St John

Annual Report
2018/2019

Contents

Chairman's introduction

It is a great honour to share some of the achievements of St John Western Australia (St John) during 2018/19.

I am very proud of the outstanding progress made by St John in terms of the achievement of our key goals, financial performance targets and the strength of our strategic investments.

At St John we take great pride in the way we focus on our real purpose, serving humanity through the relief of illness, suffering and danger.

Our specific goals of making first aid a part of every Western Australian's life, providing a world class ambulance service and providing timely and equitable access into the health system for unscheduled care, ensures we apply our resources and expertise in a way that delivers the greatest possible positive impact to our community.

St John has again given first class service across the state in all of its key areas. One of the achievements that I am particularly proud to highlight here is our impact on what is a huge section of the WA community.

When we tally up our interactions with patients across all of our services, ambulance, event health, patient transfer, community transport and primary health, plus the people that we have delivered first aid training to, we have connected with a staggering 1.18 million people during the year. That equates to 45 per cent of the state's population. Even more impressive, in only two years that figure has risen by more than five per cent which highlights the rate at which our organisation continues to grow its level of service.

To continue to grow and meet the demands on our services, St John must deliver a sound financial performance. The organisation achieved the surplus required to ensure the full funding of our $28.3 million capital works program.

Our financial position is sound, giving us great confidence in our ability to continue to make the investments necessary to meet the demands of this rapidly growing state.

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".

I commend to you this annual report.

Shayne Leslie
Chairman

Our purpose

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

Our aspiration

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

Our strategy

Ambulance

Goal: Excellence and leadership in ambulance care

Through:

- Operational best practice.
- Cost efficiency.
- Policy and system partnership.
- Community commitment.

Health services

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

By delivering:

- Targeted expansion of the integrated model.
- Unique value proposition to stakeholders and the community.
- Scalable business operations.

Organisation

Goal: A focussed and continually learning organisation

Through:

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

What we do

St John provides the state's ambulance service and delivers pre-hospital care to Western Australians in need.

We are the leading provider of first aid training in Western Australia, training more than 480,000 students each year. We exist for the service of humanity.

St John provides event health services, primary health services, patient transfer services, medical services and free first aid training to school students. We also run the State Operations Centre and the Community First Responder network.

We are a charitable, not-for-profit humanitarian organisation supported by a number of fundraising and charitable initiatives.

Our people

Every year our 9,005 volunteers donate more than 4.2 million hours to the community.

Whether running local ambulance services, providing first aid at community events or teaching first aid in hundreds of locations around regional Western Australia, each of our volunteers leaves an indelible mark on their community.

St John also employs more than 1,500 paid staff including paramedics, patient transport officers, first aid trainers, communications officers and administration staff. Our administration teams play a vital role in supporting our volunteers. This support includes the coordination of a sophisticated centralised supply chain, providing opportunities to train and develop skills, giving volunteers the knowledge, equipment and support they need.

Our governance

St John Ambulance Western Australia Ltd is a company limited by guarantee.

St John WA operates within highly regulated not-for-profit healthcare, education and training sectors. We are accountable under the *Corporations Act 2001* and regulated by the Australian Securities and Investment Commission and the Australian Charities and Not-for-profits Commission.

The St John board sets the organisation's direction and takes responsibility for good governance through adherence to regulatory governance requirements, prudent funds and risk management and by ensuring best practice standards are maintained. Reporting to the board are three committees; the Audit and Risk Committee, the Board Selection Committee and the Remuneration Committee.

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.

In addition to the Australian Securities and Investment Commission and the Australian Charities and Not-for-profits Commission, St John is also subject to governance requirements of the following regulatory bodies:

- Australian Skills Quality Authority (ASQA) – St John is a Registered Training Organisation within the Vocational Education and Training sector subject to regulation by ASQA.
- Australian Taxation Office – St John is a registered Deductible Gift Recipient which allows the organisation to receive income tax deductible gifts and deductible contributions.
- Poisons Permit - *Poisons Act 1964.*
- Australian Health Practicioner Regulation Agency which regulates the professional registration of paramedics.

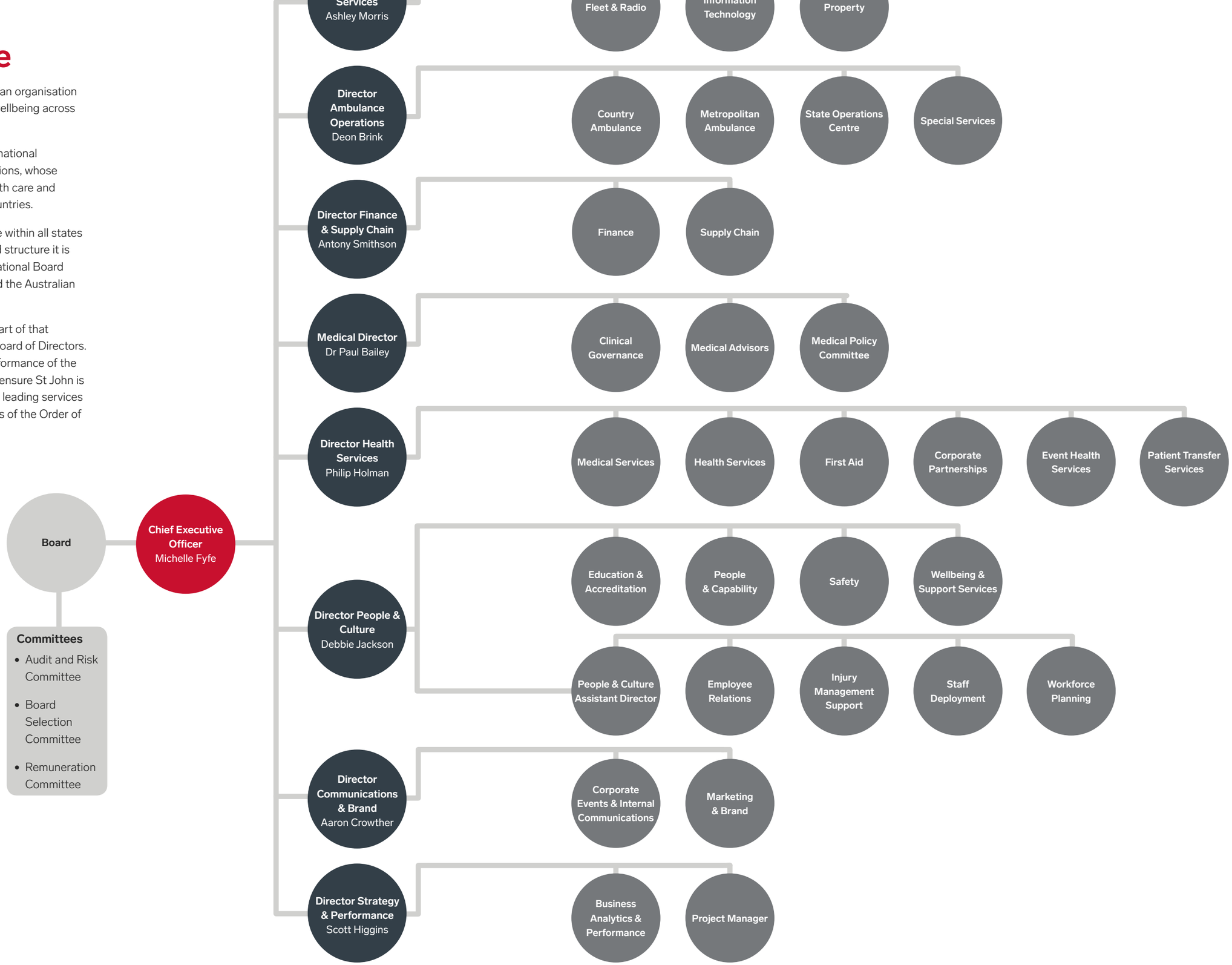
Our structure

St John is part of a global humanitarian organisation which works to improve health and wellbeing across the world.

The Order of St John is a major international charity, accredited by the United Nations, whose establishments provide first aid, health care and support services in more than 40 countries.

In Australia, the organisation is active within all states and territories. As part of a federated structure it is governed by the St John Australia National Board which determines national policy, and the Australian Priory.

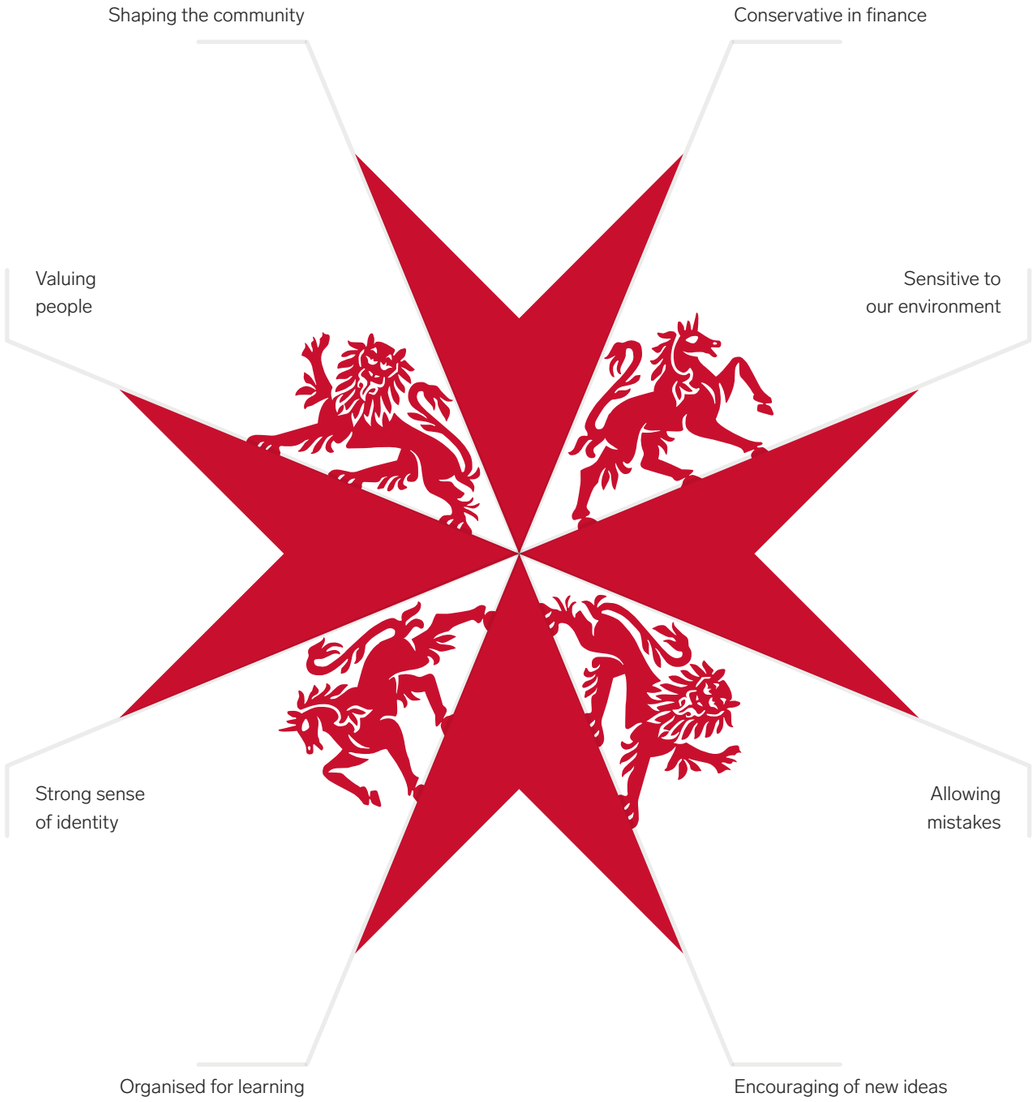
St John in Western Australia forms part of that federated structure, governed by a Board of Directors. Directors are responsible for the performance of the company limited by guarantee. They ensure St John is appropriately managed and provides leading services consistent with the culture and values of the Order of St John.



Our values

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

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



Chief Executive Officer report

Our organisation is one with a rich history and heritage, having been part of the fabric of Western Australia since 1891.

Since this time St John Western Australian (St John) has always remained true to its purpose, to "serve humanity and build resilient communities through the relief of sickness, distress, suffering and danger".

The year 2018/19 has been an exciting and challenging one for St John. We've had a significant rise in ambulance demand which has been coupled with record levels of hospital ramping. This of course placed added pressure on us to meet our response time targets across all ambulance priority codes, and our people worked incredibly hard to reach our targets when it came to the highest priority jobs.

All told, our ambulance service delivered pre-hospital care to more than 336,000 people, which was a 5.5 per cent increase on the previous year. The State Operations Centre also reported 6.6% more calls in 2018/19, totalling 631,469.

> A key component of our integrated activities is training the community in first aid. This year we trained 481,698 students, which represented 18 per cent of the state's population.

Particularly pleasing is that of this total, St John provided free training to 376,785 people through our program of charitable contributions.

Our health services teams continued to build momentum. In 2018/19 the total number of patients treated in one of our GP, urgent care or dental clinics was 308,959. The growth in each of these endeavours has been pleasing to see and the announcement in May 2019 that the Commonwealth Government would provide St John with $28 million to fund a trial of four new St John urgent care centres across the greater Perth metropolitan area, is something we believe will have a positive impact on the health system.

In ambulance, we were challenged by an increase in demand, coupled with hospital ramping, which made it more difficult to achieve our metropolitan response time targets. That being so, we still made our 90 per cent target for the most urgent of cases, which is a reflection on the dedication and professionalism of our people.

While it is important that we reflect on the past year and the associated highs and some of the challenges, I am also excited to talk about the steps we made during the year to plan for the future.

In early 2019 St John undertook a 12-week project to develop a coherent and compelling strategy to move us forward over the next five years. The strategy project was a collaborative process, informed by current performance, internal expertise, world leading practice, evolving industry trends and robust strategic frameworks, that are designed to serve the WA community and its unique geography and demographics.

This work, combined with a deep and meaningful understanding of where we have come from, has helped us set our future path. We now have a strategy for the years 2020 to 2025. This strategy recognises and builds upon the strength of the St John integrated model, in which we work together in service to humanity.

Our aspiration to be the most trusted provider of clinical care in the community of Western Australia is built upon the notion that trust is a mutually beneficial outcome.

We believe our goals in building excellence and leadership in ambulance care; expanding our integrated model, expanding our ambulance and primary care services in a focussed way; and to become a focussed and continually learning organisation, will provide clarity of purpose and alignment of effort.

The next five years provide us with much opportunity and significant challenges. We are all excited about the direction we have chosen and we now start the hard work to bring these plans to fruition.

The year 2018/19 has been an outstanding year and the results contained in this report are a tribute to the 10,500 people who continue to serve St John with passion, dedication and great skill.

Michelle Fyfe, APM
Chief Executive Officer

Our key achievements 2018/19

UP 19% from 2017/18

481,698
First Aid Training participants

376,785
Western Australians received first aid training through one of our charitable programs

104,913
Western Australians paid for their first aid training to help support our charitable programs

723
Missions flown by the RAC Rescue helicopters (including patient retrievals)

$28,000,000
Invested in capital projects

VR
First Aid Skills app and virtual reality released

4,200,000
Volunteer hours contributed from our teams across Western Australia

9,005
Volunteers gave these hours to help others

703,776
Patient interactions

70,844
Urgent Care patient cases

214,907
General Practice patient cases

23,208
Dental patient cases

29,428
Community Transport patient cases

336,516
Ambulance patient cases

28,873
Event Health patient cases

EHS
4,684
Events across the metropolitan area kept safe by our Event Health Services teams

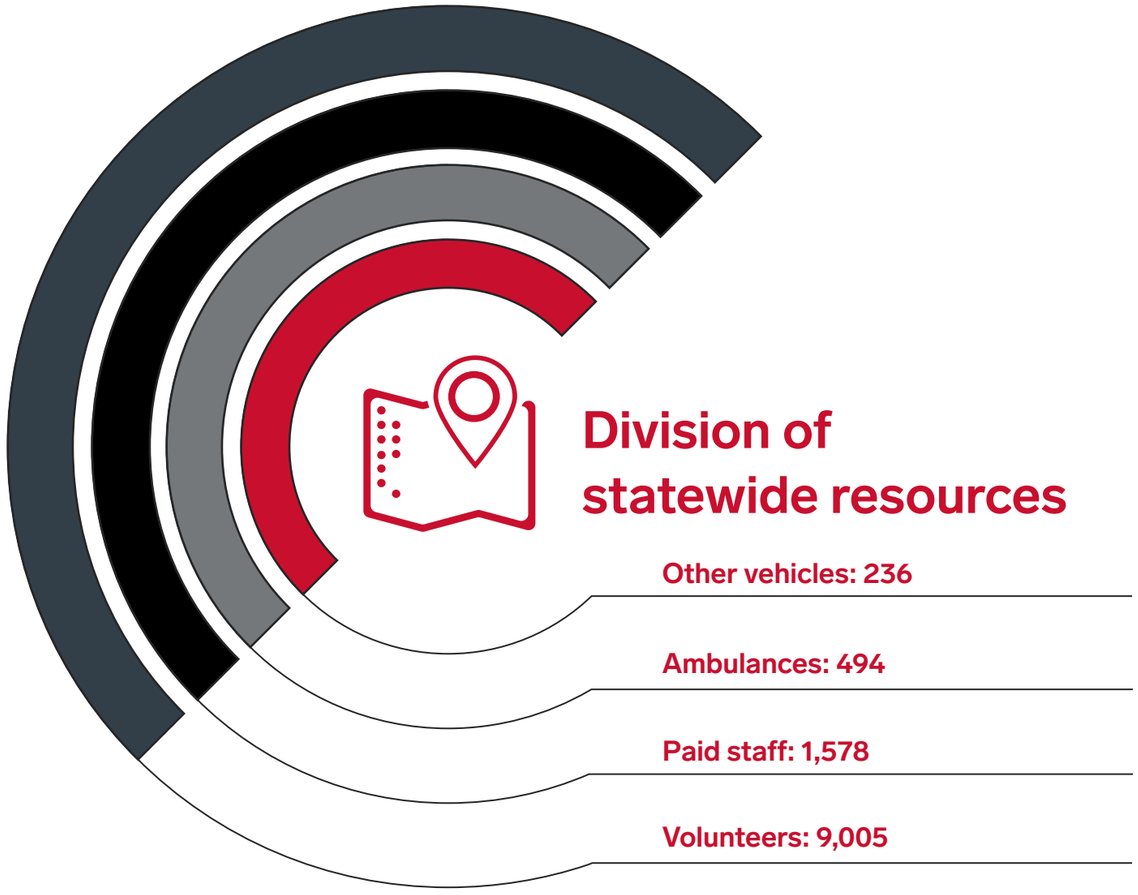
UP 70% from 2017/18

3,616
Community First Responder defibrillator locations across WA

631,469
Total calls responded to by the State Operations Centre (SOC)

135,358
First Responder app downloads - up until 30 June, 2019

Statewide resources 2018/19



Volunteers: 9,005

- Other: 3,537*
- Country Career Sub Centres: 1,003
- Country Volunteer Sub Centres: 2,312
- Community Transport Services: 400
- Event Health Services/Youth and Community: 1,752
- Primary Health Services: 1

Paid staff: 1,578

- Metropolitan: 1,243**
- Country Volunteer Sub Centres: 53
- Country Career Sub Centres: 167
- Event Health Services/Youth and Community: 15
- Primary Health Services: 97
- Community Transport Services: 3

Ambulances: 494

- Country Volunteer Sub Centres: 259
- Country Career Sub Centres: 68
- Metropolitan: 137**
- Event Health Services/Youth and Community: 30

Other vehicles: 236

- Metropolitan: 125
- Event Health Services/Youth and Community: 16
- Country Career Sub Centres: 50
- Country Volunteer Sub Centres: 9
- Community Transport Services: 36

*Other is made up of Community First Responders, Commandery Members and Friends of St John
**Metropolitan includes ambulance service and patient transfer

State Office and College of Pre-Hospital Care
Belmont

Ambulance hubs
Belmont and Wangara

State Operations Centre
Belmont and Wangara

Supply Division
Belmont

Mechanical and Radio Workshops
Belmont

First aid retail outlet
Belmont

11 First aid training centres
Perth, Fremantle, Belmont, Joondalup, Osborne Park, Mandurah, Rockingham, Bassendean, Booragoon, Kelmscott, Ellenbrook

6 Regional Offices
Bunbury, Geraldton, Northam, Albany, Broome and Kalgoorlie

160 sub centres and branches
St John has 160 regional locations stretching from Esperance to Wyndham and east to Laverton

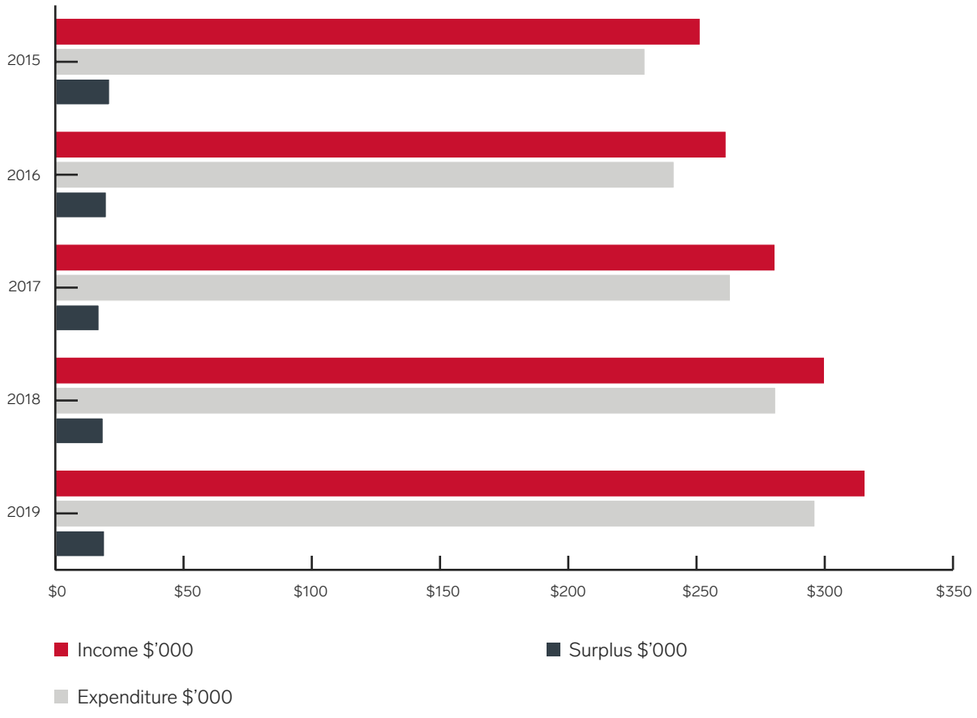
30 depots
We have 30 ambulance depots in the Perth metropolitan area

Financial overview

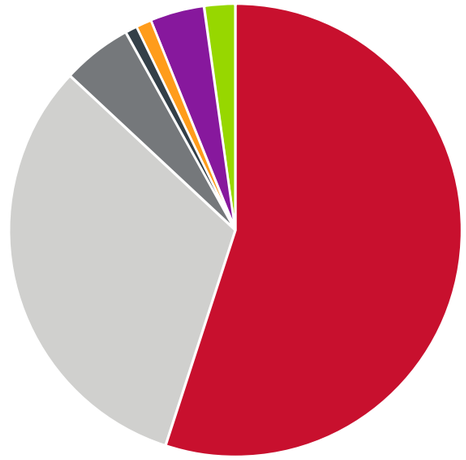
2018/2019

We delivered a $19.5 million surplus for 2018/19. You can find more detail in the audited Annual Financial Statements for the year ended 30 June, 2019 set out on pages 58 to 102.

Income and expenditure



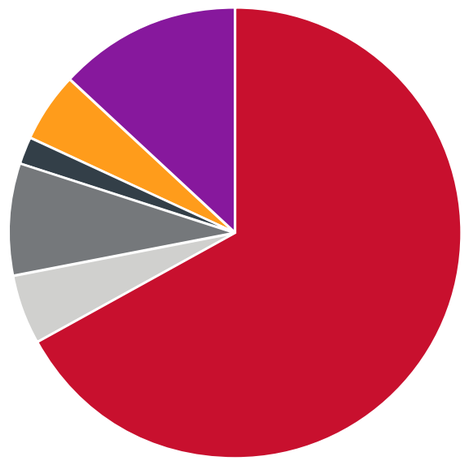
Statewide income sources ($'000)



- Ambulance services: $174,688 | 55%
- Department of Health: $100,985 | 32%
- First aid training: $14,056 | 5%
- Medical health services: $3,988 | 1%
- Benefit fund: $2,479 | 1%
- Primary health services: $12,200 | 4%
- Other: $7,285 | 2%

Total: $315,701,000 | 100%

Statewide operating expenditure ($'000)



- Personnel: $200,083 | 67%
- Property and vehicles: $13,427 | 5%
- Bad debts: $25,231 | 8%
- Medical and first aid: $4,462 | 2%
- Primary health services: $14,758 | 5%
- Other: $38,223 | 13%

Total: $296,184,000 | 100%

Community contributions

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

St John is proud to deliver this net benefit to the community while at the same time realising our vision of service to humanity in Western Australia. Income generated through commercial services provides a sustainable means that assists the organisation to continue to make contributions to the community. In 2018/19 we were proud to be able to deliver these important outcomes to the community:

Youth and community engagement

In 2018/19 the number of students trained by our range of youth and community programs was more than 370,000.

The St John youth engagement initiative provides a range of programs for school students of all ages, including First Aid Focus, First Aid Club, First Aid Frenzy and Cadetships.

Our First Aid Focus program, which provides free training to school students, remained a vital avenue in our aim to make first aid a part of everyone's life, training 164,168 students in 2018/19. More than 23,000 additional young people were enrolled in our other youth programs.

During the year a further 60,000 people took part in training provided for free by St John at events such as the Perth Royal Show.

Ophthalmic branch

A number of individual donations and activities during the year provide the means for St John WA to continue to contribute to the Order's ophthalmic charitable objectives. The Perth Eye Surgery Foundation makes an annual donation, which for several years has assisted ophthalmic projects in Timor-Leste. The organisation also incorporates a levy on St John's annual dinner dance tickets, and this together with some other individual donations received (including the Cohen Trust) combine to fund three nursing positions at the St John Eye Hospital in Jerusalem.

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

Community resilience

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

These activities are charitable undertakings provided free and delivered by the Event Health Services team. It provided first aid training for more than 178,000 people at public events and gatherings. In 2018/19 St John donated first aid kits to 33 organisations for the benefit of the community.

In a major boost for the community, we utilised a $1.37 million Lotterywest grant to provide lifesaving public access defibrillators and first aid training for sporting, community and not for profit groups all over Western Australia. The project will continue in 2019/20, ultimately leading to an additional 1,000 publicly accessible defibrillators installed across the state.

St John nationally and internationally

While the organisation is committed to fulfilling our charitable purpose in Western Australia, we also remain committed to the objectives that our identity as part of an international humanitarian Order brings. Being able to contribute charitably on a local level, as well as nationally and internationally, remain important to St John. Over the last 12 months, the following activities and donations occurred, fulfilling our charitable purpose:

- First aid training for children at Jigalong Remote Indigenous School and Warralong Community (and provision of first aid kits/resources).
- Donation of ambulance vehicles to St John Ambulance Tasmania.
- Donation of an ambulance to Paray Mission Hospital, Losotho.
- An ambulance donated to Rafiki Surgical Missions in early 2019. This ambulance was put to work in Tanzania Ambulance after a handover at Kigamboni Hospital.
- In the past St John WA has provided support and assistance to both St John Malaysia and St John Papua New Guinea and continues to be available to provide this support where needed.

TOTAL VALUE

Overall in 2018/19, St John WA supported charitable services and activities to a value in excess of $201 million. This contribution was possible due to the effective integrated model used in Western Australia and the organisation's focus on its purpose.

Community partnerships

We are able to better deliver our services, and support our amazing volunteers across the state through the many supporters in the community, individuals and businesses and at all levels of government, that provide financial and in kind support. We thank each and every one of these organisations.

Major partners

Capital works projects are a significant draw on resources and are many years in the planning and execution. Individual donors, corporate and government partnerships have enabled us to move some significant projects forward this year. We thank our major partners and dedication from the volunteers in these locations:

- Chevron – Onslow Sub Centre
- Australian Government – Busselton Sub Centre
- Lotterywest and Wheatbelt Development Commission – Merredin Sub Centre
- Bendigo Bank and the Shire of Gingin – Woodridge Sub Centre

Also with the assistance of Lotterywest another significant project delivered this year was the Heart Grant. During the year we delivered more than 300 new public access defibrillators to community groups as we work together towards installing more than 1,000 new devices.

Other significant partners

Along with our major partners, local government and the corporate sector play a big part in the delivery of new buildings and equipping ambulance sub centres.

Other local government and community partners:

- Town of Port Hedland
- Shire of Esperance
- City of Greater Geraldton
- Shire of Broome
- City of Kalgoorlie-Boulder
- Volunteering WA
- Lions Club Broome

Other corporate partners:

- CBH Group
- BHP
- WA Mining Club and members
- Laerdal
- Minara Community Foundation
- Southern Ports
- Pilbara Ports Authority
- Atlas Iron
- Fortescue Metals Group
- Water Corporation
- IGO
- Perth Convention and Exhibition Centre
- AVPartners

Ambulance Services

St John has a stated aim of providing a world class ambulance service that delivers excellent patient care combined with delivering cost efficiency.

In early 2019 the Productivity Commission published a report that listed St John as the most cost-effective ambulance service in Australia. Nationally, total expenditure on ambulance service was $145.03 per person, however St John had the lowest cost per person of any ambulance jurisdiction with $104.33 spent per person.

We are extremely proud of this given a state such as Western Australia presents many challenges, in part due to our unique geography and demographics. In response, St John has developed a tailored model that ensures high class paramedic services are available to people right across the state.

Our metropolitan service is made up of highly trained and qualified paramedics and our larger regional centres are serviced by mixed crews consisting of career paramedics working with highly trained clinical volunteers. Crews consisting of clinical volunteers cover the remainder of the state.

In addition, the ambulance service is responsible for special services which includes special operations paramedics and critical care paramedics. These specialised teams provide emergency management and intervention, can deploy to multi-casualty incidents and disasters and provide paramedical services to patients transported via the RAC rescue helicopters.

Ambulance services were also bolstered by these major initiatives in 2018/19:

- Completion of the new 24 hour Ellenbrook ambulance depot and First Aid Training centre.
- Investment in the Corpuls 3 monitor defibrillators across our career paramedic ambulance fleet.
- Improvements to regional radio networks including encryption and data capability to improve security and redundancy.

Metropolitan Ambulance Service

During the 2018/19 year metropolitan ambulance activity levels were:

Emergency	96,945
Urgent	54,916
Non-urgent	33,457

These activity levels represented an increase of 5.9 per cent in ambulance activity compared to the previous year. In addition to the road ambulance service, the emergency rescue helicopters completed 723 missions during the year.

While the qualification, capability and clinical practice of our ambulance crews is paramount, 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 as follows, with an expectation that we meet 90 per cent of cases within these time limits:

Emergency
15 minutes

Urgent
25 minutes

Non-urgent
60 minutes

Our response times were recorded as per the below for the last two financial years.

	2017/18	2018/19
Emergency	93.4%	92%
Urgent	89.3%	87.1%
Non-urgent	93.3%	89.7%

The more than average rise in ambulance demand plus increased hospital ramping across all of 2018/19 created some significant challenges for metro ambulance. The response of our people to this added pressure was incredible and achieving the emergency response time with only small declines in performance for urgent and non-urgent cases is still a good result.

On the Phip side of Special Operations

Special Operations Paramedic Phip Hughes

As a teacher and leader in the field of Outdoor Education, Phip Hughes spent a lot of time camping and as much as she enjoyed the outdoor activities, she eventually grew tired of spending almost half of her year sleeping in a tent.

She approached a former colleague who had left the same job to become a paramedic and was convinced that a move to paramedic life sounded like a good idea.

“My Outdoor Education role had taught me how to problem solve in dynamic environments. It equipped me with the skills to engage and communicate with people, and was often mentally and physically challenging,” Phip said.

“These characteristics held me in good stead for working as a paramedic.”

Phip has now been a paramedic for nearly 12 years, but in 2018 she became the first female paramedic to be accepted in the Paramedic Special Operations (PSO) team at St John WA.

The role of a Special Operations Paramedic is to access and assist casualties in an environment that has the potential to be hostile or dangerous to the health of the first responders.

Working closely with the Department of Fire and Emergency Services, PSOs have specialised training to access, treat and extricate a casualty from that situation so they can be treated and transported by another ambulance crew.

This includes environments that are oxygen poor, have hazardous materials, are smoke filled, or generally unstable.

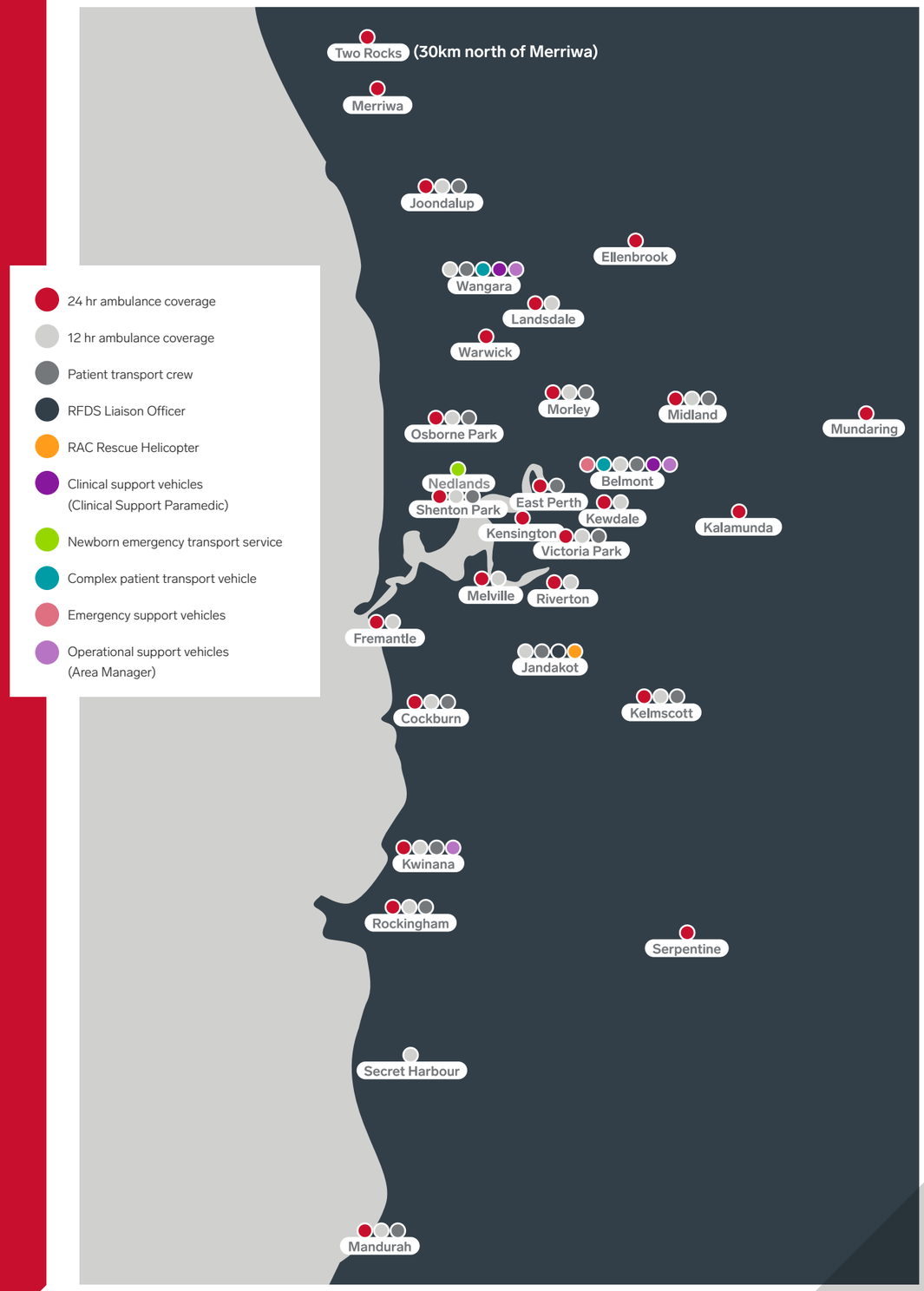
“I heard about the special operations team early in my career therefore had always had it on my career goals radar,” Phip said.

“The role appealed to me as it not only involved the clinical aspect of my job as a paramedic, but also technical rescue, working in multi-agency teams and the development of a range of new skills.”

Phip said she enjoyed being a part of the Paramedic Special Operations group because of the challenge of the role and that it involved working in a team environment.

At St John the Special Operations team is managed by the Emergency Management Unit, which supports the response to natural disasters and events such as bush fires, cyclones and industrial accidents.

Metropolitan ambulance locations and resources



State Operations Centre

	Financial year 2017/18	Financial year 2018/19	% variance
Number of Triple Zero (000) emergency calls only	238,843	274,733	15.1%
Non emergency calls (for example, Health Direct, hospitals and other emergency services)	342,636	353,436	4.1%
Total number of calls	**574,479**	**631,469**	**6.6%**

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.

Operations centre officers use sophisticated software to prioritise every call based on questions answered by the caller and the response is then assigned to the closest appropriate ambulance.

Our State Operations Centre, which operates across two locations at Belmont and Wangara, has had another extremely busy year.

Our State Operations Centre team responded to an extra 6.6 per cent of calls. However the team continued to do a tremendous job in responding to these calls, as evidenced by the key performance indicator.

89.5% of all Triple Zero (000) calls were answered within 10 seconds

Cool hand Luke

State Operations Centre Duty Manager Steve Luke

Maintaining responsibility for hundreds of medical emergencies right across the state 12 hours a day requires a cool hand.

Steve Luke, one of St John's duty managers, oversees the State Operations Centre which takes about 750 Triple Zero (000) emergency phone calls for ambulance each day.

He described the job as challenging but rewarding.

"The duty manager's role is one like no other within St John. As the duty manager you are making decisions not only for metro but for the entire state of Western Australia," he said.

"From the moment the shift starts until you hand over 12 hours later, the duty manager makes decisions on ambulance presentations, deals with Police, DFES, RFDS, hospital consultants and bed managers and we also dispatch the rescue helicopters."

"The duty manager is required and expected to make some difficult decisions at times and these can impact patients, crews and hospitals."

Steve loves the aspect of teamwork that is central to his job, citing Yarloop and Margaret River bushfires from recent years and Cyclone George (2007) that tore through a mining camp south of Port Hedland as intense memorable events.

"They hold a special place for me; not just the incidents themselves, but working with the crews, both volunteer and career, to get the jobs done," Steve said.

Steve came to St John via the Royal Australian Navy where he had a career spanning two decades including working aboard submarines as a Warrant Officer Naval Police Coxswain.

"One of my main roles was the senior medic on board and because submarines are covert, we weren't allowed to have contact with doctors while at sea. As such it was up to my team to manage every medical issue that came up while away."

When on shore duty Steve found his medical skills weren't being maintained as well as he'd like so he became an ambulance volunteer to maintain his skills.

He did this for 15 years, eventually moving to a career as a paramedic and completing his Bachelor of Science in Paramedicine. Steve changed career again as injuries he suffered in a motor vehicle accident prevented him from working on the road. In 2004 he moved into the State Operations Centre to take on the position of team leader ambulance operations and later taking on the role of duty manager.

Steve remains focussed on his career with St John and this year Steve's many years of dedicated service were further acknowledged when he was admitted as a Member into the Order of St John.

"I have seen a vast amount of growth and progress in St John. The future is bright and hopefully I can continue to be a part of it to ensure we remain at the forefront of ambulance services around the world."

Country Ambulance Service

St John's integrated service model ensures that all members of the community across our vast state receive exceptional pre-hospital care.

We continued to deliver a responsive and adaptive service during the year through our highly skilled workforce, which includes clinical volunteers, paid paramedics, critical care paramedics on board the RAC Rescue helicopters and clinical support paramedics.

During the year we achieved a 99 per cent capacity availability rate across the state, allowing a timely and high quality response to primary ambulance cases. Ensuring the provision of long distance patient transfers for country patients within resource constraints, remained a challenge during the year.

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

In 2018/19 we also rolled out new designations for our clinical volunteers, with the aim of more accurately reflecting their skills and qualifications. The new designations align our clinical volunteers with the Primary Care Paramedics and Emergency Medical Technicians of North America and Europe, who are qualified to a similarly high standard.

The Level 2 Volunteer Ambulance Officer is now referred to as Emergency Medical Technician with the Level 1 Volunteer Ambulance Officers taking the title of Emergency Medical Assistant. A new designation of Emergency Medical Responder was also created to cover an introductory scope of practice.

Country mixed crew ambulance case numbers:

(Paramedic and clinical volunteer, provided from 16 country locations)

Emergency 15,638

Urgent 9,465

Non-urgent 5,822

Country clinical volunteer ambulance case numbers:

(Provided from 144 country locations)

Emergency 8,017

Urgent 4,613

Non-urgent 2,398

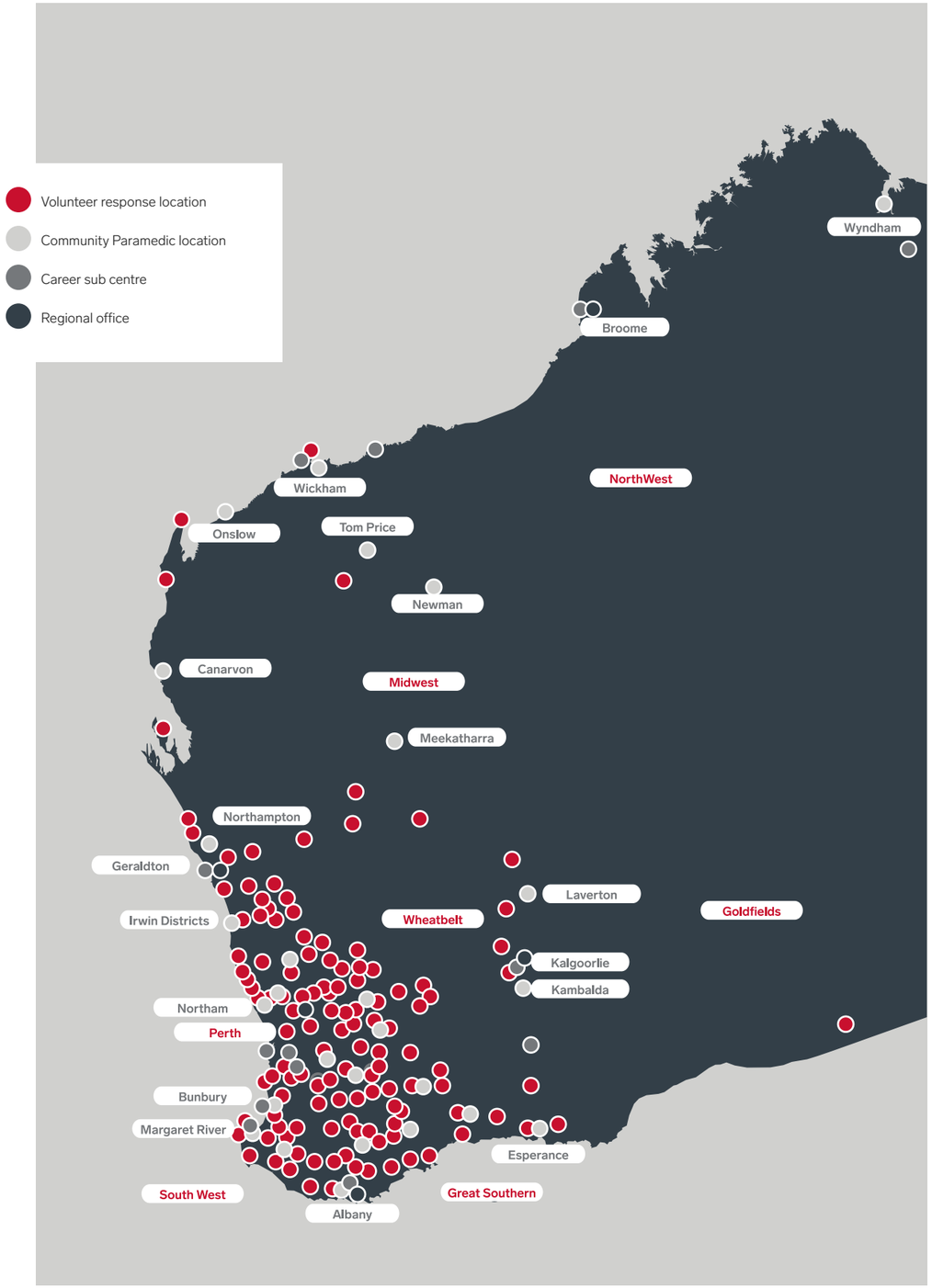
Overall growth in country activity levels was 4.5 per cent, less than what was recorded for the entire state. The growth in ambulance demand was even between the career and volunteer sub centres.

Country Ambulance cases	Financial year 2017/18	Financial year 2018/19	% variance
Career sub centre cases	44,882	46,882	4.5%
Volunteer sub centre cases	22,864	23,881	4.5%
Total country cases	67,746	70,763	4.5%

The total country case numbers listed above include priority 4 transfers.

Country Ambulance locations

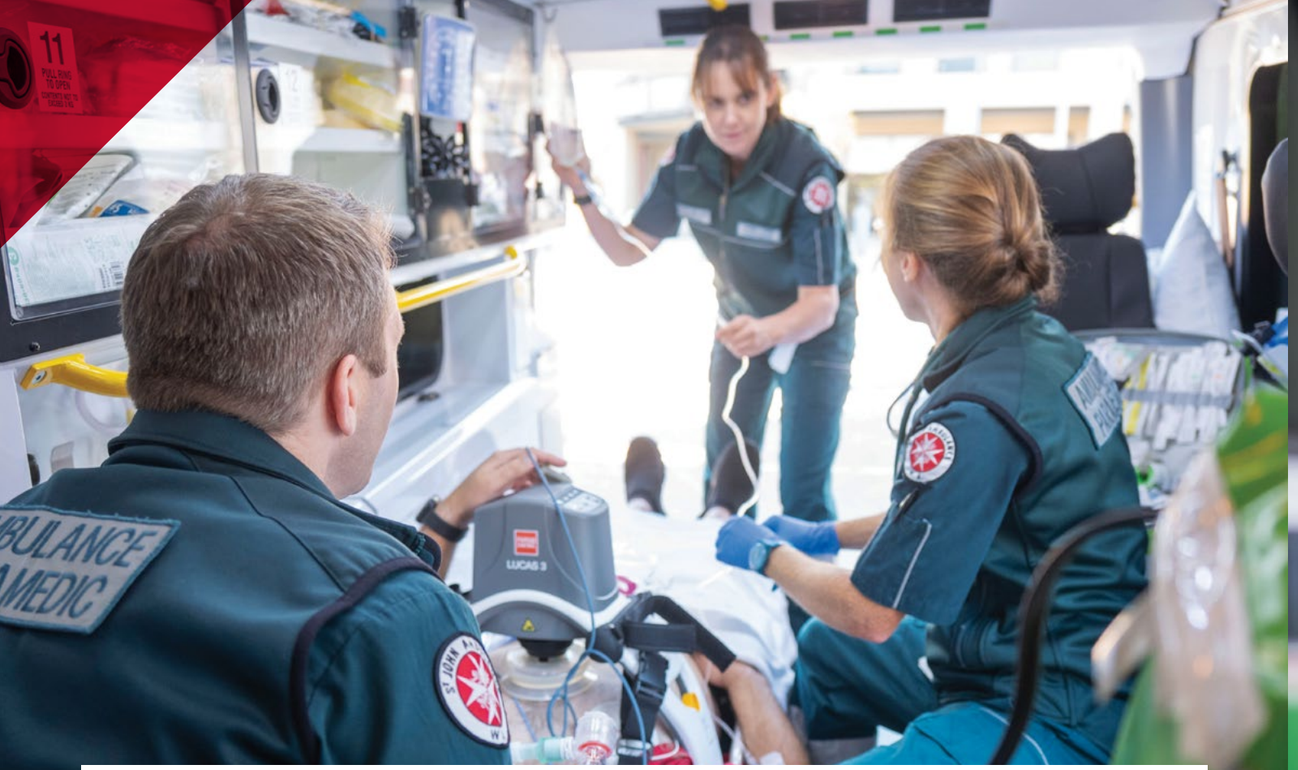
St John operaters from 160 regional locations. In the regions, our Community Paramedics provide training and mentoring along with clinical and operational support for clinical volunteers.



Country Ambulance response times

The spread of population in regional areas and the need to travel longer distances dictates that different targets and performance expectations are set for major country locations in Western Australia. Our performance against those targets in 2018/19 can be seen below.

	Emergency within 15 minutes		Urgent within 25 minutes		Non-urgent within 60 minutes	
Albany	2018/19	85.3%	2018/19	89.4%	2018/19	95.8%
	2017/18	86.9%	2017/18	93.9%	2017/18	96%
Australind	2018/19	83.2%	2018/19	89.9%	2018/19	95.5%
	2017/18	85.2%	2017/18	91.8%	2017/18	95%
Broome	2018/19	94.4%	2018/19	95.3%	2018/19	97.7%
	2017/18	94%	2017/18	96.7%	2017/18	96.9%
Bunbury	2018/19	87.4%	2018/19	91.5%	2018/19	95.4%
	2017/18	88.2%	2017/18	92.9%	2017/18	95.7%
Busselton	2018/19	90.3%	2018/19	90.9%	2018/19	97.1%
	2017/18	90.9%	2017/18	93.3%	2017/18	95%
Collie	2018/19	90.7%	2018/19	92.1%	2018/19	96.6%
	2017/18	92.1%	2017/18	86.1%	2017/18	99.3%
Geraldton	2018/19	82.2%	2018/19	86.4%	2018/19	91.4%
	2017/18	81.7%	2017/18	85.9%	2017/18	92.3%
Hedland	2018/19	89.5%	2018/19	94.1%	2018/19	93.8%
	2017/18	90.9%	2017/18	95.5%	2017/18	92.7%
Kalgoorlie	2018/19	81.2%	2018/19	86.5%	2018/19	92.8%
	2017/18	83.6%	2017/18	88.1%	2017/18	89.6%
Karratha	2018/19	74.2%	2018/19	92.4%	2018/19	97.7%
	2017/18	79.3%	2017/18	92.3%	2017/18	94.2%
Kununurra	2018/19	73.6%	2018/19	92%	2018/19	96%
	2017/18	72.5%	2017/18	91.3%	2017/18	96.9%
Norseman	2018/19	58.6%	2018/19	95.2%	2018/19	90%
	2017/18	54.5%	2017/18	94.1%	2017/18	100%
Northam	2018/19	87%	2018/19	92%	2018/19	96.6%
	2017/18	86.1%	2017/18	83.2%	2017/18	93.2%



Clinical Services

The St John Clinical Services team facilitates the delivery of high quality clinical care and training across our organisation.

This team also regularly reviews our processes, employing a continual service improvement strategy and it measures clinical performance against the latest available evidence to ensure St John maintains a world class service.

Highlights for 2018/19 include:

- A 50 per cent increase in out of hospital cardiac arrest survivors in Western Australia in 2018, marking our highest level on record. This improvement was the result of our continued efforts to increase community first aid training, increase the number of community based defibrillators and improve our own recognition and management of patients in cardiac arrest.
- Recruitment of patients into our randomised, controlled trial of pre-hospital Continuous Positive Airway Pressure for patients with severe breathlessness was completed. Analysis of the trial data is underway.
- Several members of the Clinical Governance Services team attended the Seattle Resuscitation Academy and the CPR University in Phoenix, world leaders in resuscitation. This has enhanced our understanding of the topic and is now a part of our clinical practice.

Patient Transfer Service

St John's Patient Transfer Service is a key component in the provision of an efficient and effective ambulance service.

Our standalone transfer service offers safe, comfortable and reliable transport, utilising an integrated range of transport options. Our model aims to deliver in an efficient and sustainable way, ensuring patients have timely, easy and equitable access to healthcare. St John's range of services include: stretcher patient transfer, wheelchair patient transfer and community transport which is a volunteer led service.

Patient transfer activity in the metropolitan area increased by 11 per cent during 2018/19 and the number of people utilising our community transport service increased by 76 per cent.

For the love of making a difference

First Aid Awareness Officer/Event Ambulance Officer Caity Webb

At only 21 years of age, the last place you would expect to find yourself is in the back of an ambulance facing the prospect of dying, but that's what happened to Caity Webb after going into heart failure.

Thankfully Caity survived but the enormity of the experience and its unexpected nature caused her to reflect on her circumstances and changed the course of her life.

"Being confronted with this really caused me to reflect on things," Caity said.

"I realised I was just existing and not living.

"I had things I wanted to do but my fear of failure meant I kept putting things off and I realised I was observing life, not living life, and I really wanted to do something meaningful and make a difference."

Caity is now in her first year of paramedicine at university, and when not studying or working, she volunteers with St John as both an Event Ambulance Officer and a First Aid Awareness Officer.

As an Event Ambulance Officer with St John's Event Health Services, Caity attends various events, including sporting events where her first aid skills are useful in treating things such as dislocations and concussions.

In the role as a First Aid Awareness Officer she undertakes school visits and does first aid and CPR demonstrations at various public places like shopping centres.

"I love all the things I do as a St John volunteer," Caity said.

"Ultimately I look forward to graduating as a paramedic and hope to be able to come and work for St John one day."

Caity is one of more than 9,000 volunteers. These volunteers give more than 4 million hours each year.

Event Health Services

Often the first port of call for a person experiencing a medical mishap or emergency at an event are our Event Health Services teams.

St John's ubiquitous "first aid tents" and volunteers are at the centre of a system that delivers services to thousands of people annually.

Our Event Health Services unit continued to provide services at many large scale events, supporting crowds of 50,000 and more, as well as smaller community events.

In 2018/19 the number of events covered increased by more than 14 per cent. The 1,588 event health officers deliver professional and tailored first aid care in accordance with St John policies and guidelines, often reducing the impact of injury and hospital visits.

Event Health Services have been offering services to the WA community for more than a century. The experience, adaptability and client-focussed approach, has ensured St John remains the market leader for these services.

Volunteer numbers

- Event Ambulance Officers: 1,588
- First Aid awareness Officers: 164 (attached to the Youth and Community service)
- Cadets: 146

Total: 1,898

4,684
Events attended

78,286
Volunteer hours

5,266
Clinical patients

18
Divisions in the metro area

Health Services

Our primary health services model has gone from strength to strength, making a meaningful contribution to the state's system of health care, through the provision of general practice, dental and urgent care services.

Our primary health model allows us to fulfill our objective of providing appropriate, timely and equitable access into the health system for unscheduled care.

St John's health services teams continued the growth experienced in previous years, seeing a combined 308,959 patients in 2018/19, up seven per cent from the previous year.

Patient numbers for 2018/19	
General Practice	214,907
Dental	23,208
Urgent Care	70,844

Our Urgent Care service offered in three metropolitan locations, saw more than 70,000 people in 2018/19, which was up from 57,000 people the previous year, some 23 per cent.

We are encouraged by these results and this gained momentum is validation that we are providing a good service in an environment where patients can receive high quality care without the need to attend an emergency department.

We saw 214,907 patients across our four integrated health centres at Cannington, Joondalup, Armadale and Cockburn. Our commitment to providing timely, quality care resulted in an increase in patient numbers from 210,190 in 2017/18.

In 2018/19 we also extended GP services beyond the metropolitan area with the establishment of a clinic in the Goldfields town of Kambalda.

The Shire of Coolgardie approached us to provide a service after Kambalda's only general medical practice closed. After a period of consultation and evaluation we opened in November 2018, operating a six-day-a-week service.

Delivering a viable and sustainable primary health service will benefit this community long into the future and subsequent to this we have enhanced the well utilised service by expanding into telehealth and community transport. The experience and insights we've learned from Kambalda have demonstrated how our integrated model can deliver fantastic outcomes and furthermore, how strategic partnerships can help build more resilient communities across Western Australia.

Heart starting tech spreads throughout the Western Australian community

Our St John Community First Responder program went ahead in leaps and bounds in 2018/19 growing by some 70 per cent.

The spread of publicly accessible defibrillators surged in WA thanks largely to a generous $1.3 million donation from Lotterywest that occurred early 2019.

This resulted in more than 300 sporting clubs, not for profit organisations and community groups successfully applying for the St John WA Heart Grant.

The Wembley Downs Junior Football Club was a successful applicant and received their new defibrillator and cabinet, installing it at the AS Luketina Reserve in Wembley Downs.

Club President Robert Prince (pictured above) said having easy access to a public defibrillator gives his members, other clubs who use this facility, and the local community, a high degree of confidence knowing the difference it can make in helping someone survive a cardiac emergency.

"We are very grateful to St John WA and Lotterywest for providing such a fabulous initiative," he said.

St John Community First Responder Manager Sally Simmonds said publicly accessible defibrillators were making a marked increase on cardiac arrest survival rates, with St John recording a 50 per cent increase in out of hospital cardiac arrest (OHCA) survival rates in 2018 with 172 survivors, compared with 113 the previous year.

"Having these defibrillators accessible to the public 24/7 increases the capacity for bystanders to save a life in the event of a cardiac arrest," Ms Simmonds said.

"With a cardiac arrest, every minute that goes by without help can reduce a person's chance of survival by 10 per cent, therefore the placement of more publicly accessible defibrillators will save more lives."

"These devices, which deliver a therapeutic dose of electrical energy to a person's heart when it has stopped pumping, are very easy to use even if you haven't had any first aid training," she said.

Via the Community First Responder program, St John maintains a register of more than 3,600 defibrillators that are linked in with the Triple Zero (000) call centre so they can be readily deployed when a cardiac arrest has occurred.

Also, by downloading the free St John first responder app, when the user calls Triple Zero (000), first responders near the location are alerted and can provide vital first aid with the use of a defibrillator in the minutes before the ambulance crew arrives.

Click here to see video

First aid training

St John's position as the state's leading provider of first aid continued in 2018/19, further affirmation of our commitment to making first aid a part of everyone's life.

Throughout the year we trained 481,698 people, or 18 per cent of the state's population. This number represents an increase of 19.3 per cent on the number trained last year.

By providing people with the necessary skills to respond effectively and provide immediate first aid assistance we are helping to create resilient communities. The training has covered the length and breadth of the state, taking in workplaces, schools and homes.

2018/19

2017/18

Metropolitan commercial students

71,913

63,740

Metropolitan charitable students

346,720

280,952

Total metropolitan students

418,633

344,692

Regional commercial students

28,971

27,393

Regional charitable students

30,065

27,616

Total regional students

59,036

55,009

Total commercial

104,913

95,238

Total charitable students

376,785

308,568

Total first aid students

481,698

403,806

First Aid goes virtual through ground-breaking training technology

An evolution in global first aid instruction was unveiled late 2018 with the launch of mobile and virtual reality training technology pioneered by St John WA.

The technology, called First Aid Skills, allows users to respond to a virtual emergency, helping hone lifesaving skills and techniques.

Using a mobile app or a virtual reality headset, First Aid Skills guides users through various training simulations including CPR and defibrillation.

Sensors linked to a resuscitation manikin provide feedback on things like the correct rate of compression during CPR and breathing frequency.

First Aid Skills was launched at Yagan Square in the Perth CBD to coincide with national Restart a Heart Day, an initiative to promote greater awareness and use of CPR and defibrillators.

St John CEO Michelle Fyfe said the mobile and VR technology was a breakthrough in helping introduce more people to first aid.

"This ground-breaking technology allows us to deliver on our purpose of making first aid a part of everyone's life," she said.

"This is really a game changer in the delivery of first aid training. The training is immersive, fun and equips users with the confidence to effectively provide life-saving assistance in an emergency."

In addition to the VR, a smartphone and tablet app has also been developed as well as an online system that delivers the same quality training offered by the VR.

Ms Fyfe said St John was at the forefront of using technology to achieve better outcomes for patients.

"In recent years we've introduced innovations like the St John WA First Responder App which continues to prove effective in enabling people to step up and help someone in need, and ultimately save more lives," she said.

Click here to see video

Community First Responder and St John smartphone app

Given the right skills and confidence the community can be a highly valuable asset to the ambulance service and as such St John is on a mission to make first aid a part of everyone's life. Through the provision of first aid training to the community and the execution of these skills, we build stronger, more resilient communities.

We've had this philosophy for decades and we've strived to make training relevant and easy. The latest step in this evolution of first aid has been harnessing new technologies that link people with the assets and skills with people in need. After only a few short years we are seeing the benefits of two specific programs, the St John Community First Responder program and the First Responder smartphone app.

With the app St John can call on thousands of skilled people to respond in an emergency just via their smartphone. If they are able to respond to the alert they can then provide first aid before an ambulance arrives.

Our Community First Responder program is similar in that it connects people or organisations with defibrillators to patients in cardiac arrest. The number of defibrillators linked to this system rose sharply in 2018/19 and we are starting to see the impact of that with survival rates of cardiac arrest in WA increasing by 50 per cent in the past year.

At the end of 2018/19 the St John First Responder app had achieved:

- 135,358 smartphone app downloads.
- 92,546 app downloads during the 2018/19 financial year.
- Total number of first responder incident notifications – 13,121 incident notifications sent out (as at 30 June 2019).
- 841 first responder incident notifications accepted during 2018/19.

Australian-first technology saves a life

The stars aligned when Mark Lee collapsed in Murray Street in Perth in August 2018.

Thankfully, one man only a block away had a mobile phone in his pocket which sounded an alarm that help was needed.

That man Danny Rummukainen responded to the St John First Responder app beacon and he rushed to the aid of Mr Lee who had had a cardiac arrest.

CPR was provided and a defibrillator located nearby via the First Responder app was utilised to deliver one shock before a pulse was regained.

Mr Lee was rushed to hospital and has since gone on to make a full recovery.

People and Culture

Our organisation is diverse and complex and is made up of a vast array of vocations, skill sets and experience.

But notwithstanding the challenges this can present with a workforce of more than 10,500 people, we are resolute in seeking to develop high performing teams, reinforced by positive culture and an improved employee/volunteer experience. We support our leaders and managers, staff and volunteers to succeed every day and we strive to be an employer and volunteer organisation of choice.

During the year we negotiated a new enterprise agreement for paramedics which will be in place for the next three years and we continue to provide quality education and world class support structures.

We commenced the roll out of a new generation heart monitor and provided in depot training for crews to use the equipment.

Our staff attrition rates remain low, demand for employment positions is high and our ability to recruit new volunteers is excellent.

Culture Survey

We conducted an organisation-wide culture survey in 2018/19. The participation rate in this survey was very high. We had a good industry average return rate, with more than half of our employees completing the survey and nearly 20 per cent of volunteers.

The survey provides important information about the employee and volunteer experience. This informs the development of actions to ensure accountability and transparency, undertake continuous improvement and also celebrate successes and progress.

The survey revealed:

90% job satisfaction

82% organisational commitment

Corporate Events

We increased participation and engagement of staff and volunteers with our annual events calendar, with 45 events attended by almost 12,000 people.

The St John Experience, incorporating the annual State Conference and Ball, was attended or viewed via live streaming by 6,352 people.

We also launched two brand new events during the year, namely:

- Celebrate Life – which brought together cardiac arrest survivors and the operational staff who played a leading role in their survival. This was a unique occasion and one which was received very positively.
- International Women's Day - a breakfast attended by 130 people and led by CEO Michelle Fyfe, ahead of a day of acknowledgement, gratitude and recognition for the amazing women in our lives, workplaces and communities.

Wellbeing and Support

During 2018/19 three of our Wellbeing and Support teams completed accreditation to deliver Gatekeeper Suicide Prevention training, a two-day workshop.

This training has been delivered to 107 staff in the St John metro and regional operational leadership group. The purpose of the workshop is to build capacity and confidence in St John leaders to support staff and volunteers who may be at risk of suicide, in addition to developing the skills required to help a person who may be experiencing mental health issues.

Developing a better understanding of suicide helps reduce mental health stigma and creates a culture of support so that people feel encouraged to seek help. Trainer accreditation and workshop resources are funded by the WA Mental Health Commission.

Communication Charter

St John delivered a new Communication Charter in 2018. The charter establishes a standard for talking to one another inside the organisation with the aim that we always demonstrate professional courtesy and kindness and promote an emotionally safe and productive workplace.

The charter was the result of our endeavours the previous year where our employees and volunteers participated in the Class Act program and an organisational feedback survey which resulted in many thousands of rich and meaningful comments.

Education and Accreditation

The College of Pre-Hospital Care successfully transferred and registered as a Registered Training Organisation (RTO) under the national regulator, the Australian Skills Quality Authority.

Continued change, innovation and development in nationally accredited training under the national RTO and non-accredited training has given rise to some exciting new ways of delivering and certifying first aid training such as:

- Successful implementation of a St John accreditation and quality assurance process for all existing and future non-accredited training, culminating in new St John accredited training and certification.
- Our teams contributed scenario writing, content editing and reviewing to First Aid Skills, a new virtual reality and online training offering.

In line with the aim to deliver excellence in cardiac arrest outcomes for the community in Western Australia, the College of Pre-Hospital Care implemented training in Impact CPR. The result being that Ambulance Paramedics, Transport Officers, student ambulance officers, clinical volunteers and heath service medics are all trained in Impact CPR.

At the core of Impact CPR are good compressions, defibrillation and oxygenation. Impact CPR also puts great emphasis on teamwork and doing the basics really well. We believe it is helping us to save more lives.

The Ian Kaye-Eddie Heritage Centre

This year the Heritage Centre received donations including badges, medals, certificates, manikins, books, journals, manuals, first aid kits, uniforms, sub centre histories and ambulance equipment. Cataloguing is a major job and we are grateful for our team of volunteers who undertake this difficult and detailed work.

Loans of display materials were provided for the annual state conference, the Wanneroo Museum, the Bunbury South West Opera Company and the Carnarvon open day. We donated a number of duplicate books and annual reports to a local school for their projects.

Research and reference work is a large part of the Heritage Centre's work. We provided photographs and information to several departments, sub centres and other organisations. The centre also fielded many miscellaneous queries about family histories and St John associated memorabilia. Work with the Fabric Scholarship groups continues with history talks and museum visits in preparation for their tours. The centre also received visits from the general public and community groups and ran orientations and tours for new St John staff.

The centre's ceremonial work included a special investiture this year when the WA Governor, the Hon Kim Beazley, AC, KStJ, was invested as a Knight of Grace and Knight Commander of the Order of St John.

Michelle Fyfe, APM

Chief Executive Officer

Michelle brings decades of experience in understanding the diverse and complex issues that affect Western Australian emergency service organisations. Graduating from the WA Police Academy in 1984, Michelle was with WA Police for 34 years in many roles including WA Police Assistant Commissioner of State Crime. Michelle has a Master of Leadership, a Graduate Diploma - Executive Leadership, and a Graduate Certificate - Applied Management. In 2017 Michelle received a Telstra Business Women's Award in the WA Public Sector and Academia category. She was a non-Executive Director of the P&N Bank during a period of substantive strategic and leadership change and currently sits on the Board of the Council of Ambulance Authorities. Michelle was awarded the Australian Police Medal in 2012 for her diligent and committed service to WA Police and the Western Australian community.

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 focussed on ensuring the provision of primary and urgent health care services; in particular their integration into the ambulance service as a gateway to the health system. The Health Services portfolio includes St John Health, Event Health, First Aid Training, Marketing, Patient Transport and the Youth and Community charitable operations. In 2018 Phil attended the prestigious London Business School, completing the Senior Executive Program. Phil's key skills are in corporate relationships and sales, operational delivery, leadership and commercial management and he has a strong focus on inclusivity and drive to succeed through having vision and delivering outcomes.

Scott Higgins

Director Strategy and Performance

Scott joined St John in April 2019 to develop a new directorate responsible for implementing and maintaining progress of the St John Strategy 2020-2025. Scott brings a range of experiences from his 33 years with WA Police, most recently as the Commander of State Traffic where he was responsible for delivering Western Australia's road safety enforcement strategy. In addition to a range of senior roles in operational and emergency management at WA Police, in 2015 Scott undertook the role of acting Director Human Resources and has been responsible for leading large scale organisational program delivery. Scott holds a Bachelor of Business (Human Resource Management) and a Graduate Certificate in Applied Management.

Deon Brink

Director Ambulance Operations

Deon has been a paramedic for the past 22 years (road, helicopter and fixed wing) in various services across the world. Over the last 12 years, Deon has been at St John as an on-road Paramedic, Clinical Team Leader, Clinical Support Paramedic, Clinical Governance Operations Manager and General Manager Clinical Services. Deon has been an Advanced Paediatric Life Support instructor since 2011 and a course director since 2015. He represents the organisation on some Australasian Council of Ambulance Authorities committees, WA Trauma and Stroke committees and holds an Adjunct Research Associate position at Curtin as well as being a steering committee member and associate investigator for the Centre of Research Excellence Pre-Hospital Emergency Care at Monash University. Deon holds a Master's degree in Health Service Management from Monash University, Melbourne. He is passionate about improving patient care and ambulance operations.

Our executive team

Ashley Morris, ASM

Technical Services Director

Officer of the Order of St John

Ashley joined St John in 1991 and held a variety of roles before his appointment as Technical Services Director in 2007. Ashley's expertise in information technology coupled with his extensive experience with St John has seen him oversee several transformational projects including the move to electronic patient care records, the metropolitan digital radio network, mobile data terminals and development of the First Responder smartphone app. Ashley has also been instrumental in numerous property development projects, including the north and central hubs. He holds a Bachelor of Applied Science, is an Officer in the Order of St John and in 2014 was awarded the Ambulance Service Medal.

Assoc/Prof Paul Bailey

Medical Director

Paul is an experienced, Western Australian trained emergency physician who joined St John in 2015. He has held leadership positions in St John of God Healthcare and Ramsay Healthcare. He has a long standing interest in prehospital care and aeromedical transport and is proud to lead St John's Clinical Services team. Paul joined St John WA as Clinical Services Director in April 2015. 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 aeromedical retrieval. His medical undergraduate training was at The University of Western Australia. In early 2019 Paul joined an Australian Israel Chamber of Commerce delegation of health and medical professionals which visited Israel to explore opportunities for research collaboration and business development. Paul also has a laboratory biochemistry PhD in jellyfish venomology.

Debbie Jackson, ASM

People and Culture Director

Member of the Order of St John

Debbie leads a broad range of strategic and operational people services focussed on supporting our workforce. With St John since 2003, Debbie's comprehensive knowledge of the organisation is invaluable and contributes to her optimising the impact of our people strategies and influencing innovation across the business. Debbie has expertise in the areas of human resources, industrial relations, safety and wellbeing, and strategic workforce planning. Through effective leadership and with an eye for cultural authenticity, Debbie has strengthened the capacity of our people by guiding change through the application of pragmatic solutions across our integrated ambulance service and within her diverse Directorate. 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 Supply Chain Director

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

Our executive team

Roll of Order Members

The Commandery in Western Australia

The Most Venerable Order of the Hospital of St John of Jerusalem (the Order of St John), traces its origins back to the ninteenth century. It is an Order of Chivalry of the British Crown, with Queen Elizabeth II presiding as Sovereign head. Membership is awarded to those who have provided outstanding service to St John. Admittance is a prestigious honour, and those listed represent Western Australian members.

Commandery Lieutenant

Mr Shayne Graham Leslie B.Juris LL.B CStJ

Commandery Secretary

Mrs Michelle Fyfe APM

Dames of Grace

Ms Billie Annette Andrews ASM DStJ
Mrs Merle Isbister OAM ASM DStJ
Dr Edith Khangure DStJ
Mrs Carole Schelfhout DStJ

Knights of Grace

Mr Anthony John Ahern ASM KStJ
Mr William John (Jack) Barker KStJ
Hon. Kim Beazley AC KStJ
Mr George Charles Ferguson KStJ
Mr Desmond Ernest Franklin BEM KStJ
Mr Ian Lindsay Kaye-Eddie ASM KStJ
Mr Gerard Arthur King KStJ
Dr Kenneth Comninos Michael AC KStJ
Dr Harry Frank Oxer AM ASM KStJ
Mr John Edward Ree KStJ
Mr Jeffrey Mark Williams KStJ
Mr Peter Stuart Wood ASM JP KStJ
Mr Kevin James Young KStJ

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
Mrs Maria Kay Godwell CStJ
Mr Brian Kenneth Hampson CStJ
Mr Simon Warwick Hughes ASM CStJ
Mr Ronald Neville Jesson CStJ
Mr John Charles Jones ASM CStJ
Dr Ross Kenneth Littlewood AM 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
Mr Brendan John Sinclair CStJ
Mr Derek Snowdon OAM CStJ
Mr Kevin Wayne Swansen CStJ
Mr John Leonard Williams CStJ
Mrs Andrea Marie Williams CStJ

Officers

Mr Donald John Atkins OStJ
Mr Robert Edwin (Bob) Barker ASM OStJ
Mr Colin Peter Barron OStJ
Mr Paul James Beech OStJ
Mrs Margaret Joan Bell OStJ
Mr Kevin Blake OStJ
Mr David Brian Bromell OStJ
Mr Phillip David Cammiade OStJ
Mrs Verity Jane Campbell OStJ
Mr Carlo Capriotti OStJ
Ms Sally Carbon OAM OStJ
Mr David Anthony Carbonell JP OStJ
Mrs Elizabeth Ann Carpenter OStJ
Mrs Virginia Cheriton OStJ
Mrs Linley Anne Cilia OStJ
Mr Robert George Clarke OStJ
Mr John Glen Corbin OStJ
Mrs Winifred Victoria Corbin OStJ
Mr Richard Edward Daniels OStJ
Ms Kerry Davis OStJ
Mr Michael Ronald Divall OStJ
Mr Steven William Douglas OStJ
Mrs Elizabeth (Elsa) Drage ASM 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 Bruce North Fraser OStJ
Mr Charles Gerschow OStJ
Ms Sally Gifford ASM OStJ
Mrs Janet Goodwin OStJ
Mrs Hazel Jean Green OStJ
Mr Gary Guelfi OStJ
Rev Peter Harris JP OStJ
Mr Murray Joseph Henderson OStJ
Mr Desmond Henderson OStJ
Mr Dane Hendry OStJ
Ms Eleanor Hill ASM OStJ
Mr Ewen Gilchrist Hill OStJ
Mr Alan John Hughes 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 Kevin Wallace Jones OStJ
Mr Ian Lionel Jones OStJ
Mr Kim Jones OStJ
Mr Terry Jongen OStJ
Mr Brian William Keding ASM OStJ
Mrs Fay Margaret Kite OStJ
Mr Brian Peter Landers AFSM OStJ
Mr Philip William Martin OStJ
Mr Alan Felix McAndrew OStJ
Mr Vince McKenney OStJ
Mrs Lydia Irene Mills OStJ
Mr David Edward Broadbent Morgan OStJ
Mr Ashley Gerard Morris ASM OStJ
Mr Frank Barnett Murray OStJ
Prof John Michael Papadimitriou AM OStJ
Ms Anne Louise Parsons OStJ
Mrs Viola Frances Pentland OStJ
Mr Barry Daniel Price OStJ
Mr Trevor Walter Prout OAM OStJ
Mrs Thelma Joyce Rafferty OStJ
Mr Garth Alan Roberts OStJ
Mr Michael James Robertson OStJ
Mr Christopher Paul Sabourne OStJ
Mrs Carmel Jean Honorah Sands OStJ
Miss Margaret Evelyn Savage OStJ
Mr Brian James Savory OStJ
Mr Allan Keith Shawyer OStJ
Ms Sally Simmonds ASM OStJ
Mrs Irene Simpson OStJ
Mr Anthony Thomas Joseph Smith OStJ
Mr Neville Bruce Steicke JP OStJ
Dr Peter James Strickland OStJ
Mr Dirk Christopher Sunley OStJ
Mr Ronald Gus Swansen OStJ
Mr Antony Afric Tanner OStJ
Mr Alexander Edward Taylor OStJ
Mr Paul Stylianos Vassis OStJ
Mr Johannes-Wilhelmus Veraart OStJ
Mrs Alice Joanna Vinicky OStJ
Mrs Carol Joyce Wallace OStJ
Mr Leslie Wells OStJ
Mr Glenn Matthew Willan OStJ
Rev Henry Gordon Williams JP OSB OStJ
Ms Carol Anne Williams OStJ
Mr Graham Alfred Wilson ASM OStJ
Mrs Sheryl Lesley Wood OStJ
Mrs Barbara May Wright OStJ

Members

Ms Emily Adams MStJ
Mrs Anne Margaret Adcock MStJ
Mrs Natalie Anne Andersen MStJ
Mr George Edwin (Ed) Anderson MStJ
Mr Peter Albert John Ansell MStJ
Ms Kalie Ashenden MStJ
Mr Dene Maxwell Ashfield MStJ
Mr Barry Hilton Atkin MStJ
Mrs Gail Leslie Atkin MStJ
Mr John Edwin Austin MStJ
Mr Wayne Austin MStJ
Mrs Aileen Joyce Austin MStJ
Ms Persine Ayensberg MStJ
Ms Deborah Badger MStJ
Mr Gavin Bagley MStJ
Ms Kylie Bailye MStJ
Mrs Irene Edith Bain MStJ
Mr Gregory Robin Baird MStJ
Mrs. Doris Ball MStJ
Mrs Michelle Bamess MStJ
Mr Joshua Richard Bamford MStJ
Mrs Judith Margaret Barker MStJ
Mrs Anette Barnes MStJ
Mrs Susan Eva Barrett MStJ
Mr John Bartle MStJ
Mr Troy Andrew Bates MStJ
Mr Darryl Wayne Beaton MStJ
Mrs Susan Joy Beech MStJ
Mr Keith Billingham MStJ
Mr Shane Joseph Bilston MStJ
Mr David Birnie MStJ
Ms Dawn Anne Bishop MStJ
Ms Jodie Blackman MStJ
Mr Robert Charles Boase MStJ
Mrs Venita Merle Bodle OAM MStJ
Mr Arnold Bogaers MStJ
Mr Paul Bogoni MStJ
Mr Keith Douglas Bolitho MStJ
Mr Baxter James Bothe MStJ
Ms Elizabeth Bott MStJ
Mr Sergio (Sarge) Bottacin MStJ
Ms Vivien Elaine Bowkett MStJ
Mr James Edwin Boyd MStJ
Ms Isabel Blanche Bradbury MStJ
Mr Paul Bradley MStJ
Mr Arthur Benjamin Bransby MStJ
Mr Neville Gilbert Brass MStJ
Mrs Maxine Leslie Brass MStJ
Mr Peter Ross Bremner MStJ
Mr Kevin James Broadbent MStJ
Mrs Kathleen Elizabeth Broadbent MStJ
Mr Graeme Henry Brockman MStJ
Mr Andrew John Brooker MStJ
Ms Sherise Brooks MStJ
Rev. Bernard Russell Buckland MStJ
Ms Thea Buckley MStJ
Mrs Christine Johanna Bull MStJ
Mr Thomas Bunt MStJ
Ms Tana Burgess MStJ
Mrs Ellen Merle Burrows MStJ
Mr James Byles MStJ
Mr Bradley Carle MStJ
Miss Morena Carusi MStJ
Mr Kim Stuart Carver MStJ
Ms Fay Castling MStJ
Mrs Dawn Frances Chadwick MStJ
Mr Shaun Champ MStJ
Mrs Ingrid Chrisp MStJ
Mr Darrell Kevin Church MStJ
Mr Neville James Clarke MStJ
Mrs Natasha Lee Clements MStJ
Mrs Trudy Clothier MStJ
Ms Kathryn Clune MStJ
Mrs Wendy Ruth Cochrane MStJ
Ms Janelle Leanne Cockayne MStJ
Mr Alan Lindsay Connell MStJ
Ms Christine Jane Conning MStJ
Mr Stanley Victor Cook MStJ
Mr David 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
Mr George Laurence David Daley MStJ
Mrs Joanne Daley MStJ
Mr John Leslie Darcey MStJ
Mr Gary Davies ASM MStJ
Mr Damian Peter Davini MStJ
Mrs Gloria Chrisma Davini MStJ
Mr Garry Norman Davis MStJ
Mr Lancelot Norman George Davis MStJ
Ms Kristine Davis MStJ
Mrs Gail Patricia Dennert MStJ
Mrs Lois Dickins 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 John Patrick Downey MStJ
Ms Erica Duffett MStJ
Ms Lorraine Dusci 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
Mr John Richard Evans MStJ
Mrs Lynette Mae Evans MStJ
Ms Helen Jeannette Evans MStJ
Mr Glen Exelby MStJ
Mr Andrew Raymond Eyre MStJ
Mr Cornelis Anthonie (Kees) Faas MStJ
Mr Alan Thomas Fairall MStJ
Mr Colin Fairhead MStJ
Mr Gary Fairman MStJ
Mr James Farnworth MStJ
Mr Eric Campbell Farrell MStJ
Mr Oliver Patrick Farrelly MStJ
Mr Mark James Felstead MStJ
Mr Peter Wiltshire Felton MStJ
Mr Nelson John Fewster MStJ
Mrs Linda Field MStJ
Mr Justin Fonte MStJ
Mr Daniel Martin MStJ Forsdyke MStJ
Dr John Graham Francis MB BS FRACGP MStJ
Mr Rodney Frost MStJ
Ms Wendy Fry MStJ
Mrs Carol Gale MStJ
Mr Brian Gallop MStJ
Mr Leon Russell Gardiner 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
Ms Debbie Gillard MStJ
Mr Michael Giovinazzo MStJ
Mr Brynley Colin Gladwin MStJ
Mr Ellis Francis Godwin MStJ
Mr Robert John Gray MStJ
Dr Kelvin Paul Gray MStJ
Ms Erica Gray MStJ
Mr Peter Alan Green MStJ
Mr Thomas Green MStJ
Mr David Jon Grimmond MStJ
Ms Jill Grist ASM MStJ
Mr Philip Keith Groom MStJ
Mrs Barbara Groves MStJ
Mr David Gulland MStJ
Ms Allison Gulland MStJ
Mrs Margaret Josephine Haddon MStJ
Mrs Angela Hales MStJ
Mr Glen Lindsay Hall MStJ
Mr Arthur Robert Hall MStJ
Mr Philip Hall MStJ
Mrs Janet Elizabeth Hall MStJ
Ms Susan Narelle Hall MStJ
Mr Douglas Kemble Hancock MStJ
Mr Mervyn Desmond Hansen MStJ
Mrs Tanya Hansen MStJ
Ms Rita 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
Mrs Lynette May Henderson MStJ
Mr Peter Robert Hewat ASM MStJ
Mrs Sian Ellen Hewton MStJ
Miss Doreen Grace Higgins MStJ
Ms Megan Hinkley MStJ
Mrs Beth Hobley MStJ
Mr Christopher Edward Hodgson MStJ
Mrs Carol Ann Hope ASM MStJ
Mrs Joan Horne MStJ
Mr Robert George Horton MStJ
Mr Patrick Hourigan MStJ
Mr. Robert James Howard MStJ
Mr Clifford Morrison Howe MStJ
Mr Antony George Howe MStJ
Ms Sonia Huggins MStJ
Mrs Vicki Raye Humphry MStJ
Mr Graham Leslie Hunt MStJ
Mrs Doris Marilyn Hunter MStJ
Mr Damian Ryszard Ingram-Malecky MStJ
Mr James Harvey Irvine MStJ
Ms Katherine Jane Irvine MStJ
Mr Michael James Jack ASM MStJ
Ms Deborah Gail Jackson ASM MStJ
Mr Robert James ASM MStJ
Mr John Colin Jarrett MStJ
Mrs Gaynor Jefferies MStJ
Ms Rebekah Louise Jenaway MStJ
Mr Peter Jenkin MStJ
Mr Keith Jenkins MStJ
Mr Anthony Francis Jenkinson MStJ
Mrs Pamela Joan Jenkinson MStJ
Mrs Ruth Minnie Johnson MStJ
Ms Leeanne Jane Johnson MStJ
Mr David Bernard Jolly MStJ
Mr Trevor Kim Jones MStJ
Ms Jill Jones MStJ
Ms Cheryl Jones MStJ
Mrs Jessica Mary Jones MStJ
Mr Bauke Theodore Jongeling MStJ
Mr Brendan Jordan MStJ
Mr David Joseph MStJ
Mrs Lara Suzette Karatzis MStJ
Mrs Julieanne Joyce Keding MStJ
Mrs Valerie June Kelly MStJ
Ms Glenys Kendrick MStJ
Mr Gary Victor Kenward MStJ
Mr Peter Wesley King ASM MStJ
Mrs Patricia Kirk MStJ
Mr Ronald Vaughan Knapp MStJ
Annabel Jessie Knapp MStJ
Mr Peter Cecil Kristiansen MStJ
Mr Horst Kubsch MStJ
Ms Taryn Lee Kunzli MStJ
Mr Roger James Ladyman MStJ
Mrs Stephanie Lalor MStJ
Mrs Denise Kathleen Lane ASM MStJ
Ms Dianne Joan Langford-Fisher MStJ
Ms Christine Larkin MStJ
Mr Kenneth Lawrence MStJ
Mrs Helen Margaret Laycock MStJ
Mrs Daphne Joan Lee MStJ
Mr Leonard Allan Leeder MStJ
Mr Anthony Bruce Leeson MStJ
Mrs Mary Patricia Leeson MStJ
Mr Kelvin Allen Lemke MStJ
Mr Gregory Lincoln MStJ
Mr Conrad Lowe MStJ
Mr Stephen James Luke 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 Sharyl Marsh MStJ
Mr Leonard Reginald Martin MStJ
Mr John Martin MStJ
Mrs Maxine June Martin MStJ
Mrs Anita Lee Martin MStJ
Ms Lorraine Jan Martin MStJ
Mr Peter Maughan JP MStJ
Mrs Jennifer Rose Maughan MStJ
Mrs Ethel Elizabeth Mayers MStJ
Mrs De-arne McBride MStJ
Mrs Susan Mary McCreery MStJ
Mrs Joyce McCubbing MStJ
Mr Ian McDonald MStJ
Mr James Eric McGlinn MStJ
Mr Kevin Francis McKenna MStJ
Mr Allan Arthur McSwain MStJ
Mrs Amanda Iris Milton MStJ
Mr Paul Peter Monger MStJ
Mrs Dorothy Faye Morgan OAM MStJ
Ms Maxine Moroney MStJ
Ms Hassadah Morrissey MStJ
Mrs Patricia Maureen Moulton MStJ
Mrs Margaret Patricia Murdoch MStJ
Mr Colin James Murphy MStJ
Mrs Audrey Veronica Murphy SRN OND MStJ
Mr George Ian Murray MStJ
Mrs Jan Kerry Murray MStJ
Ms Robyn Murray MStJ
Mr Michael Napier MStJ
Mr Rhys Liam Nevin MStJ
Mr Peter Leonard Nicholls MStJ
Mrs Dianne Leslie Nicholls MStJ
Ms Hilary Jeanne Nind MStJ
Miss Melissa Northcott MStJ
Mrs Christine Nye MStJ
Mr Christopher John Obst MStJ
Mrs Jennifer Lee Oliver MStJ
Mr David Ovans MStJ
Mr Kenneth W Parker MStJ
Mr Graeme Parkes MStJ
Mr Edwin Harold Parry MStJ
Mr Lance Murray Paterson MStJ
Ms Sharon Leanne Patterson MStJ
Mr Brian John Payne MStJ
Ms Zoe Payne MStJ
Mrs Kelly Ann Pearce MStJ
Mrs Kellee Pedersen MStJ
Mr Anthony Colin Pegram MStJ
Mr Ross Walter Perry MStJ
Mr Steven Petchell MStJ
Mr Jeremy Peterson, MStJ
Ms Christine Philippa MStJ
Mr Philip Arthur Pickering MStJ
Mr John Piggott MStJ
Mr Arthur Pincham MStJ
Ms Vanisha Pindoria MStJ
Ms Sharyn Pither MStJ
Mr Clarence Richard Plummer MStJ
Mr Robert Pownall MStJ
Mr Andrew Price 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
Mr Stewart Ridgway MStJ
Ms Carol Ridgway MStJ
Miss Evelyn Faye Ridley MStJ
Mr Leonard (John) Riley MStJ
Mr Robert John Rimmer MStJ
Mr Alan Rimmer MStJ
Mr Geoffery Roberts MStJ
Ms Wendy Robertson MStJ
Mr Philip John Robinson MStJ
Mr Darren Roche MStJ
Mrs Tamra (Tammy) Rogers MStJ
Miss Melissa Rorke MStJ
Mr Anthony John Rose MStJ
Mr Barry Rowe MStJ
Mr Scott Russell MStJ
Mr Glen Saunders MStJ
Ms Lorna Saunders MStJ
Mr Barry Savage MStJ
Ms Lynne Schreurs 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
Ms Christine Louise Silvester 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 Skerris MStJ
Ms Vanessa Elouise Skinner MStJ
Mr Brendan Warwick Sloggett MStJ
Mrs Elaine Smallwood MStJ
Mr Graham Smeed MStJ
Mr David Smeeton MStJ
Mr Julian John Smith ASM MStJ
Mr Ian Andrew Smith MStJ
Mr Anthony Bowyer Smith MStJ
Mrs Janet Ellen Smith MStJ
Mrs Sandra Gwen Smith MStJ
Ms Jae Nicole Smith MStJ
Mrs Pauline Smoker MStJ
Mr Grant Solomon MStJ
Mrs Lynette Elizabeth Somers MStJ
Mr Darren Glen Spouse MStJ
Mr Mathew Luke Squires MStJ
Julie Starcevich MStJ
Mr Matthew David Staunton MStJ
Mr David George Stevens MStJ
Mrs Dorothy Lenise Stevenson MStJ
Ms Lorna Elaine Stewart MStJ
Mrs Katrina Elizabeth Stewart MStJ
Ms Patricia Stidworthy MStJ
Mrs Dorothy Stokes MStJ
Mr Errol Dale Stone MStJ
Mr Clive Stone MStJ
Mrs Lorraine Elsie Stone MStJ
Mrs Mary Strickland MStJ
Mrs Judith Anne Summers MStJ
Ms Denise Sutherland MStJ
Mr Terrence Sweeney MStJ
Miss Sharon Tate MStJ
Mrs Andrea Marie Teakle MStJ
Ms Lorna Teakle MStJ
Mrs Sharon Tracey Teale MStJ
Mr Roger Telfer MStJ
Mrs Pam Tennant ASM MStJ
Mr John Robert Thomas ASM MStJ
Mrs Kylie Cheryl Thomas MStJ
Mr George William James Thompson MStJ
Ms Robyn Olivia Thompson MStJ
Mr Neil Thornton MStJ
Mr Nathan Phillip Tournay MStJ
Mr Philip Harry Townsend MStJ
Ms Pamela Toyne 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
Mr Richard Charles Walker MStJ
Mr Tom Walker MStJ
Mrs Maxine Janice Walker MStJ
Mrs Alexandra Elizabeth Walker MStJ
Mrs Leonie Walker OAM MStJ
Mr Ronald Maxwell Waller MStJ
Dr Allan Stephen Walley MStJ
Ms Pamela June Walsh MStJ
Mrs Josephine Isabel Walters MStJ
Mr James (Neil) Warne MStJ
Mrs Julie Watkins MStJ
Mr Terence Harold Watts MStJ
Mrs Rosemary Anne Waud MStJ
Ms Gabrielle West MStJ
Mr. Kent Ruthen Westlake MStJ
Mr Paul White MStJ
Mr Peter Whitney MStJ
Dr Garry John Wilkes MStJ
Ms Robyn Willey 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
Ms Victoria 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

Honours and awards

Promotion to Knight/Dame	
Carole Schelfhout	Heritage Centre (Belmont)
Jeffrey Williams	Event Health Services

Promotion to Commander	
Simon Hughes	Country Operations (Belmont)

Promotion to Officer	
Linley Cilia	Broome
Robert Clarke	Mount Barker
Steven Douglas	Northam
Kim Jones	Mt Barker
Anne Parsons	Cranbrook

Admission as Officer	
Bruce Fraser	Belmont

Admission as Member	
Susan Barrett	Brunswick
Trudy Clothier	Bridgetown
Wendy Cochrane	Darkan
Janelle Cockayne	South Hedland
Christine Conning	Katanning
Lois Dickins	Lake Grace
Oliver Farrelly	Lake Grace
Rodney Frost	Dumbleyung
Wendy Fry	Harvey
Carol Gale	Collie
Leon Gardiner	Pemberton
Thomas Green	Event Health Services
Angela Hales	Boyup Brook
Susan Hall	Exmouth
Lynette Henderson	Harvey
Sian Hewton	Kalannie
Rebekah Jenaway	Wickham
Jessica Jones	Bridgetown
Julianne Keding	Jerramungup
Patricia Kirk	Pingelly
Anthony Leeson	Esperance
Stephen Luke	State Operations Centre (Belmont)
Sharyl Marsh	Bunbury
Amanda Milton	Lake Grace
Patricia Moulton	Narrogin
Rhys Nevin	Esperance
Kellee Pedersen	Denham
Andrew Price	Onslow
Barry Rowe	Brunswick
Christine Silvester	Geraldton
Pauline Smoker	Moora
John Thomas	Northam
Kylie Thomas	Ravensthorpe
Philip Townsend	Metro Operations (Belmont)
Alexandra Walker	Northcliffe
Paul White	Moora/Miling
Charlie Wroth	Toodyay

Mark of respect

We pay respect to the following members who passed away during 2018/19

Walter Axell MStJ	July, 2018	John Thomson MStJ	December, 2018
George (Bill) Williams	September, 2018	Colin Lock MStJ	April, 2019
David Stewart CStJ	October, 2018	Andy Templeman-Twells MStJ	May, 2019
Frank Butyles OStJ	November, 2018	Betty Hudson MStJ	May, 2019
Muriel Henderson MStJ	November, 2018	Doreen Clements OstJ	June, 2019

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.

Financial report

St John Ambulance Western Australia Limited
Financial report for the year ended 30 June 2019

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 2019. 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, 2019 are:

Mr Shayne Leslie, B.Juris LL.B

Chairman

Commander of the Order of St John

Graduating from The University of Western Australia Law School in 1982, Shayne Leslie has focussed 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.

Mr Ian Kaye-Eddie, ASM

Non-executive Director

Knight of Grace of the Order of St John

Ian Kaye-Eddie has been contributing to ambulance services throughout Australia for 41 years. He was Chief Executive Officer of St John Ambulance Western Australia from 1978 to 2006. He has degrees in commerce, finance and the arts and has studied at universities in South Africa, the USA and Australia. He is actively involved with several community and charitable organisations.

Mr Andrew Chuk

Non-executive Director

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

Mr Michael Gurry, AM

Non-executive Director

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

Our board

Ms Sally Carbon, OAM

Non-executive Director

Member of the Order of St John

Sally Carbon is a business strategist, and is the Managing Director of Green Eleven, a strategy, high performing teams and analysis company in Western Australia with clients from business sectors such as resources, 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 the Chair of a WA insurance company and sits on the international advisory board of this company. She also sits on The University of Western Australia Sport Advisory Council. She was previously the Director of Marketing and Communications at the urban renewal project at Docklands Authority in Melbourne. Ms Carbon is a dual Olympian and has won Olympic and World Cup gold medals. She has published nine books. In 2017, Ms Carbon was admitted to the Order of St John as a Member in recognition of her service to the organisation.

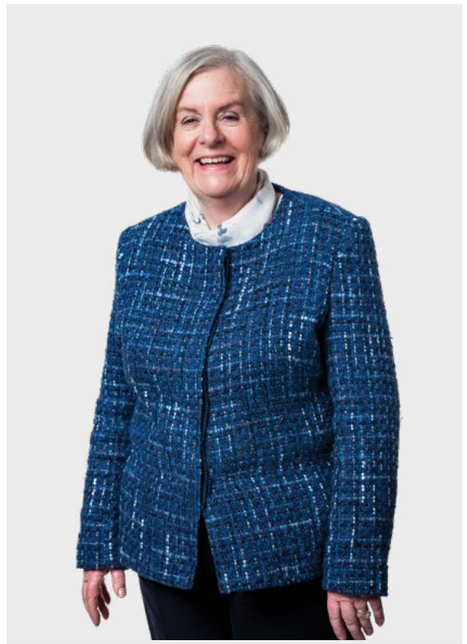
Professor Ian Rogers

Non-executive Director

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

Directors' Report (continued)

Our board



Mrs Sally Gifford, ASM

Non-executive Director

Officer of the Order of St John

Sally Gifford became a member of the Board in 2014, and has a strong history in volunteer and community engagement, as well as in fundraising and governance in the charitable and not-for-profit environment. Mrs Gifford came to Australia in 1990 and joined the Chittering/Gingin Sub Centre in 2001 as a Volunteer Dispatcher. In 2006, Mrs Gifford became Chairman of the Chittering/Gingin Sub Centre and in 2013 she was awarded the prestigious Ambulance Services Medal and the Shire of Gingin's Active Citizens Award. She is a former sub centre Vice Chair and has been active in the recruitment of volunteers as well as the ambulance representative on the Local Emergency Planning Committee. Mrs Gifford is currently serving on the planning committee to build a new sub centre in Bindoon. Mrs Gifford was promoted to Officer in the Order of St John for her services to the organisation and in the Wheatbelt.

Ms Andrea LeGuier

Non-executive Director

Andrea LeGuier is the Chief Executive Officer of the Perth Eye Hospital, a specialist ophthalmic day hospital located in West Perth. Since leaving her hometown of 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. Andrea is an advocate for corporate social responsibility and she is committed to influencing others to reconsider their commercial choices and their impact on both society and the environment.

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

Company Secretary

Mr Antony Smithson held the position of Company Secretary at 30 June 2019 and he has held the position since 29 October 2018. Antony is a Fellow Chartered Accountant, qualifying with Deloitte in the UK and joined St John in April 2014 as Finance and Administration Director. He has more than 20 years of accountancy, audit and Chief Financial Officer experience in a diverse range of large international companies. He holds a Bachelor of Science from Manchester University (Physics and Computer Science) and has extensive commercial capability including strategic review and turnarounds, commercial agreements, partnerships and joint ventures, contract tendering and statutory reporting. An inclusive leader and team builder, Antony's focus at St John is on finance, supply chain and major contracts.

Mr Tony Ahern held the position of Company Secretary from 1 July 2018 to 28 October 2018.

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 2019 and the number of meetings attended by each Director (while they were a director or committee member). During the year ended 30 June 2019, 10 Board meetings, two Audit Committee meetings and one Remuneration Committee meeting were held.

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

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:

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

Directors' Report (continued)

Performance Measures

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

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

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

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

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

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

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

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

Primary Health Services: Growth in clients/ patients/ utilisation, financial sustainability, access, ED diversions, and customer experience (measured by urgent care centre median wait time).

Financial Management: Return an operating surplus supported through:

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

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

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

Financial Results

The consolidated net surplus for the year ended 30 June 2019 was $19.5 million (2018: $19 million).

Highlight of the current financial result included an increase in ambulance transport revenue due to increased demand for ambulance services.

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 $28.3 million in its capital works program, including:

- Property: $12 million (2018: $10.4 million)
- Fleet: $10 million (2018: $12.2 million)
- Plant and Equipment: $6.3 million (2018: $4.03 million)

Review of Operations

The financial year ended 30 June 2019 has been another year of significant growth. Ambulance activity grew by more than five per cent across the state. The increased demand for ambulance services impacted our ambulance response time performance, however we still met our priority one targets. In a year which saw us challenged by increased demand along with hospital ramping our strong results speak to the dedication of operational staff and our continued innovation.

This financial year saw a continued investment in developing community resilience through making first aid a part of everyone's lives. Our total number of first aid students trained grew by more than 19 per cent, partly thanks to our community engagement initiatives

and increased drive to train more youth. Our Youth and Community Engagement programs continued to have a huge impact, with a total of 376,785 people being trained, including 164,143 First Aid Focus students.

In order to deliver a high quality, cost-effective ambulance service across Western Australia, St John relies on the support of thousands of volunteers. The scope and range of volunteering roles within St John continues to expand and the combined efforts of these people have a profound impact. We are grateful to all of our volunteers – each and every one of them helps us deliver on our motto of being for the service of humanity.

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

Changes in the State of Affairs

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

Subsequent Events

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

Indemnification of Officers and Auditors

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

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

Future Developments

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

Proceedings on Behalf of the Company

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

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

Environmental Regulation

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

Auditor's Independence Declaration

The auditor's independence declaration has been given to the directors in accordance with section 307C of the *Corporations Act 2001* is on page 67.

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 2019

Deloitte.

Deloitte Touche Tohmatsu
ABN 74 490 121 060

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

26 September 2019

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 2019, I declare that to the best of my knowledge and belief, there have been no contraventions of:

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

Yours sincerely

DELOITTE TOUCHE TOHMATSU

DELOITTE TOUCHE TOHMATSU

John Sibenaler
Partner
Chartered Accountants

Deloitte.

Deloitte Touche Tohmatsu
ABN 74 490 121 060

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

Opinion

We have audited the financial report of St John Ambulance Western Australia Ltd (the "Company") and its subsidiaries (the "Group") which comprises the consolidated statement of financial position as at 30 June 2019, the consolidated statement of profit or loss and other comprehensive income, the consolidated statement of changes in equity and the consolidated statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the Directors declaration. In addition, we have audited the Company's compliance with the specific requirements of the *Charitable Collections Act (WA) 1946 and Charitable Regulations (WA) 1947 (*collectively "Specific Requirements").

In our opinion,

a) the accompanying financial report of the Group is in accordance with the *Corporations Act 2001*, including:

   (i) giving a true and fair view of the Group's financial position as at 30 June 2019 and of its financial performance for the year then ended; and

   (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001.*

b) the Company complied, in all material respects, with the specific requirements of the *Charitable Collections Act (WA) 1946 and Charitable Regulations (WA) 1947.*

Basis for Opinion

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

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

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

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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 2019, but does not include the financial report and our auditor's report thereon.

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

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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

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

In preparing the financial report, the Directors are responsible for assessing the ability of the Group to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Group or to cease operations, or has no realistic alternative but to do so.

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

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error; and the Company has complied, material respects, with the Specific Requirements, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

- Identify and assess the risks of non-compliance with the Specific Requirements and the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Deloitte.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.

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

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Group to express an opinion on the financial report. We are responsible for the direction, supervision and performance of the Group's audit. We remain solely responsible for our audit opinion.

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

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

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DELOITTE TOUCHE TOHMATSU

John Sibenaler
Partner
Chartered Accountants
Perth, 26 September 2019

St John Ambulance Western Australia Ltd

Declaration by the Board of the Commandery in Western Australia

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

The Board declares that:

- 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.

- 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

- 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 2019

Consolidated Statement of Profit or Loss and Other Comprehensive Income

For the financial year ended 30 June 2019

	Note	2019 $'000	2018 $'000
Revenue	5	315,701	299,888
Administration expenses		7,184	7,046
Ambulance operating expenses		7,557	7,085
Bad and doubtful debts		25,231	23,262
Depreciation		19,721	17,738
Amortisation		489	489
Financial charges		1,424	1,296
Marketing expenses		5,024	5,475
Professional fees		2,263	2,334
Property and equipment expenses		15,586	15,598
Employee benefits		210,995	199,614
Training materials		710	940
Surplus for the year		**19,517**	**19,011**
Other Comprehensive Income		**-**	**-**
Total Comprehensive Income for the year		**19,517**	**19,011**

Notes to the financial statements are included on pages 76 to 102.

Consolidated Statement of Financial Position

As at 30 June 2019

	Note	2019 $'000	2018 $'000
Current Assets			
Cash at bank	19	87,127	72,297
Restricted cash	7, 19	1,976	2,091
Inventories	8	3,848	2,643
Trade and other receivables	9	28,747	24,101
Other current assets	10	2,325	2,718
Total Current Assets		**124,023**	**103,850**
Non-Current Assets			
Property, plant and equipment	11	197,684	190,247
Goodwill	12	8,314	8,314
Other intangible assets	13	3,913	4,402
Total Non-Current Assets		**209,911**	**202,963**
Total Assets		**333,934**	**306,813**
Current Liabilities			
Trade and other payables	15	8,338	4,009
Provisions	16	35,112	31,944
Other current liabilities	17	6,604	6,278
Total Current Liabilities		**50,054**	**42,231**
Non-Current Liabilities			
Provisions	16	10,114	10,333
Total Non-Current Liabilities		**10,114**	**10,333**
Total Liabilities		**60,168**	**52,564**
Net Assets		**273,766**	**254,249**
Equity			
Retained surpluses		273,766	254,249
Total Equity		**273,766**	**254,249**

Notes to the financial statements are included on pages 76 to 102.

Consolidated Statement of Changes in Equity

For the financial year ended 30 June 2019

	Note	2019 $'000	2018 $'000
Retained Surpluses			
Balance at the start of the year		254,249	235,238
Surplus for the year		19,517	19,011
Other comprehensive income for the year		-	-
Total Comprehensive Income for the year		19,517	19,011
Balance at the end of the year		273,766	254,249
Total Retained Surpluses		**273,766**	**254,249**
Total Equity		**273,766**	**254,249**

Notes to the financial statements are included on pages 76 to 102.

Consolidated Statement of Cash Flows

For the financial year ended 30 June 2019

	Note	2019 $'000	2018 $'000
Cash Flow from Operating Activities			
Receipts from operating activities		201,818	190,217
Health Department contract for services		113,603	107,462
Payments for operating activities		(275,980)	(264,626)
Net Cash Provided by Operating Activities	19b	**39,441**	**33,053**
Cash Flows from Investing Activities			
Proceeds from the sale of property, plant and equipment		1,675	1,906
Payments for property, plant and equipment		(28,255)	(26,557)
Interest income		1,854	1,540
Net Cash Used in Investing Activities		**(24,726)**	**(23,111)**
Net Movement in Cash and Cash Equivalents		**14,715**	**9,942**
Cash and Cash Equivalents at the Beginning of the Financial Year		**74,388**	**64,446**
Cash and Cash Equivalents at the End of the Financial Year	19a	**89,103**	**74,388**

Notes to the financial statements are included on pages 76 to 102.

Notes to the Consolidated Financial Statements

For the financial year ended 30 June 2019

Notes to the Consolidated Finanical Statements

For the financial year ended 30 June 2019

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
stjohnwa.com.au

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

2. Application of New and Revised Accounting Standards

(a) New Standards and Interpretations adopted

The Group applied for the first-time amendments to all of the new and revised standards and interpretations issued by the Australian Accounting Standards Board that are relevant to its operations and effective for the current reporting period. The adoption of these amendments did not have a material impact on the Group.

The main accounting standards adopted by the Group in the current year are as follows:

AASB 9 Financial Instruments (AASB 9)

AASB 9 replaces AASB 139 Financial Instruments: Recognition and Measurement for annual periods beginning on or after 1 January 2018, bringing together all three aspects of the accounting for financial instruments: classification and measurement; impairment; and hedge accounting.

The Group has applied AASB 9 prospectively, with the initial application date of 1 July 2018. The Group has not restated comparative information, which continues to be reported under AASB 139 in line with the transition requirements of AASB 9.

Classification and Measurement

Under AASB 9, debt instruments are subsequently measured at fair value through profit or loss (FVTPL), amortised cost, or fair value through other comprehensive income (FVOCI).

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

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

The SPPI test is applied to the entire financial asset, even if it contains an embedded derivative. Consequently, a derivative embedded in a debt instrument is not accounted for separately.

Financial assets at fair value through profit or loss include financial assets held for trading, e.g., derivative instruments, financial assets designated upon initial recognition at fair value through profit or loss, e.g., debt or equity instruments, or financial assets mandatorily required to be measured at fair value, i.e., where they fail the SPPI test. Financial assets are classified as held for trading if they are acquired for the purpose of selling or repurchasing in the near term. Derivatives, including separated embedded derivatives, are also classified as held for trading unless they are designated as effective hedging instruments. Financial assets with cash flows that do not pass the SPPI test are required to be classified and measured at fair value through profit or loss, irrespective of the business model. Notwithstanding the criteria for debt instruments to be classified at amortised cost or at fair value through OCI, as described above, debt instruments may be designated at fair value through profit or loss on initial recognition if doing so eliminates, or significantly reduces, an accounting mismatch.

Financial assets at fair value through profit or loss are carried in the statement of financial position at fair value with net changes in fair value recognised in profit or loss.

At the date of initial application, existing financial assets and liabilities of the Group were assessed in terms of the requirements of AASB 9. The assessment was conducted on instruments that had not been derecognised as at 1 July 2018. In this regard, the Group has determined that the adoption of AASB 9 has impacted the classification of financial instruments at 1 July 2018 as follows:

Class of financial instruments presented in the statement of financial position	Original measurement category under AASB 139 (i.e. prior to 1 July 2018)	New measurement category under AASB 9 (i.e. from 1 July 2018)
Cash and cash equivalent	Loans and receivables	Financial asset at amortised cost
Trade and other receivables	Loans and receivables	Financial asset at amortised cost
Trade and other payables	Financial liabilities at amortised cost	Financial liabilities at amortised cost

The reclassification of financial instruments did not have a significant measurement impact on the financial statements.

Impairment of Financial assets

In respect of financial assets carried at amortised cost, AASB 9 requires an expected credit loss model to be applied as opposed to an incurred credit loss model under AASB 139. The expected credit loss model requires the Group to account for expected credit losses and changes in those expected credit losses at each reporting date to reflect changes in credit risk since initial recognition of the financial asset. In particular, AASB 9 requires the Group to measure the loss allowance at an amount equal to lifetime expected credit loss (ECL) if the credit risk on the instrument has increased significantly since initial recognition. On the other hand, if the credit risk on the financial instrument has not increased significantly since initial recognition, the Group is required to measure the loss allowance for that financial instrument at an amount equal to the portion of the lifetime ECL that results from default events on a financial instrument that are possible within 12 months after the reporting date. ECLs are based on the difference between contractual cash flows due in accordance with the contract and all the Group expects to receive. The shortfall is then discounted at an approximation to the assets original effective interest rate.

As at 1 July 2018, management reviewed and assessed the Group's existing financial assets for impairment using reasonable and supportable information. No material impact was noted as a result of the assessment.

(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 2019:

Standard/Interpretation	Effective for annual reporting periods beginning/ ending on or after	Expected to be applied by the Company
AASB 15 Revenue from Contracts with Customers, AASB 2014-5 Amendments to Australian Accounting Standards arising from AASB 15, AASB 2015-8 Amendments to Australian Accounting Standards – Effective Date of AASB 15, and AASB 2016-3 Amendments to Australian Accounting Standards – Clarifications to AASB 15	1 January 2019	30 June 2020
AASB 16 Leases	1 January 2019	30 June 2020
AASB 1058 Income of Not-for-Profit Entities, AASB 1058 Income of Not-for-Profit Entities (Appendix D), AASB 2016-8 Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities	1 January 2019	30 June 2020
AASB 2017-1 Amendments to Australian Accounting Standards – Transfers of Investment Property, Annual Improvements 2014–2016 Cycle and Other Amendments	1 January 2019	30 June 2020
AASB 2018-7 Amendment to Australian Accounting Standards – Definition of Material	1 January 2019	30 June 2020
AASB 2018-8 Amendments to Australian Accounting Standards – Right-of-Use Assets for Not-for-Profit Entities	1 January 2019	30 June 2020
AASB 2018-8 Amendments to Australian Accounting Standards – Right-of-Use Assets for Not-for-Profit Entities	1 January 2019	30 June 2020
AASB 2018 Amendments to Australian Accounting Standards – Annual Improvements 2015-2017 Cycle	1 January 2019	30 June 2020

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

3. Significant Accounting Policies

Statement of Compliance

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

These consolidated financial statements reflect the financial position of St John Ambulance Western Australia Limited (Company) and its consolidated entities (Group). The financial position of the Company constitutes the combined financial position of metropolitan and country operations. Country operations include the amalgamated financial position of 99 country sub centres staffed by volunteers, 16 country sub centres predominantly staffed by a mixture of volunteers and paid staff and four regional support funds (refer note 27).

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 2019.

Basis of Preparation

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

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique. In estimating the fair value of an asset or a liability, the Group takes into account the characteristics of the asset or liability if market participants would take those characteristics into account when pricing the asset or liability at the measurement date. Fair values for measurement and or disclosure purpose in these consolidated financial statements is determined on such a basis except leasing transactions that are within the scope of AASB 117, and measurements that have some similarities to fair value but are not fair value, such as net realisable value in AASB 102 or value in use in AASB 136.

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

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

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

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

Notes to the Consolidated Finanical Statements
For the financial year ended 30 June 2019

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

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

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

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

(b) Business Combinations

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

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

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

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

(c) Goodwill

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

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

A cash-generating unit to which goodwill has been allocated is tested for impairment annually, or more frequently when there is an indication that the unit may be impaired. If the recoverable amount of the cash-generating unit is less than its carrying amount, the impairment loss is allocated first to reduce the carrying amount of any goodwill allocated to the unit 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.

Notes to the Consolidated Finanical Statements
For the financial year ended 30 June 2019
3. Significant Accounting Policies (continued)

(f) Financial Instruments

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

Financial assets

Initial recognition and measurement

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

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

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

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

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

Subsequent measurement:

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

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

Financial assets at amortised cost (debt instruments)

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

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

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

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

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

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

Notes to the Consolidated Finanical Statements
For the financial year ended 30 June 2019
3. Significant Accounting Policies (continued)
(f) Financial Instruments (continued)

Financial assets at fair value through profit or loss

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

Derecognition of financial assets

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

Impairment of financial assets

The Group recognises an allowance for expected credit losses (ECLs) for all debt instruments not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows due in accordance with the contract and all the cash flows that the Group expects to receive, discounted at an approximation of the original effective interest rate. The expected cash flows will include cash flows from the sale of collateral held or other credit enhancements that are integral to the contractual terms.

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

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

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

Financial liabilities

Initial recognition and measurement

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

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

Subsequent measurement

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

Financial liabilities measured subsequently at amortised cost

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

Financial liabilities at fair value through profit or loss

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

Derecognition of financial liabilities

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

(g) Grants

Government and Other Grants

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

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

Notes to the Consolidated Finanical Statements
For the financial year ended 30 June 2019
3. Significant Accunting Policies (continued)

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

At the end of each reporting period, the Company reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). When it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs. When a reasonable and consistent basis of allocation can be identified, Company assets are also allocated to individual cash-generating units, or otherwise they are allocated to the smallest group of cash-generating units for which a reasonable and consistent allocation basis can be identified.

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

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

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

(i) Income Tax

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

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

(j) Inventories

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

(k) Leased Assets

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

Group as lessee

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

(l) Property, Plant and Equipment

Land is measured at cost.

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

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

- Buildings and Leasehold Improvements - 2.5% straight-line method
- Plant and Equipment - Between 10% to 33% straight-line method
- Ambulances and Other Vehicles - Between 12.5% and 25% straight-line method
- Land is not depreciated.

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

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

(m) Intangible Assets

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

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

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

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

(n) Provisions

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

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:

- 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
- 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 per cent concession on ambulance transport if they hold a valid Pensioner Concession Card.

4. Critical Accounting Judgements and Key Sources of Estimation Uncertainty

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

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

Key Sources of Estimation Uncertainty

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

Impairment of receivables

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

Impairment of goodwill

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

The carrying amount of goodwill as at 30 June 2019 was $8,314,244 (2018: $8,314,244). No impairment loss was recognised during the year. Refer to note 12.

Valuation of identifiable intangible assets

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

Useful lives of property, plant and equipment

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

Useful lives of other intangible assets

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

Annual leave and long service leave provisions

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

1. On-costs – superannuation and workers compensation
2. Probability of employee turnover
3. Future pay and allowance increases.

5. Revenue

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

	2019 $'000	2018 $'000
Ambulance transport fees (i)	172,689	160,517
DFES helicopter fees	2,987	2,647
Medical health services	4,022	3,276
First aid training and services income	14,058	13,119
Event health services	2,980	2,527
Primary health services	12,072	10,457
Health Department contract for services	100,985	97,743
Lotterywest grants	173	93
Interest income	1,854	1,540
Donations and bequests (ii)	1,009	816
Gain on sales of property, plant and equipment	532	1,385
Other income	2,340	5,768
Total	**315,701**	**299,888**

(i) An amount of $49.3 million was paid to the Company in 2019 by the Health Department of Western Australia (2018: $45.7 million) to fund transports for patients aged over 65 years of age.

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

6. Surplus for the year

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

Employee Benefit Expense	2019 $'000	2018 $'000
Personnel salaries and wages	176,160	166,754
Defined contribution plan	15,976	15,070
Other staff expenses	18,859	17,790
Total Employee Benefit Expense	**210,995**	**199,614**

7. Restricted cash

	2019 $'000	2018 $'000
Student fees received in advance	-	125
The Bertie and Olga Cohen Charitable Trust	1,976	1,966
Total	**1,976**	**2,091**

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 Consolidated Finanical Statements
For the financial year ended 30 June 2019

8. Inventories

	2019 $'000	2018 $'000
Inventories at cost	3,848	2,643
Total	**3,848**	**2,643**

9. Trade and Other Receivables

	2019 $'000	2018 $'000
Ambulance transport receivables (i)	15,691	14,907
Allowance for losses	(6,041)	(6,496)
	9,650	**8,411**
Sundry receivables (i)	19,523	16,069
Allowance for losses	(426)	(379)
	19,097	**15,690**
Total	**28,747**	**24,101**

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

Movement in the Allowance for Impairment Losses

	2019 $'000	2018 $'000
Balance at the start of the year	6,875	5,967
Net impairment losses (released)/provided for	(408)	908
Balance at the end of the year	**6,467**	**6,875**

10. Other Current Assets

	2019 $'000	2018 $'000
Prepayments	1,046	1,022
Accrued income	1,279	1,696
Total	**2,325**	**2,718**

11. Property, plant and equipment

	Leasehold and Freehold Land at Cost $'000	Buildings and Leasehold Improvements at Cost $'000	Plant and Equipment at Cost $'000	Ambulance and Vehicles at Cost $'000	Assets Under Construction $'000	Total $'000
Gross Carrying Amount						
Balance as at 1 July 2017	26,569	106,059	59,184	91,664	12,071	295,547
Additions	-	-	-	-	25,682	25,682
Assets under construction transferred	-	12,624	3,112	11,643	(27,379)	-
Disposals	(30)	(38)	(1,282)	(6,491)	-	(7,841)
Balance as at 1 July 2018	**26,539**	**118,645**	**61,014**	**96,816**	**10,374**	**313,388**
Additions	-	-	-	-	28,301	28,301
Assets under construction transferred	1,795	3,428	3,452	10,883	(19,558)	-
Disposals	(40)	(285)	(1,638)	(8,178)	-	(10,141)
Balance as at 30 June 2019	**28,294**	**121,788**	**62,828**	**99,521**	**19,117**	**331,548**
Accumulated Depreciation						
Balance as at 1 July 2017	-	22,693	35,749	54,281	-	112,723
Disposals	-	(6)	(1,246)	(6,068)	-	(7,320)
Depreciation expense	-	3,142	5,113	9,483	-	17,738
Balance as at 01 July 2018	**-**	**25,829**	**39,616**	**57,696**	**-**	**123,141**
Disposals	-	(131)	(1,583)	(7,284)	-	(8,998)
Depreciation expense	-	3,292	6,052	10,377	-	19,721
Balance as at 30 June 2019	**-**	**28,990**	**44,085**	**60,789**	**-**	**133,864**
Net Book Value						
as at 30 June 2018	**26,539**	**92,816**	**21,398**	**39,120**	**10,374**	**190,247**
as at 30 June 2019	**28,294**	**92,798**	**18,743**	**38,732**	**19,117**	**197,684**

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

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

Notes to the Consolidated Finanical Statements
For the financial year ended 30 June 2019

12. Goodwill

	2019 $'000	2018 $'000
Cost	8,314	8,314
Accumulated impairment losses	-	-
Total	**8,314**	**8,314**

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

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

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

13. Other Intangibles – Patient List

	2019 $'000	2018 $'000
Cost		
Balance at 1 July	5,380	5,380
Acquisition through business combination	-	-
Balance at 30 June	**5,380**	**5,380**
Accumulated Amortisation		
Balance at 1 July	978	489
Amortisation expense	489	489
Balance at 30 June	**1,467**	**978**
Carrying amount as 30 June	**3,913**	**4,402**

The patient list is amortised over its estimated useful life of 11.5 years. The carrying amount will be fully amortised in 8 years (2018: 7 years). It arose from the acquisition of Apollo Health Ltd during the financial year ended 30 June 2016.

14. Subsidiary

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

Name of Subsidiary	Principal Activity	Place of Incorporation and Operation	Proportion of Ownership Interest and Voting Held by the Group	
			2019	2018
Apollo Health Limited	Provision of primary and ancillary health services	Australia	100%	100%

15. Trade and Other Payables

	2019 $'000	2018 $'000
Trade payables	3,723	2,687
Other payables	2,145	1,131
Net goods and services tax	2,470	191
Total	**8,338**	**4,009**

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

	2019 $'000	2019 $'000
Current		
Provision for annual leave	22,096	20,751
Provision for long service leave	13,016	11,193
Total	**35,112**	**31,944**
Non-Current		
Provision for long service leave	10,114	10,333
Total	**10,114**	**10,333**

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

	2019 $'000	2018 $'000
Accrued expenses	4,593	4,234
Accrued expenses – property, plant and equipment	322	276
Unearned revenue	1,689	1,768
Total	**6,604**	**6,278**

Notes to the Consolidated Finanical Statements
For the financial year ended 30 June 2019

18. Commitments for expenditure

	2019 $'000	2018 $'000
Capital Expenditure Commitments		
Land and buildings		
Not longer than 1 year	2,126	2,194
Longer than 1 year and not longer than 5 years	-	-
Longer than 5 years	-	-
	2,126	**2,194**
Total Commitments for Capital Expenditure	**2,126**	**2,194**
Operating Lease Commitments		
Radio Sites		
Not longer than 1 year	136	136
Longer than 1 year and not longer than 5 years	48	159
Longer than 5 years	-	-
	184	**295**
Residential Properties		
Not longer than 1 year	87	62
Longer than 1 year and not longer than 5 years	-	-
Longer than 5 years	-	-
	87	**62**
Commercial Properties		
Not longer than 1 year	1,454	1,443
Longer than 1 year and not longer than 5 years	5,288	5,852
Longer than 5 years	919	2,564
	7,661	**9,859**
Total Commitments for Operating Lease Expenditure	**7,932**	**10,216**

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:

	2019 $'000	2018 $'000
a) Reconciliation of Cash and Cash Equivalents		
Cash	25,641	18,718
Term deposit investments (short term)	61,486	53,579
Cash at bank	**87,127**	**72,297**
Restricted cash	1,976	2,091
Total Cash and Cash Equivalents	**89,103**	**74,388**
b) Reconciliation of Surplus to Net Cash Flow		
Surplus	19,517	19,011
Depreciation expense	19,721	17,738
Amortisation expense	489	489
Gain on sale of property, plant and equipment	(532)	(1,385)
Interest received	(1,854)	(1,540)
(Increase)/decrease in assets:		
Inventories	(1,205)	(374)
Receivables	(4,646)	(3,080)
Prepayments	(24)	90
Accrued income	417	430
Increase/(decrease) in liabilities		
Payables	4,329	(636)
Leave provisions	2,949	2,020
Accrued expenses	359	837
Unearned revenue	(79)	(547)
Net cash from operating activities	**39,441**	**33,053**

c) Financing Facilities

An unsecured bank overdraft facility was available at the end of the year for $4.0 million (2018: $7.5 million), the facility was not used during the year. The facility is reviewed annually.

d) Non-cash Financing and Investing Transactions

There were no non-cash transactions during the period (2018: nil)

Notes to the Consolidated Finanical Statements
For the financial year ended 30 June 2019

20. Financial Instruments

a) Financial Risk Management

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

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

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

b) Capital Risk Management

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

The Group's overall strategy remains unchanged from 2018. The capital structure of the Group consists of equity which wholly consists of retained surpluses.

The Group is not subject to externally imposed capital requirements.

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

c) Significant Accounting Policies

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

d) Interest Rate Risk Management

The Group 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 at its disposal to further reduce the liquidity risk.

f) Credit Risk Management

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

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

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

g) Categories of Financial Instruments and their Fair Values

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

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

	2019		2018	
	Carrying Amount $'000	Fair Value $'000	Carrying Amount $'000	Fair Value $'000
Financial Assets				
Trade and other receivables	28,747	28,747	24,101	24,101
Accrued Income	1,279	1,279	1,696	1,696
Cash and cash equivalents	89,103	89,103	74,388	74,388
Total Financial Assets	**119,129**	**119,129**	**100,185**	**100,185**
Financial Liabilities				
Trade and other payables	8,338	8,338	4,009	4,009
Total Financial Liabilities	**8,338**	**8,338**	**4,009**	**4,009**

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 2019			
	Level 1 $'000	Level 2 * $'000	Level 3 $'000	Total $'000
Financial Assets				
Trade and other receivables	-	28,747	-	28,747
Accrued income	-	1,279	-	1,279
Cash and cash equivalents	89,103	-	-	89,103
Total Financial Assets	**89,103**	**30,026**	**-**	**119,129**
Financial Liabilities				
Trade and other payables	-	8,338	-	8,338
Total Financial Liabilities	**-**	**8,338**	**-**	**8,338**

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

Notes to the Consolidated Finanical Statements
For the financial year ended 30 June 2019
20. Financial Instruments (continued)

h) Maturity Profile of Financial Instruments

The maturity profile of financial assets and financial liabilities held by the Group are detailed on the following pages.

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

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

The following table details the Group's exposure to interest rate and liquidity risk as at 30 June 2018:

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

21. Key Management Personnel

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

	2019 $'000	2018 $'000
Short-term employee benefits	3,559	3,131
Post-employment benefits	272	247
Other long-term benefits	9	(17)
Termination benefits	-	-
Total	**3,840**	**3,361**

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

22. Remuneration of auditors

	2019 $'000	2018 $'000
Audit of the financial report	142	135
Other services:		
Cost benefit analysis	30	30
Total	**172**	**165**

The auditors for the Group are Deloitte Touche Tohmatsu.

23. Related Party Transactions

There were no transactions with other related parties of the Group during the financial year (2018: nil).

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

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

24. 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.

25. Contingent Liabilities

In the opinion of the Directors, the Group did not have any contingent liabilities as at 30 June 2019 (2018: nil).

Notes to the Consolidated Finanical Statements
For the financial year ended 30 June 2019

26. Parent Entity Information

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

Investments in Subsidiaries

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

Financial position	2019 $'000	2018 $'000
Assets		
Current assets	124,176	105,128
Non-Current assets	213,965	205,834
Total Assets	**338,141**	**310,962**
Liabilities		
Current liabilities	48,748	40,691
Non-Current liabilities	10,081	10,318
Total Liabilities	**58,829**	**51,009**
Equity		
Retained surpluses	279,312	259,953
Total Equity	**279,312**	**259,953**
Financial Performance		
Surplus for the year	19,359	21,707
Other comprehensive income	-	-
Total comprehensive income	**19,359**	**21,707**
Capital Expenditure Commitments by the Parent Entity		
Property, Plant and Equipment		
Not longer than 1 year	2,126	2,194
Longer than 1 year but not longer than 5 years	-	-
Longer than 5 years	-	-
	2,126	**2,194**
Operating Lease Commitments by the Parent Entity		
Not longer than 1 year	390	415
Longer than 1 year but not longer than 5 years	459	667
Longer than 5 years	6	19
	855	**1,101**

27. Country Sub Centres

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

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

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

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

St John WA

209 Great Eastern Highway
Belmont WA 6104
T 08 9334 1222

stjohnwa.com.au

Would you like to help?

St John is always on the lookout for new volunteers to fill a range of roles.
Email us on volunteermemberservices@stjohnambulance.com.au
Phone us on 08 9334 1306 or toll free 1800 069 393