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# COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH **2024-25 Annual Report**

COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH

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To:

Hon Chris Picton MP

Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of the *Public Sector Act 2009*, *Public Sector Regulations 2025*, *Public Finance and Audit Act 1987* and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the Commission on Excellence and Innovation in Health by:

**Professor Keith McNeil**

**Commissioner**

**Commission on Excellence and Innovation in Health**

Date 29 Sep 2025

Signature



## From the Commissioner

An Annual Report means another year has gone by, and it has been a very busy and productive 12 months here in the Commission on Excellence and Innovation in Health (CEIH).

As always, all our initiatives and efforts are directed towards guiding and driving the health system's performance towards Excellence, through the application of innovative thinking and ideas generation that lead to tangible improvements in how healthcare is delivered to all South Australians. We enshrine in all that we do, our five guiding principles of; achieving equitable access to health services; empowering consumers in designing our systems; embedding environmental sustainability thinking in those designs; considering the implications of our work on our workforce, and aiming to enhance prosperity for all, leveraging all that health in its widest sense has to offer in that regard.



Our work covers a broad spectrum of activities working in partnership with the Department for Health and Wellbeing and Local Health Networks (LHN) to deliver initiatives ranging from optimising surgical pathways including robotic assisted surgery, to developing enhanced decision support for earlier identification of sepsis, and rapid identification in the community of chest pain requiring hospital intervention. Much of our work involves, and is critically reliant on, advanced data analytic capability and capacity, and building the digital ecosystem needed to support a 21<sup>st</sup> century learning and knowledge-based healthcare system.

We have embarked on a major transformation agenda in the cancer space, taking on the responsibility of delivering the South Australian Comprehensive Cancer Network. The aims of this initiative are to enable and ensure the delivery of high quality, evidence-based cancer care across the length and breadth of South Australia, with all the geographical and demographic challenges that entails. This is a joint endeavour with the Commonwealth government aligning with the Australian and SA Cancer Plans and the Australian Cancer Network Program, aiming to connect clinicians, researchers, industry bodies, universities and primary care providers, across both the public and private sectors, to transform cancer care across the State. This is an exciting and ambitious program of work which directly aligns with the five principles on which CEIH operates.

The other major transformation initiative we have embarked upon, is the refresh of the Specialist Statewide Clinical Networks (SCN) program in concert with standing up the Clinical Council. The Clinical Council aims to provide a mechanism by which information and insights can flow to and from the SCNs and the Health Chief Executives' Council (HCEC). The SCNs have been expanded from 8 to 12 in number and will focus on three priority areas as identified by the Clinical Council and agreed through HCEC, providing value and relevance to the work done by the clinicians involved.

As exciting as 2025 has been, the coming year will provide even greater opportunity for all these (and all the other) improvement initiatives, adding real value to the South Australian health system, whilst we continue to work in partnership with the Department and the LHNs alike in providing safer, higher quality, and sustainable healthcare to the people of South Australia.

**Professor Keith McNeil**

**Commissioner**

**Commission on Excellence and Innovation in Health**

## Contents

<b>Overview: about the agency</b> .....	<b>6</b>
Our strategic focus.....	6
Our organisational structure.....	7
Changes to the agency .....	8
Our Minister .....	9
Our Executive Team .....	9
Committees.....	10
Statewide Clinical Networks.....	10
Establishment of the South Australian Comprehensive Cancer Network.....	13
<b>The Agency's performance</b> .....	<b>14</b>
Performance at a glance.....	14
Agency specific objectives and performance .....	15
Other key activities and highlights.....	18
Corporate performance summary .....	24
Employment opportunity programs .....	24
Agency performance management and development systems.....	24
Work health, safety and return to work programs .....	25
Executive employment in the agency.....	27
<b>Financial performance</b> .....	<b>28</b>
Financial performance at a glance .....	28
Consultants' disclosure .....	28
Contractors disclosure .....	29
<b>Risk management</b> .....	<b>30</b>
Risk and audit at a glance.....	30
Fraud detected in the agency.....	30
Strategies implemented to control and prevent fraud.....	30
Public interest disclosure .....	31
<b>Reporting required under any other act or regulation</b> .....	<b>31</b>
<b>Public complaints</b> .....	<b>31</b>
Number of public complaints reported .....	31
Additional Metrics.....	33
Service Improvements .....	33
Compliance Statement.....	33
<b>Appendix: Audited financial statements 2024-25</b> .....	<b>34</b>

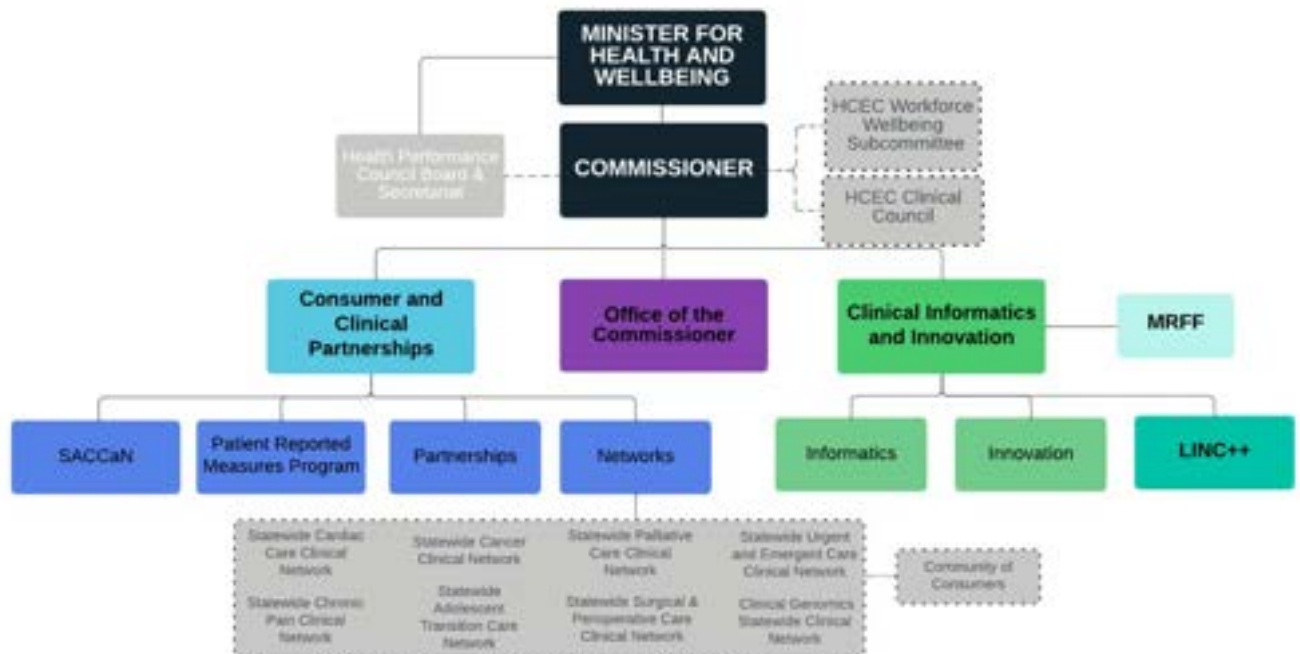
## Overview: about the Agency

### Our strategic focus

<b>Our Purpose</b>	<p>To provide strategic leadership and advice on excellence and innovation in healthcare.</p> <p>We partner with consumers, carers, the wider community, and the health workforce to improve care and safety, monitor performance, and champion evidence-based practice to improve health outcomes.</p>
<b>Our Vision</b>	Together, creating health and prosperity for all.
<b>Our Values</b>	<p>Our values and the way we work:</p> <ul style="list-style-type: none"> <li>• <b>Empathy</b> – We cultivate curiosity about others and actively challenge bias.</li> <li>• <b>Collaboration</b> – We are inclusive, share, and leverage the power of diversity.</li> <li>• <b>Learning</b> – We celebrate success, learn from mistakes and failure, and actively seek feedback.</li> </ul> <p>We take ownership and responsibility for outcomes, words, and actions.</p>
<b>Our functions, priorities and approach</b>	<p><b>Our core functional areas:</b></p> <ul style="list-style-type: none"> <li>• Consumer and Clinical Partnerships</li> <li>• Clinical Informatics and Innovation</li> <li>• Office of the Commissioner</li> </ul> <p><b>Our priorities:</b></p> <ul style="list-style-type: none"> <li>• <b>Equitable access to care</b> - Design systems that reduce variation in experience and outcomes of care.</li> <li>• <b>Empowered consumers</b> - Engage consumers, carers and community in design, delivery, and evaluation of services.</li> <li>• <b>Environmental sustainability</b> - Reduce system impact on climate change and identify opportunities to adapt to its impact.</li> <li>• <b>Workforce sustainability</b> - Advocate for safe, healthy, thriving workplaces and facilitate a system level approach to workplace wellbeing.</li> <li>• <b>Economic prosperity</b> - Contribute to improvement in the social gradient and its impact on health outcomes.</li> </ul>

	<p><b>Our approach:</b></p> <ul style="list-style-type: none"> <li>• <b>Grow networks and partnerships</b> - We bring people together to solve problems, connecting clinicians, consumers, and the community so that they can achieve 'better' together.</li> <li>• <b>Deliver insights</b> - We use a data driven approach to facilitate discussions, understand impact, deliver insight, and generate action.</li> <li>• <b>Provide advice and consultation</b> - We provide advice, encourage diverse ways of thinking, and facilitate safe spaces to be creative.</li> <li>• <b>Enable system improvement and innovation</b> - We seek creative solutions to drive excellence and innovation in practice.</li> <li>• <b>Build capability</b> - We create opportunities for people to learn new skills and support the mindsets that allow innovation and research to happen.</li> </ul>
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## Our organisational structure



**Notes:**

- The CEIH is an attached agency to DHW.
- South Australian Comprehensive Cancer Network (SACCaN) is externally funded through an agreement between the State and Commonwealth over four financial years.
- The Patient Reported Measures (PRMs) Program was externally funded, reporting through to the Executive Director, Consumer and Clinical Partnerships.
- Two translational research staff are externally funded through Medical Research Future Fund (MRFF) and report to the Executive Director, Clinical Informatics and Innovation.
- The Leading Innovation Interface Connections plus (LIINC+) is externally funded for a 12 month calendar year basis including transfers from SA Pathology staff (3 FTE including one executive) to the CEIH.

**Changes to the Agency**

During 2024-25, the following changes occurred:

- The CEIH Statewide PRMs Program ceased operation as of 30 June 2025, following a decision by SA Health LHN Chief Executive Officers (CEOs) not to commit further funding to the program beyond that date. This included decommissioning of the ZEDOC platform. The CEOs are committed to statewide PRMs and a consistent, system-wide approach, and SA Health are looking at alternative ways to collect and use data, with leadership from the LHN Digital Leads and local teams.
- SACCaN has committed funding of \$77 million for South Australia over four financial years (2024-25 to 2027-28) to support the establishment of a statewide cancer network to maximise cancer prevention, early detection, and transform delivery of cancer care.
- The externally funded LIINC+ program at CEIH is streamlining healthcare integration across South Australia through digital innovation and data-driven collaboration, aiming to improve patient outcomes by connecting providers and strengthening workforce capability.



**Our Minister**

Hon Chris Picton MP is the Minister for Health and Wellbeing in South Australia.

The Minister oversees health, wellbeing, mental health, preventive health, substance use and suicide prevention.

**Our Executive Team****Professor Keith McNeil  
Commissioner**

Professor Keith McNeil is a healthcare leader with a 42-year career spent on the frontlines of patient care and driving systems innovation. Keith joined the CEIH from his position as Chief Medical Officer of Queensland Health in October 2023. He has previously served in senior leadership roles in the health sector, including Chief Clinical Information Officer roles in Queensland Health and the NHS, hospital and health service CEO roles in Queensland and Cambridge UK, and as Acting Deputy Director General of Clinical Excellence Queensland.

**Katie Billing  
Executive Director, Consumer and Clinical Partnerships**

The Consumer and Clinical Partnerships Directorate is focused on developing systems to build and nurture the relationships between clinicians, communities, consumers and carers, and others who work in the health system. Our partnerships work towards improving experiences for those receiving care, and working in the health system, fostering innovation, and ultimately leading to better health outcomes.

**Tina Hardin  
Executive Director, Clinical Informatics and Innovation**

The Clinical Informatics and Innovation Directorate drives health system change by using innovative approaches to problem solving and solution design, building innovation and informatics foundations, and thinking differently about the use of data to improve healthcare. We intersect between government, industry, research, and the health sector to solve problems and deliver impact.



## Committees

The **Health Chief Executives' Council (HCEC) Clinical Council** reports to the HCEC 'Main Strategic' group. It is the peak clinical body responsible for providing clinical engagement and input into statewide and strategic decisions that affect clinical care in South Australia. The overarching purpose is to:

- Provide recommendations and independent and impartial strategic advice about system-wide issues that affect quality, affordability, efficiency, access, equity and sustainability of patient care.
- Review and provide advice on the system-wide clinical impacts of proposed changes to patient care (e.g. models of care, planning and delivery of health services etc).
- Provide a forum for LHNs, Statewide Clinical Networks, Statewide Clinical Communities of Practice, and other clinical groups to work together on complex system-wide issues, share best practice and learn and support each other.
- Provide opportunities for broader system-wide clinical collaboration on complex system-wide issues (e.g. sector wide sessions or forums on priority issues).
- Foster a culture of excellence and innovation within the health system.

The **HCEC Workforce Wellbeing Sub-committee** provides strategic direction and governance oversight to improvements in workplace wellbeing culture and worker wellbeing across the South Australian public health system. The Sub-Committee functions as a coordination point for the health system. It has the authority to prioritise and induce collective action to address locally identified, complex, and system-wide issues that are affecting the ability of clinical and non-clinical leaders to create healthy, safe and thriving workplaces.

The **Community of Consumers** is a dynamic group of healthcare consumers and carers who are engaged in the work of the CEIH. Membership of the Community of Consumers includes consumer representatives who are members of our Statewide Clinical Networks and consumers who have been engaged to support the delivery of specific projects and initiatives. The Community of Consumers meets regularly, supported by the CEIH, to provide a forum for them to share their experiences of assisting health system change, provide support to each other and to be informed about health system changes, initiatives, and opportunities.

## Statewide Clinical Networks

Statewide Clinical Networks (SCNs) are groups of health professionals, health service organisations, consumers and carers operating across the continuum of care, across private and public sectors and LHNs.

SCNs have two main functions: develop a network of clinicians, consumers and the community, with an interest in a specific area in health; and to resolve identified problems that will lead to significant improvement in health outcomes for South

Australians. Each Network has a clinical and/or consumer lead and a steering committee to develop the vision, goals, and work program for the network.

The CEIH assists in the establishment of SCNs and provides resources to manage and inform clinical innovation and improvement projects with the focus of building the capability of the members to navigate the policy and practice environments of government and other parts of the health system.

The **Adolescent Transition Care Statewide Clinical Network** is committed to supporting South Australian young people from all backgrounds to access a healthcare system which works with and for them, to meet their needs and fulfill their potential, enabling equitable and high-quality outcomes for all. The Network aims to:

- Improve access to services.
- Provide seamless transition to adult healthcare services.
- Ensure young people are part of the system and its design.
- Improve quality of care.

The **Cancer Statewide Clinical Network** aims to improve health outcomes for all South Australians affected by cancer by:

- Focusing on compassionate and equitable care.
- Working in collaborative partnerships with key stakeholders across the entire cancer continuum.
- Building on latest evidence to drive excellence and innovation.
- Driving improvements in safety, quality, and patient experience.
- Providing strategic expertise and advice on cancer care.

The **Cardiac Care Statewide Clinical Network** aims to improve cardiology services for the South Australian community through:

- Ensuring equitable access to comprehensive, evidence-based cardiovascular care, aimed at reducing the burden of cardiovascular disease.
- Developing a multidisciplinary, highly skilled, inclusive workforce who will deliver the best possible outcomes.
- Using comprehensive, high-quality data to assist service planning and drive continuous quality improvement.
- Innovating, and implementing new or improved models of patient-focused care.
- Supporting a connected and engaged workforce that is responsive to patient needs and delivers high quality care, teaching, and research at all levels.

The **Chronic Pain Statewide Clinical Network** is committed to building a strong, connected, and inclusive community of practice which promotes evidence-informed prevention, early intervention, and management of pain across the life span for all South Australians. It aims to:

- Foster improved recognition and understanding of chronic pain and its effective management in the community.

- Foster systems development to enable transparent sharing of data which can support cross-sector service design, delivery and collaboration.
- Support improvements in community, primary health and hospital settings to ensure timely access to evidence informed care for all South Australians living with pain.
- Build an integrated community of practice that optimises the experience and outcomes of chronic pain management.

The **Clinical Genomics Statewide Clinical Network** aims for the South Australian genomics community to work together to provide the best possible health care for South Australians by:

- Delivering high quality care for people through a person-centred approach to genomics.
- Building a skilled workforce that is literate in genomics.
- Ensuring sustainable and strategic investment in cost-effective genomics.
- Maximising quality, safety and clinical utility of genomics in health care.
- Ensuring responsible collection, storage, use and management of genomic data.
- Establishing innovative projects that put South Australia at the forefront of genomics.

The **Palliative Care Statewide Clinical Network** aims to improve quality and equity of access for South Australians requiring palliative care services by:

- Increasing awareness of advanced care planning and bereavement services.
- Developing better health literacy in the community.
- Collaborating to improve data collection.
- Collaborating to build literacy in palliative care across clinical specialties to embed the practice of palliative care in all settings.

The **Surgical and Perioperative Care Statewide Clinical Network** aims to improve surgical outcomes and experience for all South Australians across the surgical journey, and to decrease the requirement for surgical services by:

- Providing advocacy to ensuring equitable access to benchmarked safe and high-quality service provision.
- Collaborating to address key system priorities to ensuring appropriateness and efficiency across the surgical journey.
- Decreasing the requirement for surgical services through improvement of pre-surgical care.

The **Urgent and Emergent Care Statewide Clinical Network** is committed to supporting urgent, unplanned, and non-life-threatening care by:

- Championing clinically appropriate care at the right place in the right timeframe.
- Linking consumers with appropriate hospital alternative services.

- Improving access to urgent care for consumers aged over seventy-five, those suffering from mental health emergencies, and people living in rural areas who require services in metropolitan areas.
- Collaborating to augment models of urgent care in South Australia.
- Pivotaly involving primary care in this whole agenda.

**Establishment of the South Australian Comprehensive Cancer Network**

South Australia signed a Federal Funding Agreement with the Commonwealth Government for a total of \$77 million over four financial years (2024-25 to 2027-28) and the CEIH has taken carriage for the establishment of SACCaN to deliver initiatives within the State through a Comprehensive Cancer Network.

On 15 April 2025, SACCaN was formally announced with the South Australian Cancer Plan by the South Australian Minister for Health and Wellbeing and the Australian Government Minister for Health and Ageing.

SACCaN will bring together expertise from across the State, with linkages to other jurisdictions, to deliver initiatives that align with national and local cancer plans and supporting the National agenda under the Australian Comprehensive Cancer Network and Framework to drive improvements in equity in access and the delivery of optimal cancer health systems.

Key priorities for SACCaN are:

- Data and intelligence program delivery providing a comprehensive picture for patients, consumers, clinicians, researchers and community to deliver a data ecosystem, services and solutions that support SACCaN core deliverables.
- Enhance a statewide approach to clinical trials governance, capability, capacity, and pharmaceutical stakeholder engagement, with a view to embed clinical trial participation as part of usual care for patients with cancer.
- Enhance healthcare delivery by integrating (translating) existing research into practice while also generating new research that can be effectively embedded to improve patient outcomes.
- Support implementation of state and national cancer priorities, including work to invest in cancer prevention and address key challenges faced by the Aboriginal and Torres Strait Islander community.

## The Agency's performance






### Performance at a glance





Key highlights for 2024-25 include:

- Developed a prototype for calculating and visualising system risks related to community ambulance response times.
- Completed scoping for a cross-sector collaborative project to reduce readmission rates for the homeless population across South Australia by integration across hospital, primary care, housing and social services.
- Completed the Adolescent Transition Care Framework 2025-2029 in partnership with Performance and Commissioning, DHW.
- Completed an implementation plan to secure a Federation Funding Agreement, and associated funding, to establish a comprehensive cancer network in South Australia.
- Developed a statewide model for the use of Specialised Robotic Surgery with Prostatectomy as the first use-case.
- Completed a decision-making tool and process flow to support SA Health in access to, and delivery of, highly specialised therapies (HST) for eligible South Australians.
- Commenced a Clinical Registries Roadmap towards achieving an ideal State within five years, including clarification of governance structures and responsibilities, policy development and required resourcing and investment.
- Designed a model to improve identification and access to quality palliative care services and specialist clinicians with the SA Virtual Care Service.
- Completed implementation of 'HIRAID' standardised emergency nursing assessment framework across all SA Health Emergency Departments (EDs).
- Supported the Central Adelaide Local Health Network (CALHN) to pilot a component of the optimal system of care for low back pain, providing alternate pathways to emergency department treatment.
- Led the standardisation of the Operating Room Management Information System (ORMIS) surgery cancellation codes.
- Held two system-level workshops of the HCEC Clinical Council, the peak clinical body responsible for providing clinical engagement into statewide and strategic decisions that affect clinical care. Topics included the Future of Clinical Registries and the Role of Clinical Leadership in Workforce Sustainability.










## Agency specific objectives and performance

Indicators	Performance
<b>Objective: Continue to support the government's work to address hospital flow and ambulance ramping</b>	
<p>'HIRAID' emergency nursing practice tool system level implementation</p> 	<p>Implemented HIRAID, a standardised emergency nursing assessment framework in all LHNs. Supported statewide rollout of training, inclusion of the HIRAID assessment form in EMR and 'go live' across all SA Health EDs.</p>
<p>Optimised Pre-Surgical Care (OPSC) framework digital integration and planning for implementation in practice</p> 	<p>The opportunity to integrate the OPSC framework into the new statewide e-Referral system has been placed on hold until the rollout of eReferral across all metropolitan LHNs is complete. Integration will allow clinicians to better support patients in optimising their health prior to surgery.</p>
<p>Demand   Length of Stay   Rehab Stream</p> 	<p>Working in partnership with DHW, delivered a comprehensive advanced analysis report through cross-health agency clinically driven collaboration.</p>
<p>RAPIDx Pre-Hospital</p> 	<p>Working with a cross-agency research translation MRFF grant, which includes a clinical trial to evaluate a novel model of care for patients presenting with low-risk chest pain. The trial supports the development of a clinical pathway that offers an alternative to traditional ED presentation, directing suitable patients to hospital avoidance services.</p>
<p>Frailty in the ED</p> 	<p>The project is focused on early identification of frailty by introducing frailty scoring in the ED. Identification of patients at risk of frailty presenting to the ED plays a crucial role in reducing patient harm and early identification</p>

Indicators	Performance
	of individual needs ensuring comprehensive discharge planning.
Homelessness to Health 	Completed investigation of re-presentation levels to EDs for people in the metropolitan area experiencing homelessness and extensive stakeholder engagement across the health, specialist homelessness service, housing and community sectors. Next steps include establishment of an integrated housing and health coordinated care group to focus on individuals who are consistently re-presenting to ED.
Haemolysed specimens in EDs 	Facilitation and evaluation of a service partnership between SA Pathology and a Northern Adelaide LHN (NALHN) to pilot a technical phlebotomy service in an ED to test if the model reduces the number of samples that need to be retaken, improving timely access to care and reducing carbon footprint.
Adoption and integration of the optimal out of hospital care model for low back pain (LBP) 	Supported the evaluation of a pilot implemented in CALHN based on the Optimal System of Care for LBP developed by the Chronic Pain SCN as an alternate pathway to emergency care.  Development of web-based informational resources for clinicians and people experiencing low back pain, widely shared for broad use to support community management.
<b>Objective: Implement stage one of the PRMs program and progress subsequent implementation to embed the measurement of patient experience and outcomes to drive improved safety and quality of care</b>	
Stage 2 implementation of the PRMs Program 	Implementation continued per the agreed scope and approach until May 2025. Decommissioning and program closure activities were undertaken post a decision to no longer fund the program.



<b>Objective: Support statewide clinical networks, system collaboration and partnering to reduce duplication and maximise resource utilisation</b>	
Innovation Model toolkit to support innovators across the health sector 	Released supporting content, including literature articles, guides, templates and ISO Standards online.
Innovation workshops 	Hosted a series of workshops focusing on addressing challenges associated with successful adoption of digital, med-tech, bio-medical and system tech innovations.
National Surgical Quality Improvement Program (NSQIP) 	Continuation of work with LHN surgical divisions, safety and quality teams and executive leadership to scope the possibility of implementing NSQIP across SA hospitals. Results enable targeted, quality improvement initiatives to be developed. These initiatives enhance the quality of surgical care while reducing complications and costs.
Statewide Cardiac Rehabilitation Model of Care 	Progressed development of a model of care for SA Health that helps people recover and improve heart health following a range of cardiac events across the state.
Highly Specialised Therapies Framework 	Completed development of a decision-making framework for commissioning of highly specialised therapies in partnership with DHW. The framework guides local assessment of highly specialised therapies, promoting the introduction of new health technologies to support contemporary, high-quality clinical services and ensure patients have access to appropriate care.

<p>Statewide Robotic-Assisted Surgery (RAS) Program Model</p> 	<p>Completed a review and report to inform the approach to enable adequate and equitable patient access to RAS in the SA public health system. Recommendations based on a comprehensive evidence base for all current and emerging RAS procedures, health economic modelling and cost/resource implications of increasing the number of RAS systems across SA public hospitals.</p>
<p>Review of the operating model of the Statewide Clinical Networks</p> 	<p>Completed a desktop review of interstate models and stakeholder consultation to consider a model that would achieve broader clinical representation and align and enact system priorities across SA Health. Findings and recommendations were taken to the HCEC Clinical Council and HCEC with the endorsed revised operating model to be implemented in the 2025-26 year.</p>

## Other key activities and highlights

During 2024-25, the CEIH aligned its projects to work streams to help theme and communicate our achievements in line with agency objectives:

- **Leadership and capability:**

- Improvement and Innovation Showcase (IIS): Share, connect and explore why improvements were needed, how the change occurred, and what impacts they had in a live online format. Presentations are published through the CEIH's digital channels to enable accessibility for a broad audience. In 2024-25, two IIS series were delivered:
  - Series 14: A Year in Review was a one session showcase which attracted 172 registrations and 130 attendees.
  - Series 15: Adopting Digital and Data-based Technologies in Health Care which ran 4 sessions over the series and attracted 498 registrations and 281 attendees.

The IIS attracts people holding a range of position types from a wide demographic of organisations across the health sector. The year-on-year growth in registration and attendee data in addition to the positive feedback collated via polling reflects continued growing interest in the IIS.

- Informatics: Following on from previous years, and based on feedback, the CEIH has continued to sponsor Certified Health Informatician Accreditation (CHIA) places across the health sector in 2024-25.

- **Tools and resources:**

The CEIH has continued to develop and promote tools and resources to support capability building across the health system.

As of 30 June 2025, CEIH resources and tools available via our website included:

- Effective partnerships, tools and templates including the resource document: *'Partnerships Approach: Building quality partnerships in the healthcare sector.'*
- Building Workplace Wellbeing Guide and Discussion Paper plus tools and resources.
- Culture of Innovation Discussion Paper and Guide to provide an evidence base and practical assistance to those seeking to foster innovation.
- Evidence based interactive Innovation Model, including resources and templates, designed to guide the innovation journey.
- 'How to Pitch' Guide published to support innovators to develop impactful proposals.
- 'Hackathon' Toolkit published to provide a step-wise approach to using an innovative methodology for ideating and collaborating
- Project Lifecycle model with resources, tools and templates.
- Data visualisation Style and Best Practice Guide.

- **Partnerships:**

The CEIH Partnerships Strategy has continued to be promoted and used across CEIH, by our partners and broader stakeholders. The CEIH is committed to building capability and collaborative partnerships that enable delivery of innovative and exceptional outcomes in addressing complex problems faced by the healthcare sector. The CEIH is committed to supporting a strong and sustainable healthcare partnership ecosystem in SA by:

- Leading by example in building quality CEIH partnerships.
- Building partnership capability in the healthcare sector.
- Supporting system-level change through initial identification of enablers and barriers to partnerships in healthcare.

Formalised agency-wide partnerships for healthcare improvements have been developed and maintained with:

- SA Virtual Care Service
- Health Translation SA (HTSA)
- Northern Adelaide Wellbeing Partnership
- Digital Health SA
- Caring Futures Institute (CFI)

- Cancer Australia
- Women's and Children's Health Network (WCHN)

- **Consumer engagement:**

The CEIH continues to demonstrate its commitment to supporting the consumer voice by using a range of engagement strategies including:

- Consumer representation across the SCNs and other key CEIH projects, including co-leading key working groups.
- Youth Advisory Group including young people with lived experience of healthcare.
- Ongoing support to and development of the CEIH Community of Consumers to create a safe environment to learn and share.
- Capability training for consumer representatives.
- Supporting the LHN Consumer Engagement Professionals Community of Practice.

- **Strengthening workplace wellbeing:**

The CEIH continues its commitment to ensuring the health system is designed to prioritise, protect, and promote the health, safety, and wellbeing of the healthcare workforce to enable the delivery of efficient, effective and high-quality patient care. To support creating a culture of workplace wellbeing across SA Health, the CEIH has delivered the following in 2024-25:

- Provided continued leadership, secretariat, and subject matter expertise for the healthcare workforce wellbeing sub-committee of HCEC focusing on driving system-level action.
- Supported the continued delivery and monitoring of actions from the 'Advancing healthcare workforce wellbeing across SA Health' Plan for system-level collaborative action.
- Co-led the development and endorsement of a set of best practice metrics and accountability mechanisms to measure, monitor and report on workplace wellbeing across SA Health.
- Led the development of a system-level communications plan to support evidence-informed and effective communication and engagement to drive positive workplace wellbeing outcomes across the system.
- Partnered with WCHN to deliver a comprehensive workplace wellbeing research project across two of its divisions, incorporating the CEIH workplace wellbeing organisational guide and framework into practice by identifying the work-related factors impacting worker wellbeing and engaging staff to redesign work through a co-design methodology.
- Presentations on prioritising workplace wellbeing, workplace culture and the design of work at the Australian Nursing and Midwifery Federation SA branch Workplace Culture and Safety Workshop.
- Hosted a Psychosocial Safety Discussion Panel at the SA Health Safe Work Month Conference Day.

- Provided subject matter expertise and consultancy to a number of health services and clinical units locally and nationally to build leadership capability and improve workplace culture and good work design.
- **Supporting research and innovation:**

In addition to other related research and innovation support activities listed throughout this report, the CEIH has also supported:

  - Collaboration with HTSA to support and drive the integration of research translation across the healthcare system.
  - Delivery of the MRFF program of work 'SA Acute Care Learning Health System Project,' targeted at reducing ED congestion. The CEIH is heavily involved in delivery of this program, including:
    - Delivery of the RAPIDx Pre-hospital trial (see earlier in report).
    - Exploring unwarranted variation in general medicine. The CEIH has finalised engagement with stakeholders from NALHN, CALHN and Southern Adelaide Local Health Network (SALHN) to investigate clinical variation in general medicine through a clinician led approach identifying opportunities for clinical decision support tools utilising machine learning. The project has proved successful in its engagement, surfacing more than 90 topics for analysis. Many have been explored and closed through hand-over to the clinicians as the project continues its second phase, where specific machine learning model opportunities will be fully explored and tested.
    - Supporting the 'Optimising older People's Transition from acute care into residential aged care through Multidisciplinary Assessment and Liaison' (OPTIMAL) research trial which is an enhanced care intervention for older persons making a first-time transition into permanent residential aged care from hospital. CEIH is a partner in this project which has been implemented across CALHN and SALHN, with NALHN to follow in August 2025. CEIH have contributed to the project through the development and support of an interactive dashboard that identifies risk strategies and monitors study participants using electronic medical record data.
    - Coordinating delivery of and providing clinical informatics resources to the Learning Health System Platform Project, which aims to address data architecture, infrastructure, and developing the ongoing collateral for future analytics and artificial intelligence projects.
  - Evaluating, through the Clinical Genomics SCN, the costs and benefits of models of care for whole genome sequencing that integrates sequencing early in the diagnostic pathway to improve diagnosis, reduce repeat testing, and support long-term system efficiencies.
  - Partnered with HTSA on a successful National Health and Medical Research Council funding application, working towards accelerating and amplifying the translation of research addressing priority health service issues in South Australia. This includes the development of a state-wide model to accelerate the identification, development, scaling and

embedding of high-value research translation initiatives into routine care in South Australia.

- Supported 13 initiatives, either through providing letters of support or partnering on funding applications, all of which align strongly with our strategic priorities and contribute to strengthening research translation and health system research capacity.
- Supported the publication of 11 research outputs, representing a 450% increase from the previous year, further strengthening research translation and impact.
- Providing co-investigation in the 'Leading EAST' workplace wellbeing research project to identify and co-design solutions to the work-related factors impacting workplace wellbeing at WCHN.

- **Other highlights**

The eight SCNs and their sub-committees and working groups represent significant reach across the health sector in South Australia, with diverse membership, comprising:

- 53 SA Health Medical Officers
- 12 General Practitioners
- 15 Consumer and Carer representatives
- 4 representatives from Community and Non-government organisations (NGOs)
- 20 Researchers
- 27 Nurses
- 18 Allied Health Clinicians
- 20 Health Administrators/Managers
- 3 SA Ambulance Service (SAAS) representative.

The Innovation Team has provided support to more than 20 innovators during the past 12 months, across a range of technologies including holograms, non-touch screens, sensing devices, digital applications, medical devices and clinical equipment. Using the Innovation Model as a framework for discussions, the concierge service supports innovators to:

- Articulate the value of the innovation to the system
- Understand the entire innovation journey from idea to implemented solution
- Identify and connect with relevant stakeholders in the sector and system

### **LIINC+ Program - Leading Innovation Interface Connections**

The LIINC+ program is advancing healthcare integration across South Australia through digital innovation and strategic partnerships. Key initiatives include remote monitoring for regional patients, improved discharge communication with aged care facilities, AI-driven research into endometriosis diagnosis, and data-sharing projects that support general practice decision-making.

A flagship pilot, Regional Care Connect, is reducing avoidable hospital readmissions through virtual health coaching and data analytics. Early results show fewer emergency visits and reduced clinician workload.

### **Personalised care in cancer**

- Developed a statewide, standardised and streamlined pathway for mainstreaming of germline genetic testing for cancer treatment. The work was led by the Cancer SCN and designed by a multi-disciplinary working group across the health care system including consumers.
- Informed by a current state analysis, the framework enables consistent and standardised guidelines and pathways for cancer patients to undergo efficient treatment focused germline genetic testing.
- Mainstream genetic testing packs and education was provided to over 300 clinicians. An additional consumer focussed video was developed in 2024. Evaluation identified a significant increase in BRCA1/2 tests ordered through the mainstream pathway (14% pre to 25% post).
- Completion of the project was marked by publication in the Asia-Pacific Journal of Clinical Oncology, presenting evidence to support improved access, clinician and patient engagement, and the development of tailored implementation strategies.

### **Cancer navigation framework and action plan:**

- The CEIH Cancer SCN partnered with CFI on the 'Cancer Navigation Project,' to develop an evidence based South Australian cancer navigation framework and action plan, which aligns with the Australian Cancer Plan and Draft South Australian Cancer Plan 2024-2028. The framework aims to address barriers and facilitate timely access to cancer care services, diagnosis, treatments, and care.
- The framework and action plan were informed by a high-quality systematic review of the literature in consultation with over 200 stakeholders, including consumers, caregivers, clinicians, researchers, policy makers, and various communities across sectors and cancer types.
- The Cancer Navigation framework and action plan has now been published, along with a supporting journal article, and a coordinated implementation program has been embedded within SACCaN to drive statewide improvements in cancer care.



## Corporate performance summary



## Employment opportunity programs

Program name	Performance
NIL	NIL

## Agency performance management and development systems

Performance management and development system	Performance
Performance Review and Development (PRD) in line with DHW policies and procedures - two designated cycles per financial year.	<p>In 2024-25, 61% of staff and managers completed PRD. Note the following had an impact on completion of PRDs during 2024-25:</p> <ul style="list-style-type: none"> <li>Staff on short-term assignments who were not due for a PRD.</li> <li>Staff secondments and movements throughout the year resulting in some PRDs being completed outside the normal PRD cycle.</li> </ul>



**Work health, safety and return to work programs**

<b>Program name</b>	<b>Performance</b>
<b>SA Health Employee Assistance Program</b>	<p>The CEIH offers employees and their immediate family members access to confidential and professional counselling services for work related and personal issues through the SA Health Employee Assistance Program which is centrally managed by DHW.</p> <p>There was one new employee referrals for the 2024-25 financial year.</p>
<b>Worksite inspections</b>	<p>The CEIH is committed to the health, safety and wellbeing of its employees and recognises duty of care of all persons.</p> <p>The CEIH undertakes worksite safety inspections twice per year.</p>
<b>Work, Health and Safety consultation and representation</b>	<p>The CEIH has representation on the DHW Work Health Safety Consultative Committee.</p>
<b>Ergonomics</b>	<p>Individuals are set up ergonomically at their workstations based on SA Health procedures.</p> <p>Staff are required to complete a Working from Home Checklist to assess work health and safety risks in the home.</p>
<b>Influenza vaccinations</b>	<p>A free seasonal influenza vaccination is available to all SA Health workers.</p> <p>CEIH employees are included in the DHW annual influenza vaccination program.</p> <p>At 30 June 2025, 49% of the CEIH's employees have been administered a flu vaccination in 2025.</p>
<b>Flexible working arrangements</b>	<p>Flexible working arrangements are supported and provisions for working from home continued in 2024-25.</p>

<p><b>Workplace health and wellbeing</b></p>	<p>The Wellbeing and Safety Group (WSG) continues to lead the work on wellbeing and safety initiatives in CEIH.</p> <p>In 2024-25, the WSG implemented a range of evidence-based health and wellbeing initiatives under the key focus areas below, including the promotion of the SA Public Sector People Matters Employee Survey. CEIH had a 94% response rate.</p> <p>Initiatives were informed by staff survey results, feedback, and emerging workplace wellbeing best practice.</p> <ul style="list-style-type: none"> <li>• Health promotion.</li> <li>• Psychological health and safety.</li> <li>• Social connectedness.</li> <li>• Peer Support.</li> <li>• Personal and professional development.</li> <li>• Work Health and Safety.</li> </ul> <p>WSG members are provided protected time to support the planning and implementation of wellbeing initiatives throughout the year.</p> <p>The CEIH is committed to developing a culture that will ensure our staff feel safe and supported in the workplace and ensuring the safety and wellbeing of its people.</p> <p>It is acknowledged the importance of an inclusive, positive, and proactive culture that allows everyone to be their best, most authentic self.</p>
--	---

Workplace injury claims	2024-25	2023-24	% Change (+ / -)
Total new workplace injury claims	0	0	0.0%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	0	0	0.0%

*\*number of claimants assessed during the reporting period as having a whole person impairment meeting the relevant threshold under the Return to Work Act 2014 (Part 2 Division 5)*

Work health and safety regulations	2024-25	2023-24	% Change (+ / -)
Number of notifiable incidents ( <i>Work Health and Safety Act 2012, Part 3</i> )	0	0	0.0%
Number of provisional improvement, improvement, and prohibition notices ( <i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i> )	0	0	0.0%

Return to work costs**	2024-25	2023-24	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$0	\$0	0.0%
Income support payments – gross (\$)	\$0	\$0	0.0%

\*\*before third-party recovery

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/work-health-safety-commission-on-excellence-and-innovation-in-health>

### Executive employment in the agency

Executive classification	Number of executives
Chief Executive (known as Commissioner)	1
SAES 1 Level	3

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/executive-employment-commission-on-excellence-and-innovation-in-health>

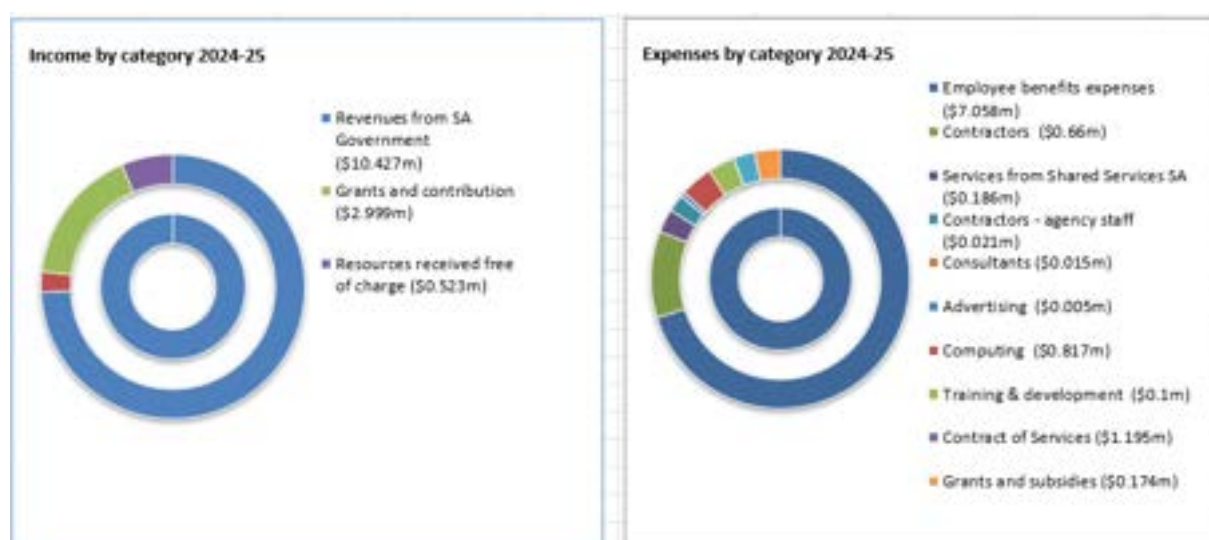
The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary and tenure by agency.

## Financial performance

### Financial performance at a glance

The following is a brief summary of the overall financial position of the Agency. The information is unaudited. Full audited financial statements for 2024-25 are attached to this report.

Financial summary (\$000)	2024-25	% ↑↓	2023-24	% ↑↓	2022-23	% ↑↓
Total income	14 589	↑49.6%	9 754	↑7.3%	9 089	↑14.1%
Total expenses	10 824	↑3.5%	10 455	↑15.8%	9 028	↓-8.5%
Net result for the period	3 765	↑637.1%	( 701)	↓-1249.2%	61	↑103.2%
Net cash provided by operating activities	3 499	↑592.8%	( 710)	↓-204.9%	677	↑141.9%
Total assets	4 325	↑613.7%	606	↓-50.2%	1 217	↑50.2%
Total liabilities	2 532	↓-1.8%	2 578	↑3.6%	2 488	↑21.8%
Net assets	1 793	↑190.9%	( 1 972)	↓-55.2%	( 1 271)	↓-3.2%



### Consultants' disclosure

The following is a summary of external consultants that have been engaged by the Agency, the nature of work undertaken, and the actual payments made for the work undertaken during the financial year.

#### Consultancies with a contract value below \$10,000 each

Consultancies	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	Various	Nil

**Consultancies with a contract value above \$10,000 each**

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
The University of Adelaide	Australian Institute for Machine Learning-understanding and predicting the likelihood of readmissions to hospital. Delivery of Project Milestone 2.	\$15,000
	<b>Total</b>	<b>\$15,000</b>

Data for previous years is available at

<https://data.sa.gov.au/data/dataset/consultants-commission-on-excellence-and-innovation-in-health>

See also the [Consolidated Financial Report of the Department of Treasury and Finance](#) for total value of consultancy contracts across the South Australian Public Sector.

**Contractors disclosure**

The following is a summary of external contractors that have been engaged by the agency, the nature of work undertaken, and the actual payments made for work undertaken during the financial year.

**Contractors with a contract value below \$10,000**

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
All contractors below \$10,000 each - combined	Various	Nil

**Contractors with a contract value above \$10,000 each**

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
The Clinician Limited	Software as a Service Solution for the PRM Program (July 2024 - June 2025).	\$418,800
Department for Health and Wellbeing	PRM Program. Cost for Juanal Flores 2024-25.	\$143,750
University of Sydney	HIRAID Emergency Nursing Framework training	\$53,280
Australasian Institute of Digital Health	CHIA Training Enrolments includes Study Guide and Handbook,	\$33,701

Contractors	Purpose	\$ Actual payment
	Practitioners Guide to Health Informatics and enrolments for Digital Health 101.	
Wisely Limited	PMO and Workview Optimisation Project.	\$10,500
	<b>Total</b>	<b>\$660,031</b>

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/contractors-commission-on-excellence-and-innovation-in-health>

The details of South Australian Government-awarded contracts for goods, services, and works are displayed on the SA Tenders and Contracts website. [View the agency list of contracts.](#)

The website also provides details of [across government contracts.](#)

## Risk management

### Risk and audit at a glance

The Chief Executive (DHW) has appointed an independent Audit and Risk Committee (Committee) with responsibility for advising DHW on its structures, systems and processes designed to identify, prevent and respond to actual and potential risks, including how DHW meets its compliance requirements.

The Committee also provides advice to the Commissioner, CEIH regarding the risk, control and compliance frameworks in the context of DHW being the system leader for the South Australian Public Health System.

The Committee regularly receives reports from the Risk and Integrity Services branch, and supplementary reports from other areas in the department.

### Fraud detected in the agency

Category/nature of fraud	Number of instances
No reports of fraud or corruption were received or investigated within the CEIH during the period under review.	0

*NB: Fraud reported includes actual and reasonably suspected incidents of fraud.*

### Strategies implemented to control and prevent fraud

The CEIH is committed to the prevention, detection and reporting of fraud and corruption in connection with its activities. As an attached office to the DHW, the

CEIH has adopted the SA Health Corruption Control Policy Directive and internal controls and procedures have been implemented.

DHW regularly assesses its exposure to fraud and corruption, as part of the risk management framework. This is supplemented by an audit program which routinely evaluates key controls.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/fraud-detected-commission-on-excellence-and-innovation-in-health>

### Public interest disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Public Interest Disclosure Act 2018*:

NIL
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Data for previous years is available at: <https://data.sa.gov.au/data/dataset/public-interest-disclosure-commission-on-excellence-and-innovation-in-health>

Note: Disclosure of public interest information was previously reported under the *Whistleblowers Protection Act 1993* and repealed by the *Public Interest Disclosure Act 2018* on 1/7/2019.

### Reporting required under any other act or regulation

Act or Regulation	Requirement
NIL	

### Public complaints

#### Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2024-25
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	0
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	0
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	0

Complaint categories	Sub-categories	Example	Number of Complaints 2024-25
Communication	Communication quality	Inadequate, delayed or absent communication with customer	0
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	0
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	0
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	0
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	0
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	0
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0
Service quality	Information	Incorrect, incomplete, out-dated or inadequate information; not fit for purpose	0
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	0
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	0
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security	0



Complaint categories	Sub-categories	Example	Number of Complaints 2024-25
		service/ premises; poor cleanliness	
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	0
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
		<b>Total</b>	0

Additional Metrics	Total
Number of positive feedback comments	0
Number of negative feedback comments	0
Total number of feedback comments	0
% complaints resolved within policy timeframes	N/A

Data for previous years is available at: [Public Complaints - Commission on Excellence and Innovation in Health - Dataset - data.sa.gov.au](https://data.sa.gov.au/dataset/public-complaints-commission-on-excellence-and-innovation-in-health)

### Service Improvements

NIL

### Compliance Statement

The Commission on Excellence and Innovation in Health is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Y
The Commission on Excellence and Innovation in Health has communicated the content of PC 039 and the agency's related complaints policies and procedures to employees.	Y

## **Appendix: Audited financial statements 2024-25**



Our ref: A25/004

Level 9  
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200 Victoria Square  
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Tel +618 8226 9640  
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Professor K McNeil  
Commissioner  
Commission on Excellence and Innovation in Health  
email: CEIHExcelsence-Innovation@sa.gov.au

Dear Professor McNeil

### **Audit of the Commission on Excellence and Innovation in Health for the year to 30 June 2025**

We have completed the audit of your accounts for the year ended 30 June 2025. The key outcome from the audit is the Independent Auditor's Report on your agency's financial report.

### **Independent Auditor's Report**

We are returning the financial report for the Commission on Excellence and Innovation in Health, with the Independent Auditor's Report. This report is unmodified.

The *Public Finance and Audit Act 1987* allows me to publish documents on the Audit Office of South Australia website. The enclosed Independent Auditor's Report and accompanying financial report will be published on that website on Tuesday 14 October 2025.

### **What the audit covered**

Our audits meet statutory audit responsibilities under the *Public Finance and Audit Act 1987* and the Australian Auditing Standards.

Our audit covered the principal areas of the Commission on Excellence and Innovation in Health's financial operations and included test reviews of systems, processes, internal controls and financial transactions.

As the audit did not identify any matters requiring management attention, we did not issue any audit management letters.

OFFICIAL

I would like to thank your staff and management for their assistance during this year's audit.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D. O'Donohue', with a long horizontal flourish extending to the right.

Daniel O'Donohue  
**Deputy Auditor-General**

26 September 2025

enc

# INDEPENDENT AUDITOR'S REPORT



Government of South Australia  
Audit Office of South Australia

Level 9  
State Administration Centre  
200 Victoria Square  
Adelaide SA 5000  
Tel +618 8226 9640  
ABN 53 327 061 410  
[enquiries@audit.sa.gov.au](mailto:enquiries@audit.sa.gov.au)  
[www.audit.sa.gov.au](http://www.audit.sa.gov.au)

**To the Commissioner  
Commission on Excellence and Innovation in Health**

## Opinion

I have audited the financial report of the Commission on Excellence and Innovation in Health for the financial year ended 30 June 2025.

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the Commission on Excellence and Innovation in Health as at 30 June 2025, its financial performance and its cash flows for the year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards - Simplified Disclosures.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2025
- a Statement of Financial Position as at 30 June 2025
- a Statement of Changes in Equity for the year ended 30 June 2025
- a Statement of Cash Flows for the year ended 30 June 2025
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Commissioner and the Executive Director, Consumer and Clinical Partnerships.

## Basis for opinion

I conducted the audit in accordance with the *Public Finance and Audit Act 1987* and Australian Auditing Standards. My responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial report' section of my report. I am independent of the Commission on Excellence and Innovation in Health. The *Public Finance and Audit Act 1987* establishes the independence of the Auditor-General. In conducting the audit, the relevant ethical requirements of APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* have been met.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

### **Responsibilities of the Commissioner for the financial report**

The Commissioner is responsible for the preparation of the financial report that gives a true and fair view in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and the Australian Accounting Standards – Simplified Disclosures, and for such internal control as management determines 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 Commissioner is responsible for assessing the entity's ability to continue as a going concern, taking into account any policy or funding decisions the government has made which affect the continued existence of the entity. The Commissioner is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

### **Auditor's responsibilities for the audit of the financial report**

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987*, I have audited the financial report of the Commission on Excellence and Innovation in Health for the financial year ended 30 June 2025.

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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 Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Commission on Excellence and Innovation in Health's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Commissioner
- conclude on the appropriateness of the Commissioner's 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 entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity 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.

My report refers only to the financial report described above and does not provide assurance over the integrity of electronic publication by the entity on any website nor does it provide an opinion on other information which may have been hyperlinked to/from the report.

I communicate with the Commissioner about, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during the audit.



Daniel O'Donohue  
**Deputy Auditor-General**

26 September 2025





Ref No: A7006152

### Certification of the financial statements

We certify that the:

- Financial statements of the Commission on Excellence and Innovation in Health:
  - are in accordance with the accounts and records of the authority; and
  - comply with relevant Treasurer's instructions; and
  - comply with relevant accounting standards; and
  - present a true and fair view of the financial position of the authority at the end of the financial year and the result of its operations and cash flows for the financial year.
- Internal controls employed by the Commission on Excellence and Innovation in Health over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.

  
.....  
Professor Keith McNeil  
Commissioner

Date 26 Sep 2025

  
.....  
Katie Billing  
Executive Director, Consumer and  
Clinical Partnerships

Date 26/9/25



COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH  
STATEMENT OF COMPREHENSIVE INCOME  
For the year ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
<b>Income</b>			
Revenues from SA Government	2	10,427	6,777
Fees and charges	3	613	265
Grants and contributions	4	2,999	2,215
Resources received free of charge	5	523	489
Other revenues/income	6	27	8
<b>Total income</b>		<b>14,589</b>	<b>9,754</b>
<b>Expenses</b>			
Employee related expenses	7	7,058	7,126
Supplies and services	8	3,543	2,889
Grants and subsidies	9	174	87
Payments to SA Government	2	-	323
Other expenses	10	49	30
<b>Total expenses</b>		<b>10,824</b>	<b>10,455</b>
<b>Net result</b>		<b>3,765</b>	<b>(701)</b>
<b>Total comprehensive result</b>		<b>3,765</b>	<b>(701)</b>

The accompanying notes form part of these financial statements. The net result and total comprehensive result are attributable to SA Government as owner.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH  
STATEMENT OF FINANCIAL POSITION  
As at 30 June 2025

	Note	2025 \$'000	2024 \$'000
<b>Current assets</b>			
Cash and cash equivalents	11	3,920	421
Receivables	12	403	183
<b>Total current assets</b>		<u>4,323</u>	<u>604</u>
<b>Non-current assets</b>			
Receivables	12	2	2
<b>Total non-current assets</b>		<u>2</u>	<u>2</u>
<b>Total assets</b>		<u>4,325</u>	<u>606</u>
<b>Current liabilities</b>			
Payables	13	335	322
Employee related liabilities	14	904	929
Provisions	15	26	20
<b>Total current liabilities</b>		<u>1,265</u>	<u>1,271</u>
<b>Non-current liabilities</b>			
Employee related liabilities	14	1,187	1,243
Provisions	15	80	64
<b>Total non-current liabilities</b>		<u>1,267</u>	<u>1,307</u>
<b>Total liabilities</b>		<u>2,532</u>	<u>2,578</u>
<b>Net assets</b>		<u>1,793</u>	<u>(1,972)</u>
<b>Equity</b>			
Retained earnings		1,793	(1,972)
<b>Total equity</b>		<u>1,793</u>	<u>(1,972)</u>

The accompanying notes form part of these financial statements. The total equity is attributable to SA Government as owner.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH  
STATEMENT OF CHANGES IN EQUITY  
For the year ended 30 June 2025

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	Retained earnings S '000	Total equity S '000
Balance at 30 June 2023	(1,271)	(1,271)
Net result for 2023-24	(701)	(701)
Total comprehensive result for 2023-24	(701)	(701)
Balance at 30 June 2024	(1,972)	(1,972)
Net result for 2024-25	3,765	3,765
Total comprehensive result for 2024-25	3,765	3,765
Balance at 30 June 2025	1,793	1,793

The accompanying notes form part of these financial statements. All changes in equity are attributable to the SA Government as owner.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2025**

	Note	2025 \$'000	2024 \$'000
<b>Cash flows from operating activities</b>			
<b>Cash inflows</b>			
Receipts from SA Government		10,427	6,777
Fees and charges		306	219
Grants and contributions		2,999	2,215
GST recovered from ATO		169	248
Other receipts		30	52
<b>Cash generated from operations</b>		<b>13,931</b>	<b>9,511</b>
<b>Cash outflows</b>			
Employee benefits payments		(7,121)	(6,704)
Payments for supplies and services		(3,081)	(3,066)
Payments of grants and subsidies		(174)	(89)
Other payments		(56)	(39)
Payments to SA Government		-	(323)
<b>Cash used in operations</b>		<b>(10,432)</b>	<b>(10,221)</b>
<b>Net cash from/(used in) operating activities</b>		<b>3,499</b>	<b>(710)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>3,499</b>	<b>(710)</b>
Cash and cash equivalents at the beginning of the period		421	1,131
<b>Cash and cash equivalents at the end of the period</b>	11	<b>3,920</b>	<b>421</b>

The accompanying notes form part of these financial statements.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

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**1. About The Commission on Excellence and Innovation in Health**

The Commission on Excellence and Innovation in Health (the Commission) is a not-for-profit administrative unit of the State of South Australia, established 6 January 2020 pursuant to *Public Sector Act 2009*. The financial statements include all controlled activities of the Commission.

**1.1 Objectives and activities**

The Commission provides leadership and advice within SA Government on clinical excellence and innovation with a focus on maximising health outcomes for patients, improving care and safety, monitoring performance, championing evidence-based practice and clinical innovation, and supporting collaboration.

In doing this, the Commission:

- grows networks and partnerships by bringing people together to solve problems, connecting clinicians, consumers, and the community so that they can achieve 'better' together.
- delivers insights by using a data-driven approach to facilitate discussions, understand impact, deliver insights, and generate action.
- provides advice and consultation to encourage different ways of thinking and facilitate safe spaces for creativity.
- enables system improvement and innovation by seeking creative solutions to drive excellence and innovation in practice.
- builds capability by creating opportunities for people to learn new skills and support the mindsets that allow innovation and research to happen.

**1.2 Basis of preparation**

These financial statements are general purpose financial statements prepared in accordance with:

- section 23 of the *Public Finance and Audit Act 1987*,
- Treasurer's instructions and Accounting Policy Statements issued by the Treasurer under the *Public Finance and Audit Act 1987*, and
- relevant Australian Accounting Standards applying simplified disclosures.

The financial statements have been prepared based on a 12-month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars (\$'000). Any transactions in foreign currency are translated into Australian dollars at the exchange rate at the date the transaction occurs.

The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

Material accounting policies are set out below and throughout the notes.

Income, expenses, and assets are recognised net of the amount of GST, except:

- when the GST incurred on a purchase of goods or services is not recoverable from the Australian Taxation Office (ATO), in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item applicable, and
- receivable and payables, which are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Statement of Financial Position.

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

**2. Revenues from SA Government**

	2025 \$'000	2024 \$'000
Operating purpose Appropriations from Consolidated Account pursuant to the Appropriation Act	6,836	6,764
Commonwealth recurrent grants received via DTF	3,574	-
Contingency fundings provided by DTF	17	13
<b>Total revenues from SA Government</b>	<b>10,427</b>	<b>6,777</b>
Return of surplus cash pursuant to cash alignment policy	-	(323)
<b>Total payments to SA Government</b>	<b>-</b>	<b>(323)</b>

Appropriations and intra-governments transfers are recognised upon receipt.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

**3. Fees and charges**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
Fees for health services	482	265
Other user charges and fees	131	-
<b>Total fees and charges</b>	<b>613</b>	<b>265</b>

Fee for health services are recharges for services provided to non-government entities and recognised when the service is provided.

**4. Grants and contributions**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
Commonwealth grants and donations	150	-
Other SA Government grants and contributions	2,482	2,215
Private sector grants and contributions	367	-
<b>Total grant and contributions</b>	<b>2,999</b>	<b>2,215</b>

Grants and contributions include funding from the Department for Health and Wellbeing (DHW) to support the Statewide Patient Reporting Measures program (PRMs), Hospital Research Foundation to support the reporting on compliance with national protocols and funding for comprehensive cancer network project, and from the Ministry of Health for the project of Timeliness of Hospital Discharge Information and reporting. The grants received are usually subject to terms and conditions set out in the contract, correspondence, or by legislation and received for a specific purpose.

**5. Resources received free of charge**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
Services	223	200
Other	300	289
<b>Total resources received free of charge</b>	<b>523</b>	<b>489</b>

Contribution of services are recognised only when a fair value can be determined reliably, and the services would be purchased if they had not been donated. The Commission receives Financial Accounting and Taxation, Payroll, Accounts Payable, Accounts Receivable services from Shared Services SA free of charge valued at \$0.184 million (\$0.188 million) and ICT (information and communication technology) services from Department of Premier and Cabinet valued at \$0.013 million (\$0.012 million), following Cabinet's approval to cease intra-government charging. In addition, the Commission receives accommodation from DHW free of charge valued at \$0.300 million (\$0.289 million).

On 5 September 2024, the Treasurer approved the Auditor-General's request to cease audit fee charging arrangements for auditing the public accounts, effective for financial years ending on or after 30 June 2024. The Commission of Excellence and Innovation in Health received audit services from the Audit Office of South Australia free of charge valued at \$0.026 million for 2024-25.

**6. Other revenues/income**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
Other*	27	8
<b>Total other revenues/income</b>	<b>27</b>	<b>8</b>

\*Includes audit services provided by the Audit Office of South Australia valued at \$0.026 million for the 2024 financial year. In accordance with the Treasurer's approval and the Auditor-General's request, audit services for 2023-24 have been recognised as other income.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

**7. Employee related expenses**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
Salaries and wages	5,173	4,947
Long service leave	73	328
Annual leave	554	564
Skills and experience retention leave	40	35
Superannuation	681	632
Workers compensation	22	66
Board and committee fees	220	214
Other employee related expenses	295	340
<b>Total employee related expenses</b>	<b>7,058</b>	<b>7,126</b>

Superannuation expense represents the Commission's contribution to superannuation plans in respect of current services of current employees.

**7.1 Key Management Personnel**

Key management personnel (KMP) of the Commission includes the Minister for Health and Wellbeing (the Minister), the Commissioner and two members of the Executive Management Group who have responsibility for the strategic direction and management of the Commission.

Total compensation for KMP for the financial year was \$1.036 million (\$0.982 million), excluding salaries and other benefits the Minister receives. The Minister's remuneration and allowances are set by the *Parliamentary Remuneration Act 1990* and the Remuneration Tribunal of SA respectively and are payable from the Consolidated Account (via the Department of Treasury and Finance) under section 6 of the *Parliamentary Remuneration Act 1990*.

The Commission did not enter into any transactions with key management personnel or their close family during the reporting period.

**7.2 Remuneration of Board and Committee members**

	<b>2025</b>	<b>2024</b>
	<b>No. of</b>	<b>No. of</b>
	<b>Members</b>	<b>Members</b>
\$0	214	290
\$1 - \$19,999	39	37
\$20,000 - \$39,399	3	2
<b>Total</b>	<b>256</b>	<b>329</b>

The total remuneration received or receivable by members was \$0.244 million (\$0.232 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits, fringe benefits and related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

Unless otherwise disclosed, transactions between members are on conditions no more favourable than those that it is reasonable to expect the entity would have adopted if dealing with the related party at arm's length in the same circumstances.

Refer to note 18 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

**7.3 Remuneration of employees**

	2025	2024
	No.	No.
The number of employees whose remuneration received or receivable falls within the following bands:		
\$171,001 - \$191,000	-	1
\$231,001 - \$251,000	2	2
\$451,001 - \$471,000	-	1
\$551,001 - \$571,000	1	-
<b>Total number of employees</b>	<b>3</b>	<b>4</b>

The table includes all employees who received remuneration equal to or greater than the base executive remuneration level during the year. Remuneration of employees reflects all costs of employment including salaries and wages, payments in lieu of leave, superannuation contributions, salary sacrifice benefits and fringe benefits and any related fringe benefits tax. The total remuneration received by those employees for the year was \$1.036 million (\$1.093 million).

**8. Supplies and services**

	2025	2024
	\$'000	\$'000
Administration	1	2
Advertising	5	-
Communication	78	79
Computing	779	527
Consultants	15	88
Contract of services	1,195	667
Contractors	698	762
Contractors - agency staff	21	50
Fee for service	1	1
Food supplies	11	4
Legal	3	-
Minor equipment	3	-
Motor vehicle expenses	-	4
Occupancy rent and rates	300	289
Printing and stationery	7	4
Rental expense on operating lease	3	3
Services from Shared Services SA	186	189
Training and development	100	119
Travel expenses	51	29
Other supplies and services	86	72
<b>Total supplies and services</b>	<b>3,543</b>	<b>2,889</b>

**9. Grants and subsidies**

	2025	2024
	\$'000	\$'000
Funding to non-government organisations	72	67
Other	102	20
<b>Total grants and subsidies</b>	<b>174</b>	<b>87</b>

Grants relate to funding to support the South Australian Health and Medical Research Institute (Health Translation SA Governance Agreement and Patient Reported Measures Project), Northern Adelaide Local Health Network (AI Discharge Summary Research), and Women's and Children Local Health Network (Paediatric Improvement Collaboration 2024-25).

**10. Other expenses**

	2025	2024
	\$'000	\$'000
Other	49	30
<b>Total other expenses</b>	<b>49</b>	<b>30</b>



**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

**11. Cash and cash equivalents**

Cash is measured at nominal amounts. The Commission holds a general operating deposit account of \$3.906 million (\$0.421 million) with the Treasurer, and \$0.014 million in cash related to salary sacrifice funds payable to employees. The Commission does not earn interest on this account.

**12. Receivables**

	2025	2024
	\$'000	\$'000
<b>Current</b>		
Debtors	332	-
Prepayments	49	59
Sundry receivables and accrued revenue	1	26
GST input tax recoverable	21	98
<b>Total current receivables</b>	<b>403</b>	<b>183</b>
<b>Non-current</b>		
Debtors	2	2
<b>Total non-current receivables</b>	<b>2</b>	<b>2</b>
<b>Total receivables</b>	<b>405</b>	<b>185</b>

Receivables arise in the normal course of selling goods and services to other agencies and to the public. The Commission's trading terms for receivables are generally 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement. Receivables, prepayments and accrued revenues are non-interest bearing. Receivables are held with the objective of collecting the contractual cash flows and they are measured at amortised cost.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
For the year ended 30 June 2025

**13. Payables**

	2025	2024
	\$'000	\$'000
Current		
Creditors and accrued expenses	321	322
Other payables	14	-
<b>Total current payables</b>	<b>335</b>	<b>322</b>
<b>Total payables</b>	<b>335</b>	<b>322</b>

Payables are measured at nominal amounts. Creditors and accruals are raised for all amounts owed and unpaid. Contractual payables are normally settled within 15 days from the date the invoice is first received. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

Refer to Note 17 for information on risk management.

**14. Employee related liabilities**

	2025	2024
	\$'000	\$'000
Current		
Accrued salaries and wages	52	44
Annual leave	572	587
Long service leave	99	104
Skills and experience retention leave	51	42
Employment on-costs	130	152
<b>Total current employee related liabilities</b>	<b>904</b>	<b>929</b>
Non-current		
Long service leave	1,073	1,126
Employment on-costs	114	117
<b>Total non-current employee related liabilities</b>	<b>1,187</b>	<b>1,243</b>
<b>Total employee related liabilities</b>	<b>2,091</b>	<b>2,172</b>

Employee related liabilities accrue as a result of services provided up to the reporting date that remain unpaid. Long-term employee related liabilities are measured at present value and short-term employee related liabilities are measured at nominal amounts.

**14.1 Salaries and wages, annual leave, skills and experience retention leave and sick leave**

The liability for salary and wages is measured as the amount unpaid at the reporting date at remuneration rates current at the reporting date.

The annual leave liability and the skills and experience retention leave liability are expected to be payable within 12 months and are measured at the undiscounted amounts expected to be paid.

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2024 rate (2.4%) to 3.2% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee related liability and employee related expenses of \$0.005 million. The impact of future periods is impractical to estimate.

No provision has been made for sick leave, as all sick leave is non-vesting, and the average sick leave taken in future years by employees is estimated to be less than the annual entitlement for sick leave.

**14.2 Long service leave**

The liability for long service leave is measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method.

The actuarial assessment performed by the DTF has provided a basis for the measurement of long service leave and is based on actuarial assumptions on expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over SA Government entities and the health sector across government.

The yield on long-term Commonwealth Government bonds is the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has remained unchanged at 4.25%. The actuarial assessment performed by DTF leaves the salary inflation rate unchanged from 2024 at 3.5% for the reported long service leave liability.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

The net financial impact of the changes to actuarial assumptions in the current financial year is immaterial. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions— a key assumption being the long-term discount rate.

The split for long service leave between current and non-current is based on the best estimate of the amount to be paid in the next 12 months based on leave taken in prior years.

**14.3 Employment On-Costs**

Employment on costs liabilities include payroll tax, Fringe Benefits Tax, Pay As You Go Withholding, ReturnToWorkSA levies and superannuation contributions. They are settled when the respective employee benefits that they relate to are discharged. These on-costs primarily relate to the balance of leave owing to employees. The Commission makes contributions to several State Government superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as they have been assumed by the respective superannuation schemes. The only liability outstanding at reporting date relates to any contributions due but not yet paid to the South Australian Superannuation Board

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave has remained unchanged at 44%, the average factor for the calculation of employer superannuation on-costs has increased from the 2024 rate (11.5%) to 12.0% to reflect the increase in super guarantee. These rates are used in the employment on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the employment on-cost liability and employee related expenses of \$0.006 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

**15. Provisions**

The provision consists only of workers compensation.

*Reconciliation of workers compensation (statutory and non-statutory)*

	2025	2024
	\$'000	\$'000
Carrying amount at the beginning of the period	84	16
Additions	31	23
Remeasurement	(9)	45
Carrying amount at the end of the period	106	84

**Workers compensation provision (statutory and additional compensation schemes)**

The Commission is responsible for the management of workers rehabilitation and compensation and is directly responsible for meeting the cost of workers' compensation claims and the implementation and funding of preventive programs.

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes).

The workers compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2025 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

The additional compensation scheme provides continuity benefits to workers who have suffered eligible work-related injuries and whose entitlements have ceased under the statutory workers compensation scheme. Eligible injuries are non-serious injuries sustained in circumstances which involved, or appeared to involve, the commission of a criminal offence, or which arose from a dangerous situation. There is a significant degree of uncertainty associated with estimating future claim and expense payments and also around the timing of future payments due to the variety of factors involved. The liability is impacted by agency claim experience relative to other agencies, average claim and other economic and actuarial assumptions.

## 16. Unrecognised contractual commitments

Commitments include operating arrangements arising from contractual or statutory sources and are disclosed at their nominal value.

### *Expenditure Commitments*

	2025 \$'000	2024 \$'000
Within one year	93	30
<b>Total other expenditure commitments</b>	<b>93</b>	<b>30</b>

The Commission expenditure commitments are for agreements for goods and services ordered but not received.

## 17. Financial instruments/financial risk management

Risk management is overseen by DHW's Risk and Audit Committee. Risk management policies are in accordance with the Risk Management Policy Statement issued by the Premier and the Treasurer and the principles established in the Australian Standard Risk Management Principles and Guidelines.

The Commission's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held. Financial instruments are measurement at amortised cost.

The Commission is funded principally from appropriation from DTF. The Commission works with DTF to determine cash flows associated with its Government approved program of works. The carrying amount of assets are detailed throughout the notes.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2025

18. Board and committee members

Members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with the APS 124 B were:

Board/Committee name:	Government employee members*	Other members
HCEC Clinical Council	25	Hourigan K, Karen Van Gorp, Sharyn Coles
Clinical Advisory Council Committee	4	Williams H Yarwood S
Adolescence Transition Care Statewide Clinical Network Committee	24	Dee-Price B, Collins C, Butler M
Cancer Statewide Clinical Network Committee	22	Carol Moore, Catherine Paterson, David Roder, Ellen Mills, Justine Clark, Lyle Palmer, Marcus Dreosti, Mark Haseloff, Karen Van Gorp, Kim Morey, Day Tran, Emma Marafioti
Cardiac Care Statewide Clinical Network Committee	13	Klemm G, Locwood S, Astley C, Hendricks J, Norton S, Gardner C, Wendy Corkill, Phil Catley
Chronic Pain Statewide Clinical Network Committee	10	Julianne Flower, Marc Appolloni, Mark Cox, Mary Wing, Carolyn Berryman, Karine Meadley, Mark Hutchinson, Michael Cousins, Mark Catley, Michael Loveridge, Tania Manser
Palliative Care Statewide Clinical Network Committee	12	Helen Stone, Lesley King, Kathryn Hourigan, Mark Harris, Shyla Mills, Sonia Schutz, Stephen Wales, Sunny Traverser, Tracey Johnstone
Surgical and Perioperative Care Statewide Clinical Network Committee	12	Nolan M, Materne K, Altmann M, Marzec M, Coles S
Urgent and Emergent Care Statewide Clinical Network Committee	17	Williams J, Otto K, Whiteway L, Gibson E
Clinical Genomics Statewide Clinical Network Steering Committee	11	Alice Roberts-Thomson, Alicia Kimber, Danny Liew, David Lynn, Deborah White, Denis Bauer, Jamie Craig, Joel Geoghegan, Jozef Gecz, Karen Lower, Lyle Palmer, Mario Corena, Tracey Powell, Vijay Suppiah, Alex Brown, Kathryn Milne, Joel Taggart
Health Performance Council	10	
Community of Consumers	-	Gracie Klemm, Kathryn Hourigan, Kuzma Otto, Lyn Whiteway, Mario Corena, Mark Harris, Mary Wing, Mark Haseloff, Monika Marzec, Sara Norton, Sharyn Coles, Tracey Powell, Tracey Johnstone, Karen Van Gorp, Michael Cousins, Michael Loveridge, Phil Catley, Joel Taggart, Kathryn Milne
Patient Reported Measures Program Board	10	Alison Williams, Dr. Claudia Bull, Dr. Rasa Ruseckaite, Ian Brownwood, Melissa Tinsley, Professor Julie Ratcliffe, Ron Tenenbaum, Deanna Norgrove
Youth Advisory Group	-	Aetisha Wood, Benjamin Aarthur Pator-Smith, Hannah Joseph, Isabella Barrett, Mackenzie Gow, Roman Pikusa-Bishop, Zac Chu, Matilda Every, Olivia Stead, Lachlan Dunn, Evelyn Max Price, Asha Mansell, Oliver Arnol
Primary Care Subcommittee	1	Jackie Yeoh, Bridget Sawyer, Vikas Jasoria, John Williams, Lyn Whiteway, Emily Gibson, Clare Fawley, Michelle (Qiong) Fang

\* Refer to note 7.2 for remuneration of board and committee members