanding this high growth our response time performance was good. The high level of ramping, particularly in the latter part of winter 2016 impacted our response times and caused us to miss our priority 2 target, however, our performance in most months of the year, when ramping was not at record levels, was within the targeted range.

Just prior to the start of the financial year, St John Ambulance acquired Apollo Health and within a very short time implemented urgent care centres at two of the Apollo locations. We welcomed the Apollo staff into the St John family and congratulate everyone on the smooth transition.

The integration of primary health services into the provision of ambulance services is an important step in St John moving towards its 2020 goal of being a highly effective gateway into the health system for unscheduled care. During the year, we have seen 269,537 patients in our Primary Health Centres, with 41,896 of those being seen in the urgent care centres.

St John has invested significantly and made great strides with our clinical practices during 2016/17. Of particular note is the progress being made with the improvement of survival from out-of-hospital cardiac arrest. We are in the very enviable position of having a world class cardiac arrest registry run from Curtin University, providing the data and research needed to drive improved outcomes for these patients.

It is only possible to continue providing a world class ambulance service, moving towards first aid being a part of everyone's life and providing easy, timely and equitable access to the health system through a financially sustainable integrated model of operation. Our financial results in 2016/17 have again met our targets and provided the surplus required to continue with our investment in the future of our services to the community.

There are many other highlights in terms of the activities of St John in Western Australia during 2016/17 that are outlined throughout this Annual Report. In reading through these highlights it is necessary to continually remind ourselves that these results are only possible because of the people who are St John Western Australia.

Our 1,518 staff and 9,140 volunteers have individually and collectively achieved extraordinary things in 2016/17. So many lives have been positively impacted by the care and compassion of a very dedicated team. Thank you one and all.

TONY AHERN
Chief Executive Officer

KEY ACHIEVEMENTS



386,092

Delivered first aid training to more than 386,000 Western Australians.



1,664

Community First Responder defibrillator locations across the state (increased by 31 per cent).



605,570

Responded to more than 336,000 patient cases across WA, plus a further 269,537 accessed our Apollo clinics and urgent care centres.



\$27 MILLION

Invested in capital projects for the year ending 30 June, 2017.



24,149

People cared for across some of the state's biggest events as we continued to be a major presence in the event health market.



307,135

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



9,140

Volunteers contributed 3.9 million hours.



14% GROWTH

New volunteer roles were added in 2016/17 and we attracted many more people to our country ambulance service and our events and youth teams.



3,722

Events in the metropolitan area where clinical services were provided.



14% GROWTH

In patient transfer activity in the metropolitan area during 2016/17.

THE FABRIC OF ST JOHN



COMMUNITY CONTRIBUTIONS

Over and above the achievements in providing services that are paid for by government, business or individuals, St John Ambulance in Western Australia delivers significant charitable and community services. At St John, we pride ourselves on our history of humanitarian work and that tradition is no less relevant in today's modern world as it was in times gone by. The strength of the integrated St John model is that this charitable/humanitarian work sits front and centre with all of the other services. Indeed, the ultimate aim of the commercial activities of St John is to provide the means for its charitable and humanitarian work.

2016/17 has been another year of inspiring achievements:

YOUTH ENGAGEMENT



St John has taken great strides in recent years to evolve offerings to youth. We now have an array of programs that are tailored specifically to children from the age of three, where they are given age appropriate skills to be able to act in case of a medical emergency and creating pathways into volunteering with St John.

Our program mix: First Aid Club, First Aid Recruits, Cadetship, First Aid Frenzy, community partnerships and school first aid training.

During 2016/17 more than 386,000 participants took part in first aid training programs with almost 177,000 taking part in our youth awareness programs.

The cost of these charitable services are funded by St John's commercial first aid training activities. In 2016/17 the value of these charitable services was \$660,000.



VOLUNTEER CONTRIBUTION

Our 9,140 volunteers contributed in excess of 3.9 million hours of volunteer activity during the year. These volunteer activities include: rural ambulance services, first aid services, first aid training, community first responder, event health services and community transport.

The value of the volunteer hours contributed was in excess of \$200 million.



OPHTHALMIC BRANCH

St John receives an annual donation from the Perth Eye Hospital and additional funds to support three nurse positions at the St John Eye Hospital in Jerusalem are raised through a levy on tickets to the annual St John dinner dance. Some of the funds raised have also been used to support various ophthalmic projects in Maubisse, Timor-Leste. Fundraising for the ophthalmic activities are separate to fundraising activities for first aid and ambulance with no first aid or ambulance revenue, from any source, being directed towards this charitable activity.



HUMANITARIAN MISSIONS

St John continues to send staff and volunteers on humanitarian missions to developing countries around the world. In 2016/17 the project to help Vietnam develop its ambulance and first aid services continued. In addition, we continue to work with St John Malaysia in the development of its emergency ambulance capability.

St John also donated ambulances to the Solomon Islands and Zambia and donated a number of patient transport vehicles to St John in Tasmania. Funding was also provided for a national market research project for every Australian St John state and territory entity.



ABORIGINAL AMBULANCE SERVICES PROJECT

The Aboriginal Ambulance Services Project initially guided St John's aim of building effective and collaborative engagement with WA's Aboriginal communities in the Kimberley, Pilbara, Midwest and Goldfields-Esperance regions. Through this project, St John delivers culturally appropriate and responsive services to Aboriginal communities and encourages Aboriginal people to take up first aid training. Overall, about 5,000 people took part in first aid training. During 2016/17 the State Government's contribution to this project ended, however St John has committed to a continuation of the major elements of the project.



COMMUNITY RESILIENCE

Over and above its youth engagement activities, St John Western Australia engages in First Aid Awareness initiatives for the broader community as a part of its objective of making first aid a part of everyone's life. These activities are charitable activities as they are provided free and are delivered by our Event Health Services team, providing first aid training for more than 118,000 people at public events and gatherings. In 2016/17 St John donated first aid kits to approximately 40 organisations for the benefit of the community.

The cost of providing these charitable first aid training activities in 2016/17 was \$234,000.

TOTAL VALUE

St John in Western Australia was successful in 2016/17 in providing charitable services and activities to the community in excess of \$201 million. This contribution was possible because of the effectiveness of the integrated model in Western Australia and the Commandery's focus on its purpose.

GLOBAL IMPACT



Training

Assisting in developing ambulance and first aid services
Malaysia, Vietnam, Timor-Leste

Free first aid training provided to more than 176,000 school students each year
Western Australia

Free online training to more than 75,000 road users
Western Australia

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

Delivered culturally appropriate first aid training
Nepal

Provided support and training to ambulance team
Zimbabwe



Volunteers

More than 9,100 volunteers donate 3.9 million hours of their time every year
Western Australia

Delivering medical care and supplies to isolated villages
Cambodia

Eye procedures for local villagers
Timor-Leste



Ophthalmic Care and Procedures

Funding nursing positions at the St John Eye Hospital Group
Jerusalem

Delivering eye care and surgery to impoverished people
Timor-Leste

Caring for patients after cataract surgery
Timor-Leste



Ambulance and Equipment Donations

Donated ambulances
Zambia, Zimbabwe, South Africa and Solomon Islands

Donated ambulance equipment
Zimbabwe, South Africa, Zambia

Donated patient transfer vehicles
Tasmania

Ambulance for local fire service
Bridgetown

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



176,000+

school students trained in first aid each year.



3.9 million

volunteer hours each year.



St John of Jerusalem Eye Hospital Group treats more than

128,000

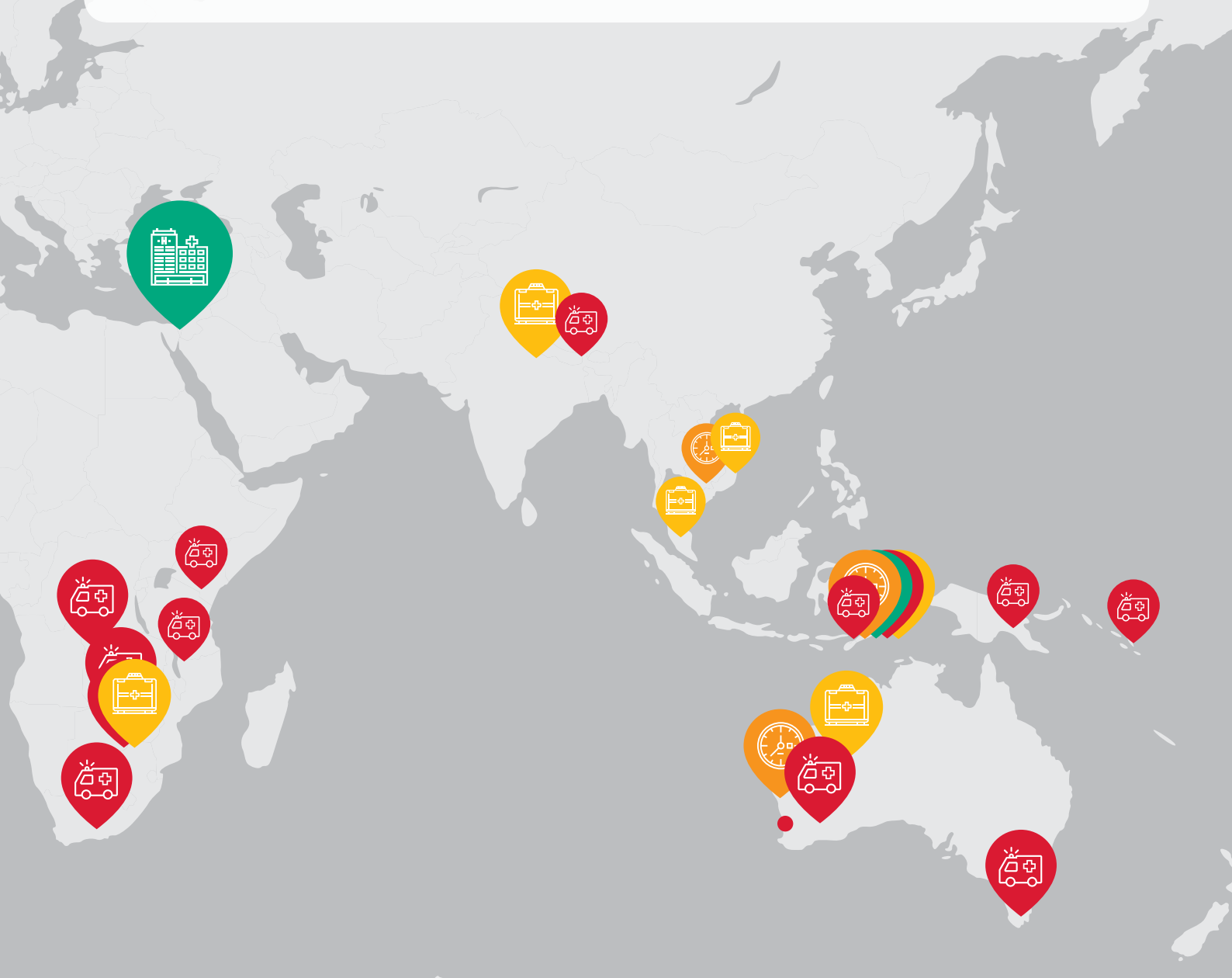
patients each year.



St John responded to more than

302,000

ambulance cases in 2016/17, an increase of four per cent.



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

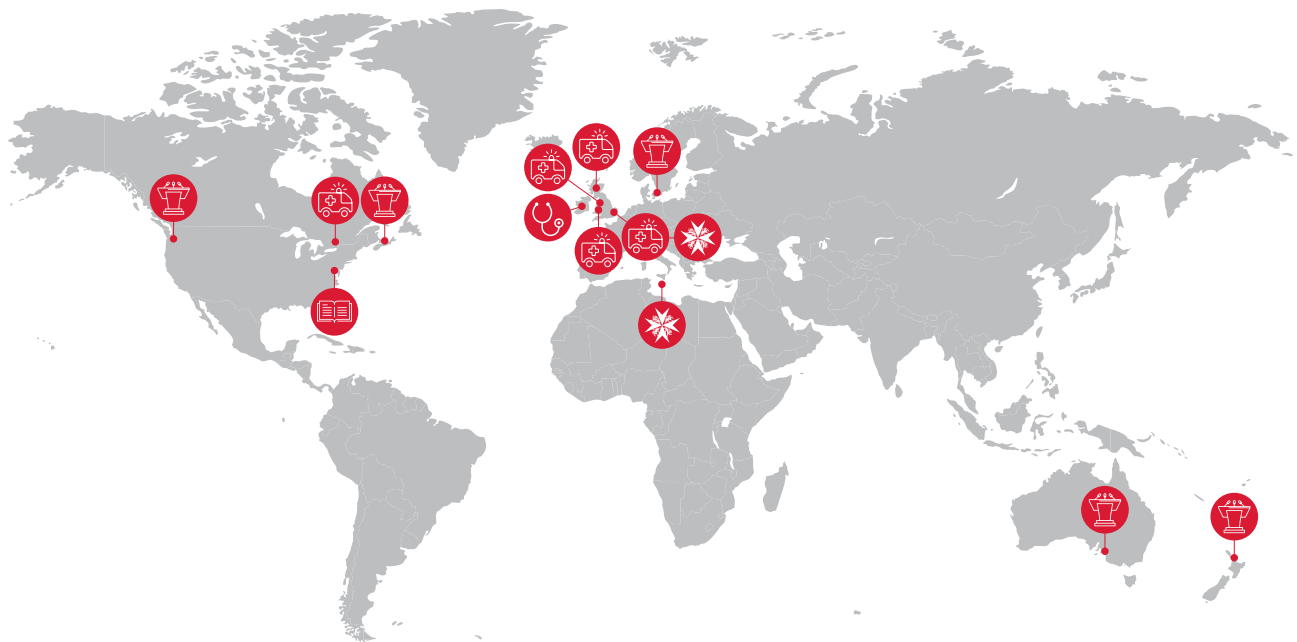
THE FABRIC PROGRAM

The success of St John in Western Australia is dependent on blending a modern contemporary organisation firmly focused on the future with the rich heritage of St John. The organisation does not take this task for granted, but rather proactively manages a planning process and specific program aimed at maintaining the Fabric of St John.

Throughout its history, St John in Western Australia has been an innovator in terms of bringing services to the community that did not exist and in a way that others could not. In 1892 it commenced training of the public in first aid – at a time when such training was not available. In 1922 it took over the running of ambulance services because existing services were not coordinated and in many instances did not exist. St John in Western Australia has led many innovations during its history. It was one of the first ambulance services in the world to have a defibrillator on every ambulance and has been a leader in embracing technology, an example of which was the issuing of iPads to every paramedic as a tool for patient records and patient care.

Despite its success, St John cannot simply rest on its laurels and continue to deliver services in the future as we currently deliver them. The result of the recognition of this need was the development of the organisation's Fabric program. This involves investing in staff and volunteers travelling nationally and internationally attending conferences, visiting ambulance services and observing on-road with those services, all in the pursuit of identifying best practice and driving innovation. At the same time, Fabric program participants learn more about the St John organisation and its international activities. It is the blending of this heritage learning with the pursuit of best practice and the drive for never ending innovation that is vital in maintaining the fabric of St John in Western Australia.

In 2016/17, more than 20 staff and volunteers were directly engaged in Fabric program activities visiting St John organisations and other ambulance services in Adelaide, Auckland, Seattle, London, Yorkshire, Copenhagen, Wales, Scotland, Nova Scotia and Ottawa (activities demonstrated in the illustration below).



 Conference
  Ambulance
  St John History
  Study
  Primary Health

Participants were put through a gruelling schedule and were required to report back in considerable detail on their return, not only with what they had observed but with their plans as to how they are going to positively influence St John in Western Australia in terms of the future provision of services.

HISTORICAL PERSPECTIVE

125 YEARS OF FIRST AID IN WESTERN AUSTRALIA

Care of the sick and injured by bystanders is a part of human history. Until 1887 however, teaching resuscitation and first aid skills to the community was unheard of and considered a novel and even radical concept.

Today, teaching best practice emergency response skills in case of injury or acute illness is taken for granted; thanks largely to the vision of several military surgeons.

In the late 1860s the term 'first aid' was introduced in a military context by Prussian military surgeon Johannes von Esmarch. He also devised the triangular bandage St John would copy just a few years later.

A suggested version of the origin of the term 'first aid' was that it blended 'first treatment' with 'national aid' and was said to have been used for the first time at a St John public meeting in 1878. The term 'first aider' appeared in the *Journal of First Aid* in 1894 and was defined as 'any person who has received a certificate from an authorised association that he (or she) is qualified to render first aid'.

In England, first aid training arose from the industrial revolution, a time when industrial safety was mostly unheard of and life in the rapidly urbanising society was accompanied by trauma and disease. A need was seen for simple and effective treatment for the sick and injured that ordinary people could be taught.

The British Order of St John, with the help of senior British Army officers, created a St John Ambulance Department in 1874 to sell first aid equipment. In 1877 the St John Ambulance Association was formed to train the community in first aid. The first training textbook was *Aids for Cases of Injuries or Sudden Illness* written by Surgeon-Major Peter Shepherd and published in 1878. It contained the doctrine of what we now call 'first aid'. In January 1878 Dr Shepherd also taught St John's inaugural first aid class at a church hall in Woolwich, London.



The movement spread throughout the British Empire. The Perth centre of the St John Ambulance Association was authorised in 1891 and officially commenced teaching first aid to the community in March 1892. Progress has been significant over the years. In 1892 just 123 students successfully completed a St John first aid course at either Perth or Fremantle, in contrast more than 386,000 people were trained by St John in 2016/17 at dozens of locations across the state.

In the beginning only first aid and home nursing courses were taught and in 1936 'home hygiene' was added. Child care classes started in 1963 and while the range of courses steadily widened the target of a first aid trained person in every home was still a long way off. Today we have many choices including specially designed courses on request. The St John first aid manual, known as the 'little black book' ceased in 1950 and was replaced with a textbook that originated in England, much to the disappointment of all Australians. In 1969 St John in Australia published its own Australian First Aid manual, which contained appropriate information on how to respond to emergencies in the Australian context.

Marketing of first aid training had a modest beginning in 1967 with an advertisement 'A first aider in every home, every factory, every car – join a SJA First Aid instruction course' at the back of the Annual Report.

In 2016/17 St John celebrates 125 years of providing first aid services and training in Western Australia. During that time numerous innovations and developments have occurred – some easily implemented and others taking decades to mature. Key factors in St John's success include employing professional managers and staff as well as St John volunteer trainers, strong marketing, listening to our customers and refining courses. Customer feedback has resulted in innovations such as shorter courses that can be as flexible or specific as needed, less reading material and a wider distribution of training locations.

Today we deliver free first aid training to hundreds of thousands of school students across the state - an idea first mentioned in the 1902 Annual Report and trialled in 1905, and which finally became a reality in 2006 with the First Aid Focus initiative. Today, we offer a range of free first aid options to young people as well as a wide variety of courses to businesses and community members.

Throughout St John's 125 year history millions of Western Australians have learned first aid with St John and there has also been strong growth in first aid kit sales and servicing, the Community First Responder system and community engagement programs. This work is helping to provide a safer and more resilient community and, above all, St John has made first aid part of an integrated model of pre-hospital care.

The teaching of first aid has become one of the most significant community phenomena since the industrial revolution and there is no sign of it diminishing in the the technology revolution era.

BIBLIOGRAPHY

Fletcher, N C, (1929) The St John Ambulance Association: Its history and its Part in the Ambulance Movement, St John Ambulance Association, London.

Khangure, E (2017) First Aid in Western Australia: an illustrated timeline of St John Ambulance and first aid instruction 1892-2017, St John Ambulance, Western Australia, Perth.

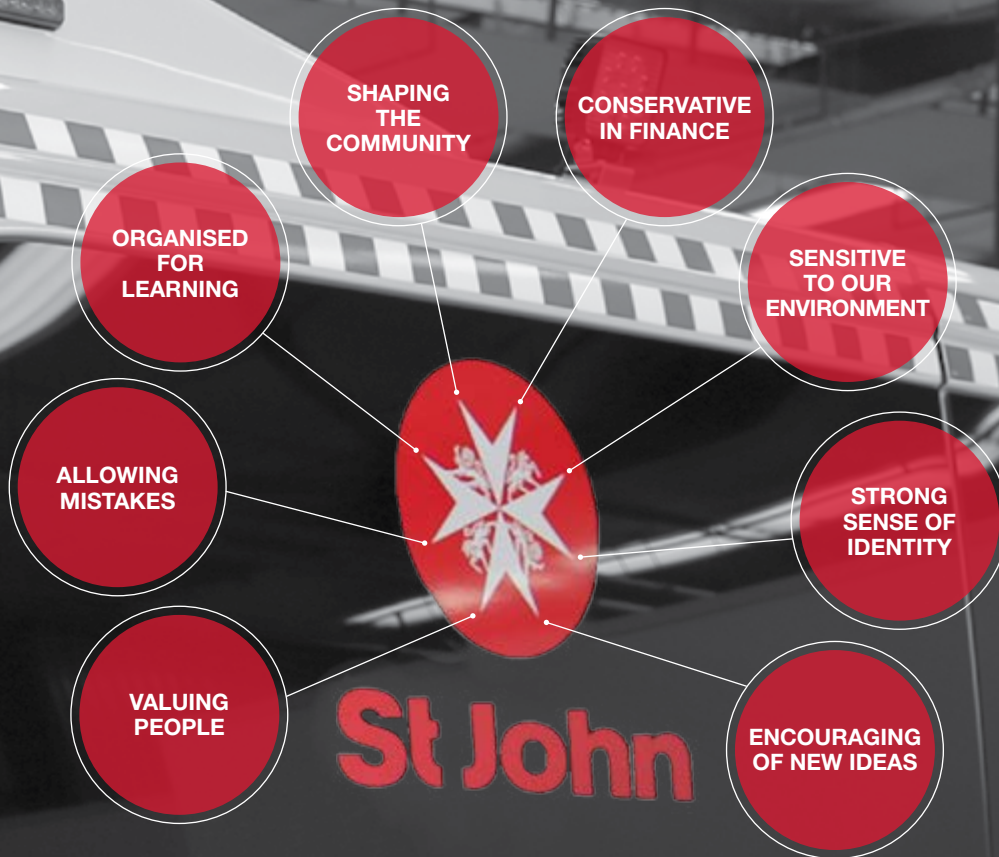
Pearn, J and Howie-Willis, I (2015) Surgeon-Major Peter Shepherd and his 'Little Black Book' in One St John: the International Historical Journal of the Most Venerable Order of St John, 1, pp. 23-9.

St John Ambulance, Western Australia, (1892-2017) Annual Reports.



OUR VALUES

IN FULFILLING ITS PURPOSE, ST JOHN IS GUIDED BY THE FOLLOWING VALUES:



St John

For the Service of Humanity

www.stjohnambulance.com.au

000
EMERGENCY

AMBUL

STATEWIDE RESOURCES

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

Service	Ambulance vehicles	Other vehicles	Paid staff (FTE)	Patients/Customers	Number of people trained in first aid	Volunteers
Ambulance Service Metropolitan	141	138	1,224	236,747	343,945	-
Country Ambulance Career Sub Centres	64	37	166	42,450	21,250	893
Country Ambulance Volunteer Sub Centres	276	39	54	21,529	15,647	2,364
Helicopter Retrievals	-	-	-	893	-	-
Neonatal Emergency Transport Services	-	-	-	525	-	-
External Trainers	-	-	-	-	5,250	-
Apollo Health	-	-	74	269,537	-	-
Event Health Services/ Youth and community	40	3	-	24,149	-	2,168
Patient Transfer Community Service	10	-	-	9,740	-	198
Support and other services	-	-	-	-	-	3,517
Total	521 531	217	1,518	605,570	386,092	9,140

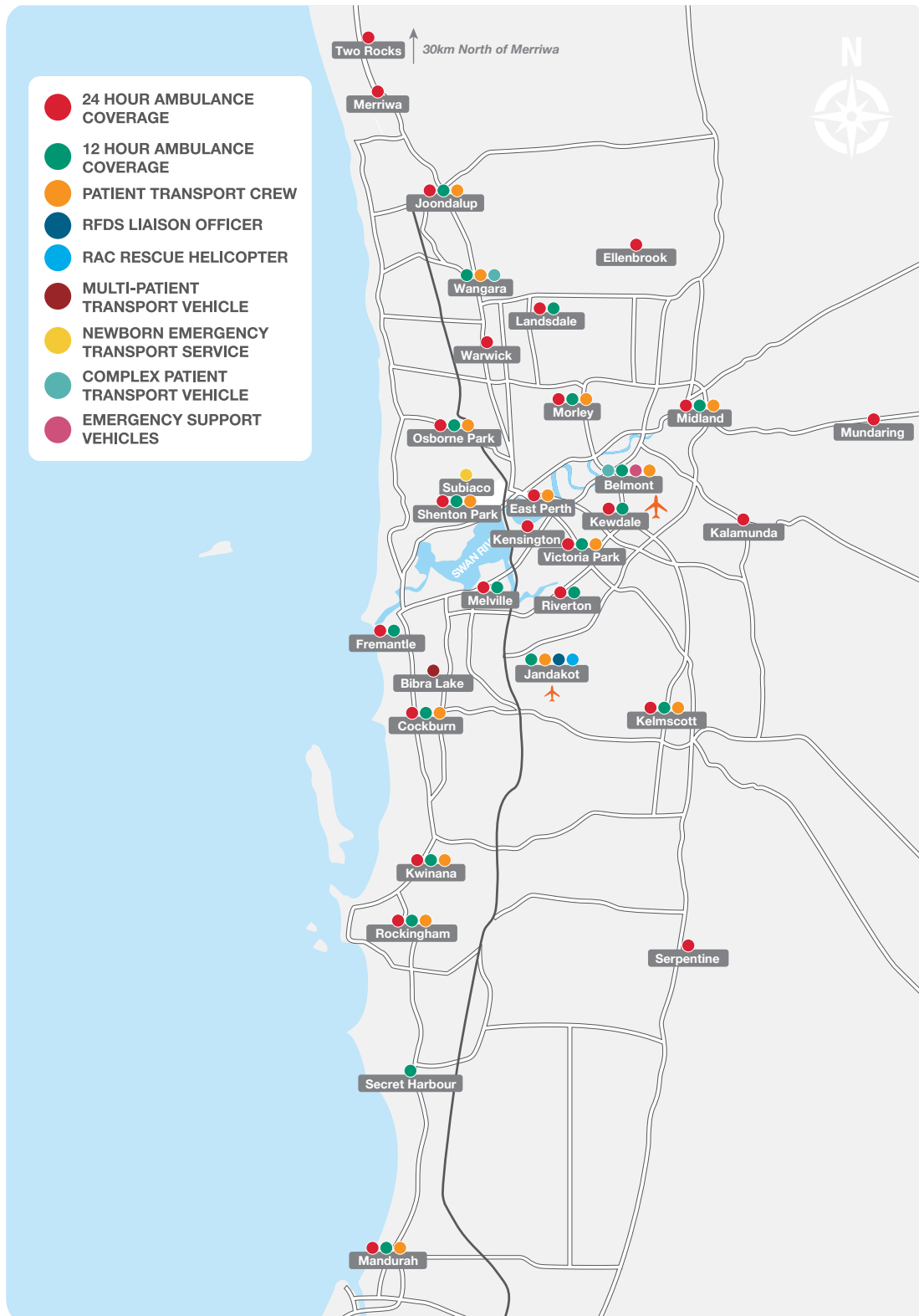


SERVICE PROVISION AND PERFORMANCE



METROPOLITAN AMBULANCE DEPOT LOCATIONS AND RESOURCES

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



PHIL PROSSER CARDIAC ARREST SURVIVOR

Burns Beach father-of-five Phil Prosser knows firsthand the value of first aid training. His story is a living example of why St John has the purpose of making first aid part of everyone's life.

Phil is lucky to be alive after suffering a sudden cardiac arrest while training for an ironman event at Craigie Leisure Centre in Perth's northern suburbs in early 2017.

Phil said he was only about 20 minutes into his swim training session when he started having difficulty breathing.

"I'm fit and I regularly cross-train in swimming, cycling and running so I can compete in triathlons, but that day I just felt like I couldn't get my breath," Phil said.

"Instead of breathing every three strokes like I normally do, I had to start breathing every second stroke."

Phil swam to the side of the pool to catch his breath when the world around him started getting dark and he began to lose consciousness.

Phil's friend and training partner former paramedic Mike Tindale helped pull Phil out of the pool and immediately started CPR while the lifeguards went for the leisure centre's defibrillator.

Another nearby swimmer, a retired anaesthetist, took over chest compressions so Mike could provide rescue breaths.

By this time the lifeguards had returned with the defibrillator. They gave Phil three shocks and on the third his heart started and he began to breathe on his own.

"The next thing I remember I was in the ambulance and the paramedic was telling me we were on the way to hospital," Phil said.

Fortunately for Phil, St John paramedics were just minutes away and the leisure centre's defibrillator combined with Mike and the lifeguards' first aid knowledge proved crucial to Phil's survival.

"I've since learned that early defibrillation is the key to cardiac arrest survival, and I'm eternally grateful for Mike's first aid training and the fact that the Craigie Leisure Centre had a defibrillator on site with lifeguards properly trained in its use," Phil said.

St John recommends community groups and workplaces with automated external defibrillators become part of St John's Community First Responder System by registering their defibrillators with St John, allowing them to become directly linked to the St John State Operations Centre.

In the event of sudden cardiac arrest the nearest first responder is alerted to provide first aid with an automated external defibrillator in the vital minutes before an ambulance crew arrives. There are currently 1,665 registered First Responder defibrillators across the state.

Image: St John paramedic Darren Ginnane, former paramedic Mike Tindale, patient Phil Prosser and lifeguard Jade MacDonald-Razvi.

Image © WEST AUSTRALIAN NEWSPAPERS LIMITED



AMBULANCE SERVICES

METROPOLITAN

St John's objective is to provide world class ambulance services that are the most cost-effective in Australia. This is a challenge given the geography and demographics of the state. St John has developed a unique model that sees world class paramedic services provided in the metropolitan area. Larger regional centres are serviced by mixed crews consisting of career paramedics working with highly trained clinical volunteers and clinical volunteer crews covering the remainder of the state.

The ambulance activity levels for 2016/17 were:

Metropolitan career paramedic ambulance activity levels (provided from 30 metropolitan locations)

Emergency

86,086

Urgent

52,365

Non-Urgent

26,193

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

Emergency

13,869

Urgent

9,328

Non-Urgent

4,978

Country clinical volunteer ambulance activity levels (provided from 144 country locations)

Emergency

7,452

Urgent

4,326

Non-Urgent

2,002

These activity levels represented an increase of four per cent in ambulance activity compared to the previous year. In addition to the road ambulance service, the emergency rescue helicopters completed 893 cases during the year, representing an activity increase of 36 per cent.

One of the most important aspects of ambulance service provision is ensuring the quality of the service provided.

The St John model in Western Australia is a single tier model, that is, there is one level of paramedic ambulance service. St John qualified paramedics are all trained and qualified to operate at the level referred to as advanced paramedic in most other states. An additional level of paramedic practice, known as critical care paramedic, operates on the RAC Rescue helicopters.

Lower activity levels in the country mean it is not possible to provide paramedic services in every country town throughout the state. All metropolitan cases are completed by paramedics and in the larger regional centres a paramedic works with a clinical volunteer. This means that during 2016/17, 93 per cent of all cases throughout the state had at least one paramedic in attendance and 7 per cent were attended to by full volunteer crews.

During the latter part of 2016/17 an assessment of St John's training and qualification for volunteer ambulance officers confirmed that they are trained to the level referred to in many overseas ambulance services as Emergency Medical Technician (EMT). Many emergency ambulance cases in large urban areas in the UK are serviced by ambulances with EMT qualified staff. This validation of the St John volunteer training confirms the high quality of care available throughout the entire state as a result of the St John model.

Clinical practice within the ambulance sector is a constantly evolving process. Western Australia is fortunate to have excellent patient and clinical databases and has a long established research relationship with Curtin University. This relationship is complemented by the significant number of paramedics and academics undertaking research in the area of pre-hospital care. The major achievements and developments in the area of clinical practice in 2016/17 included:

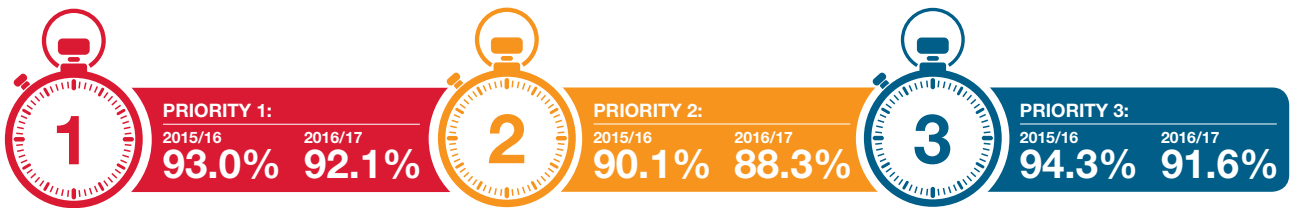
- ▷ Appointing an infection prevention and control officer to develop and deliver new training for frontline staff.
- ▷ Introducing medication cards and quick reference guides.
- ▷ Appointing a resuscitation improvement coordinator.
- ▷ Hosting a comprehensive first ambulance airway review to discuss and review all airway procedures and equipment.

While the qualification, capability and clinical practice of our ambulance crews is of paramount importance, the nature of ambulance work is such that many people judge the quality of the ambulance service by its response time.

In the Perth metropolitan area our response time targets are:



- ▷ Priority 1 - lights and sirens response;
- ▷ Priority 2 - immediate response, normal driving;
- ▷ Priority 3 - non emergency call.



AMBULANCE SERVICES

STATE OPERATIONS CENTRE

	Financial Year 2015/16	Financial Year 2016/17	% Variance
Number of triple zero (000) emergency calls only	219,288	231,843	5.7%
Non emergency calls (for example, Health Direct, hospitals and other emergency services)	332,987	342,636	2.9%
Total number of calls	552,275	574,479	4%

A critical function of the ambulance service is the efficient and effective handling of triple zero (000) emergency calls, dispatching ambulances and managing the use of the ambulance resources. Our State Operations Centre, which now operates across two locations at Belmont and Wangara, has had an extremely busy year.

Two key performance indicators for the State Operations Centre report on the speed with which we answer emergency calls as well as the degree of compliance with the structured call taking system. The analysis below shows outstanding results for the State Operations Centre during 2016/17.



94% of all triple zero (000) calls answered within 10 seconds



98% compliance with our structured call taking guidelines

In addition, during the year we:

- ▷ Implemented out-of-hospital cardiac arrest dispatch key performance indicators that align with best international practice.
- ▷ Appointed a country response time manager to streamline and standardise processes and procedures in regional Western Australia.

AMBULANCE SERVICES

COUNTRY

Overall growth in country activity levels was 3.2 per cent, slightly below the four per cent statewide growth, with the greatest increase in activity levels experienced in our career sub centres.

Country Ambulance cases	Financial Year 2015/16	Financial Year 2016/17	% Variance
Career sub centre cases	40,600	42,450	4.6%
Volunteer sub centre cases	21,422	21,529	0.5%
Total country cases	62,022	63,979	3.2%

In country locations it is not always possible to achieve a similar response time as is achieved in the metropolitan area. The need to travel longer distances and the spread of the population in regional areas dictates that different targets are set for the major country locations. Our performance against those targets in 2016/17 can be seen on the next page.



COUNTRY AMBULANCE RESPONSE TIMES



PRIORITY 1 within 15 minutes

2015/16 2016/17



PRIORITY 2 within 25 minutes

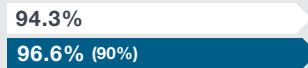
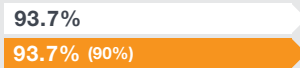
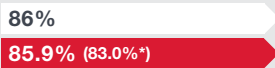
2015/16 2016/17



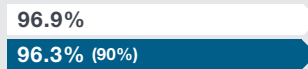
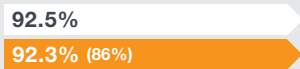
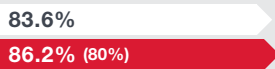
PRIORITY 3 within 60 minutes

2015/16 2016/17

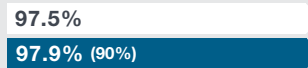
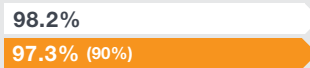
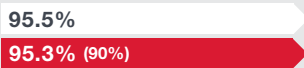
ALBANY



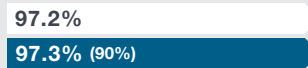
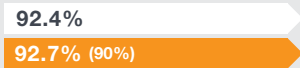
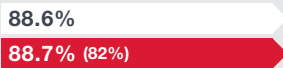
AUSTRALIND



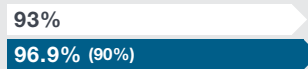
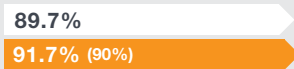
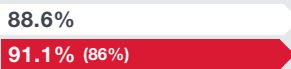
BROOME



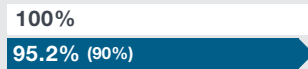
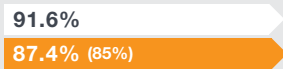
BUNBURY



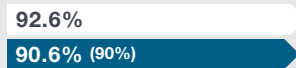
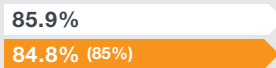
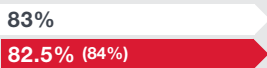
BUSSELTON



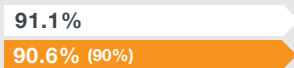
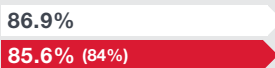
COLLIE



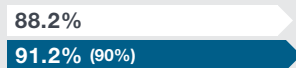
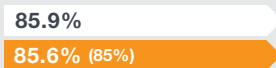
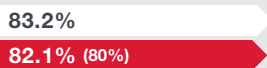
GERALDTON



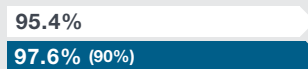
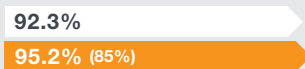
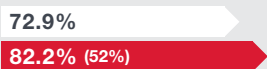
HEDLAND



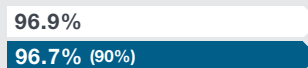
KALGOORLIE



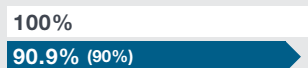
KARRATHA



KUNUNURRA



NORSEMAN







NORTHAM

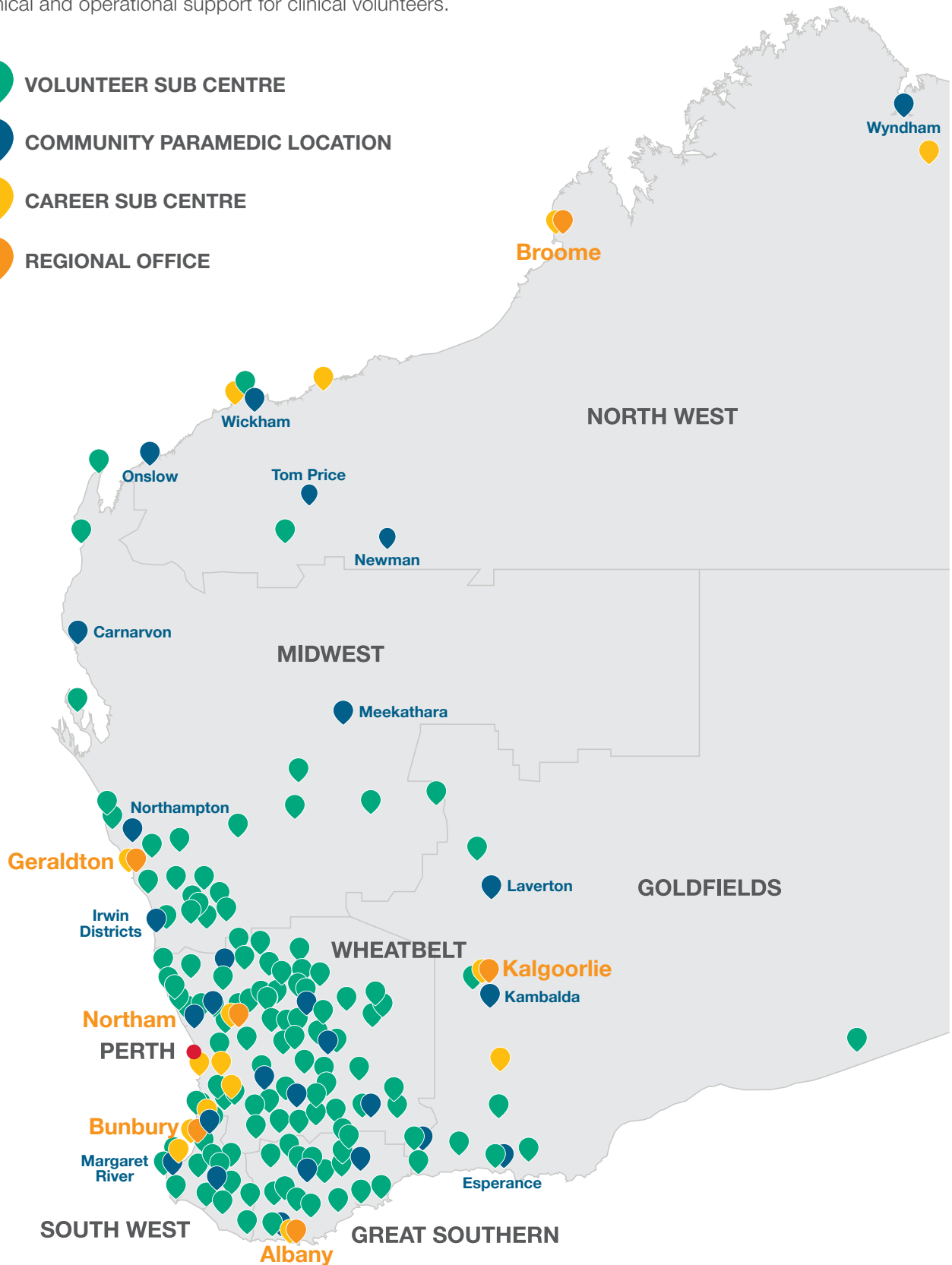


* All response time targets are shown in brackets. These are applicable to all ambulance calls within a 10km radius of the town centre. Targets were the same for both 2015/16 and 2016/17.

REGIONAL AMBULANCE LOCATIONS

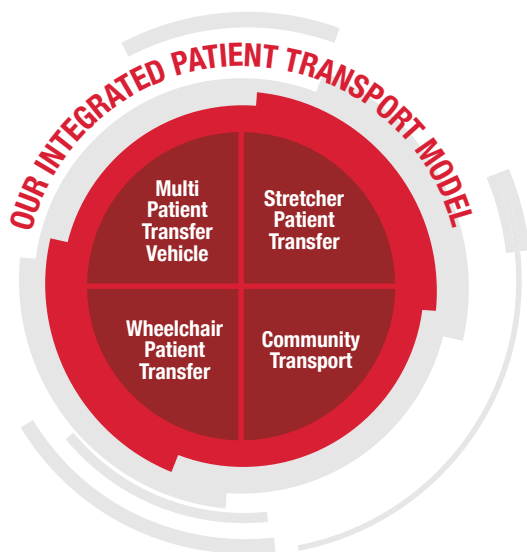
St John has 160 regional locations as well as 30 depots in the Perth metropolitan area. In the regions, our Community Paramedics provide training and mentoring along with clinical and operational support for clinical volunteers.

-  VOLUNTEER SUB CENTRE
-  COMMUNITY PARAMEDIC LOCATION
-  CAREER SUB CENTRE
-  REGIONAL OFFICE



PATIENT TRANSFER SERVICES

Patient Transfer Services are a key component of efficient and effective ambulance service provision and more broadly, a key component of St John's objective of transforming ambulance from a purely response model to a gateway into the health system for unscheduled care. The key to this is the provision of a full range of transport options in an efficient and sustainable way that ensures patients have timely, easy and equitable access to healthcare. St John's range of services includes:



The integrated transport model is key to ensuring efficiency of ambulance services and accessibility to health services for patients. To make the integrated model work, it is necessary to succeed with commercial patient transport activities and, at the same time, succeed with the community service or charitable activities. The integrated model is not able to support car-based community transport with paid staff. It is therefore critical to effectively manage the availability of volunteers for the provision of this service.

At the more commercial end of the spectrum, St John competes with other patient transport providers for the provision of services to metropolitan hospitals for inter-hospital transport services.

The integrated model of patient transport and ambulance ensures that calls from the public received through the state ambulance operations centre, that are appropriate, are directed to patient transport rather than an emergency ambulance. This plays a key role in St John sustaining its cost effective model.

Patient transfer activity in the metropolitan area increased by 14 per cent during 2016/17.

During the year we continued the implementation of patient transfer crews into country locations. Patient transfer activities throughout rural Western Australia provide critical funding for emergency ambulance services as well as vital clinical practice for ambulance officers who may otherwise only have exposure to a limited number of cases.

It has been necessary, however, to introduce patient transfer services into a number of country locations to limit the burden on volunteers, particularly with longer distance road transfers.

Patient transfer services have now been introduced at Albany, Bunbury, Busselton, Katanning, Northam, Narrogin, Geraldton and Kununurra.

2016/17 saw the first of the country Community Transfer services introduced into Walpole. This system will be progressively introduced into other country locations.



CARYL SMITH

COMMUNITY PARAMEDIC



A country girl at heart, Caryl jumped at the chance to take up the role of community paramedic in Ravensthorpe 18 months ago. Although normally a quiet country town, the region was thrust in the limelight when devastating floods ravaged the area early this year, putting her and her volunteer team to the test.

In February we experienced extreme rain and flooding across our shire, with widespread damage to farms and road infrastructure.

This effectively cut off Ravensthorpe and Hopetoun from the rest of the state and tested emergency service capabilities and availability.

During this time, when only unsealed road access was available, we got called out to a car rollover with a lady badly injured with head and spinal injuries.

Although I was able to get access across flooded roads to the patient in my vehicle, our ambulance had to do a longer round trip on degraded roads. Extrication and road transport back to hospital then became a challenge.

Two of the volunteers that attended had recently completed their level one training and, with minimal experience, handled a complicated job really well. I was really proud of the way they all worked extremely well together.

My main role as a community paramedic is to support and assist sub centres at Ravensthorpe, Hopetoun, Lake King and Varley. This involves training, volunteer recruitment and retention, community liaising, and of course being available operationally to back up volunteer crews.

I enjoy teaching and mentoring, and really value watching volunteers progress forward with their education and training, and gain confidence with their on-road experience.

I also like assisting the St John ambulance sub centres to develop and achieve their own community events such as the Emergency Service Showcase in Ravensthorpe, and the launch of the Hopetoun and Ravensthorpe community transport vehicle.

Image: Caryl Smith, Community Paramedic.

HEALTH SERVICES

Two weeks before the start of the 2016/17 financial year, St John acquired Apollo Health Pty Ltd, which included four primary health clinics in Joondalup, Cockburn, Armadale and Cannington providing the following services:



Two months into the financial year St John opened urgent care centres at Joondalup and Cockburn. Urgent care centres are staffed with salaried doctors, nurses and paramedics. Patients attending urgent care centres do not have an appointment, are bulk billed and can receive the full range of assessment and treatment for conditions that include sprains, fractures, cuts, ear and eye infections/irritations, sports injuries, dental, minor burns, scalds, insect and animal bites.

During the financial year activity levels continued to grow. If the rate of activity seen towards the end of the year continues throughout the next financial year, we will be on track to see approximately 350,000 patients through the medical centres, of which 50,000 will be seen in urgent care. The result of this activity level will be the treatment of approximately 20,000 patients who would otherwise have presented at an emergency department.

Throughout the financial year and particularly in the second half, St John has been active in planning, leading discussions and putting forward proposals that aim to transform the health system through an integrated network of urgent care centres providing an effective alternative pathway for patients requiring unscheduled care that does not need to be provided in an emergency department. Whilst St John's transformation plans do not involve our organisation providing all of the urgent care centres it is critical that it is a coordinated network of centres that are developed in order to achieve the required system transformation.

Included in St John's range of health services is the provision of paramedics, emergency services officers and medics to industry. St John staff work with clients to design a complete health care package for their work sites specialising in the provision of highly qualified, experienced staff to look after the daily health and emergency medical needs of local, remote and offshore workers.

In 2016/17 we continued to supply medics and emergency services officers and provided training and drug and alcohol screening for mine site workers.

The organisation's activities across ambulance, patient transport and health services during the course of 2016/17 have seen it make significant progress towards its strategic goal of transforming the ambulance model from simply a response model to an effective gateway into the health system for unscheduled care.

FIRST AID TRAINING

St John enjoyed outstanding success in 2016/17 in its quest to make first aid a part of everyone's life; training 386,092 people or 14 per cent of the state's population. This number represents an increase of 21 per cent on the number trained last year.

FIRST AID STUDENT NUMBERS

2015/16 **2016/17**

Metropolitan Commercial Students

50,127

50,471

Metropolitan Charitable Students

223,262

293,474

Total Metropolitan Students

273,389

343,945

Regional Commercial Students

21,795

23,236

Regional Charitable Students

17,110

13,661

Total Regional Students

38,905

36,897

Total Commercial

77,269

78,957

Total Charitable

240,372

307,135

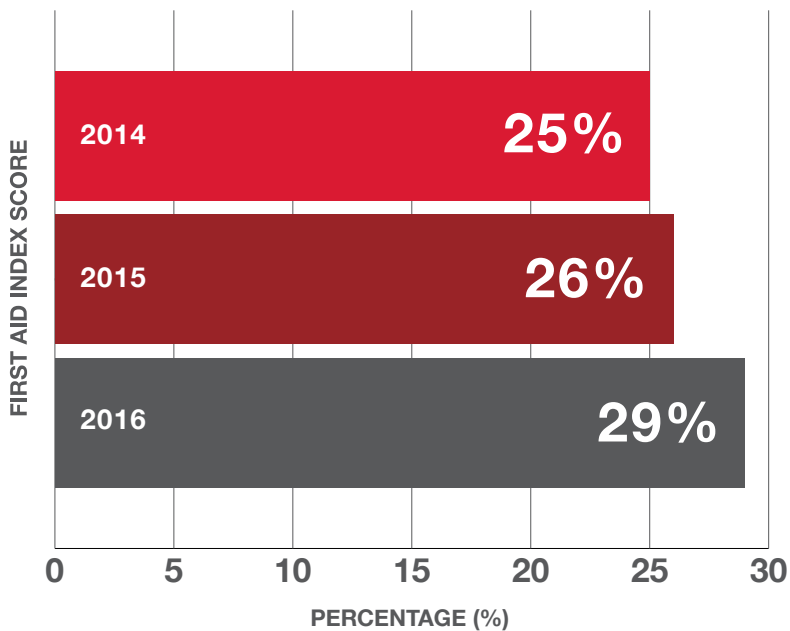
Total First Aid Students

317,641

386,092

FIRST AID TRAINING

Our first aid training aims to provide anyone at the scene of sudden illness or injury with the ability to become part of the chain of survival in the vital minutes before an ambulance arrives. As well as measuring the number of people we train in first aid, our customer satisfaction index and market research informs us about the community's confidence in providing this lifesaving care. The results over the past few years show that we are making progress in building community confidence.



The above graph shows the percentage of people in the community who are confident to deliver first aid in an emergency.

In addition to measuring the community's willingness and skill to deliver first aid, we are adopting a number of initiatives whereby we seek to measure community impact of first aid training, rather than simply counting student numbers. These outward looking targets and measures will include things such as:

- ▷ The number of cardiac arrest patients receiving CPR before the arrival of the ambulance.
- ▷ The number of cardiac arrest patients who had access to a defibrillator prior to the arrival of the ambulance.
- ▷ The number of unconscious patients placed in the recovery position prior to the arrival of the ambulance.
- ▷ The number of burns patients receiving first aid prior to the arrival of the ambulance.

The aim of these measures is to develop innovative ways to improve community capability without the need to complete full first aid training. We have put considerable planning into this innovation during 2016/17.

RONDEL DANCER FIRST AID TRAINER TEAM LEADER

It was seven years ago when Rondel started out with St John as a first aid trainer. Since then Rondel has embraced the role of team leader and is constantly inspired by the passion and dedication of her team.

Because they work alone, working as a first aid trainer can be isolating at times and my job is to unite all of our trainers and help them to feel supported. My role is about bringing people together.

I regularly sit down with the trainers and chat about their concerns and how their training is going. It's all about inspiring them and giving support where they need it – whether with time or fatigue management, course delivery tactics or personal issues.

In my three years as First Aid Trainer Team Leader there have been a couple of trainers who were struggling and they'd done the hard work themselves but to be able to point them in the right direction and see them become really competent trainers knowing I've played a part in that is a big buzz for me.

Another highlight of my job is seeing the amount of people who are out there trying to make a difference by participating in our first aid courses. It doesn't matter if I am in Rockingham or Joondalup, everyone who takes a first aid course walks away with a big smile on their face, enjoying the quality training that St John first aid trainers deliver.

Without a doubt, the best thing about my job is being out and about and hearing the trainers' stories. They often relay stories of former students that trained with them a couple of years ago, telling them how in that time they provided first aid in an emergency and if it hadn't been for the skills learned in the classroom they might not have been able to help.

In my mind, what makes a good first aid trainer is the care factor. A good trainer needs to be able to adapt their training to people from varying walks of life, with various learning levels and from different cultural backgrounds. It's all about being able to adopt a training style that's going to encompass all of that, which is something our team does incredibly well on a daily basis.

Image: Rondel Dancer, First Aid Trainer Team Leader.



EVENT HEALTH SERVICES

The last few years have seen significant growth in Event Health Services and that trend continued in 2016/17, with event numbers increasing by more than 22 per cent and duty hours up by more than 13 per cent. This growth has been driven by the determination of the 1,965 volunteers and support staff to ensure St John delivers outstanding care and exceptional service by providing professional, clinically appropriate and timely health care services at events.

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

In late 2016 all event divisions were restructured to improve the way in which we meet the needs of our volunteers and create leadership teams at each centre. The new leadership structure ensures our volunteers are highly trained, well-resourced and engaged at divisions. This allows our volunteers to further meet client and patient needs while making sure they get the most out of their experience with St John.

Event Health Services also introduced Venue Coordinators at a number of major metropolitan events. These officers assist with the management of service delivery at the venue, the coordination of St John personnel and customer communication. Venue Coordinators ensure volunteers are familiar with the venue and that event managers receive the highest possible level of service from St John.



We attended **3,722** events:



1,965 volunteers



85,717 hours of service provided



5,134 patients received clinical services at these events



19,015 people received additional services

ASHLEIGH PUNCH EVENT HEALTH SERVICES VOLUNTEER

Event Health Services volunteer Ashleigh Punch had a taste of pre-hospital care when a competitor fell down a steep slope and ended up suspended above a two metre ditch during an international mountain bike race last year.

The rider was covered in mud, blood and ants, in a rather precarious position, and it was a challenge to maintain spinal precautions, let alone extricate him.

A team of six of us, including two paramedics, managed to manoeuvre him onto a spinal board while trying not to slip further down the ditch ourselves, before scrambling back up to the road, all the while slipping in the mud.

This is a stark contrast to what I see in the Fiona Stanley Hospital emergency department where I work as a resident medical officer.

The patients are always nicely presented there, on the spinal board, with their wounds bandaged and cannulas in their arms, so this experience helped illustrate all the hard work that goes into providing the very best patient care up to their arrival to the emergency department.

My journey with Event Health Services started in 2003, when a friend took me to an Event Health Services cadets meeting night at Mandurah. By the end of the first year I had been promoted to corporal and two years after that to sergeant. I ran the divisional events portfolio from the age of 15 and when I moved to Perth to study I transferred to the Western Suburbs division.

One of the highlights of my time there was setting up a moulage kit from scratch. There is now a team in the division that uses make-up to create realistic wounds to add realism to the training scenarios.

Since joining Event Health Services I've worked at the Royal Show, the Big Day Out, various New Year's Eve events, the Mandurah Crab Fest and the Western Mud Rush to name a few.

It honestly never occurred to me that volunteering was something special. It was just something interesting to do, like a hobby. My family has been involved with the Scouts/Guides movement for a long time so I had been helping out at community events since I was very young.

I mostly enjoy the human connection my volunteering gives me. When I first started out, it was more the clinical challenge and the excitement of never knowing what would come next that motivated me. Now I enjoy spending time with my Event Health Services family, many of whom I have known for years, and helping people in their time of need.



Image: Ashleigh Punch, Event Health Services Volunteer.

FIRST RESPONDERS

St John's Community First Responder program is a critical link in strengthening the chain of survival in Western Australia. The program provides automated external defibrillators in public locations such as sporting clubs, hotels, shops and other publicly accessible locations. There are now 1,664 first responder locations across the state - 695 in metropolitan Perth and 969 in regional WA – a 31 per cent increase over last year.

Each Community First Responder location has trained volunteers that can be called upon to deploy an automated external defibrillator when someone suffers a cardiac arrest. Each location is geocoded into the ambulance dispatch system so that fast action can be taken in the event of a cardiac arrest in their area.

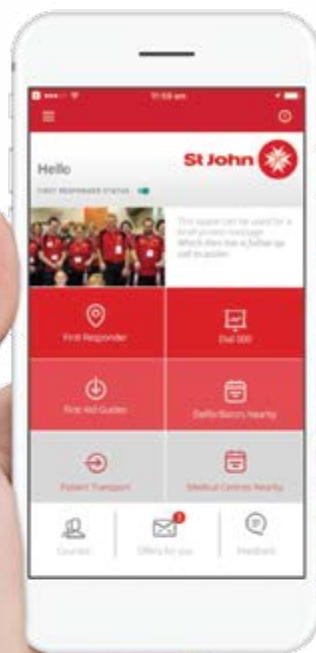
Timely access to a defibrillator prior to the arrival of an ambulance doubles the chance of survival for cardiac arrest patients and it is this kind of incredible result that drives St John in our work towards increasing the number of Community First Responder locations.

In May 2017 St John introduced a smartphone app that has the potential to contribute to further significant improvement to outcomes in out-of-hospital cardiac arrest. This Australian-first app alerts qualified first aiders to nearby emergency situations and allows them to provide patient care while an ambulance is en-route. A notification is sent to registered users who are within 500 metres of a public emergency incident and the responder – who is someone with appropriate first aid training – is able to locate the patient and provide immediate, appropriate first aid care. Incidents that will trigger an alert include cardiac arrest, burns and allergic reactions.

Importantly, the app also allows people to dial triple zero (000) and automatically sends GPS coordinates to the State Operations Centre, helping paramedics easily locate the patient. For people who are not registered first responders, the app provides first aid information to treat a range of illnesses and injuries, as well as giving the location and wait times for nearby medical centres and emergency departments.

Within the first week of its launch more than 1,300 users registered as first responders and resulted in the successful defibrillation and resuscitation of a cardiac arrest patient.

In 2016/17 St John launched a smartphone app designed to save lives.



STAFF AND VOLUNTEERS



OUR EXECUTIVE TEAM



TONY AHERN

Chief Executive Officer

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

ANTHONY SMITH

Deputy Chief Executive Officer and
Ambulance Service Director

Anthony was appointed Deputy Chief Executive Officer in 2012 after joining St John in 2007 and having held the positions of Business Services Director and Finance and Administration Director. Anthony completed the Advanced Management Program at Harvard Business School in 2011. He also holds a Bachelor of Commerce, Graduate Certificate in Public Sector Management and Diploma in Local Government. Anthony is a Fellow of Leadership WA, a member of the Australian Institute of Company Directors and has been admitted as a member of the Order of St John.

Anthony has provided executive leadership for two decades across corporate, not for profit and government organisations. He holds a board position with the Gowrie Group and is a member of the Australian Resuscitation Outcomes Consortium Management Committee at Monash University.

DEBBIE JACKSON

People and Culture Director

Debbie joined St John in 2003 as Human Resources Manager, and held the role of Human Resources Director from 2005 before becoming Director of the People and Culture directorate in 2016. Debbie's portfolio includes a range of people services and development functions with a focus on culture growth to optimise the impact of our people strategies across the business. Debbie's in-depth knowledge and strategic understanding of the organisation, coupled with her commitment to deliver high quality solutions will shape and connect our people to lead change within our integrated ambulance service. Debbie was admitted as a member of the Order of St John in 2014 and was awarded the prestigious Ambulance Service Medal in 2015.

ANTONY SMITHSON

Finance and Administration Director

Antony commenced in the role of Finance and Administration Director in April 2014. Antony is a Fellow Chartered Accountant, qualifying with Deloitte in the UK. He has more than 20 years of accountancy, audit and Chief Financial Officer experience with a range of large international companies. He holds a Bachelor of Science (Physics and Computer Science) from Manchester University and has extensive commercial experience including strategic review and turnarounds, commercial agreements, partnerships and joint ventures, contract tendering and statutory reporting.

DR PAUL BAILEY

Clinical Services Director

Paul started as Clinical Services Director at St John Ambulance in April 2015 and he is also Emergency Department Director at St John of God Hospital in Murdoch. Paul is a Perth based emergency physician with a long standing interest in pre- and inter-hospital medicine including domestic and international aero-medical retrieval. His medical undergraduate training was at The University of Western Australia. Paul also has a laboratory biochemistry PhD in jellyfish venomology.

ASHLEY MORRIS

Technical Services Director

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

PHIL HOLMAN

Health Services Director

Phil joined St John in 2014 as General Manager Patient Transfer Services and later that year took on Medical Services before being appointed Health Services Director in late 2015. Phil's role as Health Services Director is focused on ensuring the provision of primary and urgent health care services; in particular their integration into the ambulance service as a gateway to the health system. The Health Services portfolio includes Apollo Health, Event Health, First Aid Training, Marketing and the Youth and Community charitable operations. Phil's key skills are in corporate relationships and sales, operational delivery, leadership and commercial management.

Caption: Top row (left to right); Phil Holman, Anthony Smith, Ashley Morris. Bottom row (left to right); Antony Smithson, Debbie Jackson, Tony Ahern and Dr Paul Bailey.

PEOPLE AND CULTURE

Being an organisation in the business of community service means our organisation is all about people. One of the pillars of our 2020 vision is to be an employer of choice and the volunteer organisation of choice. 2016/17 was both a challenging and very rewarding year in terms of our people. The first half of the year saw the culmination of an extensive period of review with the release of the Independent Oversight Panel's (IOP) report on the organisation's culture and wellbeing and support services. During the course of the review period and following the release of the report much progress was made including:

- ▷ The establishment of the Employee Engagement Program.
- ▷ The establishment of the Expert Advisory Group.
- ▷ The adoption of a comprehensive program with ongoing monthly updates on progress with the implementation of the IOP's recommendations.
- ▷ Continuation of annual wellbeing and support training for all staff with planning for the fourth round of training now complete.
- ▷ The completion of the organisation's first culture survey.

Considerable progress is also being made at a national level with the beyondblue organisation playing a key role in bringing emergency service organisations together to collectively tackle some of the very difficult mental health issues.

2016/17 saw St John continue to invest heavily in wellbeing and support services for all of our staff, volunteers and their families and this investment will continue as we all learn the best way to evolve and provide services that ensure the best possible mental health for all of our personnel and their families.

The safety of our staff and volunteers across the areas of both physical and mental health remains a top priority for St John.

Our focus on mental health engagement has led to more people accessing wellbeing and support services, with support referrals increasing by 40 per cent over the last 12 months. This translates to connecting with and supporting more than 2,000 staff and volunteers during the year.

The organisation continues to grow in terms of staff and volunteer numbers. We started the year with 1,382 full time positions and 7,998 volunteers and finished with 1,517 full time positions and 9,140 volunteers. We also employ 74 people at our Apollo Health clinics.

Staff attrition rates remain low, demand for employment positions is high and our ability to recruit new volunteers is excellent. The way in which Apollo staff were integrated into the St John organisation was excellent with minimal staff turnover.



EDUCATION AND TRAINING

A key component for an employer and volunteer organisation of choice is the quality, quantity and relevance of education, training and development opportunities. In 2016/17 there was very significant investment in this area. As well as the development opportunities provided by the Fabric program, the following summarises the significant education, training and development also provided during the year:

Skill Area	Training Delivered	Number of people trained
Clinical induction	Student Ambulance Officer induction: intermediate and transition Ambulance Transport Officer Communications Officer Event Medic Registered Nurse Transport Officer Industrial Medic/Paramedic Mental Health Transport Officers Volunteer Education: Level 1, 1.5 and 2	1,594
Clinical development	Continuing Education Program – Paramedics Continuing Education Program – Ambulance Transport Officer Continuing Education Program – Communications Officer Continuing Education Program – Event Medic Continuing Education Program – Registered Nurse Transport Officer Continuing Education Program – Mental Health Transport Officers Continuing Education Program – Volunteer: Level 1, 1.5 and 2 Clinical seminars Drop-in skills Working with a Paramedic Volunteer Development Officer	3,482
Specialist role induction and continuing clinical development	Clinical Support Paramedic Critical Care Paramedic Special Ops Paramedic Area Manager Community Paramedic Country Paramedic	315
Safety	Inductions: operational and admin Continuing education programs Hazardous substances Isolated worker Workplace inspections Incident reporting Incident management systems Manual tasks Risk management Ergonomic workplace Varidesk	1,135
Personal and professional development	Regional seminars Having difficult conversations Sales training Communication skills Time management Networking skills Emotional intelligence Project management Presentation skills Negotiation skills	799
Leadership/Management	Coaching Giving and receiving feedback Essential conversations Building high performing teams Change leadership Influencing/ delegating skills Motivating teams Leading remote teams	245
Technical	Auditor training Microsoft Office	102
Education, Training and Development = 7,638 participants		

GARY GUELFİ VOLUNTEER AMBULANCE OFFICER

Newdegate farmer and St John volunteer Gary Guelfi has had a passion for medicine since high school. A close neighbour recognised Gary's enthusiasm and convinced him to volunteer with St John. Since then Gary hasn't looked back.

I joined the Newdegate Sub Centre in 1979 and in 1981 I was invited to attend the St John training centre in Perth for a two week Ambulance Officer Grade 2 training course. The high calibre of the instructors and course materials made it apparent right from the start that this was going to be worthwhile.

At the end of the course I was invited to do a further week, which would qualify me to apply to become a career ambulance officer based in Perth. As inviting and exciting as that sounded, my duty to my family and the farm outweighed the educational benefits and career prospects of training, living and working in the city.

Our farm is 20 kilometres out of Newdegate and the old call-out system was a party-line phone system manned by local townspeople. My opportunities to attend emergency call-out were limited because the closest crews were generally the ones dispatched.

This meant keeping my skills up to date was challenging because it could be quite a while between call-outs and I was missing the on-the-job training. Add to that the constant work commitments of the farm and it's easy to feel your commitment to the cause dwindling.

I decided to keep motivated by taking on other jobs in the sub centre, taking on the treasurer's role in 1991, which I have held ever since. In more recent years, the switch to a centralised call centre and conference calls also made the system far more inclusive, and our crew based 20 to 40 kilometres out of town is now able to be more involved with the calls. This has reignited my enthusiasm.

One of the great joys I experience as a Level 2 officer and a Volunteer Development Officer is seeing ordinary people attending calls, often operating far beyond their comfort zones. They often far exceed their own perceived limits and do a wonderful job, sometimes with people very well known to themselves as patients. This makes me so proud to be associated with the other volunteers and St John as a whole.

The support of my family is everything, and my wife Gaye and son Aaron are both Level 2 ambulance officers at Newdegate, which helps keep us all engaged and motivated. My daughter Belinda also served as a volunteer ambulance officer and has since moved to Perth to pursue a medical career.

I believe I am very privileged to be able to be of genuine help to my community. I encourage anyone with passion for community service to take up the St John volunteer challenge.



Image: Gary Guelfi, Volunteer Ambulance Officer.

SUPPORT SERVICES

The Annual Report focuses on the four pillars of St John's 2020 vision:

- ▷ Making first aid a part of everyone's life.
- ▷ Providing high quality, cost-effective ambulance services and entry points into the health system.
- ▷ Being an employer and volunteer organisation of choice.
- ▷ Maintaining the fabric of St John.

It also analyses the financial performance and position of the organisation.

Behind the scenes of the operation to provide our first aid, ambulance and health services is a group of very dedicated staff working in an array of support areas. Whilst the support areas are not the purpose for which the organisation exists, it could not achieve its purpose and deliver service to the community without those support services.

The following highlights from each of the support areas show just some of the important work undertaken during 2016/17 to ensure St John in Western Australia was able to deliver its services and achieve outstanding results.

PEOPLE AND CULTURE

- ▷ Employee relations – We successfully implemented a flexible work policy for administration and support staff whereby staff can choose flexible start and finish times and accrue hours towards an agreed day off.
- ▷ Staff deployment – This team started doing the staff rosters for the State Operations Centre in addition to its role of rostering metropolitan ambulance services. The team established guidelines to ensure fair and equitable shifts.
- ▷ Workforce planning – We processed a very high volume of applications during annual recruitment of operational staff. Administration positions were also highly sought after. In total, we put on 333 new people at St John during the year.
- ▷ Corporate events – Our staff and volunteers attended 41 events reaching almost 10,000 people and providing very high levels of engagement.
- ▷ Education and accreditation – A new approach was taken to learning and development with almost 1,000 participants attending in-house training sessions, with a major focus on leadership programs. More than 4,000 volunteers attended specific volunteer skills training and we launched the volunteer hub, a physical space our volunteers can use for various activities.
- ▷ People and capability – We trained more than 4,000 volunteers within metropolitan and regional areas and we added to our portfolio of non-clinical volunteer roles, namely Volunteer Recruitment Officer, Early Childhood Educator and Customer Service Volunteer based at St John's new Urgent Care Centres.
- ▷ Safety – The implementation of dedicated Lost Time Injury meetings for each incident. This initiative has resulted in consultative incident investigations which determine root causes of incidents and result in new control measures.
- ▷ Wellbeing and support – Our focus on mental health has led to a 40 per cent increase in people using wellbeing and support services. This translates to connecting with and supporting more than 2,000 staff and volunteers during the year.
- ▷ Internal communications – We rapidly grew the use of social media in the regions and across our metropolitan operational areas to aid rostering, emergency capability and keeping staff and volunteers informed.

CLINICAL SERVICES

- ▷ Clinical governance - We appointed a Resuscitation Improvement Coordinator and an Infection Prevention and Control Officer to drive improvements in these key clinical areas and improve patient outcomes.
- ▷ Medical advisors and medical policy committee – In collaboration with external medical specialists, we hosted our first ambulance airway review. This comprehensive review of our airway procedures and equipment has led to many recommendations and improvements.

FINANCE AND ADMINISTRATION

- ▷ Finance – We implemented the first phase of the finance automation project, which will allow us to automatically bill ambulance cases.
- ▷ Administration – We had a successful Quality Management System triennial audit including a transition to the new ISO 9001-2015 standard.
- ▷ Performance and planning – Our performance analysts continued to support our frontline services with performance reports and by running our Ideas, Decisions and Actions meetings, a driver of continuous improvement.
- ▷ Supply and distribution – We established cost savings through a new business wide procurement policy and a new inventory ordering process in our metropolitan ambulance depots.

TECHNICAL SERVICES

- ▷ Information technology – We developed the St John First Responder app. This new technology integrates our State Operations Centre system, e-commerce, training systems and smartphone GPS technology to alert first aid trained people of incidents nearby so they can assist people.
- ▷ Fleet and radio – We improved our business capability with the installation of a backup State Operations Centre and new microwave radio tower in Wangara. This allows full back up if the main Belmont State Operations Centre becomes non-operational.
- ▷ Property – We delivered a central hub (Cowcher Place, Belmont) which combines our Fleet and Radio workshops, Supply and Distribution unit and Event Health Services. Another key component of this development is our volunteer hub; a purpose built space for volunteers to learn, meet and relax.



HEALTH SERVICES

- ▷ Primary health – The acquisition and integration of Apollo Health along with the creation of the Urgent Care Centre initiative.
- ▷ Medical services – We started working with junior and mid-tier mining projects in the Goldfields, Wheatbelt and Pilbara regions to provide services including first aid, staffing solutions, medical equipment and supplies, and clinical governance.
- ▷ First aid services and training – We trained a record number of people in the year, 386,092 in total, including our highest number of paid students.

AMBULANCE AND CORPORATE SUPPORT

- ▷ Corporate planning function – Triannual corporate planning process completed, including the delivery of the St John Ambulance WA 2020 vision.
- ▷ Grants and corporate partnerships - Various projects received funding totalling more than \$4.5 million. We struck funding partnerships with BHP Billiton, Chevron Australia, the Australian Government's National Stronger Regions Fund and the WA Government through Royalties for Regions and continued our long and proud association with Lotterywest.
- ▷ External communications – Continued positive coverage for the organisation across the state and nationally, with an estimated value of more than \$3.5 million.
- ▷ International and national activities – Work continued on the establishment of St John Vietnam and more than 20 people undertook the Fabric scholarship program.

HERITAGE

- ▷ Museum – Our staff and volunteers at the Ian Kaye-Eddie Heritage Centre have continued to catalogue the museum's collection, digitising old ambulance sub centre records, answering queries and undertaking research.
- ▷ Fellowship – Various fundraising activities were held to aid the St John Eye Hospital in Jerusalem and the St John Ambulance Ian Kaye-Eddie Heritage Centre.

CORPORATE EVENTS

A key component of our goal to be an employer and volunteer organisation of choice is the way in which we connect people throughout this complex organisation, spread across the 2.5 million square kilometres that is Western Australia. Our array of corporate events seeks to do this by trying to connect everyone to the outward facing services we provide and celebrate at every opportunity the way our integrated model works as one St John throughout the state.

Almost 9,800 staff and volunteers participated in 41 events in 2016/17 including the annual St John Experience, Investiture, Recognition Ceremony and regional seminars.

Our key event during 2016/17 was again the St John Experience consisting of the state conference, recognition and awards event, staff family and suppliers event and the dinner dance.

Almost 800 staff and volunteers participated in the eight events that included the annual regional seminars in each country region as well as an Event Health Services seminar and Patient Transfer Service seminar.

Celebrating and paying respect to the heritage and traditions of the organisation is also a vital part in maintaining the fabric of St John. We work to ensure retired staff, volunteers and their families are not forgotten through the Friends of St John quarterly functions.

Highlights of the 2016/17 corporate events calendar included:

- ▷ The St John Experience - attended by 5,500 people.
- ▷ Regional seminars – attended by 800 people.
- ▷ Recognition ceremony – attended by 400 people.
- ▷ Investiture – attended by 372 people.

Our corporate events ensured that the majority of our staff and volunteers were able to directly participate in the process of connecting to the organisation, celebrate outstanding achievements and network with their colleagues.



SHU YIN CHIA

YOUTH ENGAGEMENT PROGRAMS

Volunteer Shu Yin Chia has been with the St John Early Childhood Program, a free in-school initiative, since its inception in January 2017. She also volunteers as part of the 2,000-strong Event Health Services team, providing first aid at a range of public events.

I started volunteering with St John almost a year ago because I've always admired their first aid services and love being able to help people in need. When my housemate joined as a St John volunteer and told me about the opportunities it inspired me to also apply.

I was also very excited when St John launched its 000 Hero Early Childhood Program as I am currently completing my Graduate Diploma of Education in Early Childhood Studies at Edith Cowan University.

The program, which aims to teach preschool and kindergarten students simple emergency management skills, gives me the opportunity to apply my knowledge into my volunteering.

Before volunteering with St John I, like many people, thought that St John only provided ambulance and first aid services.

I grew up in Malaysia where you do not hear much about community volunteering and most of the volunteering you would do was in high school programs and it rarely progresses beyond that.

After becoming a volunteer, I learned that St John does so much more and I love that I am not only able to help people from the medical side of things but also educate the community. Giving back to the community is what I enjoy most about being part of St John.

The people that volunteer with St John are passionate, compassionate, and most of all have a big heart for the community.

I believe a big part of volunteering is about giving back to the community – not just providing professional and timely first aid to those in need at events but also educating and equipping our community - schools, workplaces and the wider community - with the knowledge about how they can assist in providing comfort and relief to others.

Image: Shu Yin Chia, Youth Engagement Officer.



ROLL OF ORDER MEMBERS

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

It is an Order of Chivalry of the British Crown, with Queen Elizabeth II presiding as Sovereign head.

Membership is awarded to those who have provided outstanding service to St John. Admittance is a prestigious honour, and those listed represent Western Australian members.

KNIGHTS OF GRACE

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

DAMES OF GRACE

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

COMMANDERS

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

Mr Donald John Atkins OSTJ
Mr Robert Edwin (Bob) Barker
ASM OSTJ
Mr Lester Johnson Barnes OSTJ
Mr Colin Peter Barron OSTJ
Mr Paul James Beech OSTJ
Mrs Margaret Joan Bell OSTJ
Mr David Brian Bromell OSTJ
Mr Phillip David Cammiade OSTJ
Mrs Verity Jane Campbell OSTJ
Mr Carlo Capriotti OSTJ
Mr David Anthony Carbonell JP OSTJ
Mrs Elizabeth Ann Carpenter OSTJ
Mrs Virginia Cheriton OSTJ *
Mr John Glen Corbin OSTJ
Mrs Winifred Victoria Corbin OSTJ
Mr Richard Edward Daniels OSTJ
Mr Michael Ronald Divall OSTJ *
Mrs Elizabeth (Elsa) Drage OSTJ
Dr Stephen John Dunjey OSTJ
Miss Marie Elizabeth (Betty)
Dyke OSTJ
Mrs Ethel Grace Farley OSTJ
Mr Clifford Fishlock OSTJ
Mr Kenneth Allan Ford ASM OSTJ
Mrs Barbara Anne Franklin OSTJ
Mr Charles Gerschow OSTJ
Mrs Janet Goodwin OSTJ
Mrs Hazel Jean Green OSTJ
Rev Peter Harris JP OSTJ *
Mr Murray Joseph Henderson OSTJ
Ms Eleanor Hill OSTJ
Mr Ewen Gilchrist Hill OSTJ
Mr Alan John Hughes OSTJ
Mr Simon Warwick Hughes ASM OSTJ
Ms Lynne Elizabeth Hunt OSTJ
Mr Stuart Campbell Hunter OSTJ
Mrs Catherine Patricia Ivey OSTJ
Mrs Anna Patricia Jaskolski OSTJ
Mr Ronald Cedric Jeakes OSTJ
Mr Leslie William Johnson OSTJ
Mr Ian Lionel Jones OSTJ
Mr Kevin Wallace Jones OSTJ
Mr Terry Jongen OSTJ
Mr Brian William Keding ASM OSTJ
Mrs Fay Margaret Kite OSTJ
Mr Brian Peter Landers OSTJ
Mr Colin Oliver Lock OSTJ
Mr Philip William Martin OSTJ
Mr Alan Felix McAndrew OSTJ
Mrs Lydia Irene Mills OSTJ
Mr David Edward Broadbent
Morgan OSTJ
Mr Ashley Gerard Morris ASM OSTJ
Mr Frank Barnett Murray OSTJ
Prof John Michael Papadimitriou
AM OSTJ
Mrs Viola Frances Pentland OSTJ *
Mr Barry Daniel Price OSTJ
Mr Trevor Walter Prout OSTJ
Mrs Thelma Joyce Rafferty OSTJ
Mr Garth Alan Roberts OSTJ
Mr Michael James Robertson OSTJ
Mrs Carmel Jean Honora
Sands OSTJ
Miss Margaret Evelyn Savage OSTJ
Mr Brian James Savory OSTJ
Mr Allan Keith Shawyer OSTJ

OFFICERS

Ms Sally Simmonds ASM OSTJ
Mrs Irene Simpson OSTJ
Mr Anthony Thomas Joseph
Smith OSTJ
Dr Peter James Strickland OSTJ
Mr Dirk Christopher Sunley OSTJ
Mr Ronald Gus Swansens OSTJ
Mr Antony Afric Tanner OSTJ
Mr Alexander Edward Taylor OSTJ
Mr Paul Stylianos Vassiss OSTJ
Mr Johannes-Wilhelmus Veraart OSTJ
Mrs Alice Joanna Vinicky OSTJ
Mrs Carol Joyce Wallace OSTJ
Mr Leslie Wells OSTJ
Mr Glenn Matthew Willan OSTJ
Rev Henry Gordon Williams
OSB JP OSTJ
Ms Carol Anne Williams OSTJ
Mr Graham Alfred Wilson ASM OSTJ
Mrs Sheryl Lesley Wood OSTJ
Mrs Barbara May Wright OSTJ

MEMBERS

Ms Emily Adams MStJ
Mrs Anne Margaret Adcock MStJ
Mrs Natalie Anne Andersen MStJ
Mr George Edwin (Ed) Anderson MStJ
Mr Peter Albert John Ansell MStJ
Mr Dene Maxwell Ashfield MStJ
Mr Barry Hilton Atkin MStJ
Mrs Gail Leslie Atkin MStJ
Mr John Edwin Austin MStJ
Mr Wayne Austin MStJ
Mrs Aileen Joyce Austin MStJ *
Ms Persine Ayensberg MStJ
Mr Gavin Bagley MStJ
Ms Kylie Bailley MStJ
Mrs Irene Edith Bain MStJ
Mr Gregory Robin Baird MStJ
Mrs Michelle Bamess MStJ
Mr Joshua Richard Bamford MStJ
Mr Alexander John Barclay MStJ
Mr Robert Margaret Barker MStJ
Mrs Anette Barnes MStJ
Mr John Bartle MStJ
Mr Troy Andrew Bates MStJ
Mr Darryl Wayne Beaton MStJ
Mrs Susan Joy Beech MStJ
Mr Keith Billingham MStJ *
Mr Shane Joseph Bilston MStJ
Ms Dawn Anne Bishop MStJ
Ms Jodie Blackman MStJ
Mr Robert Charles Boase MStJ
Mrs Venita Merle Bodle OAM MStJ *
Mr Arnold Bogaers MStJ
Mr Paul Bogoni MStJ
Mr Keith Douglas Bolitho MStJ
Mr Baxter James Bothe MStJ
Mr Sergio (Sarge) Bottacin MStJ
Ms Vivien Elaine Bowkett MStJ
Mr James Edwin Boyd MStJ
Ms Isabel Blanche Bradbury MStJ
Mr Arthur Benjamin Bransby MStJ
Mrs Maxine Leslie Brass MStJ
Mr Neville Gilbert Brass MStJ
Mr Peter Ross Bremner MStJ
Mrs Kathleen Elizabeth
Broadbent MStJ
Mr Kevin James Broadbent MStJ

Mr Graeme Henry Brockman MStJ *
Mr Andrew John Brooker MStJ
Ms Sherise Brooks MStJ
Mrs Valmea Wendy Brown MStJ *
Rev. Bernard Russell Buckland MStJ
Mrs Christine Johanna Bull MStJ
Mr Thomas Bunt MStJ
Mrs Dorothy Burgess MStJ
Mrs Ellen Merle Burrows MStJ
Mr Bradley Carle MStJ
Miss Morena Carusi MStJ
Mr Kim Stuart Carver MStJ
Ms Fay Castling MStJ
Mrs Dawn Frances Chadwick MStJ
Mrs Ingrid Chrisp MStJ
Mrs Anita Church MStJ
Mr Darrell Kevin Church MStJ
Mrs Linley Anne Cilia MStJ
Mr Neville James Clarke MStJ
Mr Robert George Clarke MStJ
Mrs Natasha Lee Clements MStJ
Mr Barry Thomas Coleman MStJ
Mr Alan Lindsay Connell MStJ
Mr David Cook MStJ
Mr Stanley Victor Cook MStJ
Mrs Naomi Michelle Cornwall MStJ
Mrs Heidi Jaqueline Cowcher MStJ
Mr John Cecil Craze MStJ
Mr Neil Crofts MStJ
Mr Wayne Peter Cullen MStJ
Mrs Leanne Winifred Dale MStJ
Mrs Joanne Daley MStJ
Mr George Laurence David
Daley MStJ *
Mr John Leslie Darcey MStJ
Mr Gary Davies ASM MStJ
Mr Damian Peter Davini MStJ
Mrs Gloria Chrisma Davini MStJ
Mr Gerry Norman Davis MStJ
Mrs Kerry Dianne Davis MStJ *
Mr Lancelot Norman George
Davis MStJ *
Mr Aaron Clifford Del Pino MStJ
Mrs Gail Patricia Dennert MStJ
Mr Ian Digweed JP MStJ
Mr Andrew Diong MStJ
Ms Diane Elizabeth Doak MStJ
Mr Jeff Hugh Doggett MStJ
Ms Beth Donaldson MStJ
Mr Clifford Lyall Doncon MStJ
Mr Steven William Douglas MStJ
Mr John Patrick Downey MStJ *
Ms Terri Fiona Edwards MStJ
Mr Ashley James Elder MStJ
Mr Robert Ellis MStJ
Mr Robert Edward Elphick MStJ
Miss Gail Patricia Elson MStJ
Mr Aaron Peter Endersby MStJ
Ms Julie Kay Ettridge MStJ
Ms Helen Evans MStJ
Mr John Richard Evans MStJ
Mrs Lynette Mae Evans MStJ
Mr Glen Exelby MStJ
Mr Andrew Raymond Eyre MStJ
Mr Cornelis Anthonie (Kees)
Faas MStJ
Mr Alan Thomas Fairall MStJ
Mr Gary Fairman MStJ
Mr James Farnworth MStJ
Mr Eric Campbell Farrell MStJ

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

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

HONOURS AND AWARDS

ADMISSION AS A MEMBER

Natalie Andersen	Midwest
Shane Bilston	Northwest
Robert Boase	Wheatbelt
Baxter Bothe	Midwest
Vivien Bowkett	Goldfields
Anita Church	Southwest
Darrell Church	Southwest
Naomi Cornwall	Wheatbelt
Jeff Doggett	Northwest
Beth Donaldson	Southwest
Andrew Eyre	Southwest
Lynette Gell	Southwest
Bronwyn Giles	Midwest
Janet Hall	Wheatbelt
Ken Hart	Southwest
Jeremy Haslam	Southwest
Peter Hewat	Wheatbelt
Graham Hunt	Southwest
Damian Ingram-Malecky	EHS
Gaynor Jefferies	Goldfields
Jill Jones	Southwest
Brendan Jordan	Southwest
Horst Kubsch	Northwest
Roger Ladyman	Great Southern
Denise Lane	Goldfields
Dianne Langford-Fisher	Southwest
Sandra Lymbery	Midwest
Jacqueline MacKay	Northwest
Anita Martin	Great Southern
Lorraine Martin	Midwest
Dee McBride	Wheatbelt
Ian McDonald	Great Southern

ADMISSION AS A MEMBER

Kevin McKenna	Midwest
Maxine Moroney	Northwest
Christopher Obst	Great Southern
Philip Pickering	Wheatbelt
Maxine Puljiz	Southwest
Ashleigh Punch	EHS
Philip Robinson	Wheatbelt
Tamra Rogers	Wheatbelt
Melissa Rorke	EHS
Craig Sigley	Midwest
Donna Skerris	Great Southern
Sharon Tate	EHS
Andrea Teakle	Midwest
Andrew Templeman-Twells	Southwest
Pamela Tennant	Wheatbelt
Johanna Wills	Great Southern

COMMANDERY COMMENDATION

Michael Longman	Belmont
Deborah Williams	Midwest
Dennis Wade	Midwest
Helen Hannay	Midwest
Hugh Stott	Midwest
Leanne Thornhill	Midwest
Mieczyslaw (Mitch) Fialkowski	Midwest
Samantha McClelland	Midwest
Svenja Mattea Clare	Midwest
Lyndsay John Greenwood	Southwest
William Nightingale	Wheatbelt
Sharon Dianne Robinson	Wheatbelt

HONOURS AND AWARDS

PROMOTION TO DAME		ADMISSION TO OFFICER	
Edith Khangure	Belmont	Murray Henderson	Southwest
		Eleanor Hill	Goldfields
PROMOTION TO COMMANDER		Thelma Rafferty	Southwest
David Saunders	Southwest	Carol Williams	Goldfields
PROMOTION TO OFFICER			
Donald Atkins	Southwest		
Colin Barron	Southwest		
Paul Beech	Southwest		
Ian Jones	Southwest		
Trevor Prout	Great Southern		
Garth Roberts	Great Southern		
Glen Willan	Wheatbelt		

MARK OF RESPECT

We honour the following members of the Order of St John who passed away during 2016/17		
Kathleen Kane	MStJ	August 2016
Graham Smith	MStJ	September 2016
Maurice Tomlin	MStJ	November 2016
Robert (Bob) Blizzard	KStJ	February 2017
Oreste (Frank) Di Scerni	OStJ	February 2017
Leonard George Johnston	MStJ	March 2017
Raymond Passmore	CStJ	March 2017
Audrey Hoyle	MStJ	May 2017
George Henry (Bill) Williams	OStJ	June 2017

Great care has been taken in compiling the foregoing nominal roll of members of the Order.

It is possible, however, that mistakes have occurred.

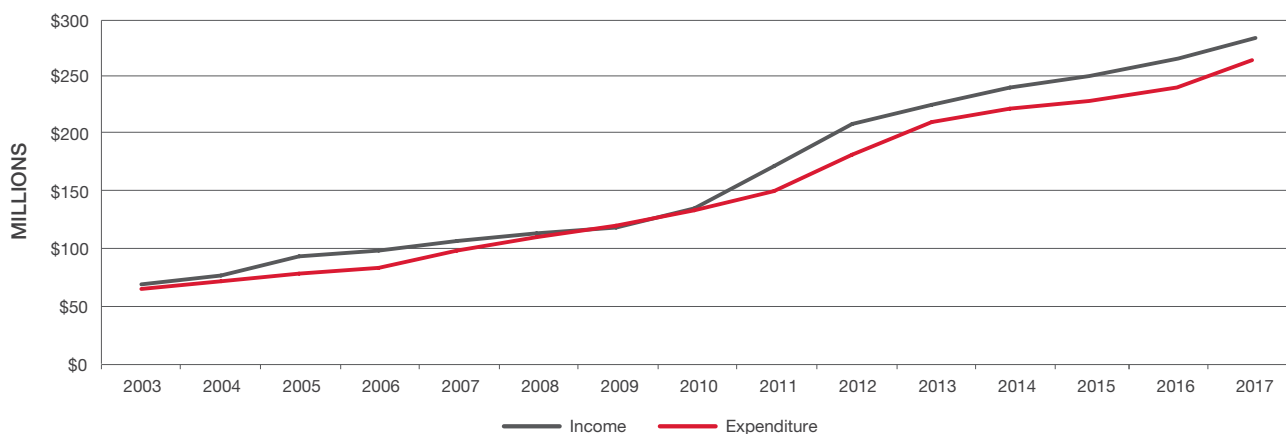
Please notify St John Ambulance Western Australia immediately if any errors or omissions are detected.

ANNUAL REPORT SUMMARY

ORGANISATION

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

INCOME AND EXPENDITURE



ANNUAL REPORT SUMMARY

METROPOLITAN INCOME SOURCES (\$'000)

	\$	% OF TOTAL
Ambulance Services	117,242	55%
Department of Health	72,728	34%
First Aid Training	8,168	4%
Medical Health Services	2,034	1%
Primary Health Services	8,447	4%
Other	5,019	2%
TOTAL	213,638	100%

METROPOLITAN OPERATING EXPENDITURE (\$'000)

	\$	% OF TOTAL
Personnel	155,390	72%
Property and Vehicles	7,194	3%
Bad Debts	15,889	7%
Medical and First Aid	2,081	1%
Primary Health Services	10,871	5%
Other	23,254	12%
TOTAL	214,679	100%

COUNTRY INCOME SOURCES (\$'000)

	\$	% OF TOTAL
Ambulance Services	35,567	53%
Department of Health	22,172	33%
First Aid Training	3,981	6%
Benefit Fund	2,503	4%
Other	2,768	4%
TOTAL	66,991	100%

COUNTRY OPERATING EXPENDITURE (\$'000)

	\$	% OF TOTAL
Personnel	24,897	51%
Property and Vehicles	4,481	9%
Bad Debts	7,443	15%
Medical and First Aid	3,294	7%
Other	8,432	18%
TOTAL	48,547	100%

Income (\$'000)

	\$
Metropolitan	213,638
Country	66,991
TOTAL	280,629

Expenditure (\$'000)

	\$
Metropolitan	214,679
Country	48,547
TOTAL	263,226

Lotterywest contributions

	\$
Buildings	265,018
Equipment	13,482
TOTAL	278,500



FINANCIAL REPORT

ST JOHN AMBULANCE WESTERN AUSTRALIA LIMITED
Financial report for the financial year ended 30 June 2017

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 2017. 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 2017 are:



MR GERARD KING

Knight of Grace of the Order of St John
CHAIRMAN

Retired 31 October 2016

Gerard King joined the St John Association Council in 1972 and has held the positions of Council President and WA Ambulance Service Board Chairman (1987 – 1996). In 2006 he became the Commandery Lieutenant/Chairman of the State Council (now Board). He is a Knight of The Order of St John. In 1995, Mr King retired from the law firm Phillips Fox after 30 years of law practice and currently undertakes consultancy work.



MR SHAYNE LESLIE

Commander of the Order of St John
CHAIRMAN

Appointed 31 October 2016

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



MS SALLY CARBON

Medal of the Order of Australia
NON-EXECUTIVE DIRECTOR

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



MR ANDREW CHUK

NON-EXECUTIVE DIRECTOR

Andrew Chuk holds degree qualifications in both engineering and economics and is a Graduate Member of the Australian Institute of Company Directors. Since 2005 he has worked internationally as an investment specialist in the resources sector valuing mining assets for finance, stock listing, and board approvals (capital, mergers and acquisitions) purposes. Prior to 2005, Andrew held senior roles in the Western Australian Government including Executive Director and Deputy Director General in the Treasury and Health departments. Earlier in his career he worked as an engineer and analyst in mining operations, development projects and acquisitions.

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



MR IAN KAYE-EDDIE

Knight of Grace of the Order of St John
Ambulance Service Medal
NON-EXECUTIVE DIRECTOR

Ian Kaye-Eddie has been contributing to ambulance services throughout Australia for more than 39 years. He was Chief Executive Officer of St John Ambulance Western Australia from 1978 to 2006. He has degrees in commerce, finance and the arts and has studied at universities in South Africa, the USA and Australia. He is a non-executive director of the Eye Surgery Foundation in Perth and is the retired-former Examining Chaplain for the Anglican Diocese of Perth.



PROFESSOR IAN ROGERS

NON-EXECUTIVE DIRECTOR

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



MRS SALLY GIFFORD

Ambulance Service Medal
NON-EXECUTIVE DIRECTOR

Sally Gifford became a member of the Board in 2014, and has a strong history in volunteer and community engagement, as well as in fundraising and governance in the charitable and not-for-profit environment. Mrs Gifford came to Australia in 1990 and joined the Chittering/Gingin Sub Centre in 2001 as a Volunteer Dispatcher. In 2006, Mrs Gifford became Chairman of the Chittering/Gingin Sub Centre and in 2013 she was awarded the prestigious Ambulance Services Medal and the Shire of Gingin's Active Citizens Award. She is the former Vice Chair in Chittering/Gingin, and her responsibility is to look after recruits. She is also on the Planning Committee to build a new sub centre in Bindoon and is the St John representative on the Local Emergency Planning Committee.



MS ANDREA LEGUIER

Appointed 30 May 2017

NON-EXECUTIVE DIRECTOR

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

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

COMPANY SECRETARY

Mr Tony Ahern held the position of Company Secretary at 30 June 2017. Mr Ahern was appointed Company Secretary when it transferred its incorporation to the Company on 30 September 2013. Tony joined St John in 1973 as a cadet and in 1980 he became a career ambulance officer. After completing a business degree in 1989, Tony moved into accounting and computing services and took a lead role in modernising St John's administrative and financial systems. He went on to complete a Masters of Information Systems, researching the investment made by every Australian ambulance service in information technology. In 2000 Tony was made Deputy Chief Executive Officer and in 2006 he was appointed Chief Executive Officer. Tony attended the London Business School to further develop his leadership skills and in 2004 he was awarded the prestigious Ambulance Service Medal. Tony is a Board member for the Council of Ambulance Authorities (CAA), a Board member of the WA Primary Health Alliance and Chairman of the Emergency Services Volunteer Hardship Fund. Previously, Tony served as Chairman of the Council of Ambulance Authorities (2010-2013) and until 2014 he was a member of the Australian Medic Alert Foundation and a member of the Primary Care Board.

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 2017 and the number of meetings attended by each Director (while they were a director or committee member). During the year ended 30 June 2017, 10 Board meetings, two Audit Committee meetings and one Remuneration Committee meeting were held.

Directors	Board of Directors		Audit Committee		Remuneration Committee	
	Held	Attended	Held	Attended	Held	Attended
Mr Gerard King (Retired 31 October 2016) Eligible for 4 meetings of the Board and 1 of the Audit Committee.	10	4	2	1	-	-
Mr Ian Kaye-Eddie	10	10	2	2	1	1
Mr Shayne Leslie	10	9	2	2	1	1
Mr Andrew Chuk Appointed to the Audit Committee on 2 May 2017. Eligible for 1 meeting of the Audit Committee.	10	10	2	1	1	1
Professor Ian Rogers	10	8	-	-	-	-
Mrs Sally Gifford	10	9	-	-	-	-
Ms Sally Carbon	10	10	-	-	-	-
Ms Andrea LeGuier (Appointed 30 May 2017) Eligible for 2 meetings.	10	2	-	-	-	-

PRINCIPAL ACTIVITIES

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

OBJECTIVES

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

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

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

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.

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.

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

Clinical Outcomes: Chest pain of presumed cardiac origin, asthma, hypoglycaemia, stroke, pain, reperfusion waiting times and cardiac arrest outcomes.

Patient Transfer Services: Growth in clients, growth in revenue and surplus, percentage of market share and customer satisfaction.

Benchmarking: Lowest cost per capita, cost to government per capita, cost per patient and cost to government per patient as reported in ROGS; at or below the Australian average cost per user; complaints received per cases.

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: Growth in volunteer numbers and retention rates, staff and volunteer engagement measured through an annual Culture Survey and a comprehensive engagement program, guiding and influencing the university based education model to ensure it is focused and effective, utilisation of our evidence-based decision making approach within clinical, ambulance operations and our business activities, listening and responding to feedback from recipients of our services.

Reputation: Staff and volunteer understanding of the St John Ambulance heritage and public perception of the brand.

FINANCIAL RESULTS

The consolidated net surplus for the year ended 30 June 2017 was \$17.4 million (\$20.2 million in 2016).

Highlights of the current financial result include:

- Increase in ambulance transport revenue.
- Continued support from our corporate partners such as BHP, Woodside and Chevron, for the construction of new sub centres in the North West, and from Government grant programs including the Australian Government's National Stronger Regions Fund and the State Government's Lotterywest that supports our regional volunteers.

The surplus facilitates the ongoing capital investment requirements of the Group to meet the growing demand for the ambulance service across the state. During the past year, St John has invested \$27.2 million in its capital works program, including:

- Property: \$9 million (2016: \$18 million)
- Fleet: \$9.9 million (2016: \$12.6 million)
- Plant and Equipment: \$2.8 million (2016: \$3.3 million).

REVIEW OF OPERATIONS

The financial year ended 30 June 2017 has been another year of significant growth. Ambulance activity grew by more than six per cent across the State. Even with the increased demand for ambulance services, our ambulance response time performance was better than the contracted target for two of the three categories. This result speaks to the dedication of operational staff and our continuing innovation to meet growing demand.

This financial year saw a continued investment in developing community resilience through making first aid a part of everyone's lives. Our total number of first aid students trained grew by 21 per cent, partly thanks to our community engagement initiatives and increased drive to train more youth. Our Youth and Community Engagement programs grew significantly, training a total of 293,474 students, including 135,617 First Aid Focus students trained.

In order to deliver a high quality, cost-effective ambulance service across Western Australia, St John relies on the support of thousands of volunteers. Our volunteering program has continued to see enormous growth, a testament to the important role that St John plays in the community. During 2016/17, we increased our volunteer numbers by 15 per cent, reflecting the growing variety of volunteer roles adding value to the organisation. We are grateful to each and every one of our volunteers – they all help us deliver on our motto of being for the service of humanity.

REVIEW OF OPERATIONS (continued)

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

CHANGES IN THE STATE OF AFFAIRS

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

SUBSEQUENT EVENTS

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

INDEMNIFICATION OF OFFICERS AND AUDITORS

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

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

FUTURE DEVELOPMENTS

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

PROCEEDINGS ON BEHALF OF THE COMPANY

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

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

ENVIRONMENTAL REGULATION

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

AUDITOR'S INDEPENDENCE DECLARATION

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

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

Signed on behalf of the Board:



SHAYNE LESLIE
CHAIRMAN

Date: 26 September 2017



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 Western Australia 6104

26 September 2017

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 2017, 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 Accountant

Liability limited by a scheme approved under Professional Standards Legislation.
Member of Deloitte Touche Tohmatsu Limited



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 "Entity") and its subsidiaries (the "Group") which comprises the consolidated statement of financial position as at 30 June 2017, 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 as set out on pages 68 to 95.

In our opinion, 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 2017 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

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* section of our report. We are independent of the Group in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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

Other Information

The Directors are responsible for the other information. The other information comprises the information included in the Group's financial report for the year ended 30 June 2017, 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

The Directors of the Entity are responsible for 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

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 to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

- Identify and assess the risks of 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.

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, 26 September 2017

ST JOHN AMBULANCE WESTERN AUSTRALIA LIMITED DECLARATION BY THE BOARD OF THE COMMANDERY IN WESTERN AUSTRALIA

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

The Board declares that:

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

Signed on behalf of the Board:



SHAYNE LESLIE
CHAIRMAN

Date: 26 September 2017

CONSOLIDATED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
Revenue	5	280,629,237	261,564,472
Administration expenses		7,140,422	7,449,393
Ambulance operating expenses		5,859,994	5,403,892
Bad and doubtful debts		23,331,487	20,859,231
Depreciation		16,443,477	14,648,010
Amortisation		489,091	-
Financial charges		1,137,879	819,120
Marketing expenses		4,438,603	4,280,298
Professional fees		2,709,867	3,026,364
Property and equipment expenses		13,664,028	11,197,934
Employee benefits		186,795,138	171,340,662
Training materials		1,215,991	2,295,802
Surplus for the year		17,403,260	20,243,766
Other Comprehensive Income		-	-
Total Comprehensive Income for the year		17,403,260	20,243,766

Notes to the financial statements are included on pages 73 to 95.

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2017

	Note	2017 \$	2016 \$
Current Assets			
Cash at bank	19	62,289,821	55,917,598
Restricted cash	7, 19	2,156,405	2,539,656
Inventories	8	2,268,581	1,427,907
Trade and other receivables	9	21,020,921	18,087,530
Other current assets	10	3,238,228	2,893,175
Total Current Assets		90,973,956	80,865,866
Non-Current Assets			
Property, plant and equipment	11	182,823,564	172,360,849
Goodwill	12	8,314,244	8,510,715
Other intangible assets	13	4,890,909	5,380,000
Total Non-Current Assets		196,028,717	186,251,564
Total Assets		287,002,673	267,117,430
Current Liabilities			
Trade and other payables	15	4,644,668	3,716,722
Provisions	16	30,610,339	29,155,163
Other current liabilities	17	6,863,417	7,439,522
Total Current Liabilities		42,118,424	40,311,407
Non-Current Liabilities			
Provisions	16	9,646,346	8,971,380
Total Non-Current Liabilities		9,646,346	8,971,380
Total Liabilities		51,764,770	49,282,787
Net Assets		235,237,903	217,834,643
Equity			
Retained surpluses		235,237,903	217,834,643
Total Equity		235,237,903	217,834,643

Notes to the financial statements are included on pages 73 to 95.

CONSOLIDATED STATEMENT OF **CHANGES IN EQUITY** FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
Retained Surpluses			
Balance at start of year		217,834,643	197,590,877
Surplus for the year		17,403,260	20,243,766
Other comprehensive income for the year		-	-
Total comprehensive income for the year		17,403,260	20,243,766
Balance at the end of year		235,237,903	217,834,643
Total Equity		235,237,903	217,834,643

Notes to the financial statements are included on pages 73 to 95.

CONSOLIDATED STATEMENT OF **CASH FLOWS** FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
Cash Flows From Operating Activities			
Receipts from operating activities		172,375,663	166,896,216
Health Department contract for services		104,222,809	100,938,508
Payments for operating activities		(245,355,573)	(240,357,684)
Net Cash Provided by Operating Activities	19b	31,242,899	27,477,040
Cash Flows From Investing Activities			
Proceeds from the sale of property, plant and equipment		1,077,451	994,298
Payments for property, plant and equipment		(27,228,406)	(34,588,538)
Interest income		1,378,339	2,042,751
Net cash outflow on acquisition of subsidiary	20.5	(481,311)	(21,517,579)
Net Cash Used in Investing Activities		(25,253,927)	(53,069,068)
Net Movement in Cash and Cash Equivalents		5,988,972	(25,592,028)
Cash and Cash Equivalents at the Beginning of the Financial Year		58,457,254	84,049,282
Cash and Cash Equivalents at the End of the Financial Year	19a	64,446,226	58,457,254

Notes to the financial statements are included on pages 73 to 95.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

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	Goodwill
13	Other intangible assets
14	Subsidiary
15	Trade and other payables
16	Provisions
17	Other current liabilities
18	Commitments for expenditure
19	Notes to the statement of cash flows
20	Business combination
21	Financial instruments
22	Key management personnel
23	Remuneration of auditors
24	Related party transactions
25	Subsequent events
26	Contingent liabilities
27	Parent entity information
28	Country sub centres

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

1. General Information

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

209 Great Eastern Highway, Belmont, Western Australia, 6104

Phone: (08) 9334 1222

Web Site: www.stjohnambulance.com.au

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

2. Application of New and Revised Accounting Standards

a) New Standards and Interpretations adopted

The Group has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board that are relevant to their operations and are effective for the current financial reporting period beginning 1 July 2016. The adoption of these standards and interpretations did not have a material impact on the Group.

b) Accounting Standards and Interpretations issued but not yet effective

The following Australian Accounting Standards and Interpretations have recently been issued or amended but are not yet effective and have not been adopted by the Group for the year ended 30 June 2017:

Standard / Interpretation	Effective for annual reporting periods beginning/ ending on or after	Expected to be applied by the Company
AASB 9 Financial Instruments, and the relevant amending standards	1 January 2018	30 June 2019
AASB 15 Revenue from Contracts with Customers, AASB 2014-5 Amendments to Australian Accounting Standards arising from AASB 15, AASB 2015-8 Amendments to Australian Accounting Standards – Effective Date of AASB 15, and AASB 2016-3 Amendments to Australian Accounting Standards – Clarifications to AASB 15	1 January 2019	30 June 2020
AASB 16 Leases	1 January 2019	30 June 2020
AASB 1058 Income of Not-for-Profit Entities, AASB 1058 Income of Not-for-Profit Entities (Appendix D), AASB 2016-8 Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities	1 January 2019	30 June 2020
AASB 2016-7 Amendments to Australian Accounting Standards – Deferral of AASB 15 for Not-for-Profit Entities	1 January 2017	30 June 2018
AASB 2016-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107	1 January 2017	30 June 2018
AASB 2017-1 Amendments to Australian Accounting Standards – Transfers of Investment Property, Annual Improvements 2014–2016 Cycle and Other Amendments	1 January 2019	30 June 2020
AASB 2017-2 Amendments to Australian Accounting Standards - Further Annual Improvements 2014-2016 Cycle	1 January 2017	30 June 2018

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

3. Significant Accounting Policies

Statement of Compliance

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

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

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

The financial statements were authorised for issue by the Directors on 26 September 2017.

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. All amounts are presented in Australian dollars.

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

(a) Basis of Consolidation

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

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

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

Consolidation of a subsidiary begins when the Company obtains control over the subsidiary and ceases when the Company loses control of the subsidiary. Specifically, income and expenses of a

subsidiary acquired or disposed of during the year are included in the consolidated statement of profit and loss and other comprehensive income from the date the Company gains control until the date when the Company ceases to control the subsidiary.

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

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

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

(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 acquiree (if any), the excess is recognised immediately in profit or loss as a bargain purchase gain.

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

3. Significant Accounting Policies (continued)

(b) Business Combinations (continued)

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

(c) Goodwill

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

For the purposes of impairment testing, goodwill is allocated to each of the Group's cash generating units (or Groups of cash-generating units) that is expected to benefit from the synergies of the combination.

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

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

(d) Cash and Cash Equivalents

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

(e) Employee Benefits

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

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

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

Defined contribution plans

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

(f) Financial Assets

Investments are recognised and derecognised on trade date where the purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs except for those financial assets classified as at fair value through profit or loss which are initially measured at fair value.

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

Effective interest method

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

3. Significant Accounting Policies (continued)

(f) Financial Assets (continued)

Financial assets at fair value through profit or loss

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

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

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

Loans and receivables

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

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

Impairment of financial assets

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

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

Changes in the carrying amount of the allowance account are recognised in profit or loss.

(g) Grants

Government and Other Grants:

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

3. Significant Accounting Policies (continued)

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

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 from 26 November 2016.

(j) Inventories

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

(k) Leased Assets

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

Group as lessee

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

(l) Property, Plant and Equipment

Land is measured at cost.

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

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

Buildings and Leasehold Improvements - 2.5% straight-line method

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

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

Land is not depreciated

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

(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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

3. Significant Accounting Policies (continued)

(m) Intangible Assets (continued)

(iii) Derecognition of intangible assets

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

(n) Provisions

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

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

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

(o) Revenue

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

Sale of Goods and Disposal of Assets:

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

Rendering of Services:

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

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

Other Revenue is recognised as services are provided to customers.

Services to the Health Department of Western Australia:

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

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

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

Interest:

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

(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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

3. Significant Accounting Policies (continued)

(r) Trade and Other Payables

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

4. Critical Accounting Judgements and Key Sources of Estimation Uncertainty

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

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

Key Sources of Estimation Uncertainty

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

Impairment of receivables

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

Impairment of goodwill

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

The carrying amount of goodwill as at 30 June 2017 was \$8,314,244 (2016: \$3,510,715). No impairment loss was recognised during the year. Refer to note 12.

Valuation of identifiable intangible assets

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

Useful lives of property, plant and equipment

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

Useful lives of other intangible assets

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

Annual leave and long service leave provisions

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

5. Revenue

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

	2017 \$	2016 \$
Revenue		
Ambulance transport fees ⁽ⁱ⁾	151,090,621	141,843,867
DFES helicopter fees	2,767,130	2,187,602
Medical health services	2,033,648	3,399,382
First aid training and services income	12,146,469	12,338,935
Event health services	2,389,448	1,901,457
Primary health services	8,421,819	333,033
Health Department contract for services	94,900,736	91,996,908
Lotterywest grants	469,824	680,251
Interest income	1,378,339	2,042,751
Donations and bequests ⁽ⁱⁱ⁾	965,134	1,161,331
Gain on sales of property, plant and equipment	410,067	663,907
Other income	3,656,002	3,015,048
Total	280,629,237	261,564,472

(i) An amount of \$41,482,152 was paid to the Company in 2017 by the Health Department of Western Australia (2016: \$35,621,739) to fund transports for patients aged over 65 years of age.

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

6. Surplus for the Year

	2017 \$	2016 \$
The surplus from ordinary activities includes the following items of expenditure:		
Acquisition costs	-	588,939
Employee Benefit Expense:		
Personnel salaries and wages	156,595,545	142,715,589
Defined contribution plan	14,024,176	12,951,999
Other staff expenses	16,175,417	15,673,074
Total Employee Benefit Expense	186,795,138	171,340,662

7. Restricted Cash

	2017 \$	2016 \$
Student fees received in advance	200,000	595,000
The Bertie & Olga Cohen Charitable Trust	1,956,405	1,944,656
Total	2,156,405	2,539,656

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

8. Inventory

	2017 \$	2016 \$
Inventories at cost	2,268,581	1,427,907
Total	2,268,581	1,427,907

9. Trade and Other Receivables

	2017 \$	2016 \$
Ambulance transport receivables ⁽ⁱ⁾	13,562,967	16,772,433
Allowance for doubtful debts	(5,556,791)	(5,648,556)
	8,006,176	11,123,877
Sundry receivables ⁽ⁱ⁾	13,424,722	6,990,265
Allowance for doubtful debts	(409,977)	(112,665)
	13,014,745	6,877,600
Net Goods and Services Tax	-	86,053
Total Current Receivables	21,020,921	18,087,530

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

Movement in the Allowance for Doubtful Debts

	2017 \$	2016 \$
Balance at the start of the year	5,761,221	6,189,009
Impairment losses provided/(released) for	205,547	(427,788)
Balance at the end of the year	5,966,768	5,761,221

10. Other Current Assets

	2017 \$	2016 \$
Prepayments	1,112,493	1,084,875
Accrued income	2,125,735	1,808,300
Total Other Current Assets	3,238,228	2,893,175

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

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 \$
Gross Carrying Amount						
Balance at 01 July 2015	26,568,477	78,850,086	43,912,329	80,064,934	5,812,985	235,208,811
Assets acquired – 15 June 2016	-	-	11,575,197	-	-	11,575,197
Additions	-	18,063,486	3,252,091	12,605,844	514,074	34,435,495
Disposal	-	(647)	(1,341,522)	(5,134,396)	-	(6,476,565)
Balance at 01 July 2016	26,568,477	96,912,925	57,398,095	87,536,382	6,327,059	274,742,938
Additions	900	9,145,720	2,836,875	9,845,798	5,744,283	27,573,576
Disposal	-	(46)	(1,051,450)	(5,718,050)	-	(6,769,546)
Balance at 30 June 2017	26,569,377	106,058,599	59,183,520	91,664,130	12,071,342	295,546,968
Accumulated Depreciation						
Balance at 01 July 2015	-	16,832,556	26,810,875	47,488,363	-	91,131,794
Assets acquired – 15 June 2016	-	-	2,748,459	-	-	2,748,459
Disposal	-	(647)	(1,341,522)	(4,804,005)	-	(6,146,174)
Depreciation expense	-	2,689,860	4,042,067	7,916,083	-	14,648,010
Balance at 01 July 2016	-	19,521,769	32,259,879	50,600,441	-	102,382,089
Disposal	-	(46)	(1,041,713)	(5,060,403)	-	(6,102,162)
Depreciation expense	-	3,171,358	4,530,841	8,741,278	-	16,443,477
Balance at 30 June 2017	-	22,693,081	35,749,007	54,281,316	-	112,723,404
Net Book value						
as at 30 June 2016	26,568,477	77,391,156	25,138,216	36,935,941	6,327,059	172,360,849
as at 30 June 2017	26,569,377	83,365,518	23,434,513	37,382,814	12,071,342	182,823,564

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

12. Goodwill

	2017 \$	2016 \$
Cost	8,510,715	8,510,715
Final working capital adjustment	(196,471)	-
Accumulated impairment losses	-	-
Total	8,314,244	8,510,715

The total goodwill arose from the acquisition of Apollo Health Ltd in 2016 (refer to note 20).

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

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

13. Other Intangible Assets – Patient List

	2017 \$	2016 \$
<i>Cost</i>		
Balance at 01 July	5,380,000	-
Acquisition through business combination	-	5,380,000
Balance at 30 June	5,380,000	5,380,000
<i>Accumulated Amortisation</i>		
Balance at 01 July	-	-
Amortisation expense	489,091	-
Balance at 30 June	489,091	-
Carrying Amount at 30 June	4,890,909	5,380,000

The patient list is amortised over 11.5 years. It arose from the acquisition of Apollo Health Ltd during the financial year ended 30 June 2016, refer to note 20.

14. Subsidiary

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

Name of Subsidiary	Principal Activity	Place of Incorporation and Operation	Proportion of Ownership Interest and Voting Held by the Group	
			2017	2016
Apollo Health Ltd	Provision of primary and ancillary health services	Australia	100%	100%

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

15. Trade and Other Payables

	2017 \$	2016 \$
Trade payables	3,021,556	2,348,112
Other payables	1,499,229	1,368,610
Net Goods and Services Tax	123,883	-
Total Current Payables	4,644,668	3,716,722

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

16. Provisions

	2017 \$	2016 \$
Current		
Provision for annual leave	19,886,240	19,388,528
Provision for long service leave	10,724,099	9,766,635
Total Current Provisions	30,610,339	29,155,163
Non Current		
Provision for long service leave	9,646,346	8,971,380
Total Non-Current Provisions	9,646,346	8,971,380

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

17. Other Current Liabilities

	2017 \$	2016 \$
Accrued expenses	3,397,171	3,465,366
Accrued expenses – property, plant and equipment	1,151,178	806,008
Accrued expenses – deferred acquisition consideration	-	677,782
Unearned revenue	2,315,068	1,797,523
Unearned revenue – Health Department grant	-	692,843
Total Other Current Liabilities	6,863,417	7,439,522

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

18. Commitments for Expenditure

	2017 \$	2016 \$
Capital Expenditure Commitments		
Plant and Equipment		
Not longer than 1 year	-	-
Longer than 1 year and not longer than 5 years	-	-
Longer than 5 years	-	-
	-	-
Vehicles		
Not longer than 1 year	12,412,253	9,577,892
Longer than 1 year and not longer than 5 years	429,753	373,590
Longer than 5 years	-	-
	12,842,006	9,951,482
Land and buildings		
Not longer than 1 year	4,020,089	3,206,893
Longer than 1 year and not longer than 5 years	-	-
Longer than 5 years	-	-
	4,020,089	3,206,893
Total Commitments for Capital Expenditure	16,862,095	13,158,375
Operating Lease Commitments		
Radio Sites		
Not longer than 1 year	132,393	159,682
Longer than 1 year and not longer than 5 years	294,100	442,390
Longer than 5 years	-	998
	426,493	603,070
Residential Properties		
Not longer than 1 year	113,645	66,124
Longer than 1 year and not longer than 5 years	1,308	-
Longer than 5 years	-	-
	114,953	66,124
Commercial Properties		
Not longer than 1 year	1,199,751	1,396,705
Longer than 1 year and not longer than 5 years	4,977,435	5,518,939
Longer than 5 years	2,602,492	4,330,389
	8,779,678	11,246,033
Total Commitments for Operating Lease Expenditure	9,321,124	11,915,227

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

19. Notes to the Statement Of Cash Flows

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

	2017 \$	2016 \$
a) Reconciliation of Cash and Cash Equivalents		
Cash	14,457,565	23,099,660
Term deposit investments (short term)	47,832,256	32,817,938
Cash at bank	62,289,821	55,917,598
Restricted cash	2,156,405	2,539,656
Total Cash and Cash Equivalents	64,446,226	58,457,254
b) Reconciliation of Surplus to Net Cash Flow		
Surplus	17,403,260	20,243,766
Depreciation expense	16,443,477	14,648,010
Amortisation expense	489,091	-
Gain on sale of property, plant and equipment	(410,067)	(663,907)
Interest received	(1,378,339)	(2,042,751)
(Increase)/Decrease in current assets:		
Inventories	(840,674)	(278,083)
Receivables	(2,933,391)	(3,427,621)
Prepayments	(27,618)	1,733,744
Accrued income	(317,435)	1,061,579
Increase/(Decrease) in current liabilities:		
Payables	927,946	1,013,441
Leave provisions	2,130,142	1,641,028
Accrued expenses	(68,195)	(4,269,542)
Unearned revenue	(175,298)	(2,182,624)
Net Cash from Operating Activities	31,242,899	27,477,040

c) Financing Facilities

An unsecured bank overdraft facility was available at the end of the year for \$7.5million (2016: \$10 million), the facility was not used during the year. The facility is reviewed annually.

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

20. Business Combinations

The company did not make any acquisitions during the current year ended 30 June 2017.

In the prior year, the Company acquired 100% of the shares of Apollo Health Limited (previously Apollo Health Pty Ltd). The financial information disclosed below relating to this acquisition has been adjusted within the measurement period (as defined by AASB 3) to reflect the nature and amount of the measurement period adjustments. These related to the determination of the final working capital adjustment of \$481,311 which had been provisionally determined at an amount of \$677,782 as at the acquisition date. The impact of this adjustment was a decrease in goodwill by \$196,471 in the consolidated financial statements. Refer to note 12.

20.1 Subsidiaries Acquired

	Principal Activity	Date of Acquisition	Proportion of Shares Acquired (%)	Consideration Transferred
2016				
Apollo Health Ltd	Provision of primary and ancillary health services	15/06/2016	100	\$22,662,311

Apollo Health Ltd was acquired to expand the Group's activities into primary and ancillary health and urgent care.

20.2 Consideration Transferred

	Apollo Health Ltd
Cash	\$22,000,000
Working capital adjustment	\$181,000
Final working capital adjustment	\$481,311
Total	\$22,662,311

20.3 Assets Acquired and Liabilities Assumed at the Date of Acquisition

	\$
Current Assets	
Cash and cash equivalents	663,421
Trade and other receivables	379,167
Other current assets	41,279
Non-Current Assets	
Plant and equipment	8,826,738
Current Liabilities	
Trade and other payables	(309,803)
Provisions	(130,725)
Other current liabilities	(502,010)
Non-Current Liabilities	-
Total	8,968,067

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

20. Business Combinations (continued)

20.4 Goodwill Arising on Acquisition

	\$
Consideration transferred	22,662,311
Less: fair value of identifiable net assets acquired (excluding intangibles)	(8,968,067)
Less: fair value of identifiable intangible assets acquired	(5,380,000)
Goodwill Arising on Acquisition (refer to note 12)	8,314,244

Goodwill arose in the acquisition of Apollo Health Ltd as the cost of the combination included a control premium. In addition, the consideration paid for the combination effectively included amounts in relation to benefit of expected synergies, revenue growth, future market development and the assembled workforce of Apollo Health Ltd. These benefits are not recognised separately from goodwill because they do not meet the recognition criteria for identifiable intangible assets.

20.5 Net Cash Out Flow on Acquisition of Subsidiary

	2017 \$	2016 \$
Consideration paid in cash	481,311	22,181,000
Less: cash and cash equivalent balances acquired	-	(663,421)
Total	481,311	21,517,579

21. Financial Instruments

(a) Financial Risk Management

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

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

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

(b) Capital Risk Management

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

The Group's overall strategy remains unchanged from 2016. The capital structure of the Group consists of cash and cash equivalents and retained surpluses.

The Group is not subject to externally imposed capital requirements.

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

(c) Significant Accounting Policies

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

(d) Interest Rate Risk Management

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

(e) Liquidity Risk Management

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

21. Financial Instruments (continued)

(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. These 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) 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 2017:

2017	Fixed Maturity Dates				
	Interest Rate	Variable Interest Rates (at call) \$	Less than 1 Year \$	1-2 Years \$	Total \$
Financial Assets					
Non-interest bearing	-	-	23,146,656	-	23,146,656
Cash and cash equivalents	1.76%	14,457,565	49,988,661	-	64,446,226
	-	14,457,565	73,135,317	-	87,592,882
Financial Liabilities					
Non-interest bearing	-	-	4,644,668	-	4,644,668
	-	-	4,644,668	-	4,644,668

The following table details the Group's exposure to interest rate and liquidity risk as at 30 June 2016:

2016	Fixed Maturity Dates				
	Interest Rate	Variable Interest Rates (at call) \$	Less than 1 Year \$	1-2 Years \$	Total \$
Financial Assets					
Non-interest bearing	-	-	19,895,830	-	19,895,830
Cash and cash equivalents	1.45%	23,099,660	35,357,594	-	58,457,254
	-	23,099,660	55,253,424	-	78,353,084
Financial Liabilities					
Non-interest bearing	-	-	3,716,722	-	3,716,722
	-	-	3,716,722	-	3,716,722

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

21. Financial Instruments (continued)

(h) Fair Value of Financial Instruments

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

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

	2017		2016	
	Carrying Amount \$	Fair Value \$	Carrying Amount \$	Fair Value \$
Financial Assets				
Trade and other receivables	21,020,921	21,020,921	18,087,530	18,087,530
Accrued income	2,125,735	2,125,735	1,808,300	1,808,300
Cash and cash equivalents	64,446,226	64,446,226	58,457,254	58,457,254
Total Financial Assets	87,592,882	87,592,882	78,353,084	78,353,084
Financial Liabilities				
Trade and other payables	4,644,668	4,644,668	3,716,722	3,716,722
Total Financial Liabilities	4,644,668	4,644,668	3,716,722	3,716,722

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 2017			
	Level 1 \$	Level 2 (i) \$	Level 3 \$	Total \$
Financial Assets				
Trade and other receivables	-	21,020,921	-	21,020,921
Accrued income	-	2,125,735	-	2,125,735
Cash and cash equivalents	64,446,226	-	-	64,446,226
Total Financial Assets	64,446,226	23,146,656	-	87,592,882
Financial Liabilities				
Trade and other payables	-	4,644,668	-	4,644,668
Total Financial Liabilities	-	4,644,668	-	4,644,668

(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 FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

22. Key Management Personnel

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

	2017 \$	2016 \$
Short-term employee benefits	2,953,564	2,911,195
Post-employment benefits	240,725	259,661
Other long-term benefits	-	-
Termination benefits	-	-
Total	3,194,289	3,170,856

23. Remuneration of Auditors

	2017 \$	2016 \$
Audit of the financial report	149,982	133,500
Other services:		
Acquisition due diligence	-	164,993
Cost benefit analysis	-	30,000
Total	149,982	328,493

The auditors for the Group are Deloitte Touche Tohmatsu.

24. Related Party Transactions

During the financial year:

The Group obtained legal services to the value of \$13,205 (2016: \$52,714) from Zafra Legal, a firm in which a Board Member is a Principal.

Other than stated above there are no related party transactions for the Group.

25. Subsequent Events

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

26. Contingent Liability

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

As at 30 June 2017, the contingent liability amount is \$2.3 million in relation to this funding. The Group continues to provide the statewide emergency road ambulance service.

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

27. Parent Entity Information

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

Investments in Subsidiaries

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

	2017 \$	2016 \$
Financial Position		
Assets		
Current assets	88,699,787	79,874,392
Non-current assets	199,669,937	186,467,836
Total Assets	288,369,724	266,342,228
Liabilities		
Current liabilities	40,477,426	39,441,402
Non-current liabilities	9,646,346	8,971,380
Total Liabilities	50,123,772	48,412,782
Equity		
Retained surpluses	238,245,952	217,929,446
Total Equity	238,245,952	217,929,446
Financial Performance		
Surplus for the year	20,316,506	20,338,569
Other comprehensive income	-	-
Total Comprehensive Income	20,316,506	20,338,569
Capital Expenditure Commitments by the Parent Entity		
Property, Plant and Equipment		
Not longer than 1 year	16,432,342	12,784,785
Longer than 1 year and not longer than 5 years	429,753	373,590
Longer than 5 years	-	-
	16,862,095	13,158,375
Operating Lease Commitments by the Parent Entity		
Not longer than 1 year	417,948	444,384
Longer than 1 year and not longer than 5 years	476,303	791,543
Longer than 5 years	2,915	7,381
	897,166	1,243,308

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

28. Country Sub Centres

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

28. Country Sub Centres (continued)

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

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





EVANS AMBULANCE
ADOLE

LEVEL 2 OFFICER

EVANS AMBULANCE
TIM

STATION
MANAGER

in the service of humanity



St John Ambulance WA

209 Great Eastern Highway
Belmont WA 6104

T **08 9334 1222** | W www.stjohnambulance.com.au

Would you like to help?

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

Email volunteermemberservices@stjohnambulance.com.au

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